

# State Health Improvement Plan

## State Health Profile Full Assessment

Illinois Department of Public Health



October 29, 2009

Prepared by  
Illinois Public Health Institute



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## **Introduction**

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

The indicators were chosen through an iterative process that utilized multiple rounds of prioritization of health conditions and associated measures of morbidity, mortality and risk factors to arrive at a final list of 65 indicators. The various committees and individuals who participated in these processes also functioned under the assumption that, to the greatest degree possible, data should be sought that could be disaggregated by social factors known to be associated with differential health outcomes (these include race, ethnicity, education, income, gender and geography). The SHIP Team recognized that there are certainly other important factors and supports improvement in the collection, analysis and dissemination of health data that can be segmented by these additional categories but was faced with the paucity of such data at this time. In addition to assisting the SHIP Team in identifying priority health conditions, the Profile helped to surface data gaps as a concern that ultimately became a Strategic Issue in the 2007 SHIP.

This iteration of the Profile highlighted, once again, a related issue, that of the *fragmentation* of the data systems. This difficulty bears directly on questions regarding the availability of data to elements of the public health system including organizations and government entities for planning and evaluation purposes. The difficulty of finding reliable, publicly-accessible, Illinois-specific data for each of the indicators, across all age groups and disaggregated for the various social factors and further, bringing all the resulting data into a common framework for graphical expression for comparative purposes, would be hard to overstate. No

less than 14 separate sources of data were utilized, many of which were sources of multiple databases multiplying the total number of sources several times. However, in addition to the difficulties enumerated above, it is important to note that Illinois' public health data system is remarkable in the degree of support over a relatively long period of time for data collection and dissemination *at the county level*. This is due primarily to the availability of Behavioral Risk Factor data at the county level going back to the early 1990's. Few other states have such a long and consistent set of data and the usefulness of the Profile as well as other public health planning efforts throughout the state are greatly enhanced by this robust dataset.

In addition to the social disaggregations, the 2007 Team directed that comparative national data be sought wherever possible and that the Healthy People 2010 goals and objectives be used for comparison purposes and as an organizing framework. The Profile therefore includes 65 indicators grouped under 25 of the 28 Healthy People Focus Areas. In addition, data is presented for leading causes of mortality and of years of potential life lost. For each indicator the Illinois estimate is compared to the US estimate and the Healthy People 2010 Target. Where available, the Illinois data is presented disaggregated for the social factors.

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

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

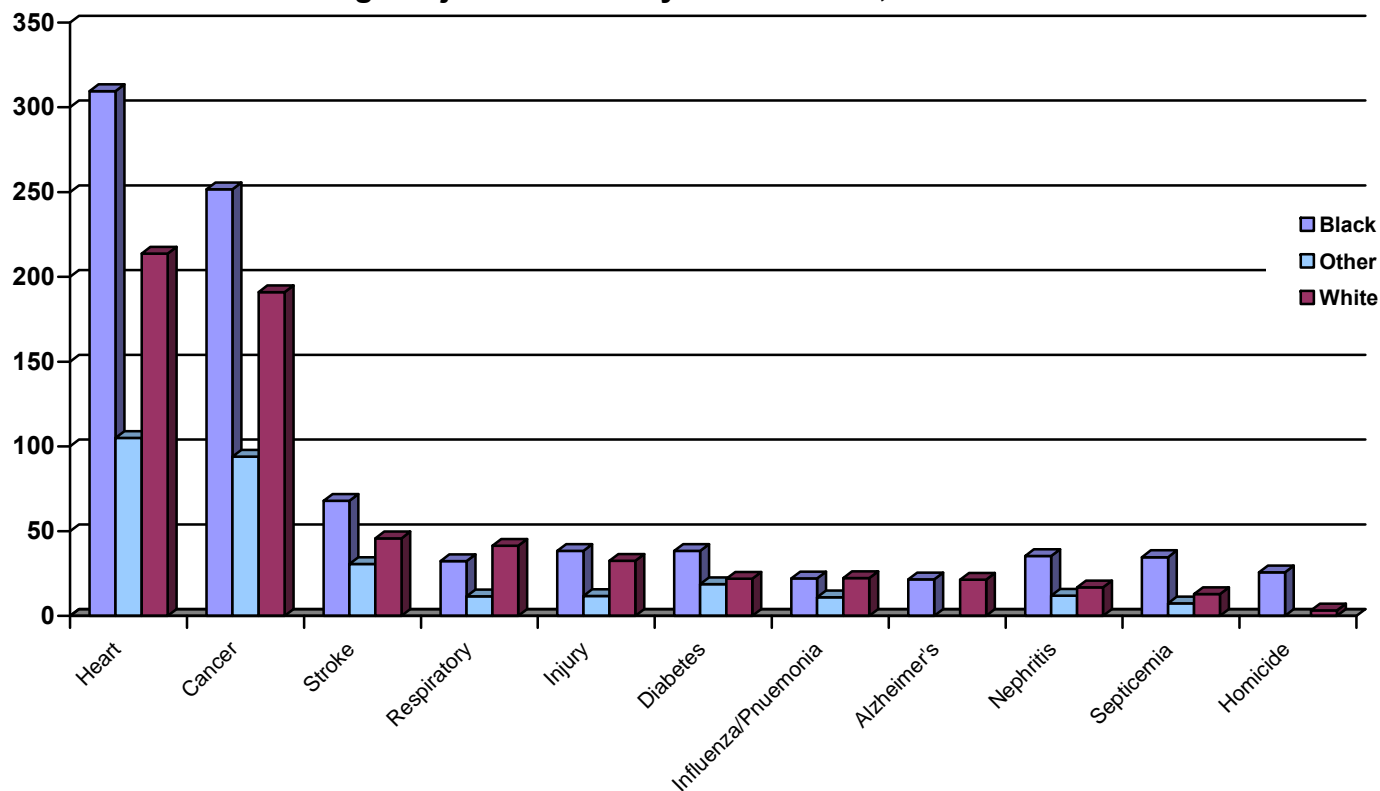


## Health Indicators and Measures

### Leading Causes of Mortality

Measure      Age adjusted rates for leading causes of mortality

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

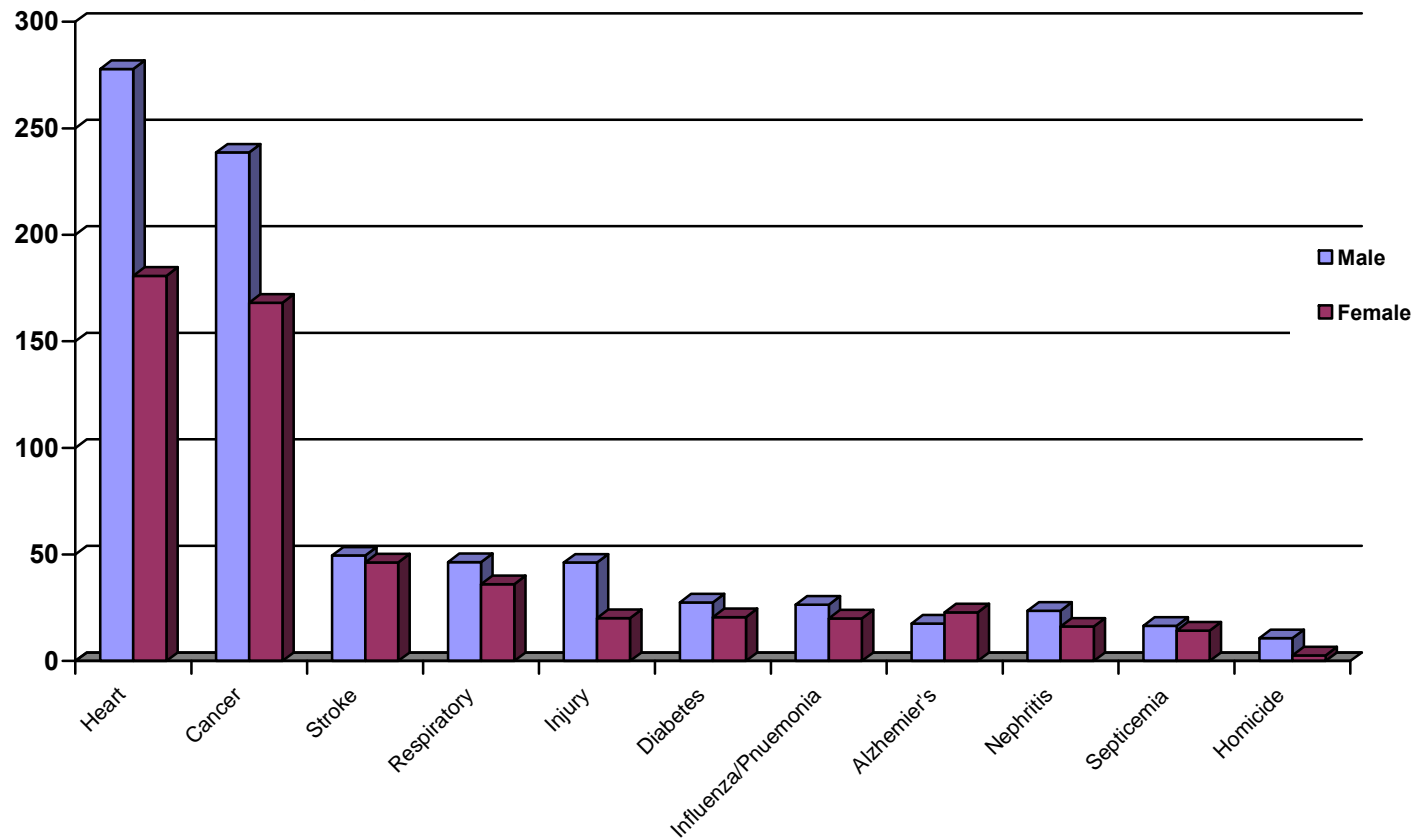


Source: CDC Compressed Mortality File

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



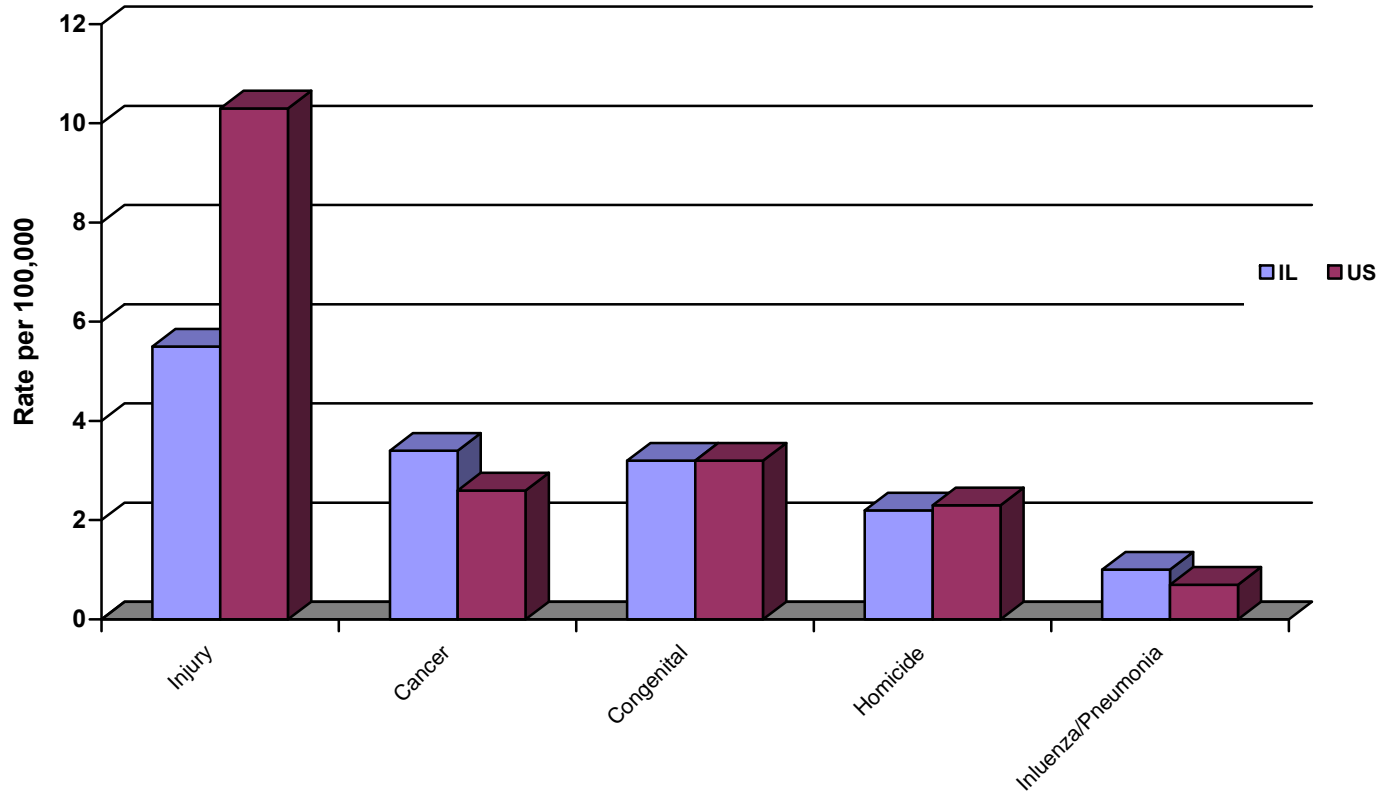
**Leading Causes of Death- IL 2005 By Gender**  
**Age Adjusted Mortality Rate Per 100,000**



Source: CDC Compressed Mortality File

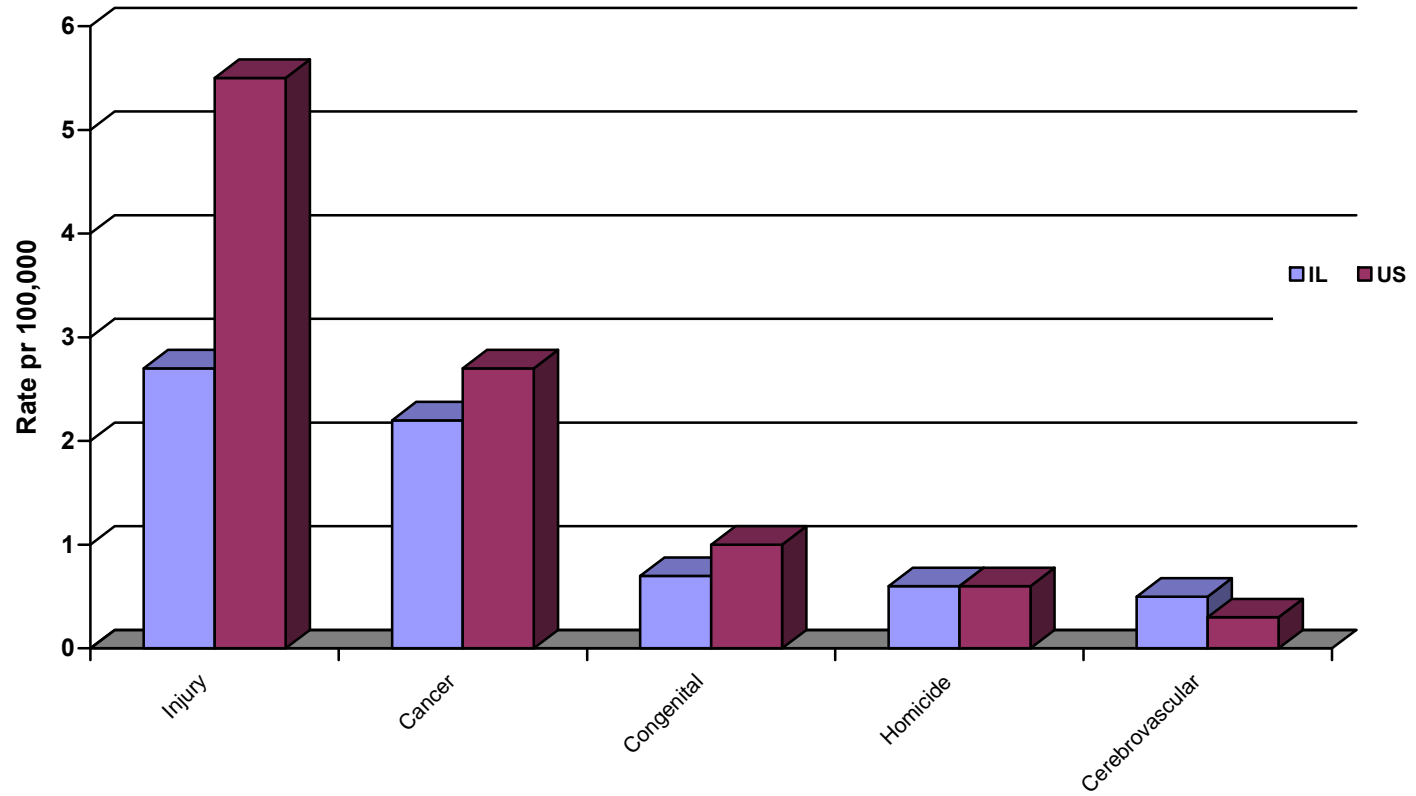
The figure above presents data on the leading causes of mortality by gender. The causes are ordered by their ranking when considering the total population.

### Leading Causes of Death- IL 2005 By Age 1 to 4 Years- IL & US



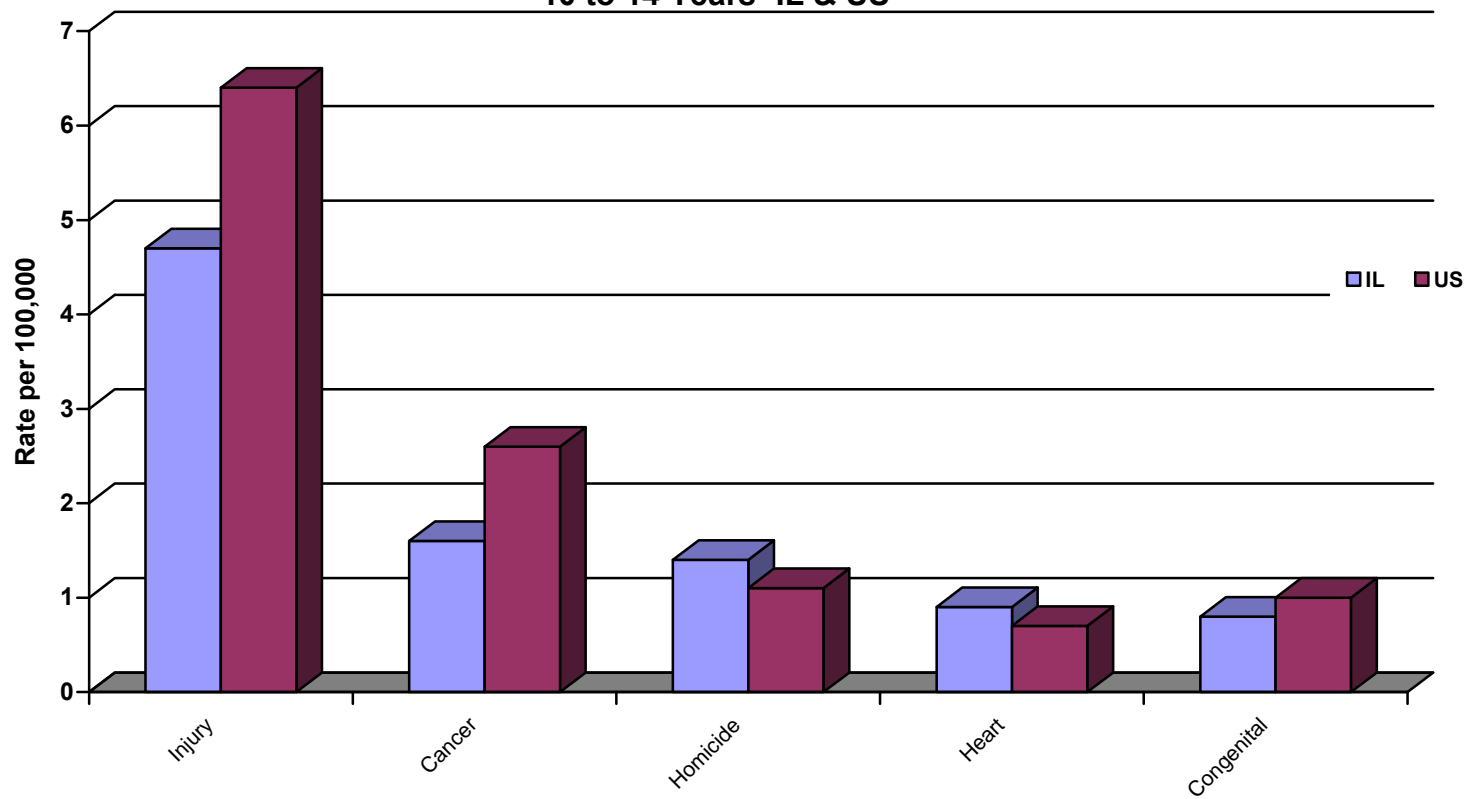
Source: CDC Compressed Mortality File

### Leading Causes of Death- IL 2005 By Age 5 to 9 Years- IL & US



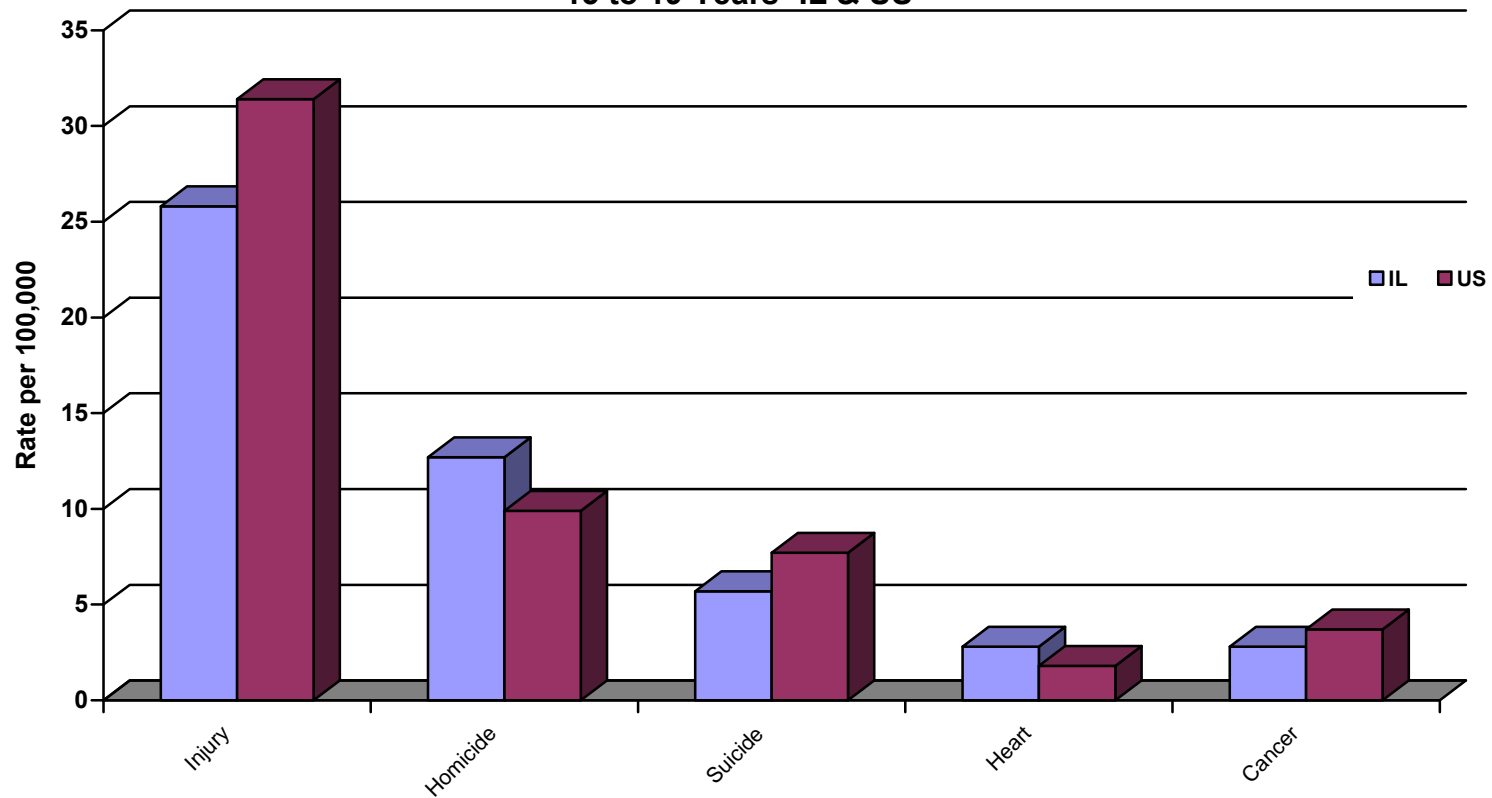
Source: CDC Compressed Mortality File

### Leading Causes of Death- IL 2005 By Age 10 to 14 Years- IL & US



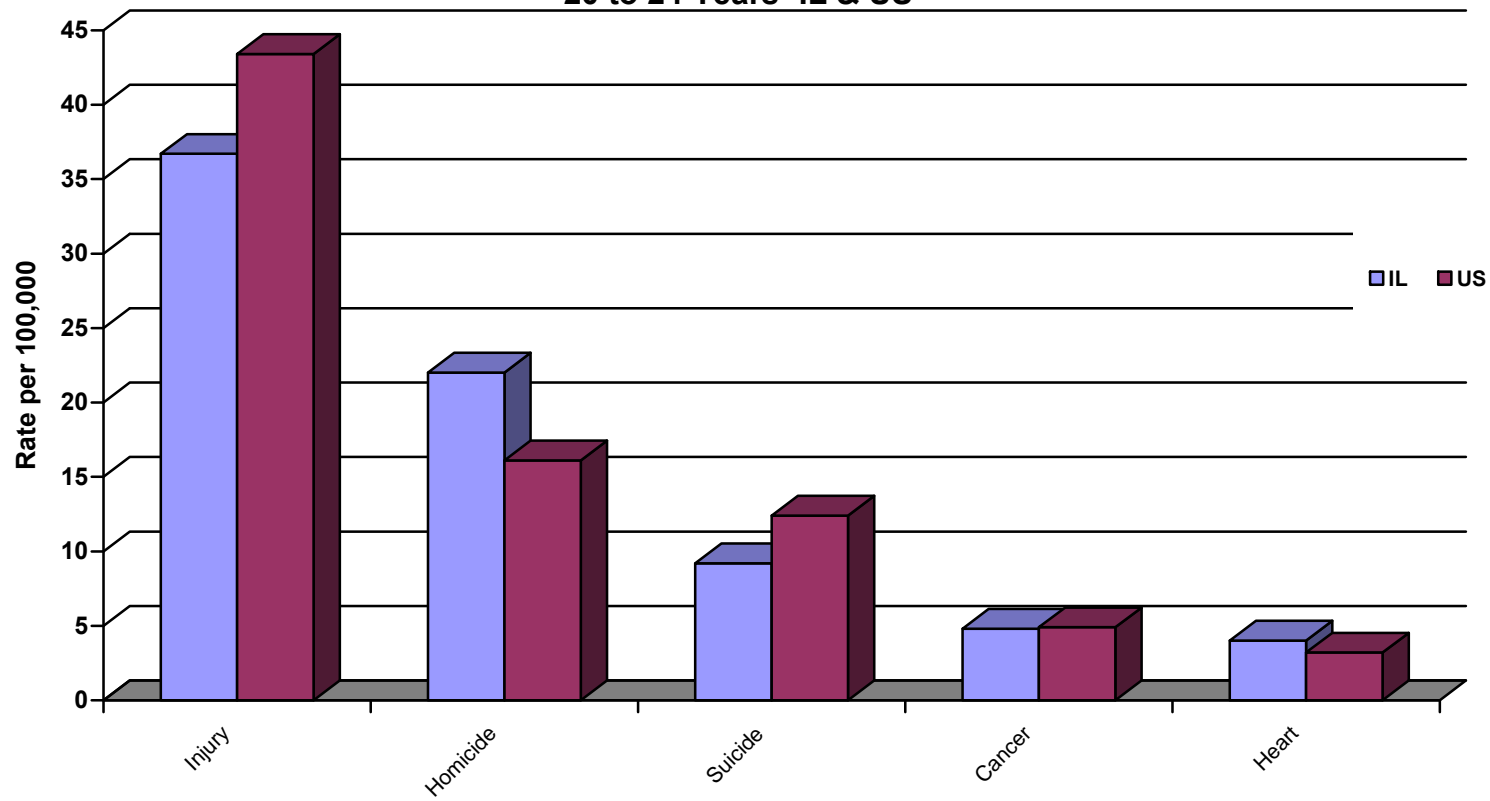
Source: CDC Compressed Mortality File

### Leading Causes of Death- IL 2005 By Age 15 to 19 Years- IL & US



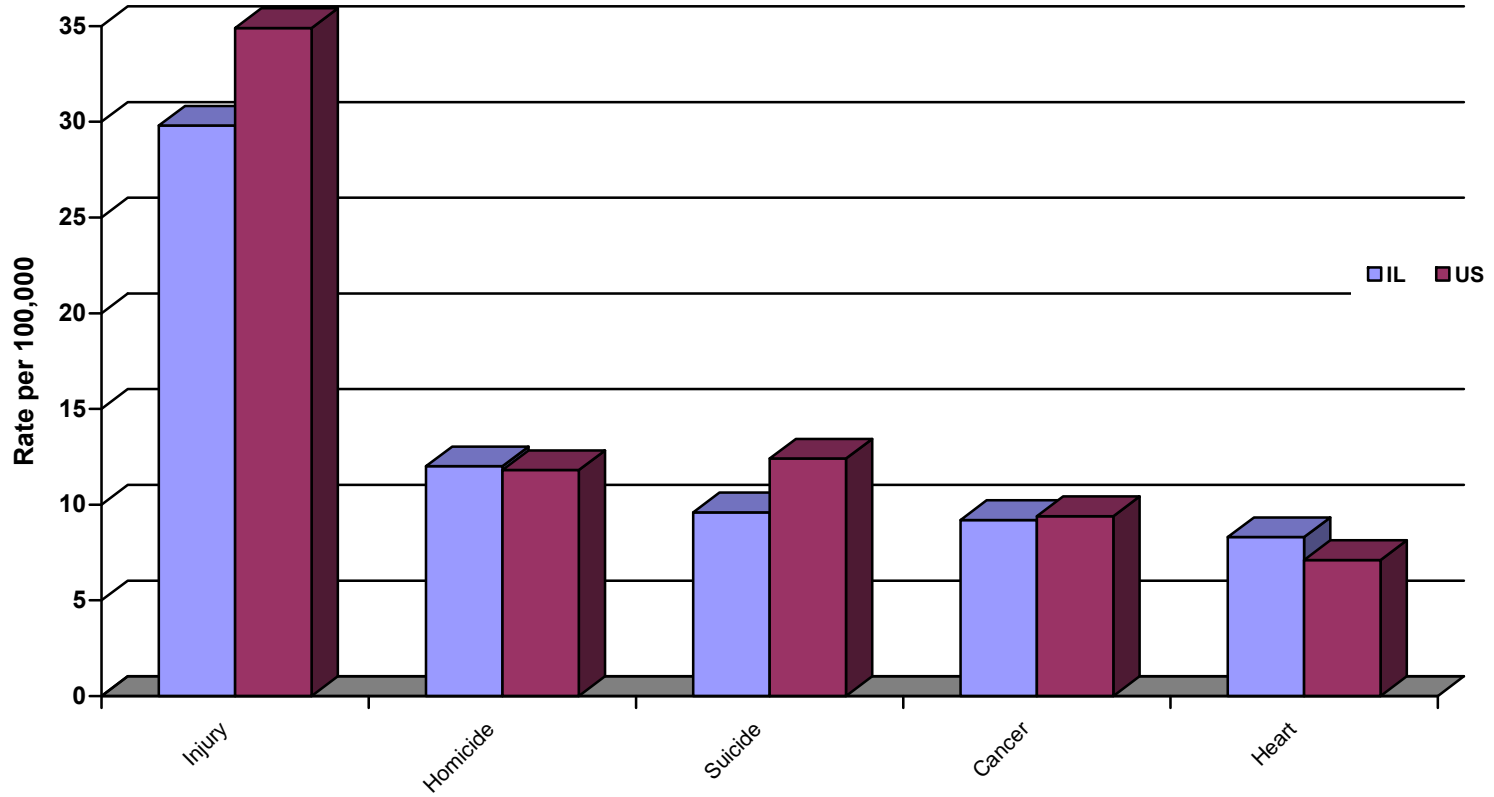
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### Leading Causes of Death- IL 2005 By Age 20 to 24 Years- IL & US



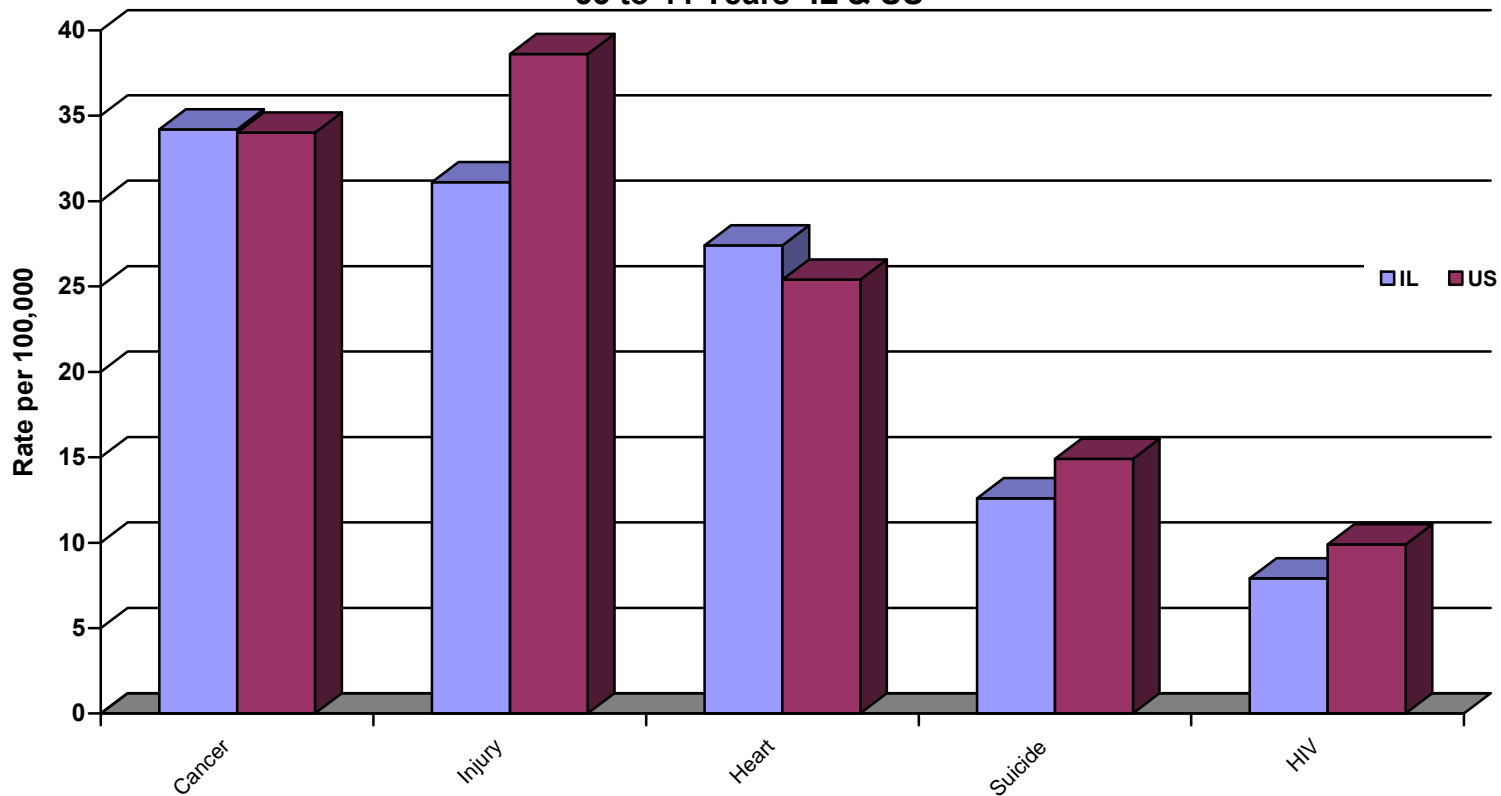
Source: CDC Compressed Mortality File

**Leading Causes of Death- IL 2005 By Age  
25 to 34 Years- IL & US**



Source: CDC Compressed Mortality File

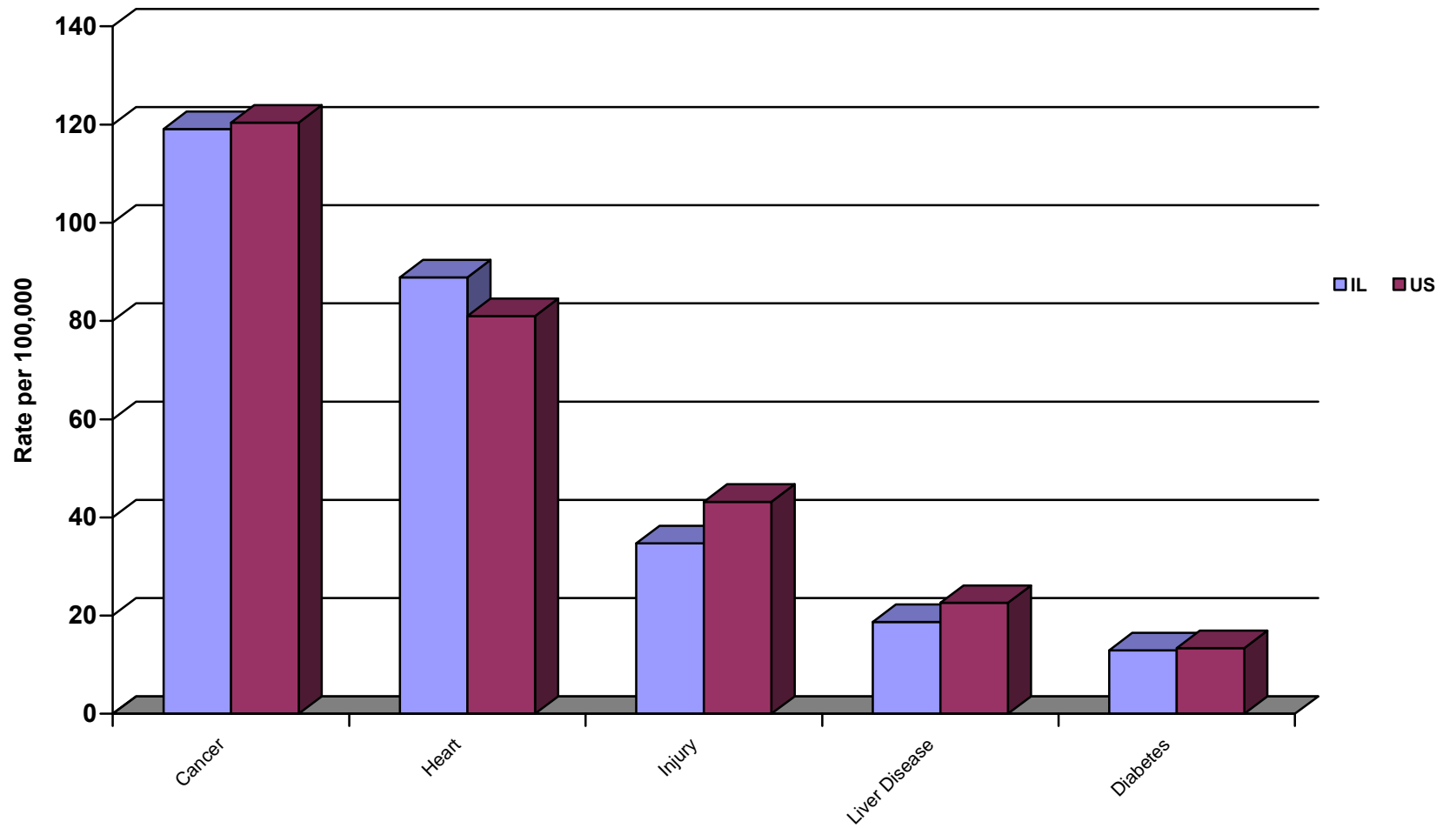
### Leading Causes of Death- IL 2005 By Age 35 to 44 Years- IL & US



Source: CDC Compressed Mortality File

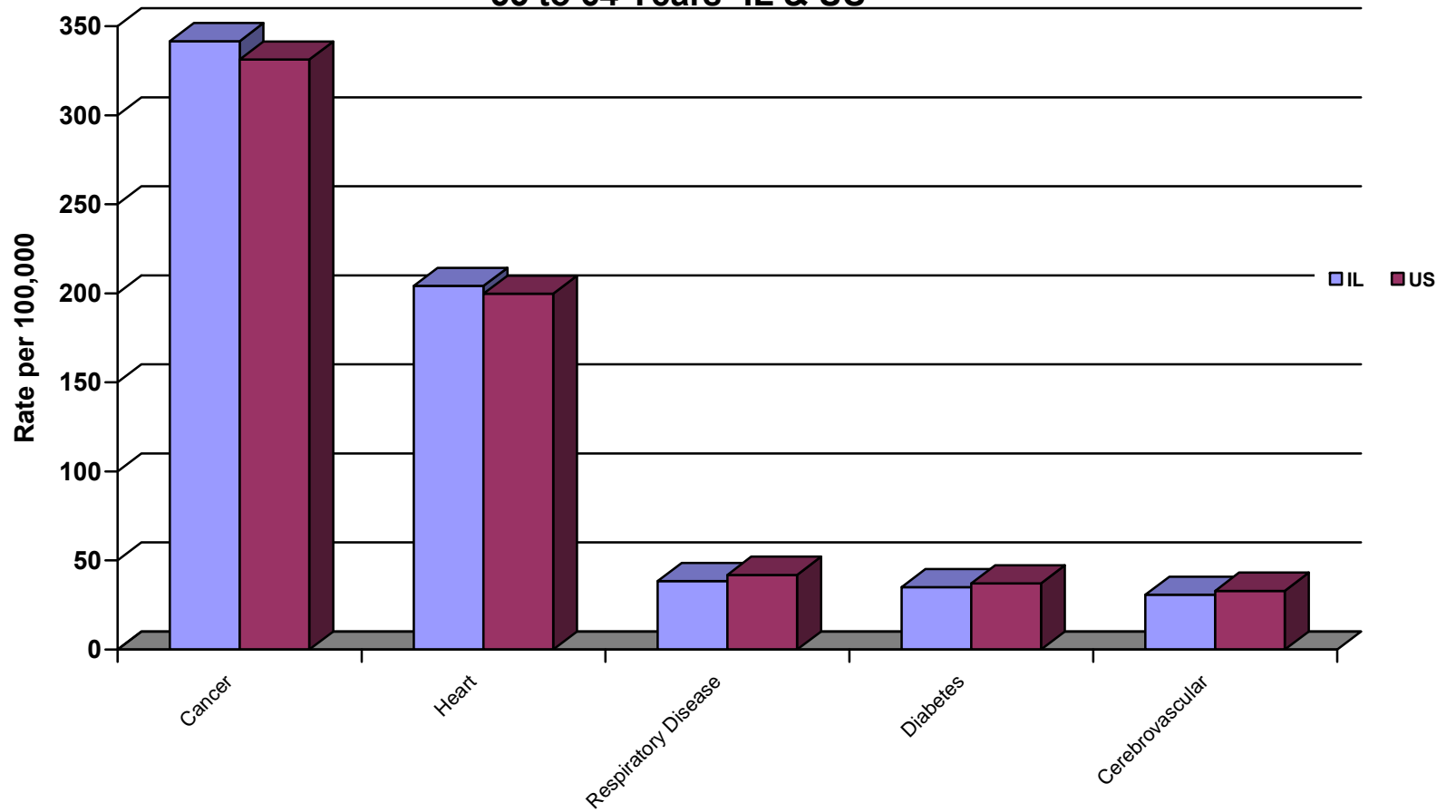


### Leading Causes of Death- IL 2005 By Age 45 to 54 Years- IL & US



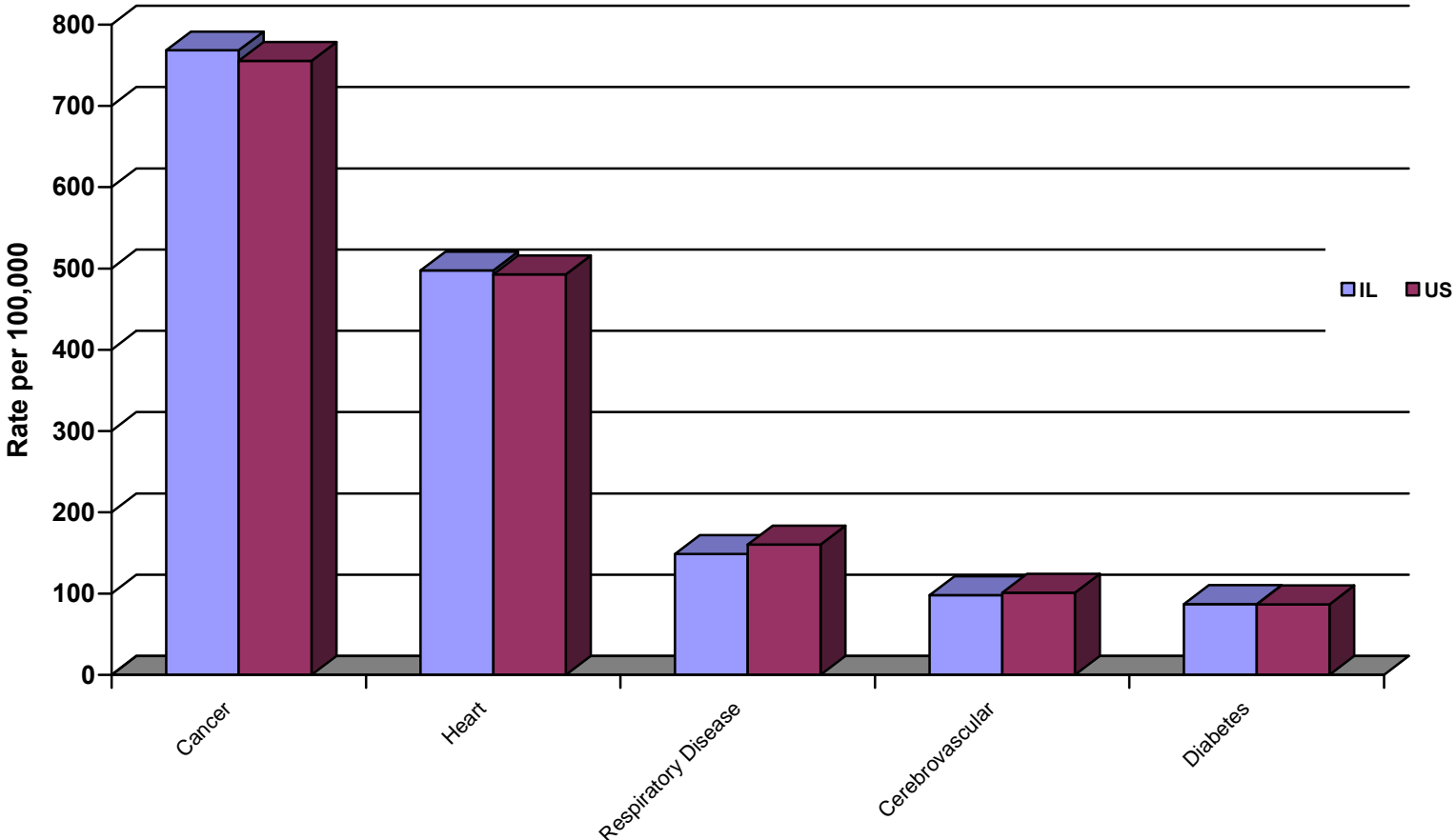
Source: CDC Compressed Mortality File

### Leading Causes of Death- IL 2005 By Age 55 to 64 Years- IL & US



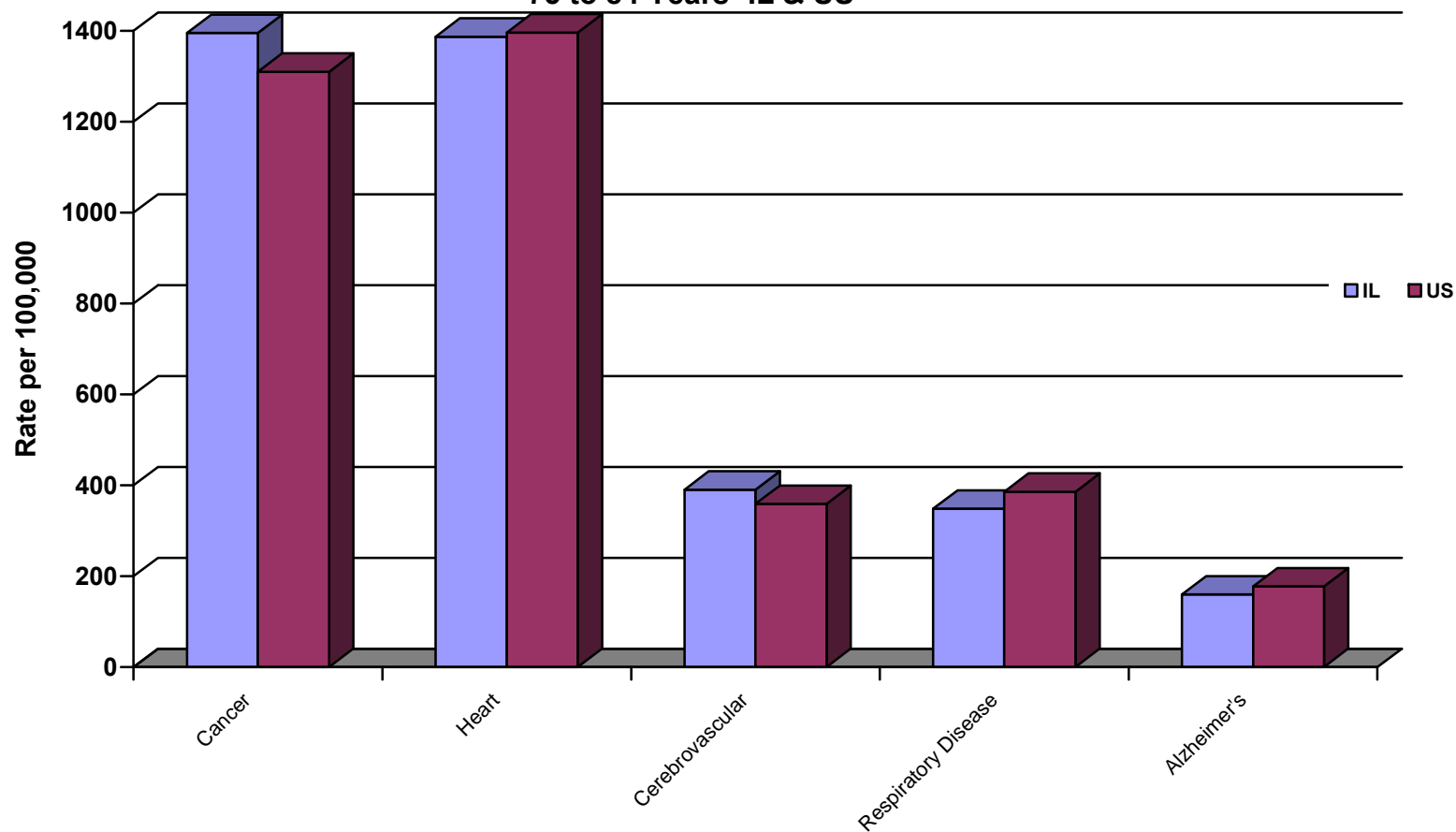
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2005 By Age  
65 to 74 Years- IL & US



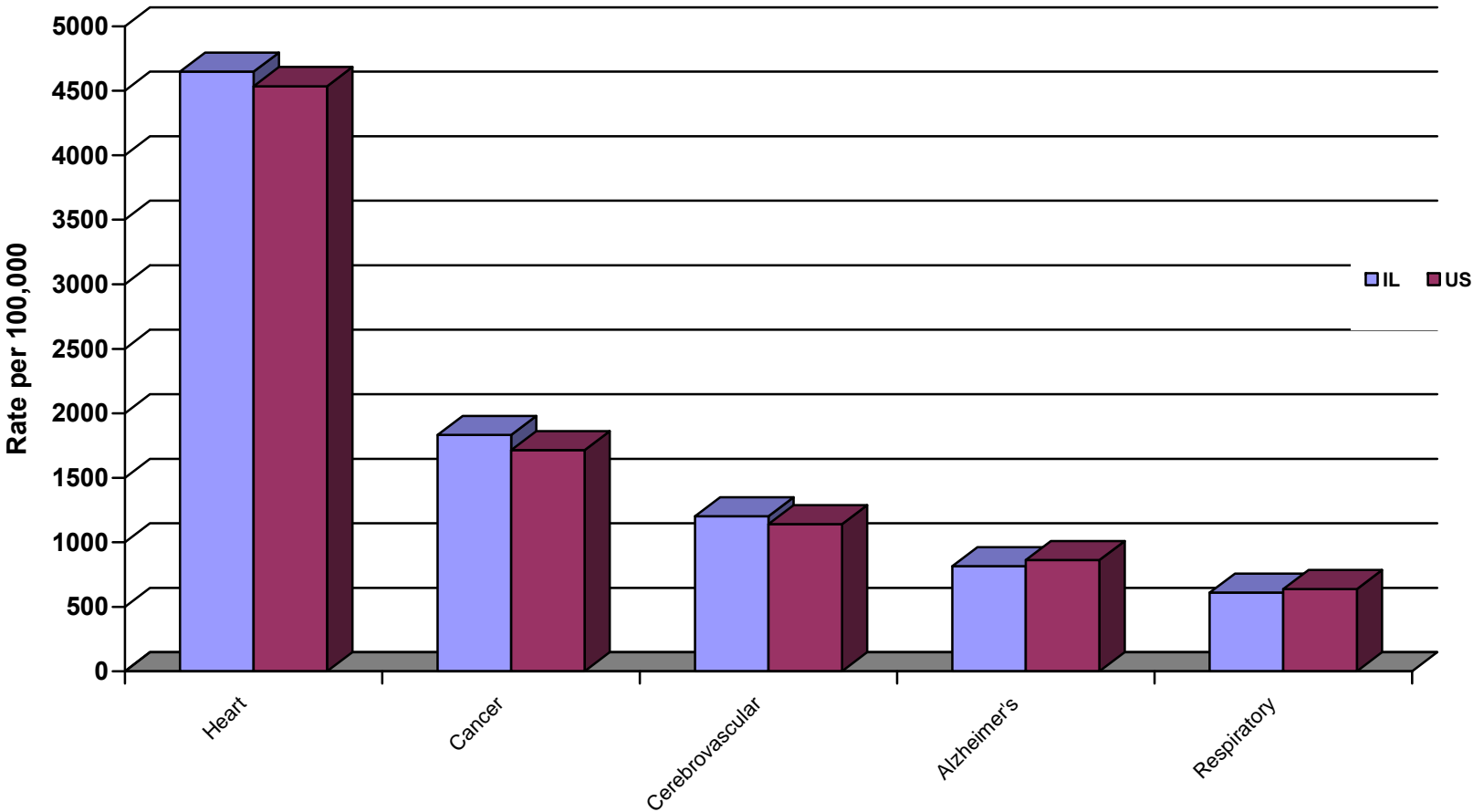
Source: CDC Compressed Mortality File

Leading Causes of Death- IL 2005 By Age  
75 to 84 Years- IL & US



Source: CDC Compressed Mortality File

**Leading Causes of Death- IL 2005 By Age  
85 Years and Over- IL & US**

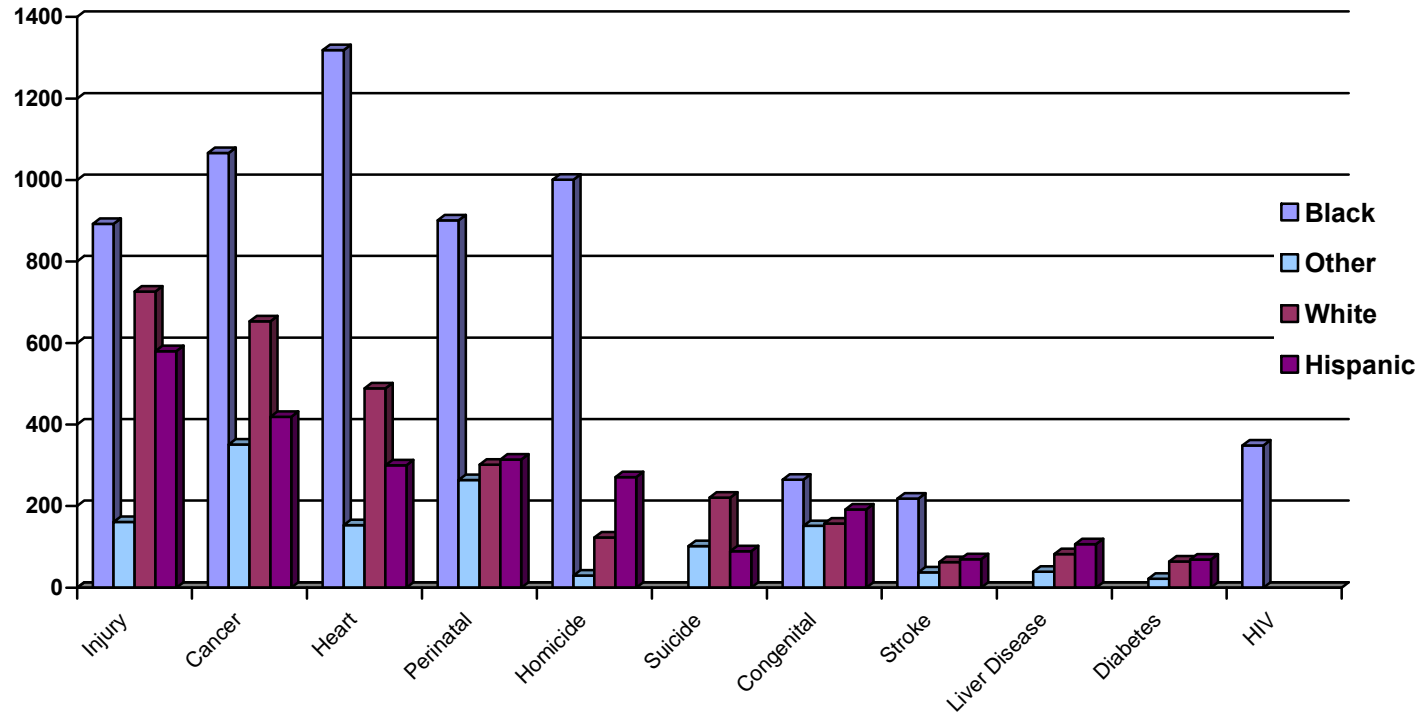


Source: CDC Compressed Mortality File

## Years of Potential Life Lost

Measure      Age adjusted rate for years of potential life lost

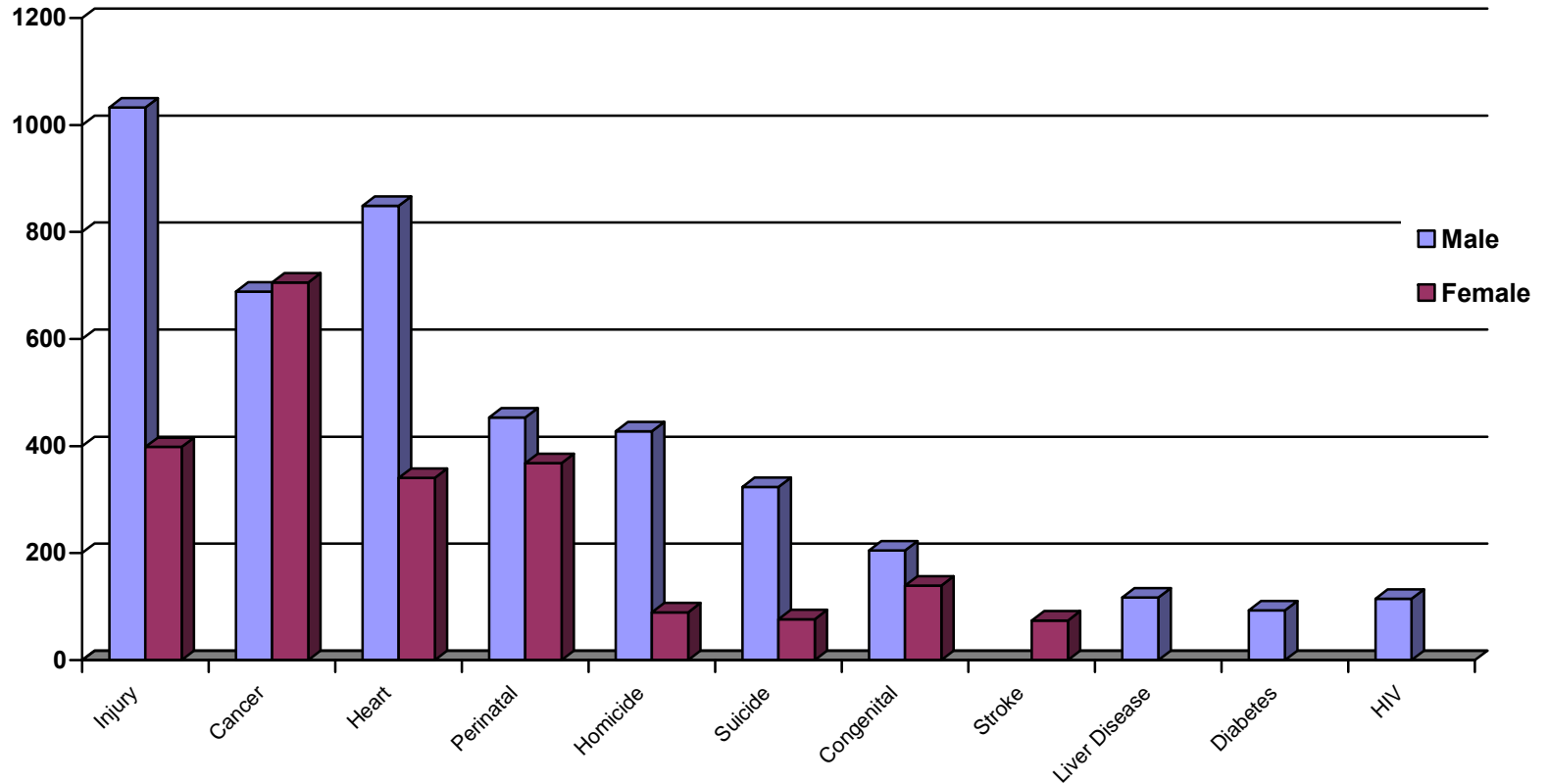
**Leading Causes of Years of Potential Life Lost- IL 2005 By Race and Ethnicity**  
**Age Adjusted YPLL Rate Per 100,000**



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

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

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



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

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



**General Health**

General health status

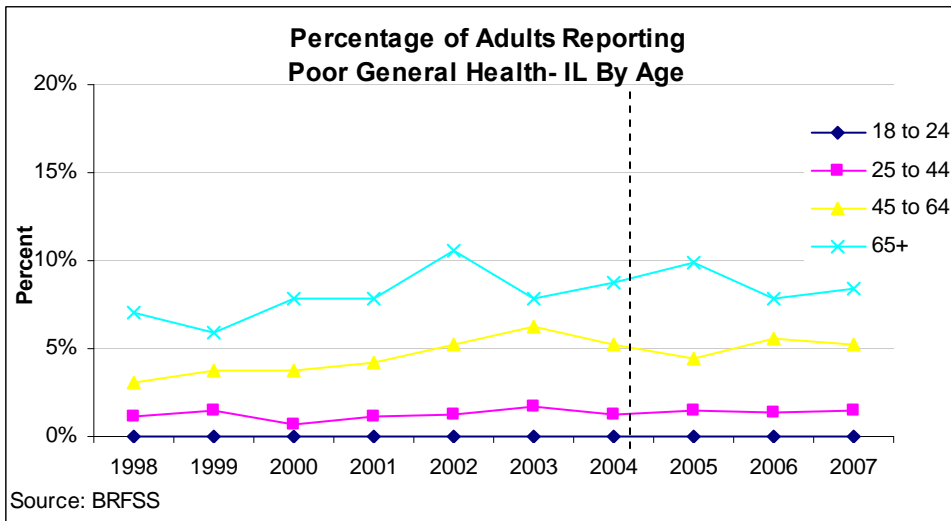
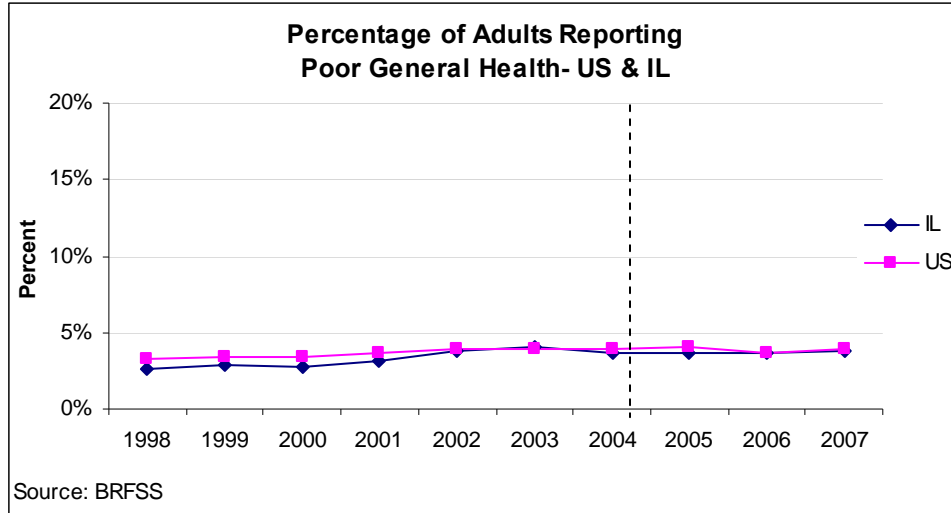
Measure

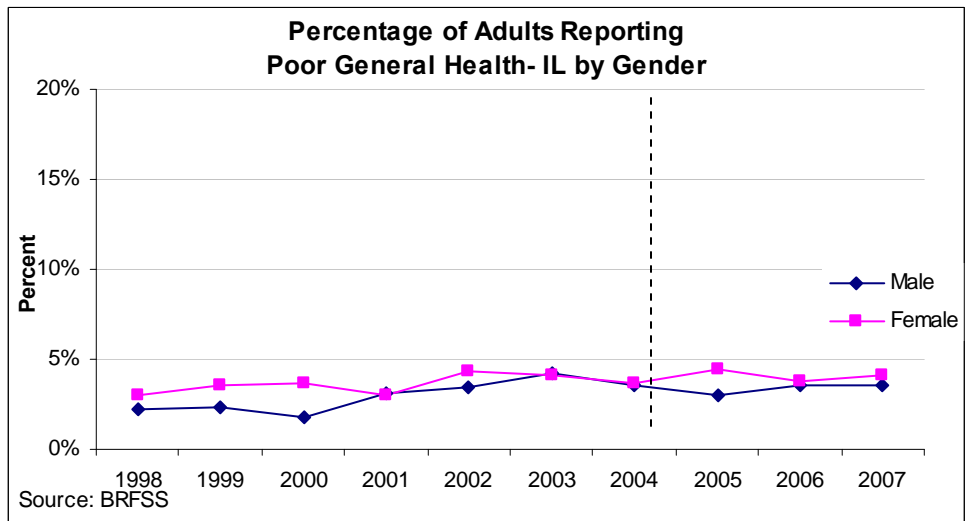
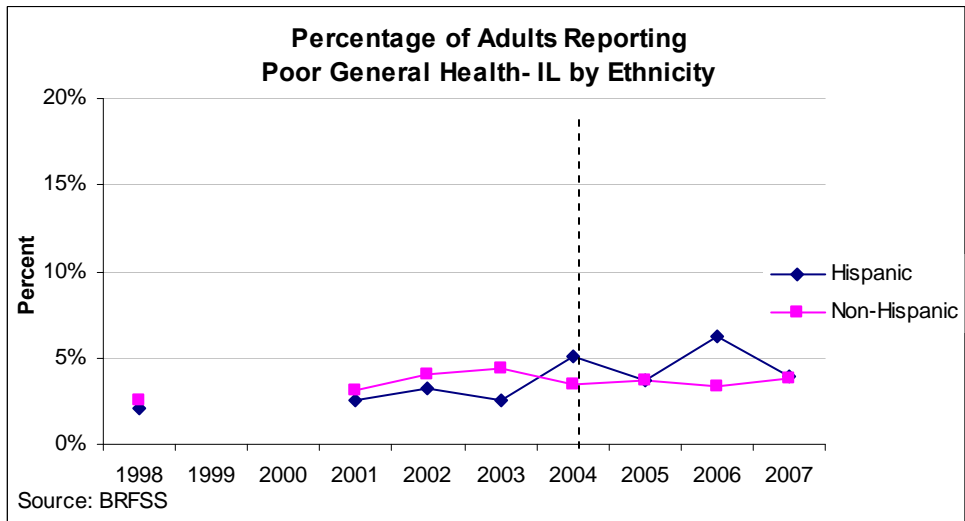
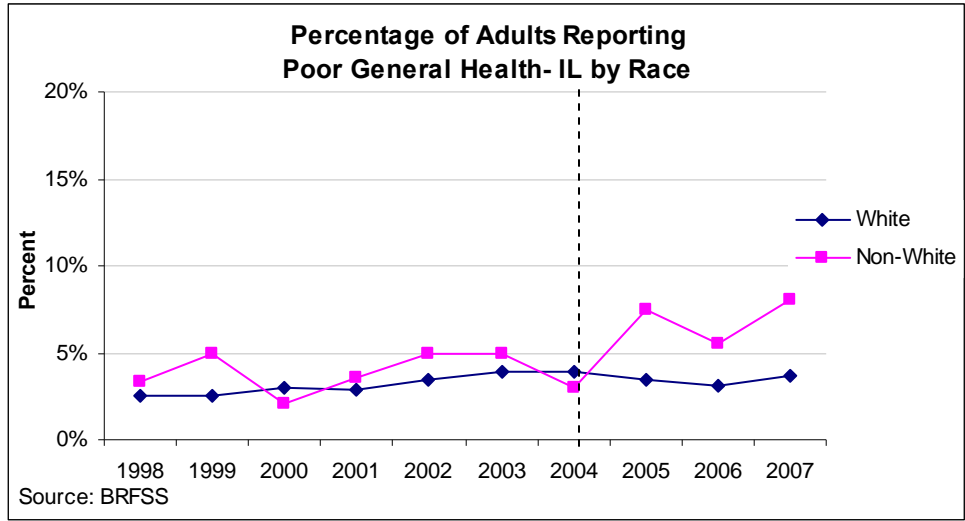
Percentage of adults who reported poor general health.

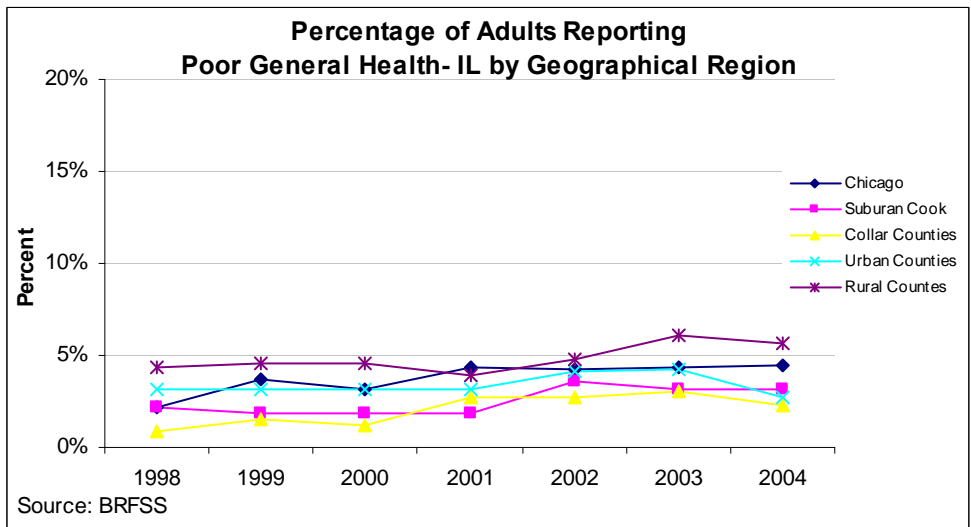
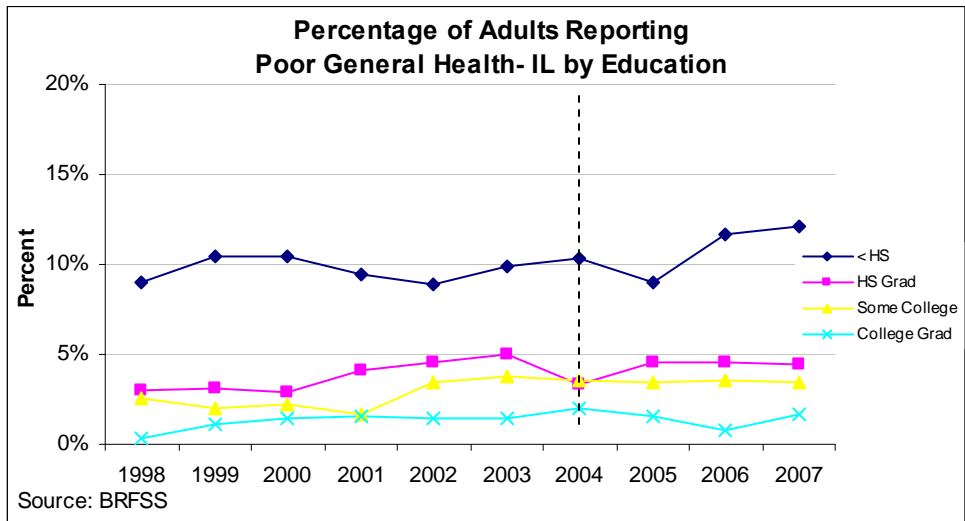
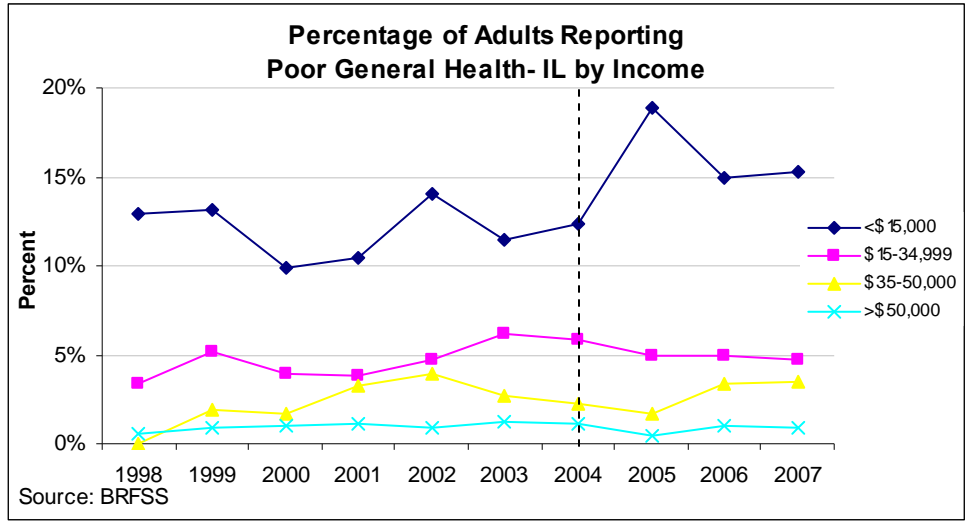
Measure

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

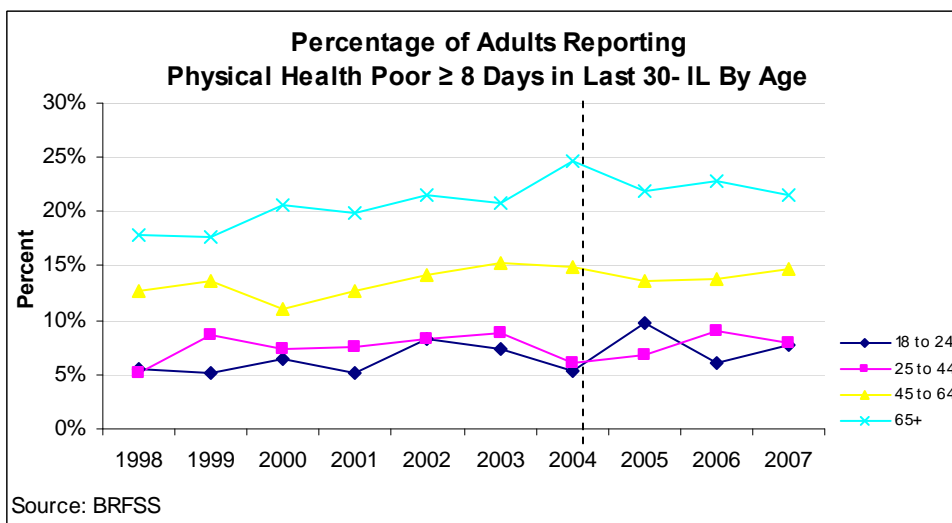
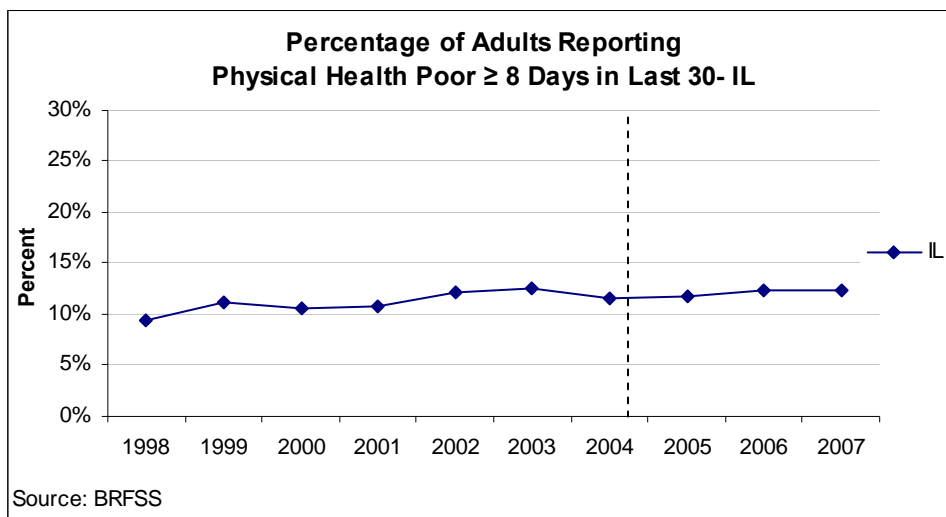
**General Health**

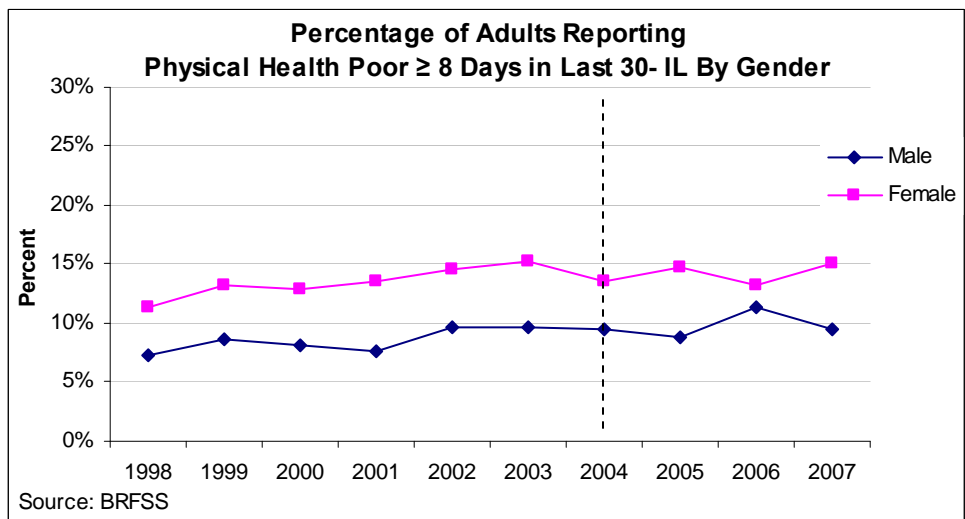
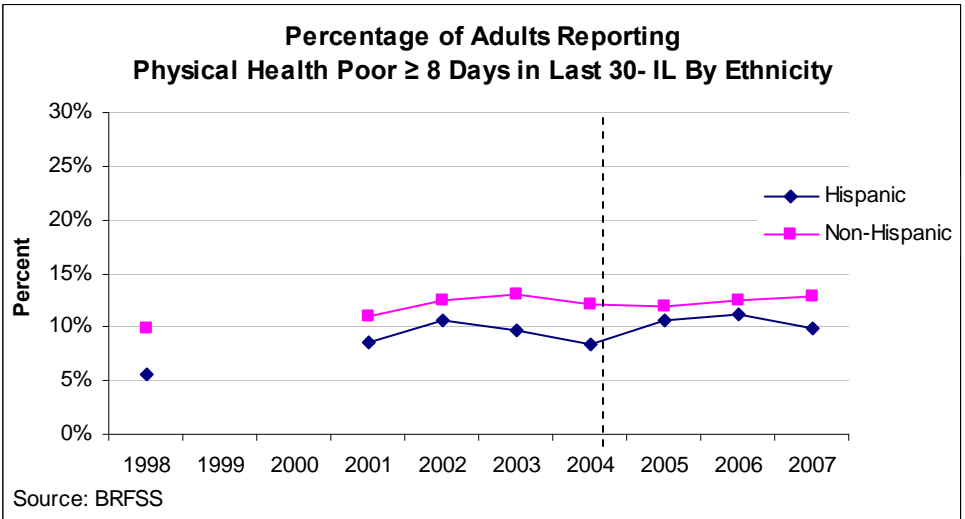
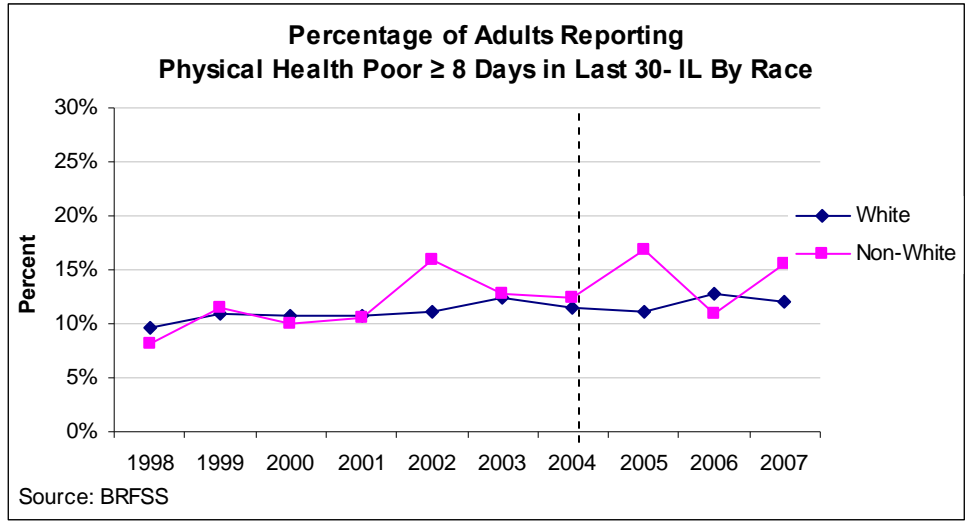


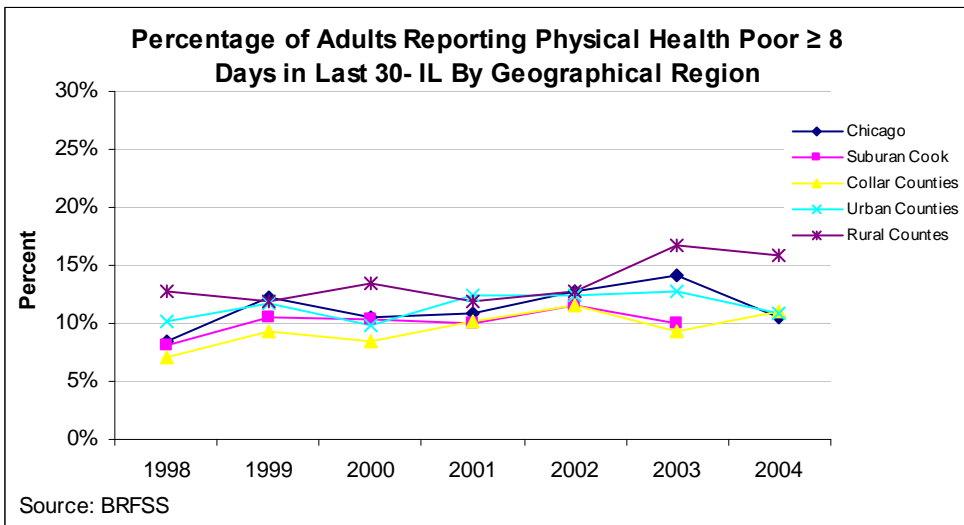
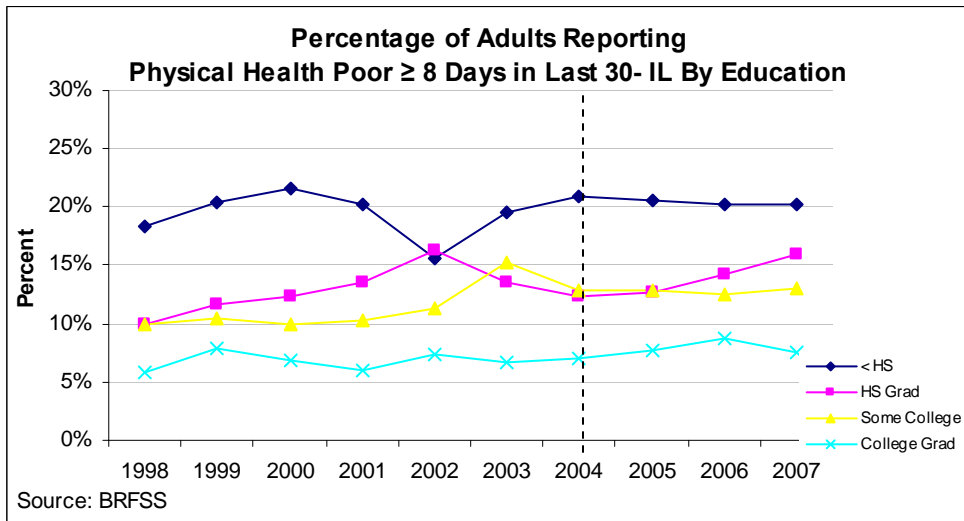
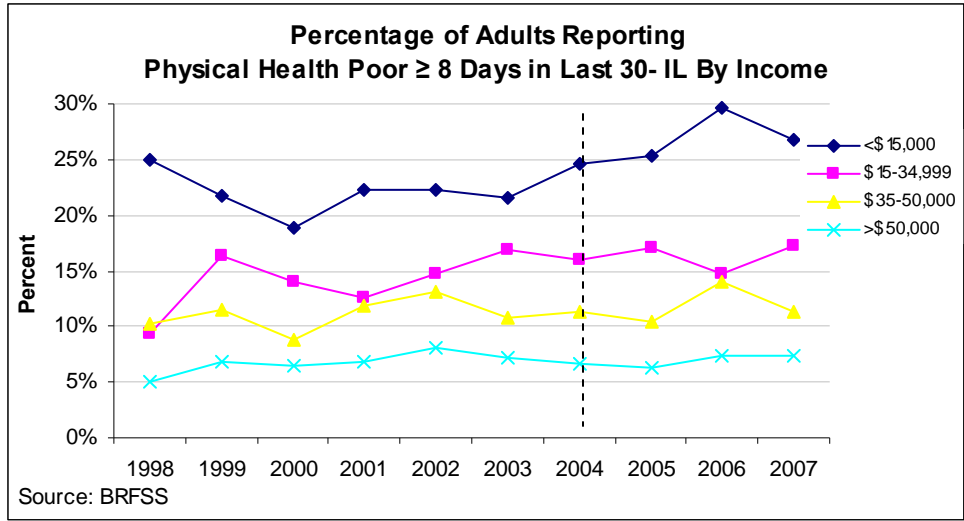




## Physical Health



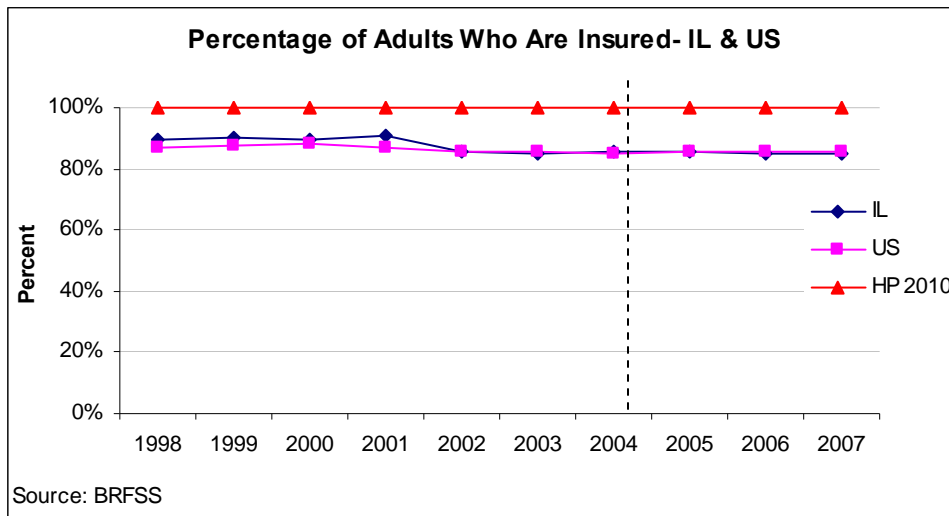


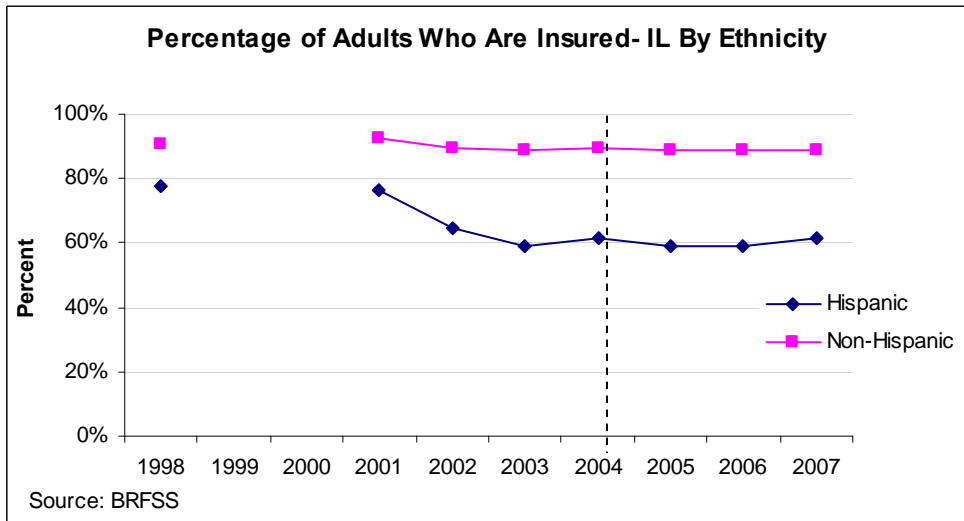
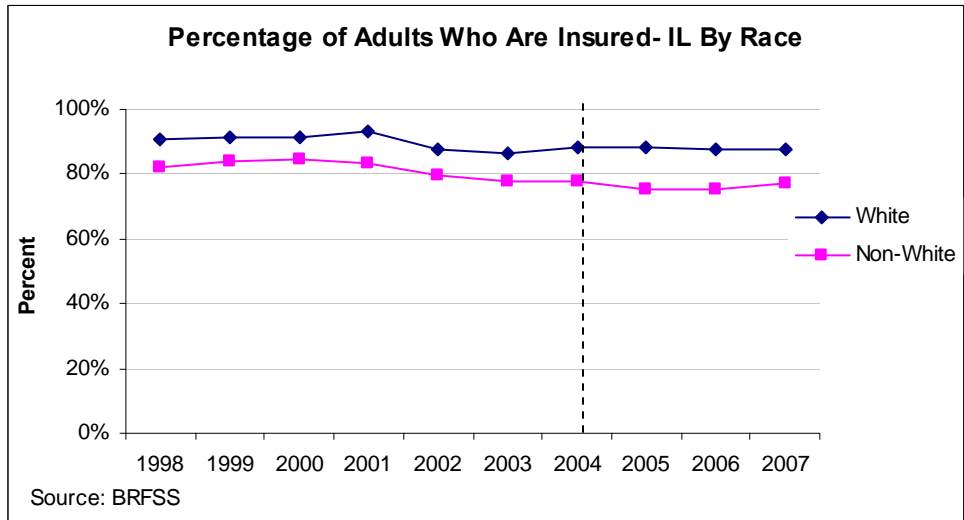
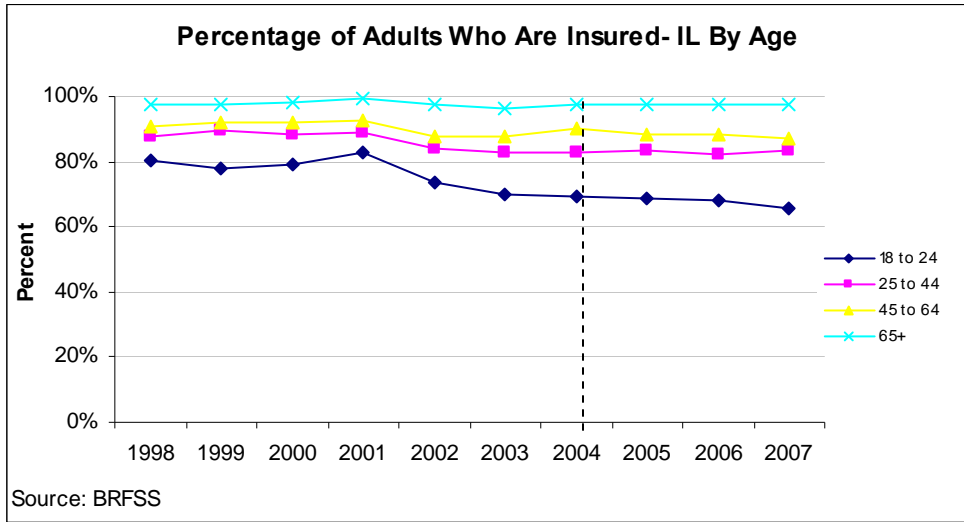


**Access to Health Care**

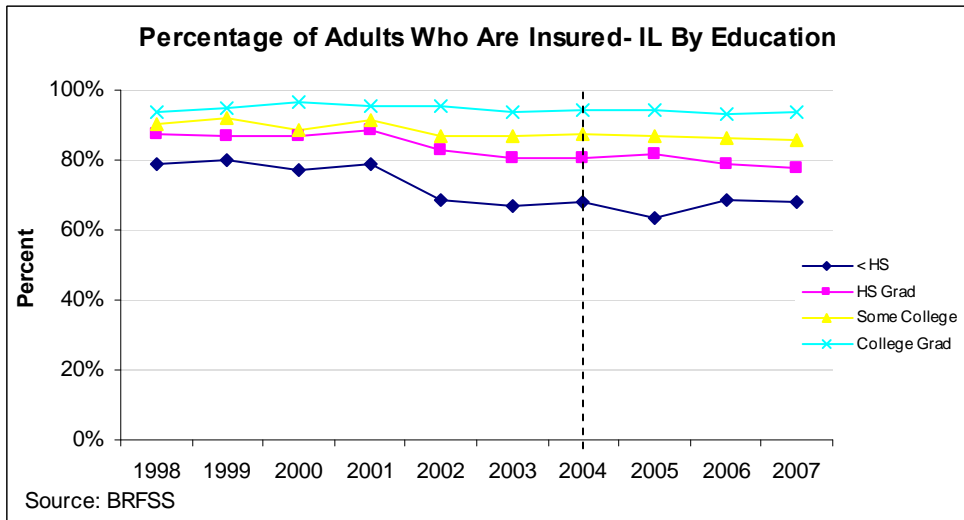
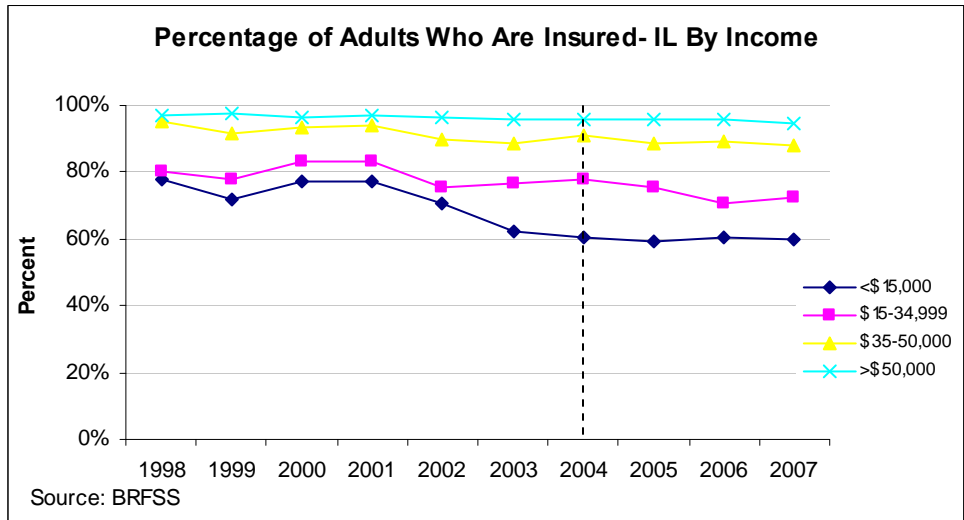
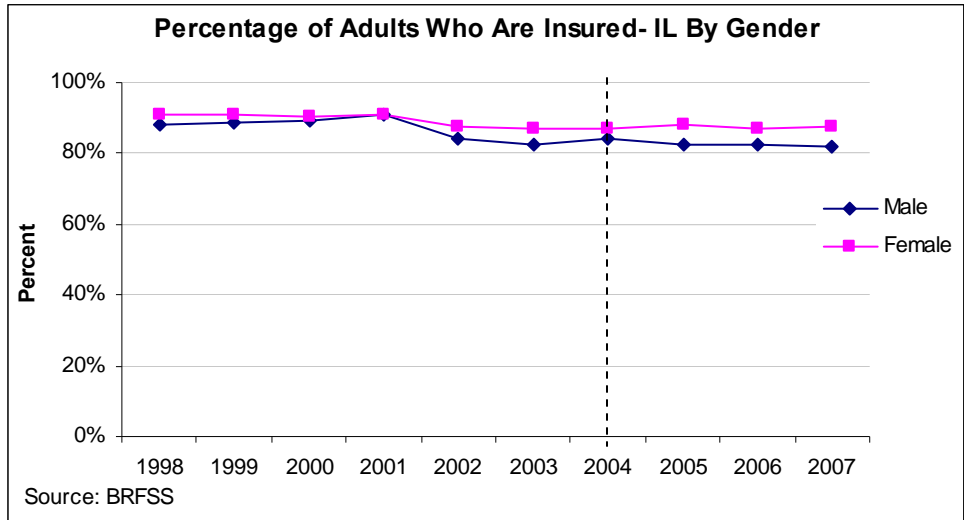
- 1-1. Increase the proportion of persons with health insurance.
- Measure Percentage who have a health plan
- 1-4a. Increase the proportion of persons who have a specific source of ongoing care.
- Measure Percentage that think of one person as personal doctor
- 1-4b. Increase the proportion of children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

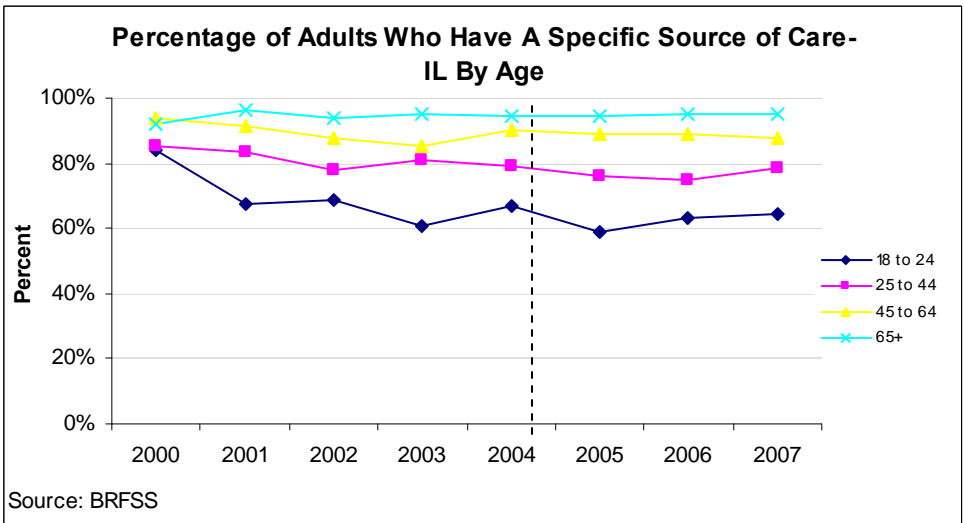
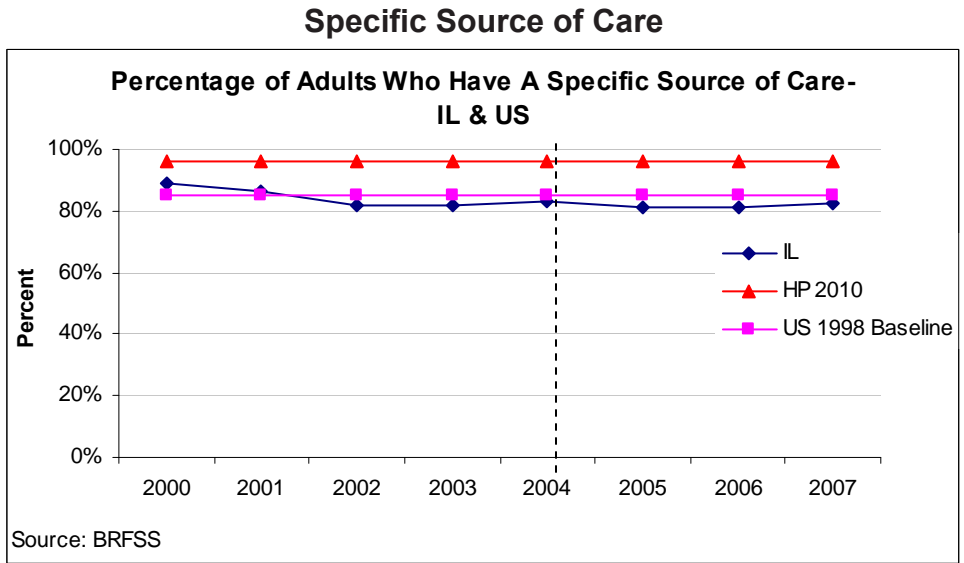
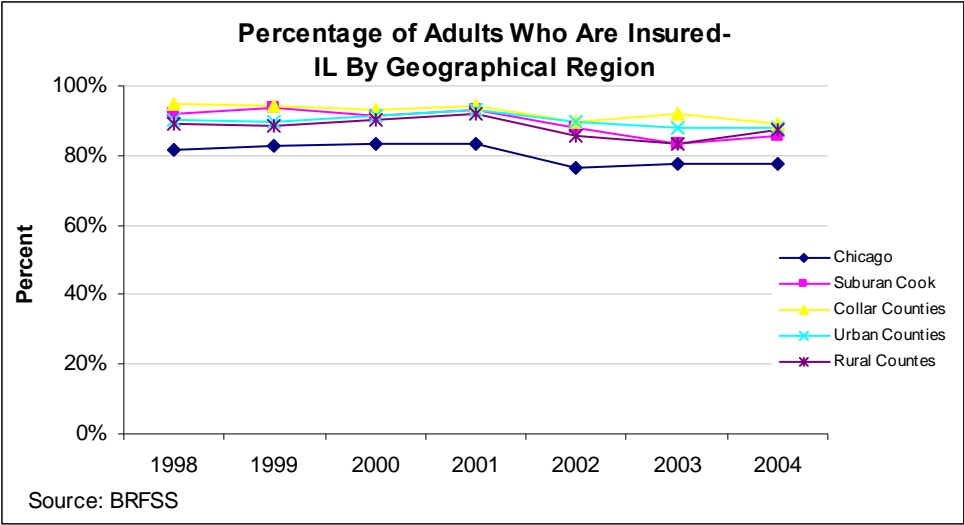
**Access to Health Care**

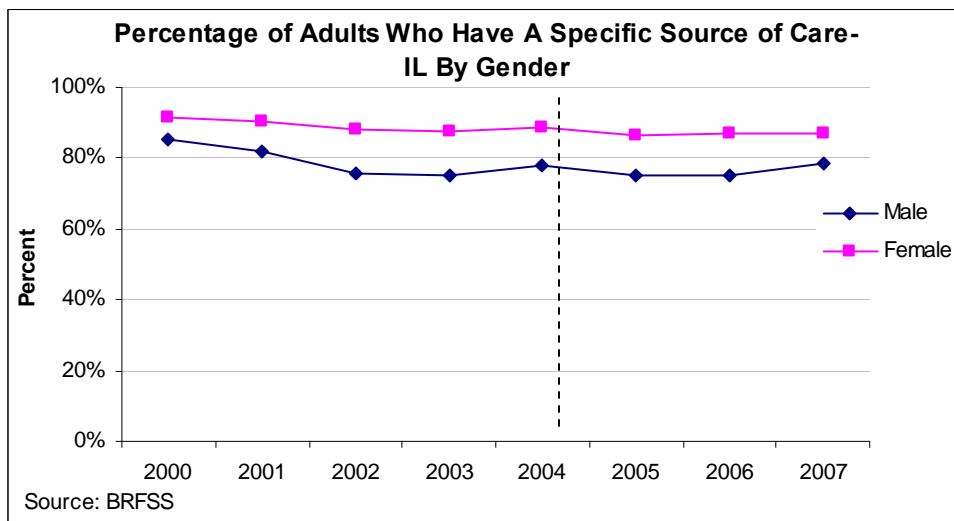
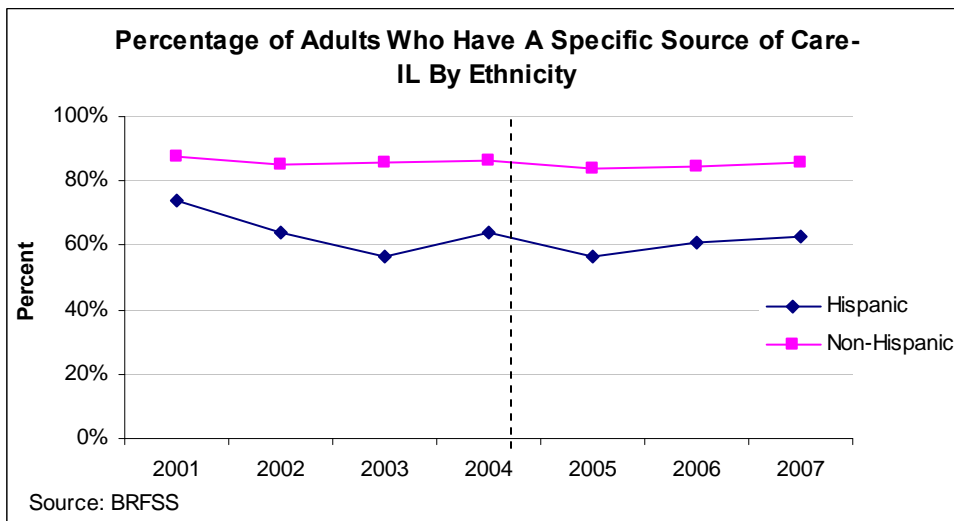
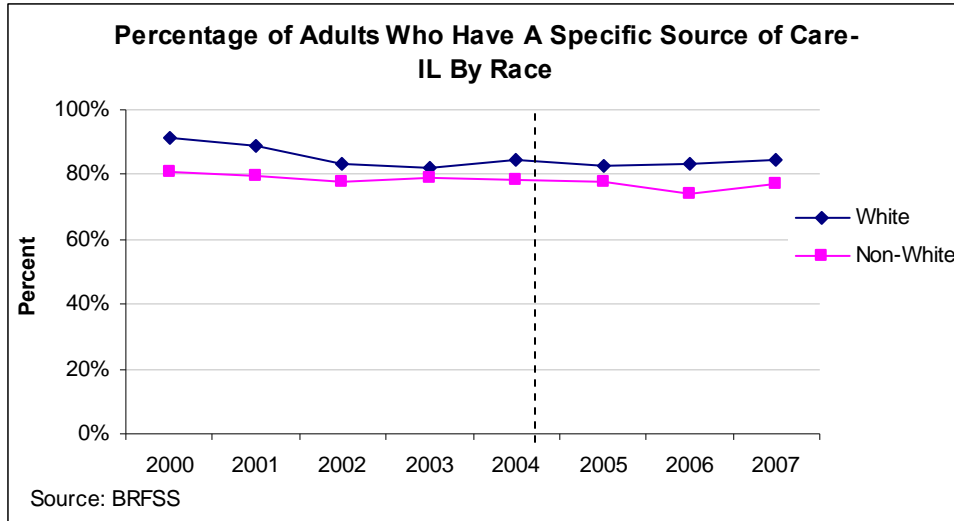


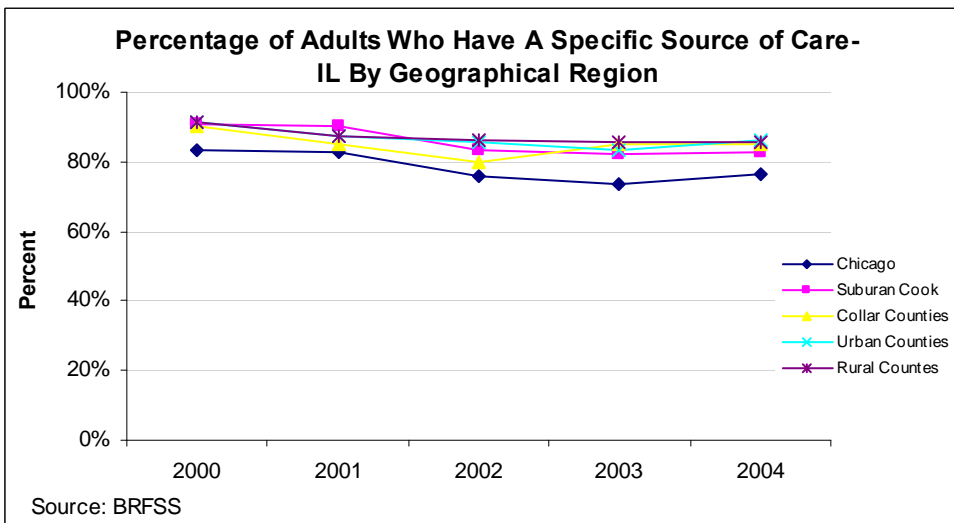
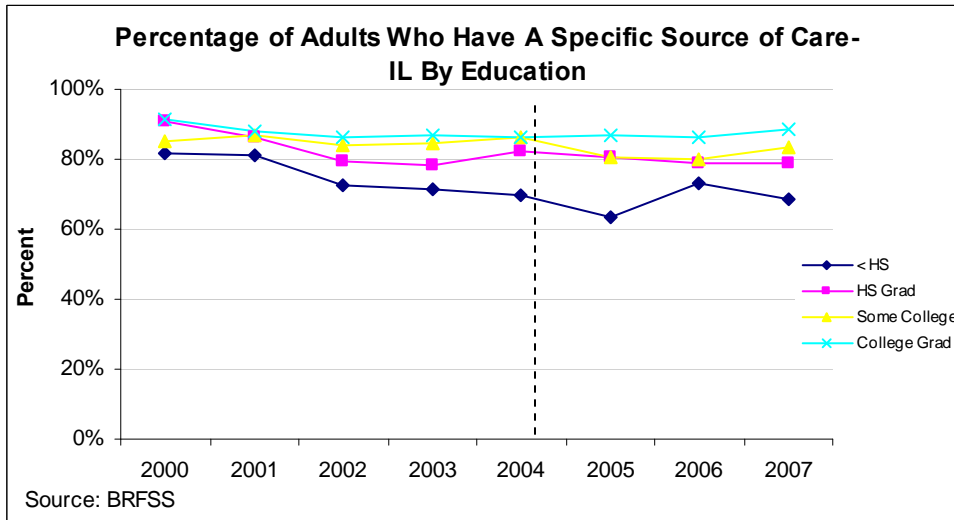
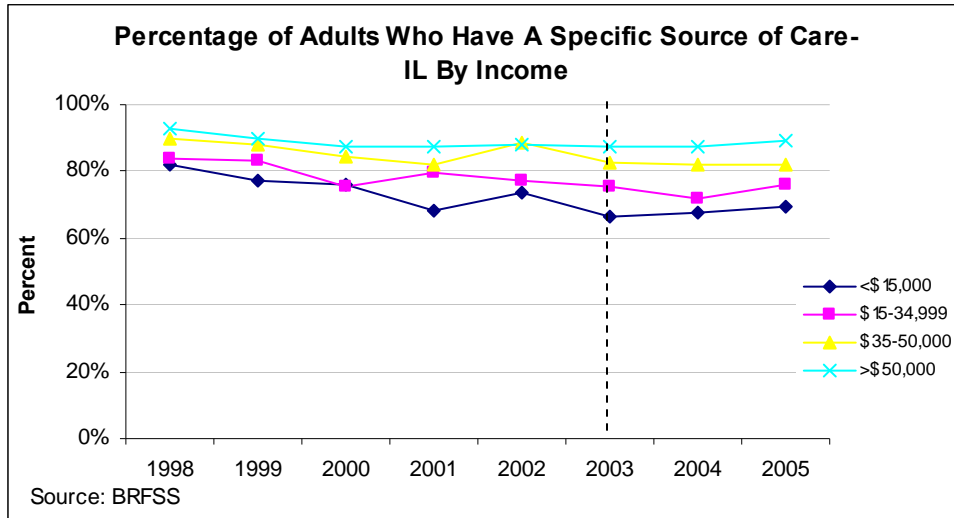




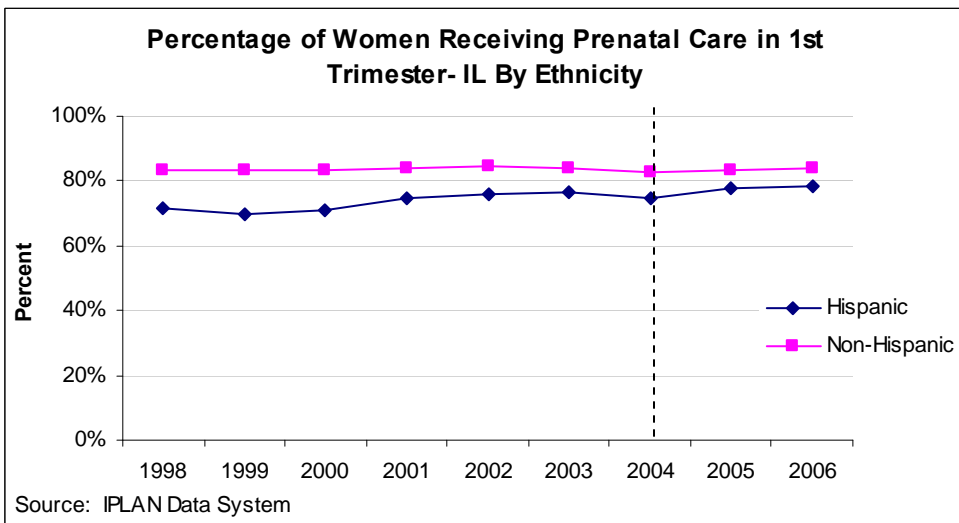
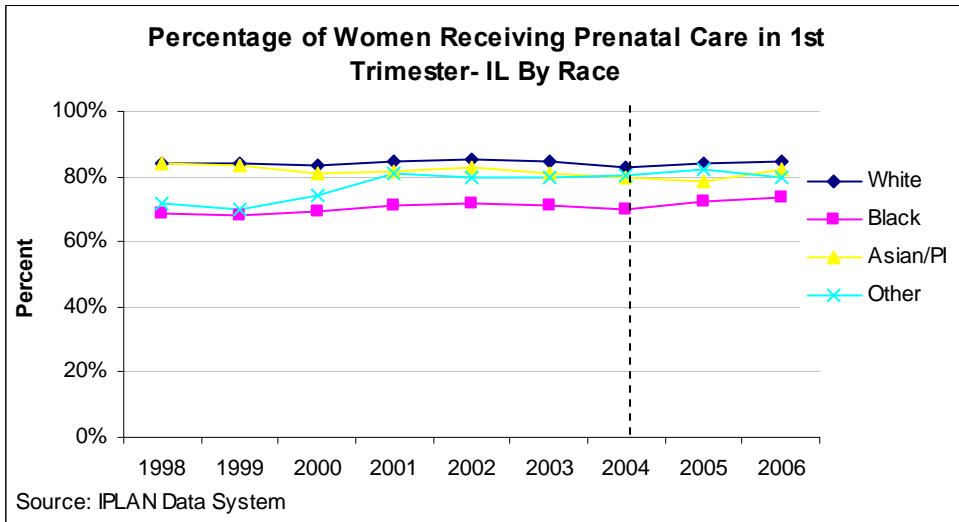
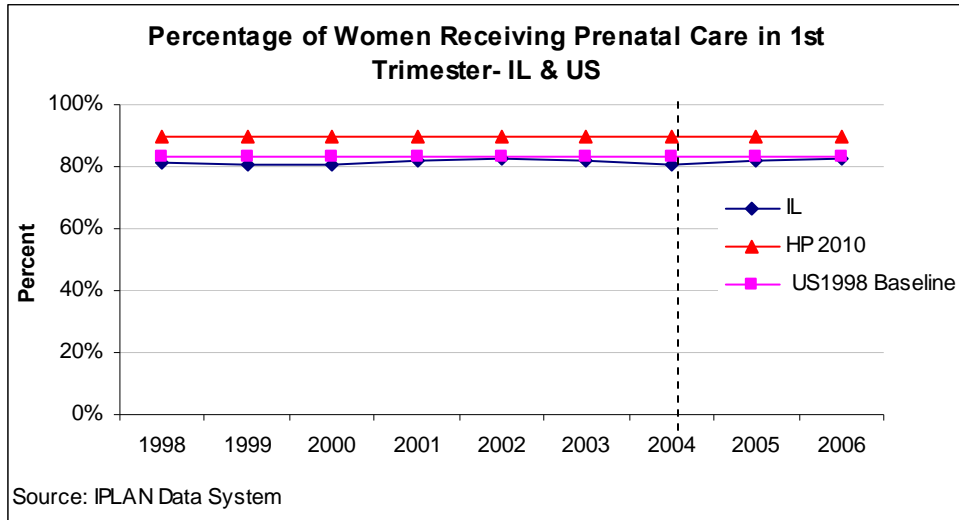








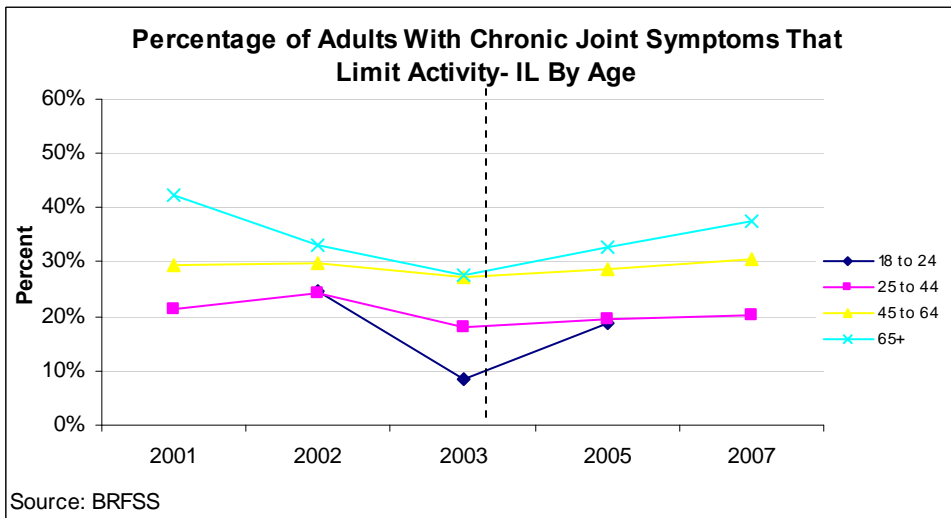
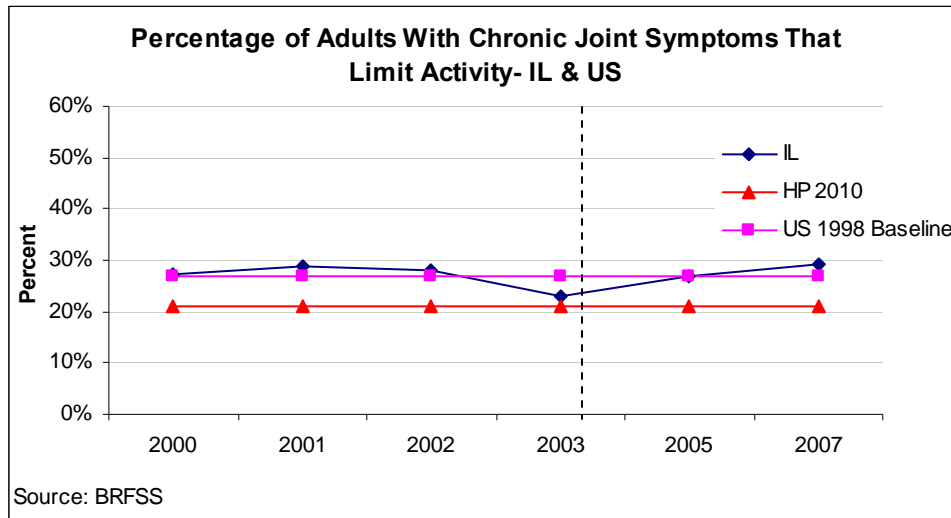
## Prenatal Care

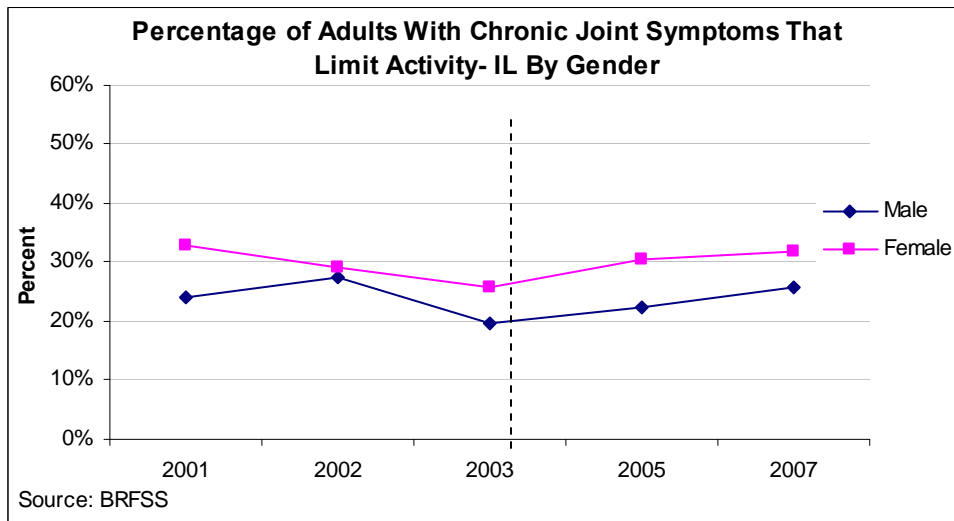
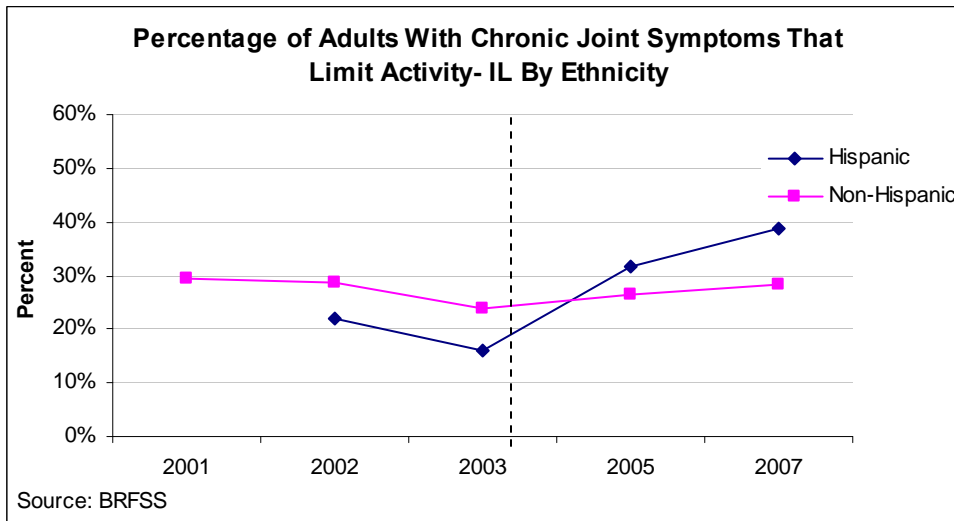
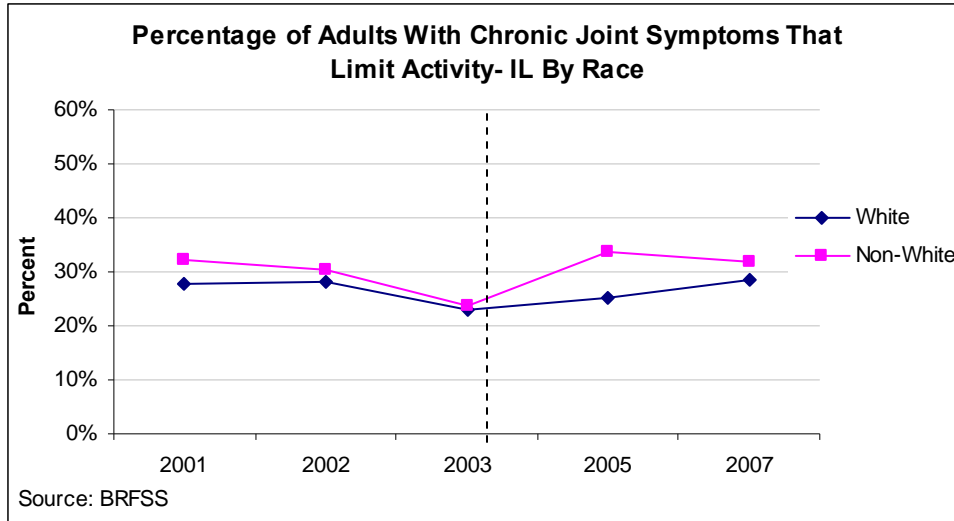


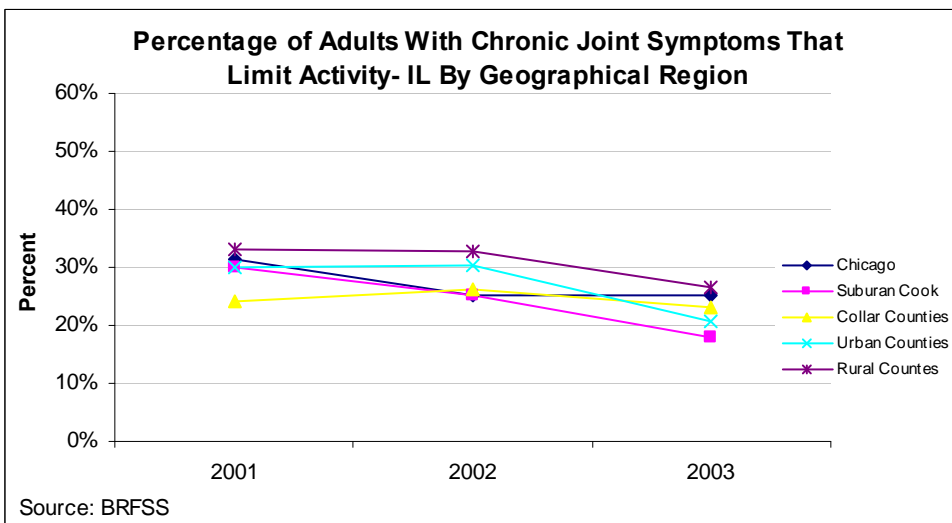
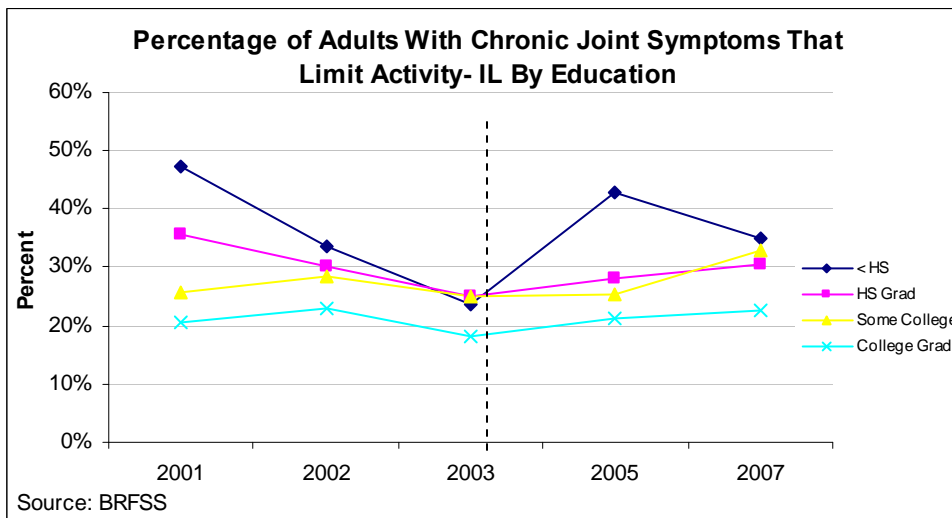
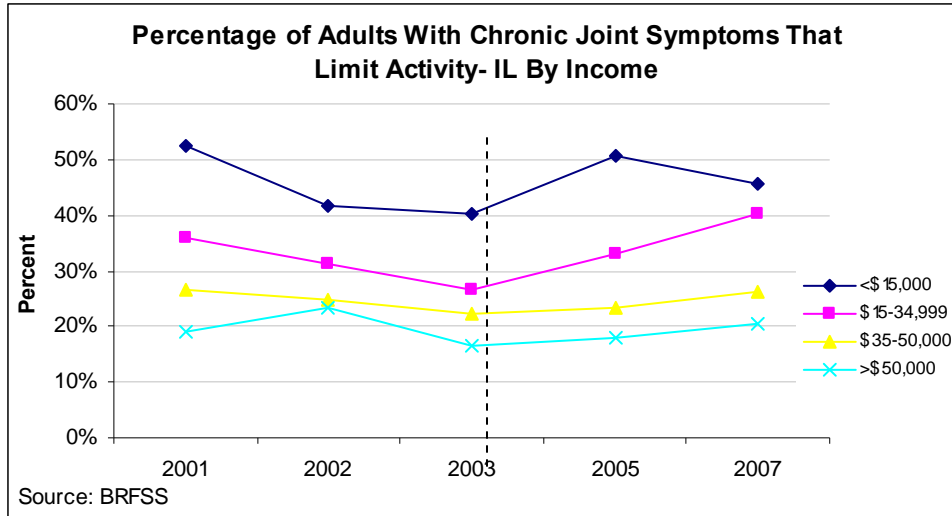
**Arthritis**

- 2-1 Increase the mean number of days without severe pain among adults who have chronic joint symptoms.
- Measure **Not currently collected.**
- 2-2 Reduce the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis.
- Measure Percentage of adults with chronic joint symptoms that limited activities.

**Arthritis**





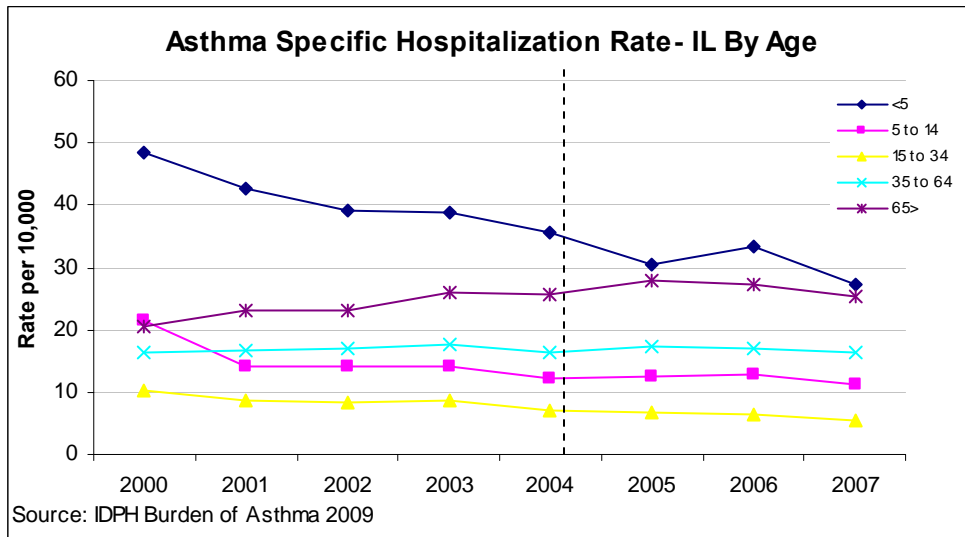
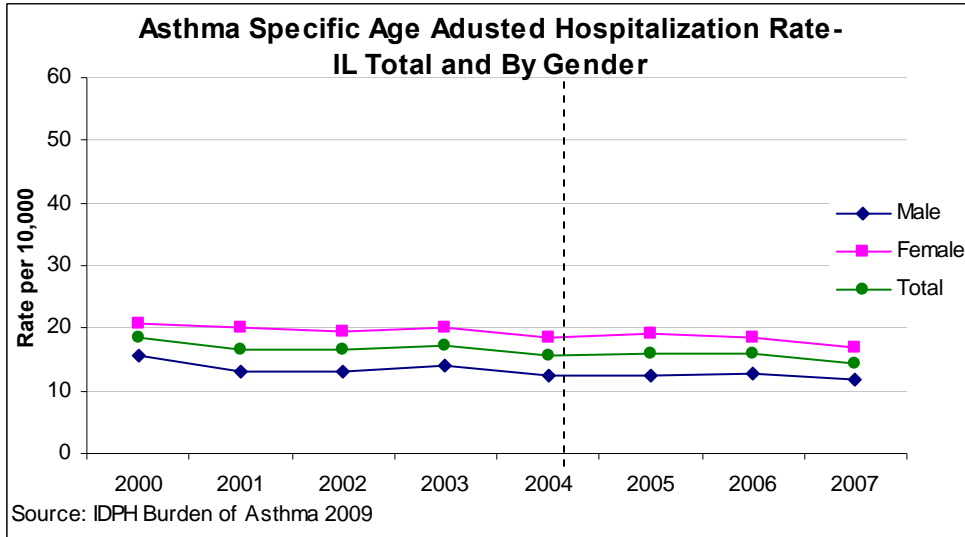




**Asthma**

24-2            Reduce hospitalizations for asthma  
 Measure        Asthma hospitalization rate

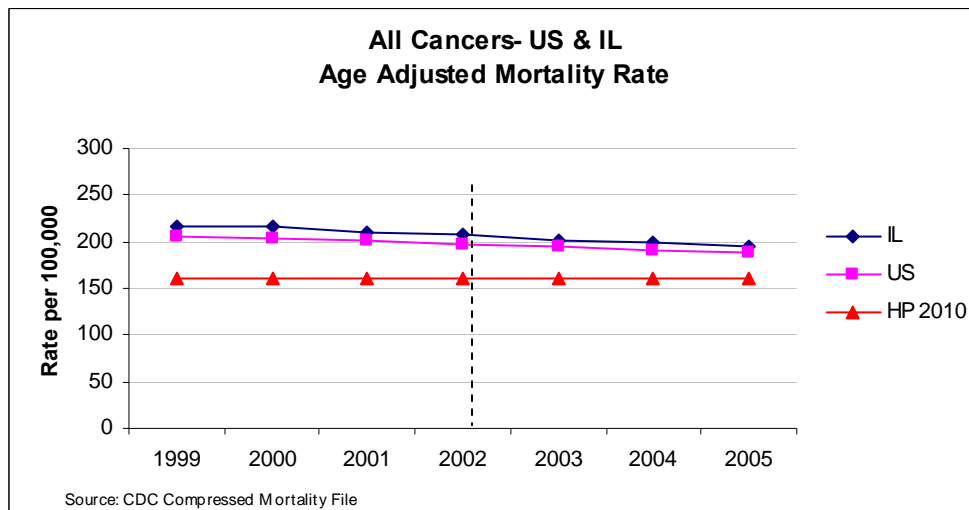
**Asthma**

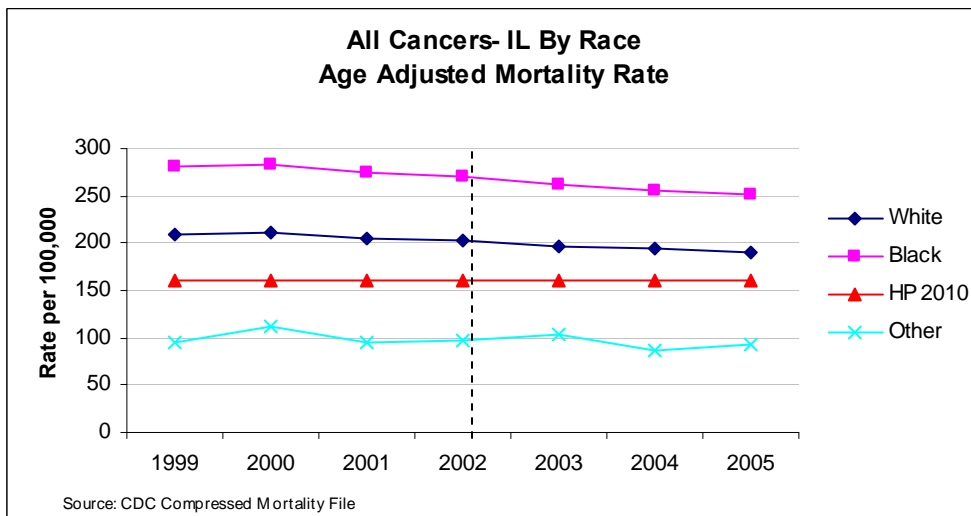
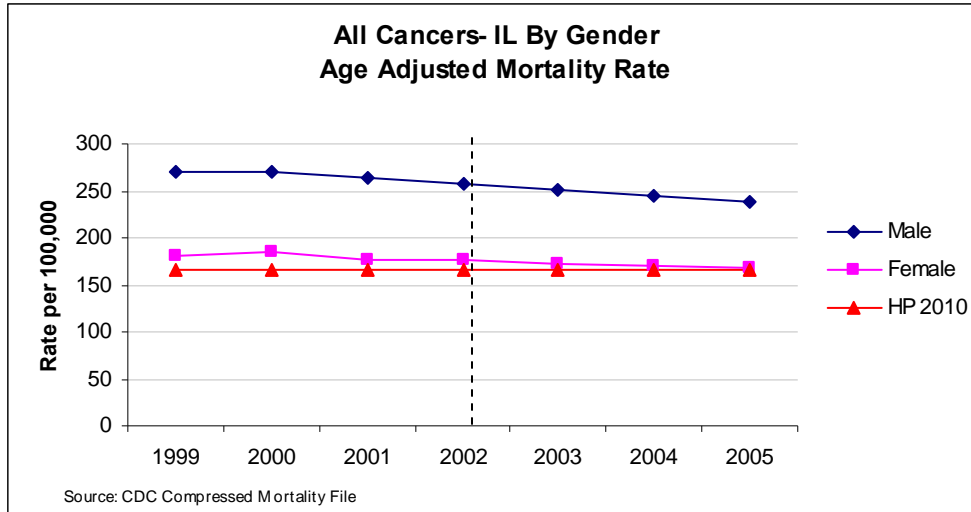


## Cancer

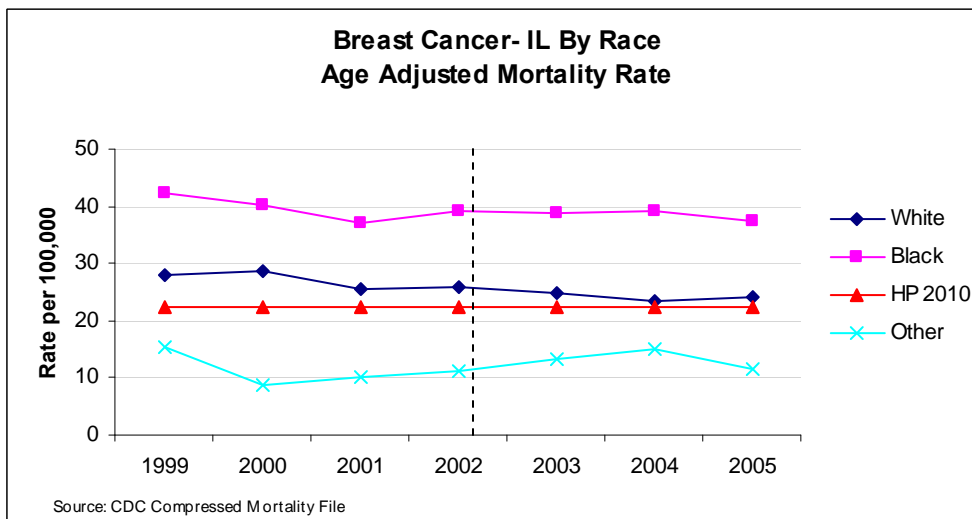
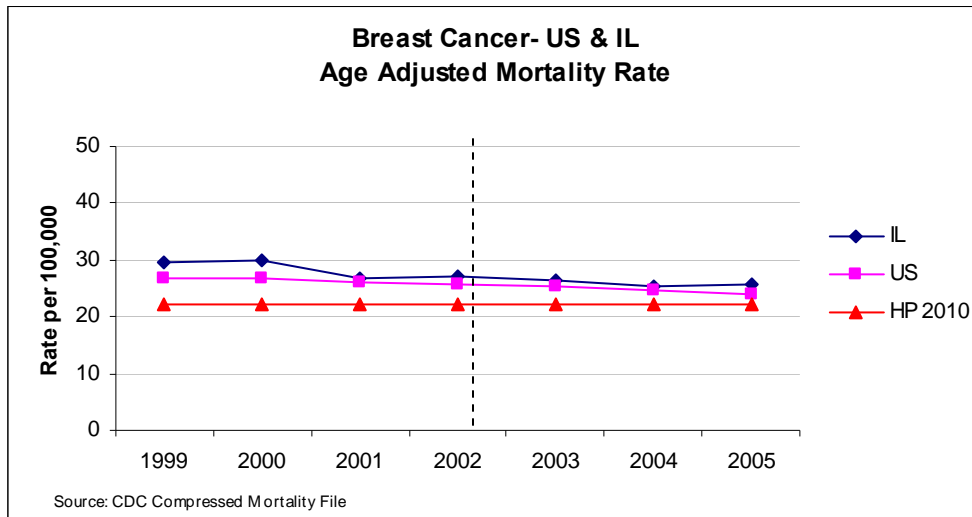
- 3-1. Reduce the overall cancer death rate.  
Measure All cancer mortality rates.
- 3-2. Reduce the lung cancer death rate.  
Measure Lung cancer mortality rate.
- 3-3. Reduce the breast cancer death rate.  
Measure Breast cancer mortality rate.
- 3-5. Reduce the colorectal cancer death rate.  
Measure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

### All Cancers

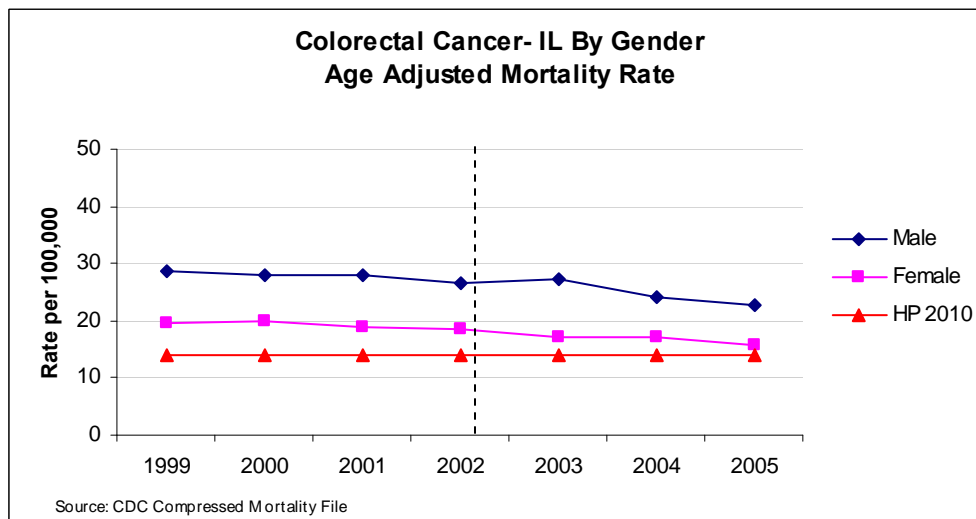
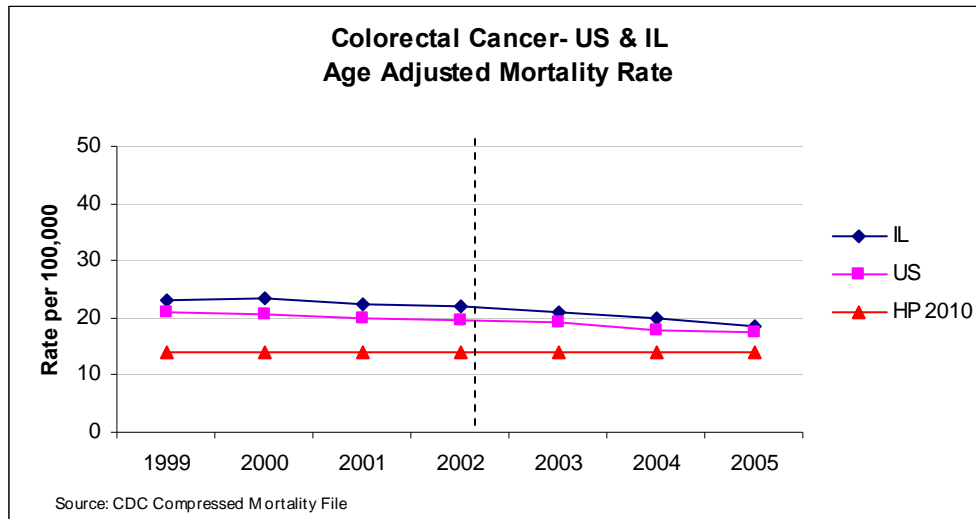


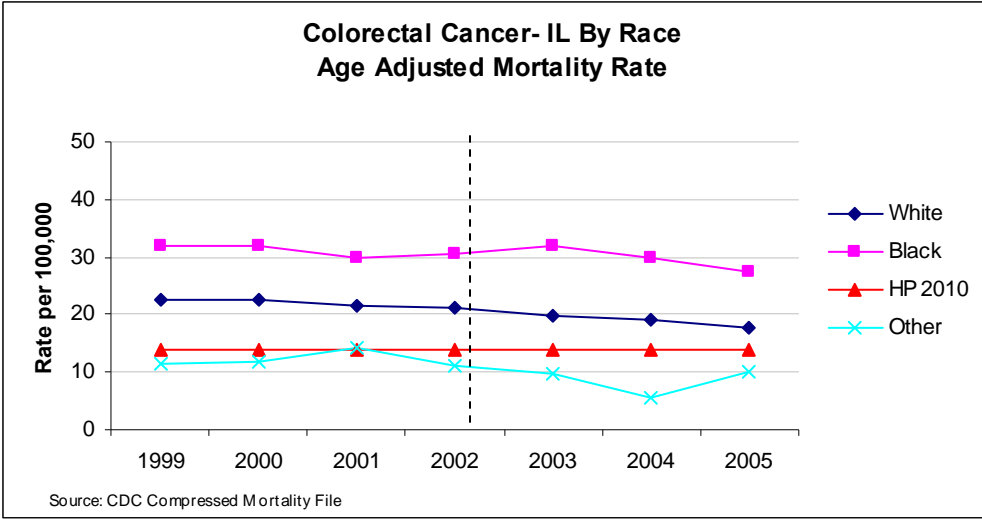


## Breast Cancer

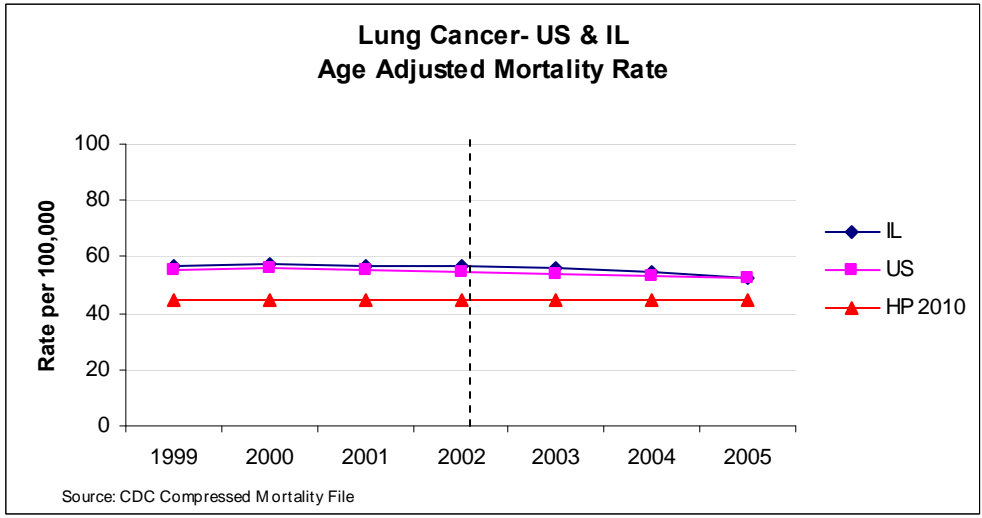


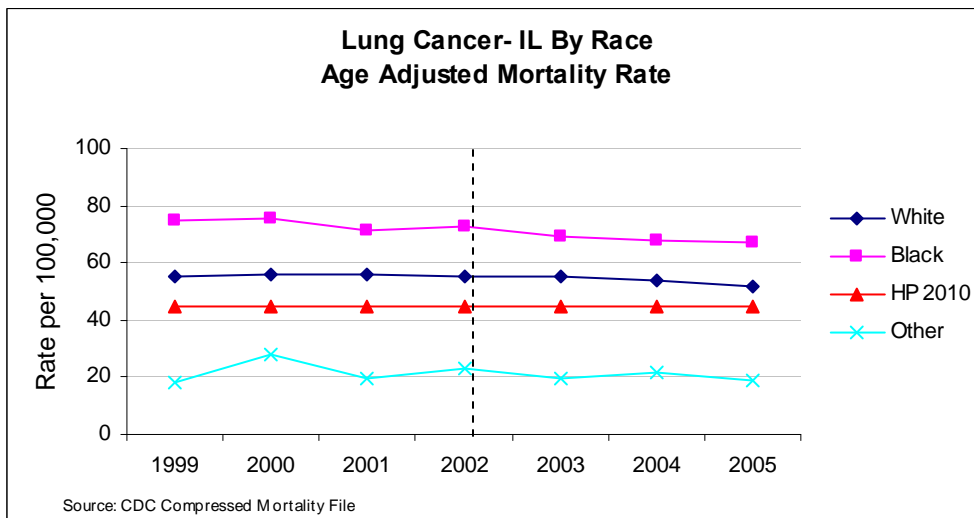
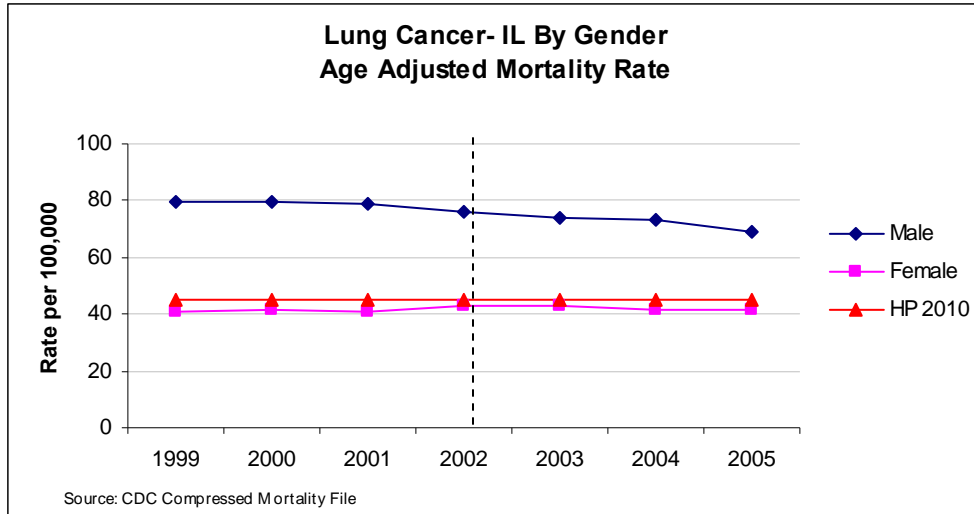
## Colorectal Cancer



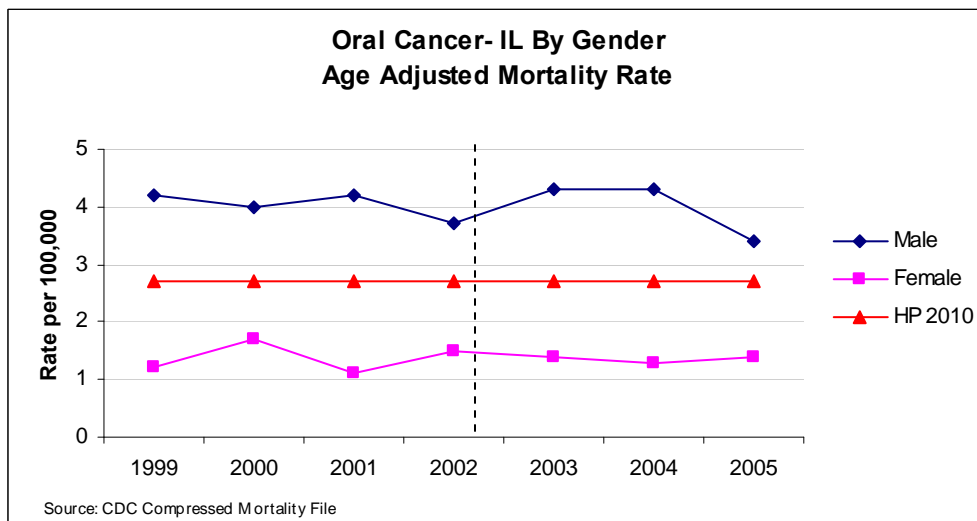
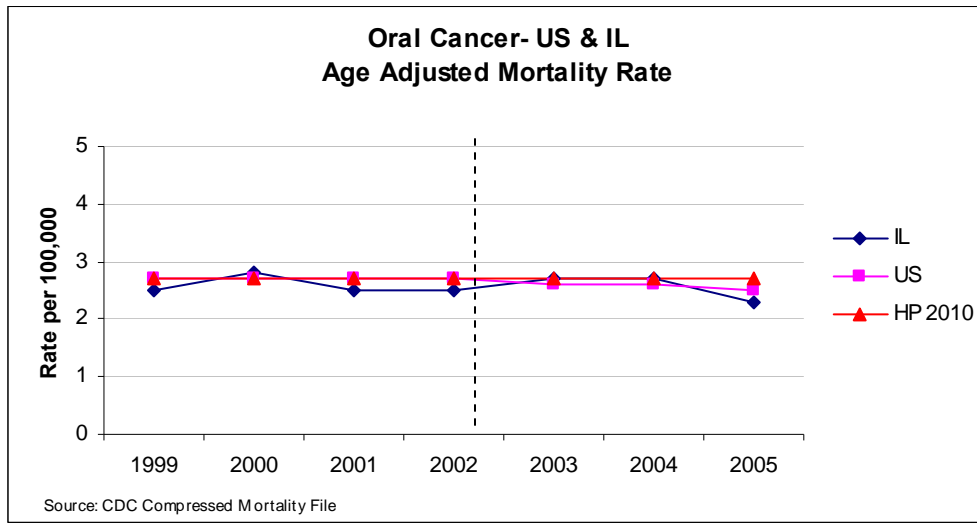


### Lung Cancer

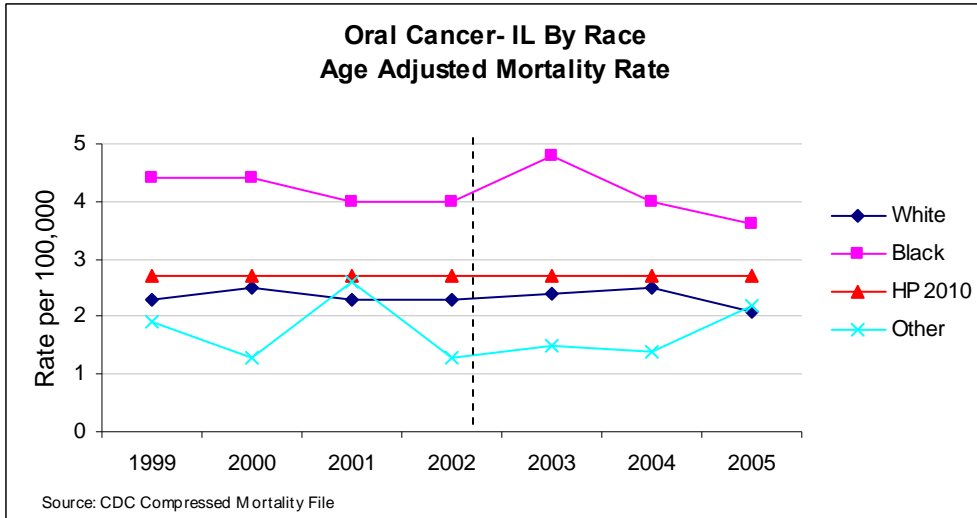




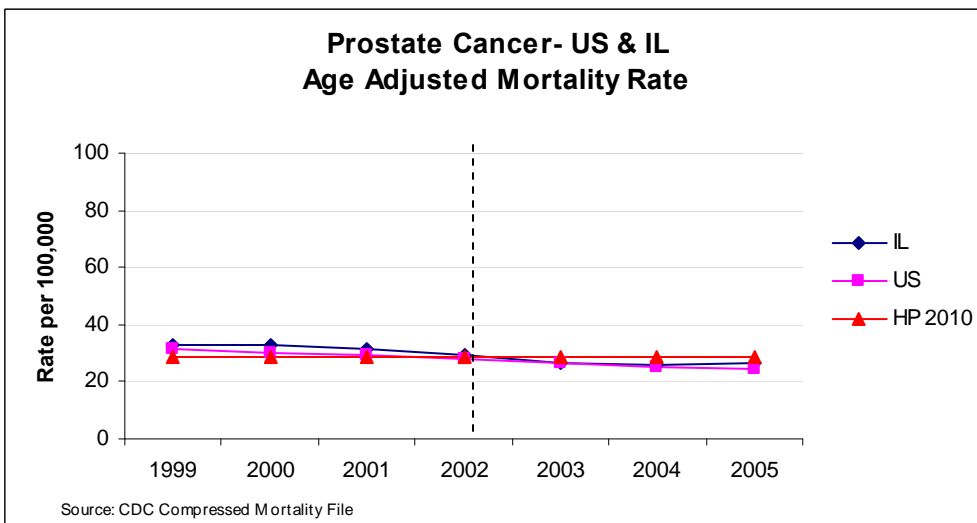
## Oral Cancer

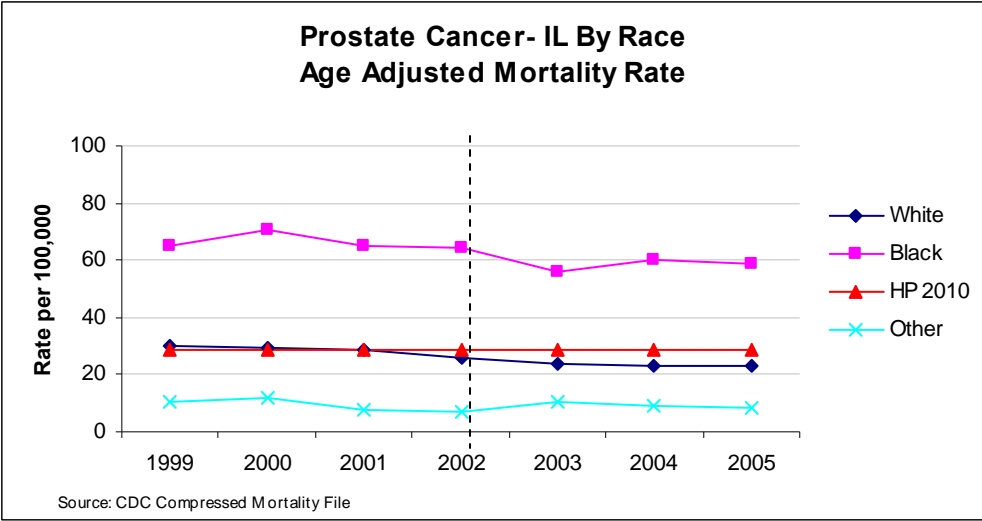




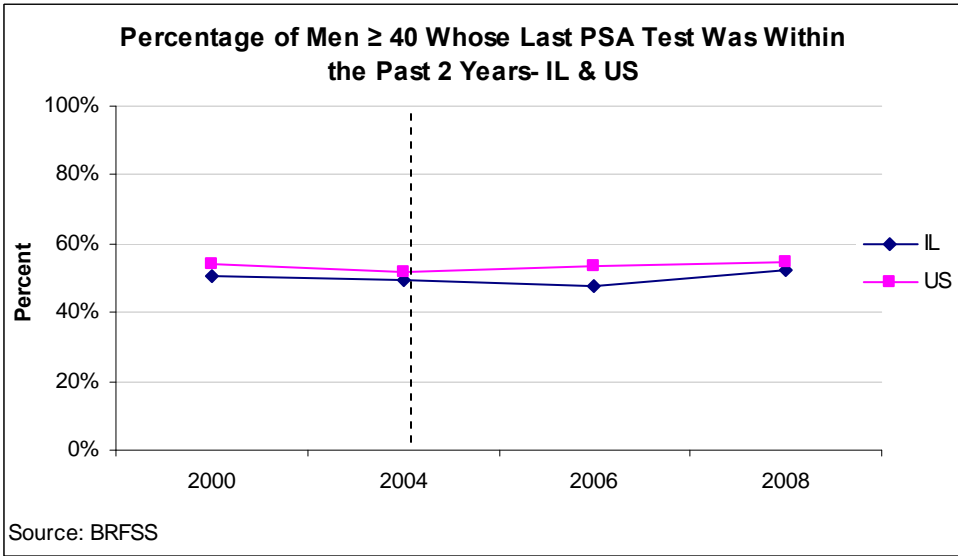


## Prostate Cancer

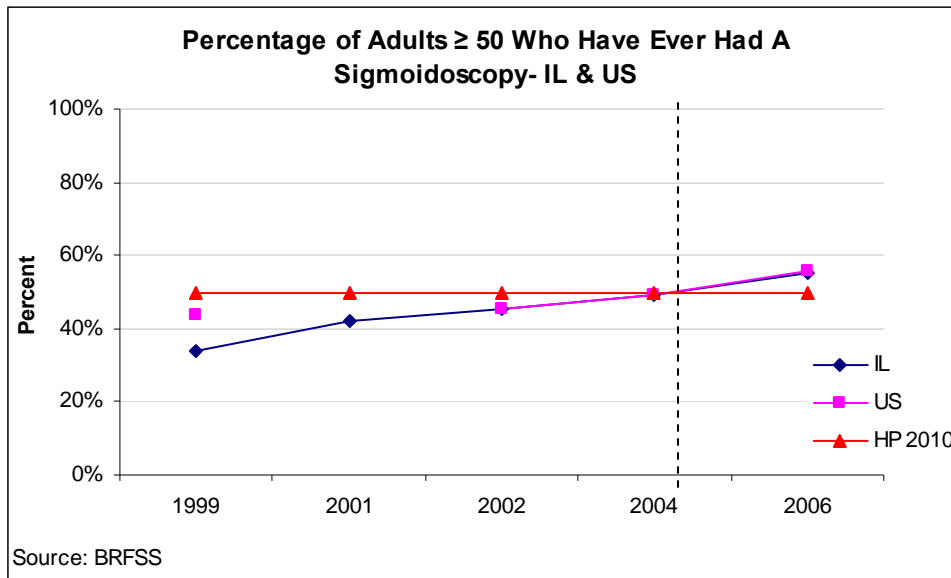




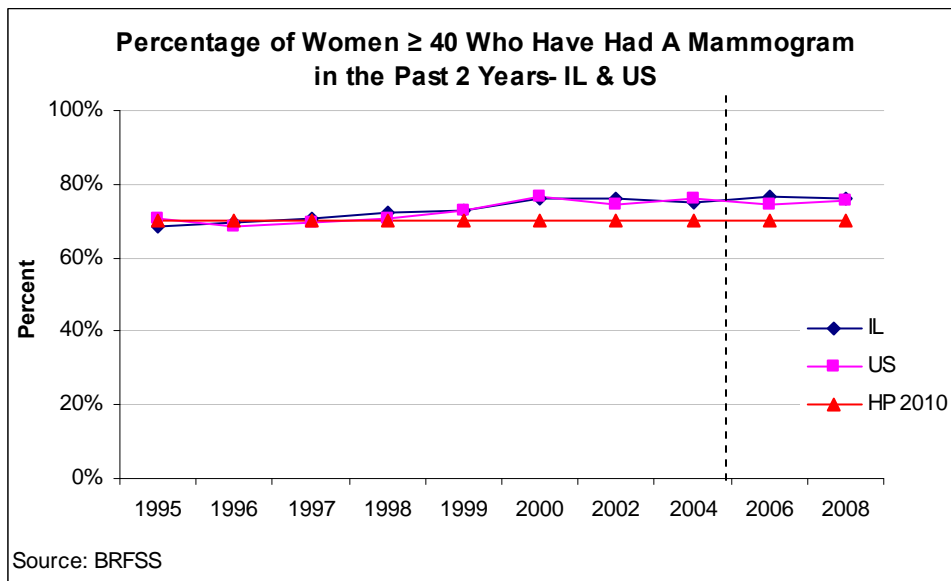
### PSA Test

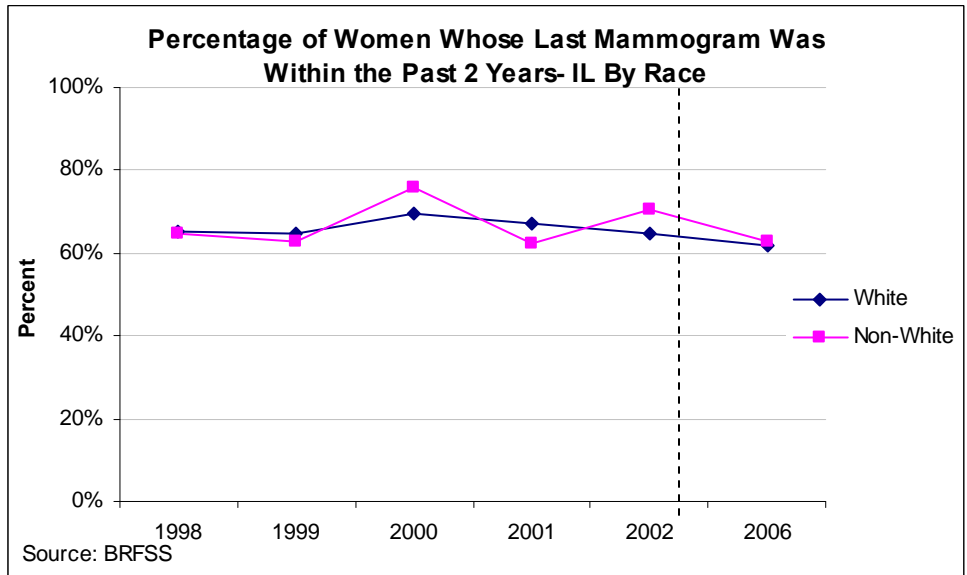
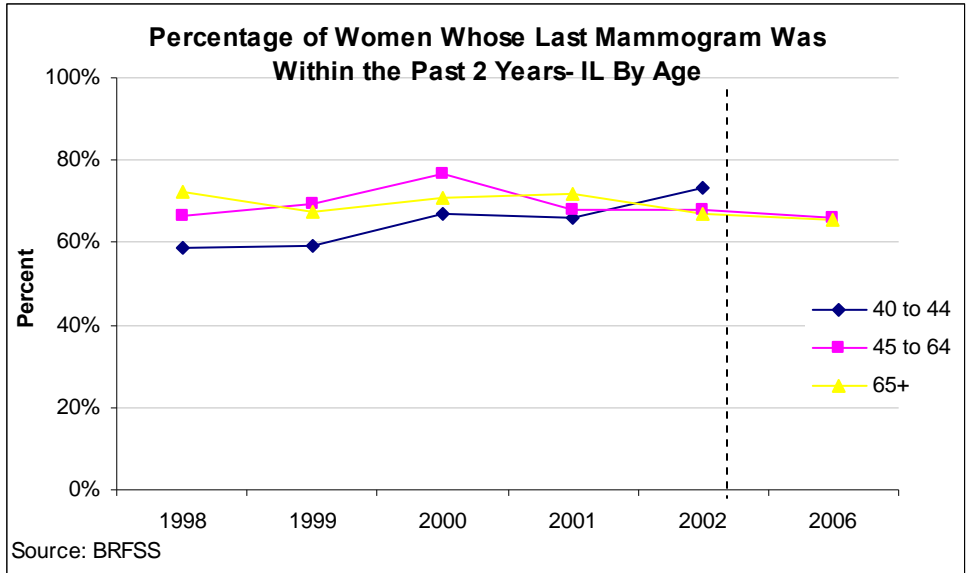


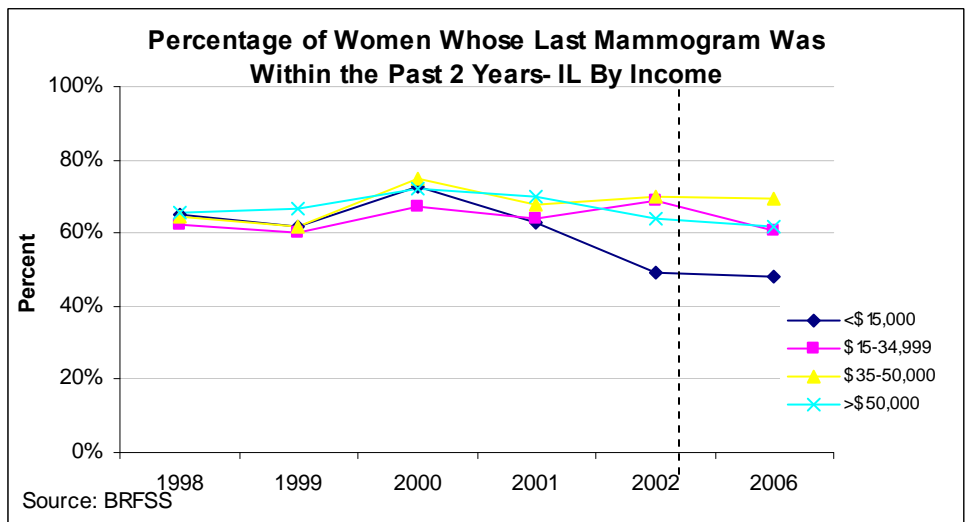
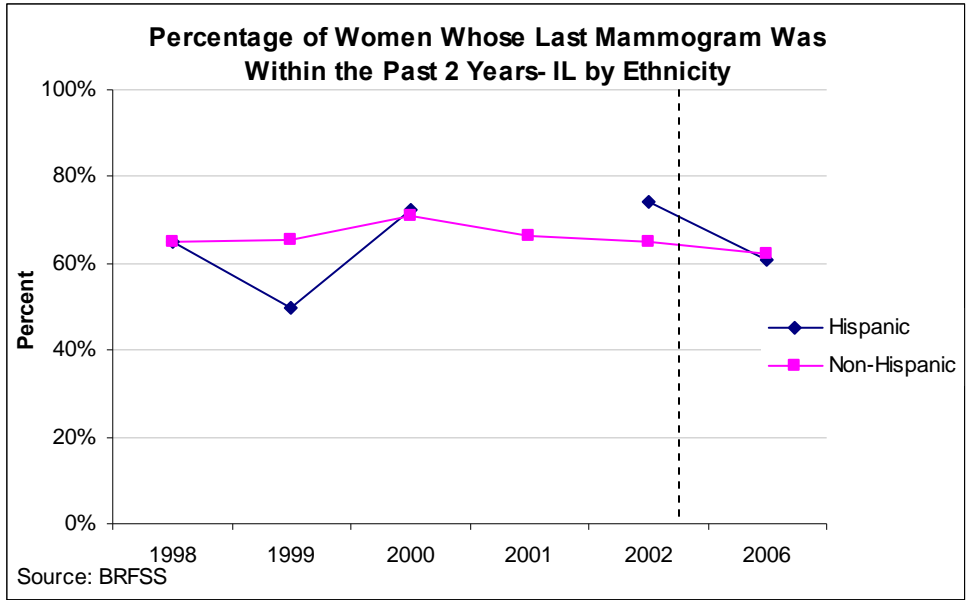
## Sigmoidoscopy

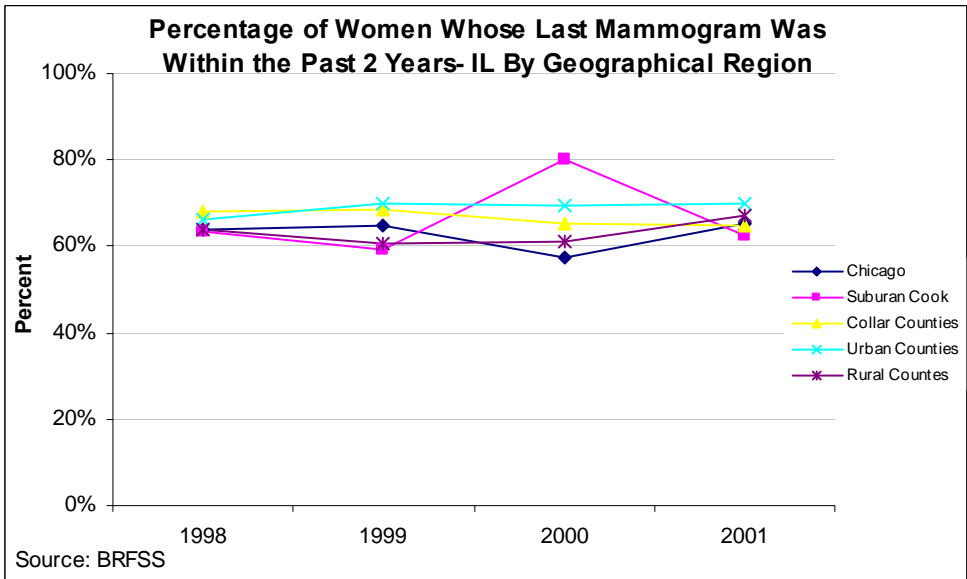
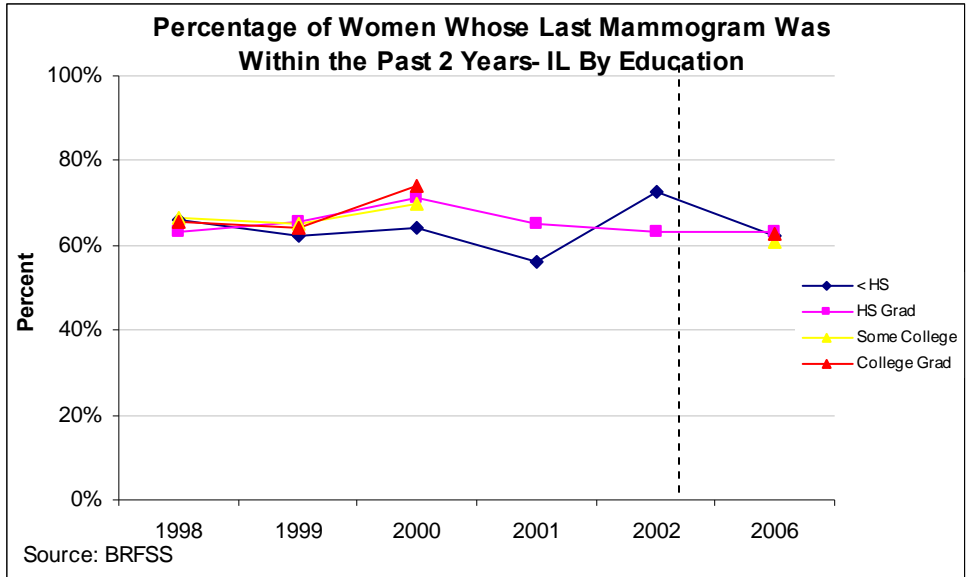


## Mammograms





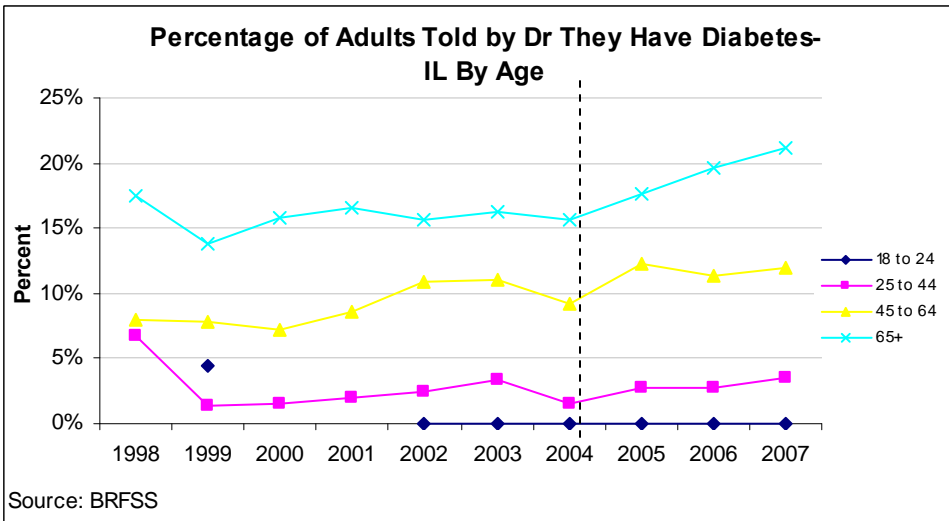
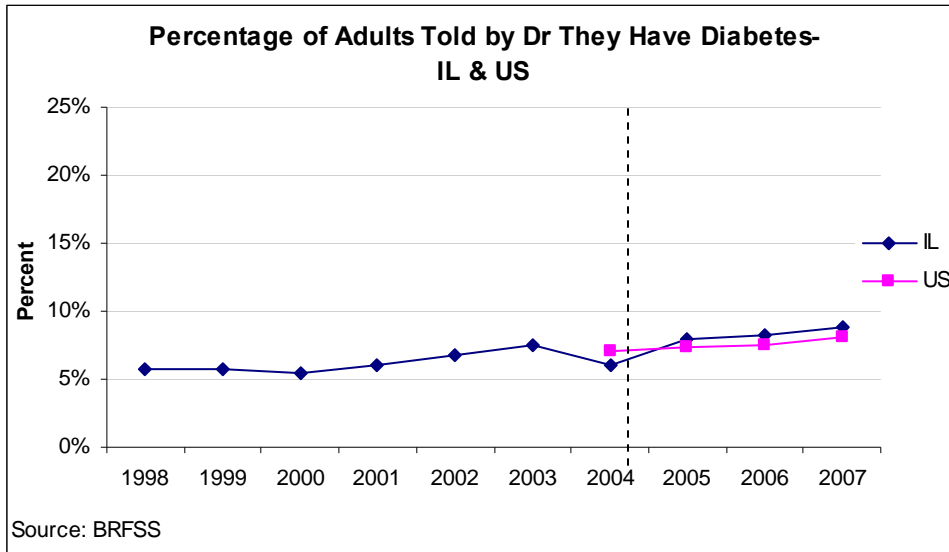


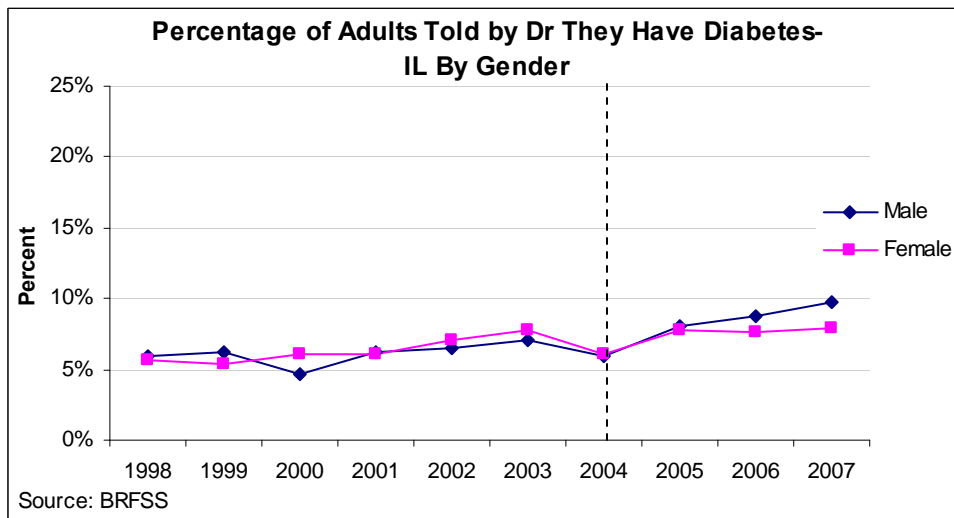
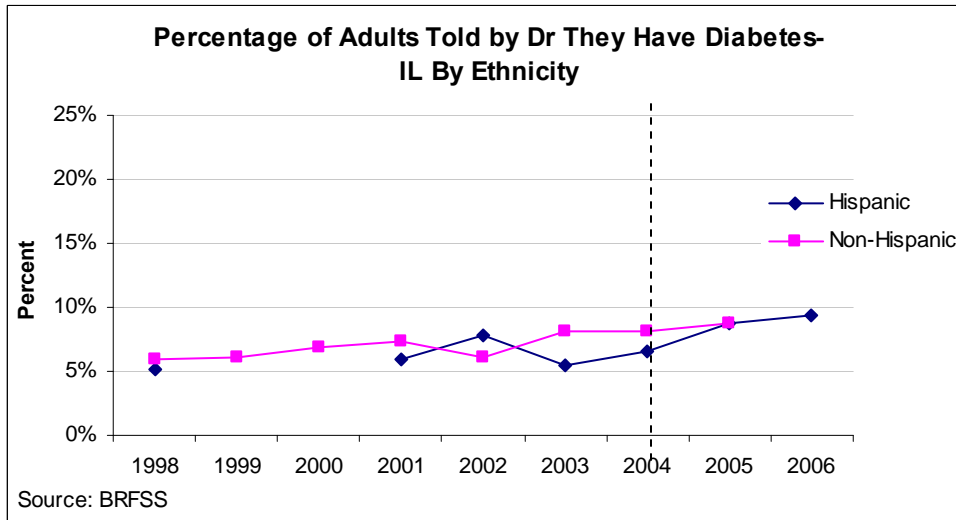
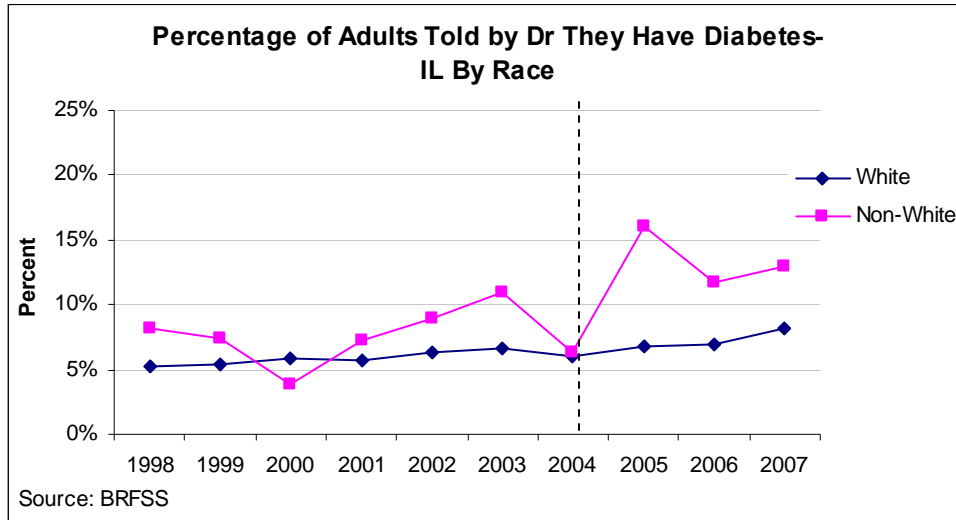


**Diabetes**

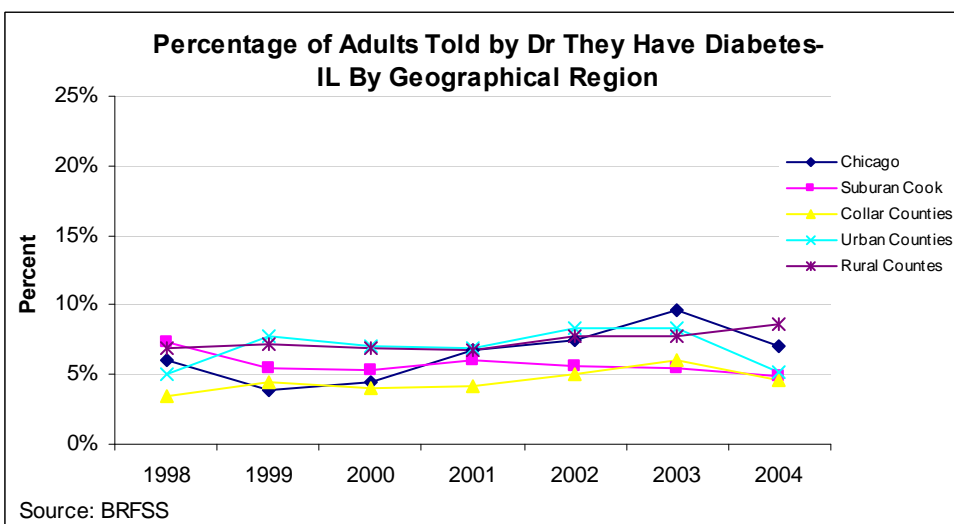
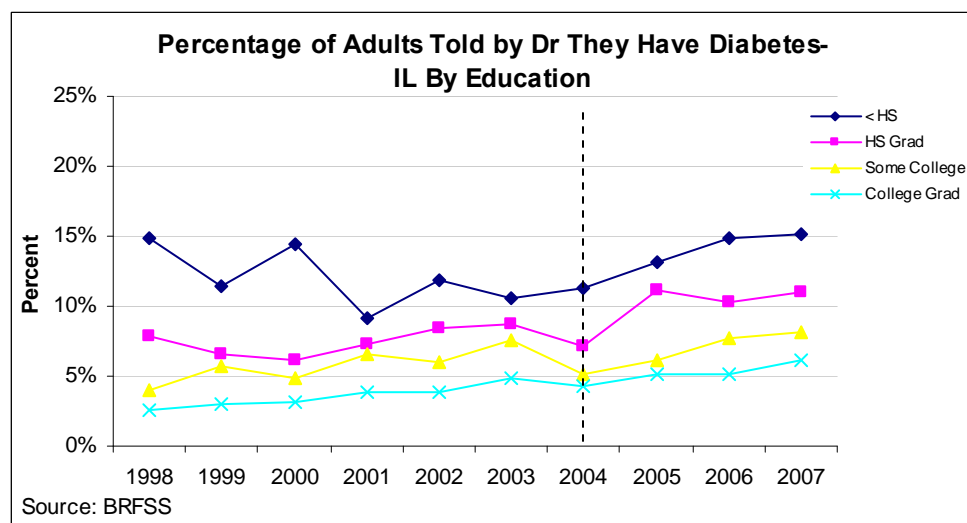
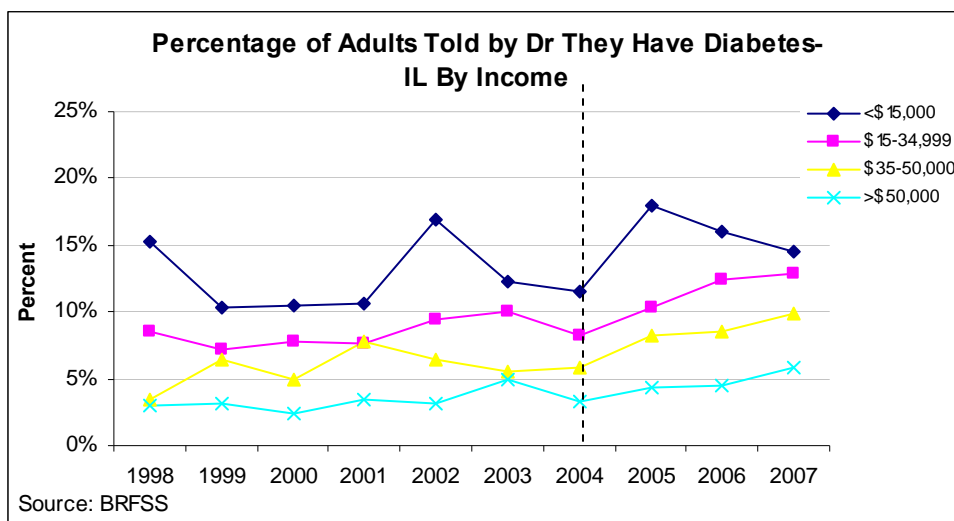
5-3. Reduce the overall cases of diabetes diagnosed.  
 Measure Percentage told by a doctor they have diabetes

**Diabetes**





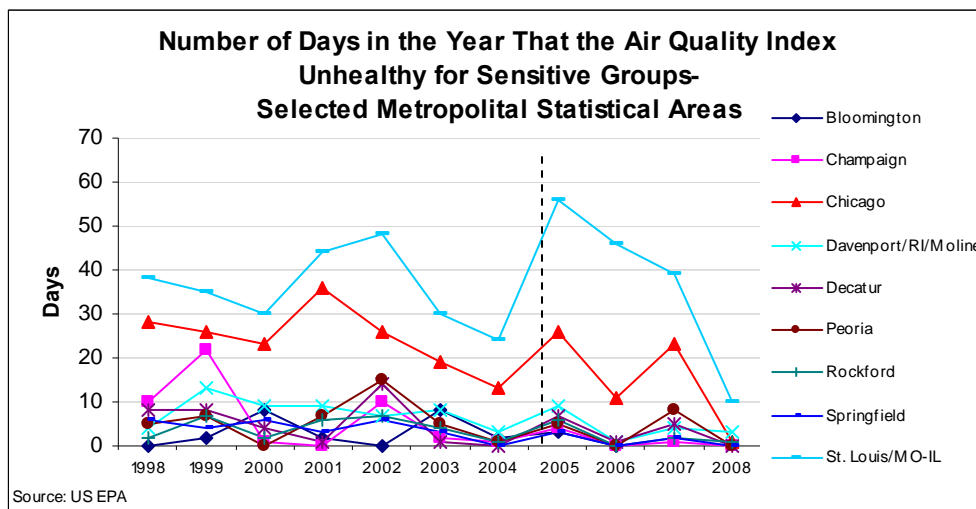




Environmental Health

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

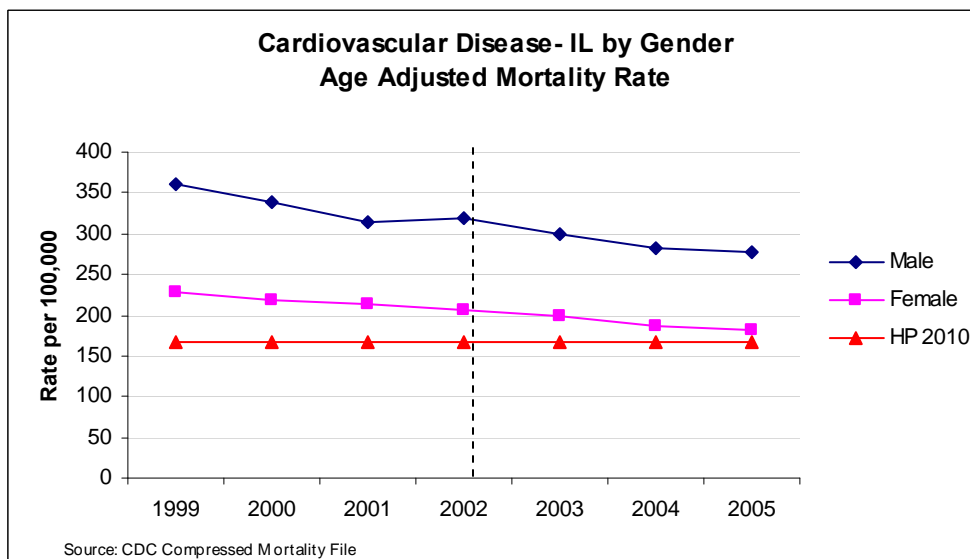
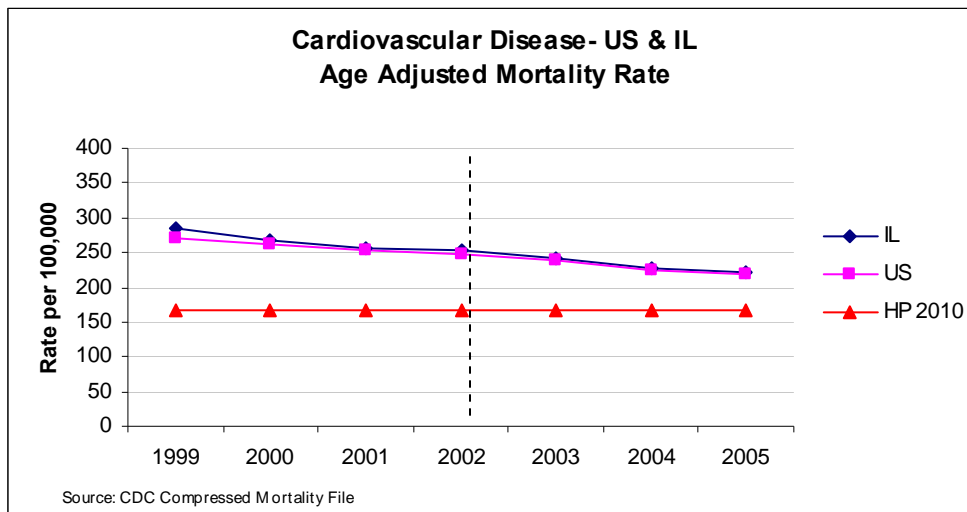
Environmental Health

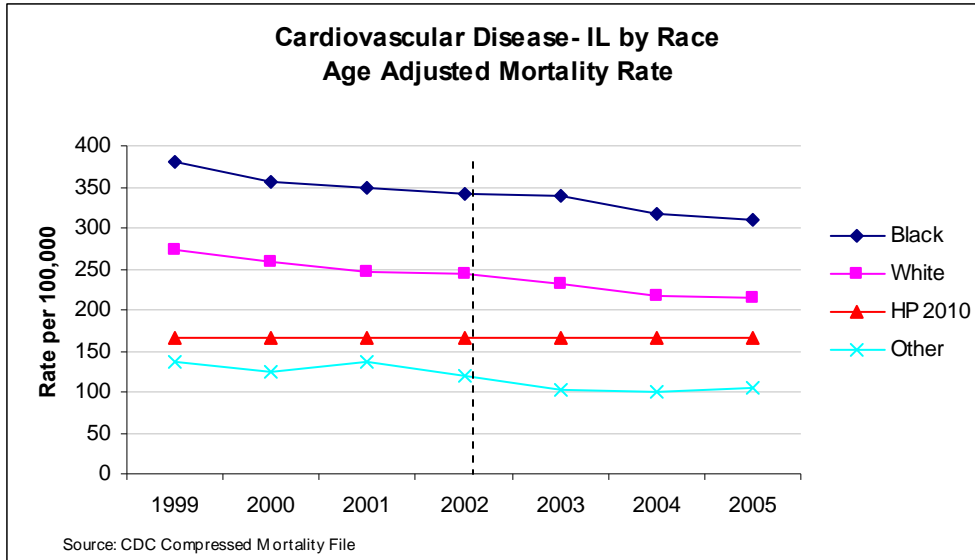


## Heart Disease and Stroke

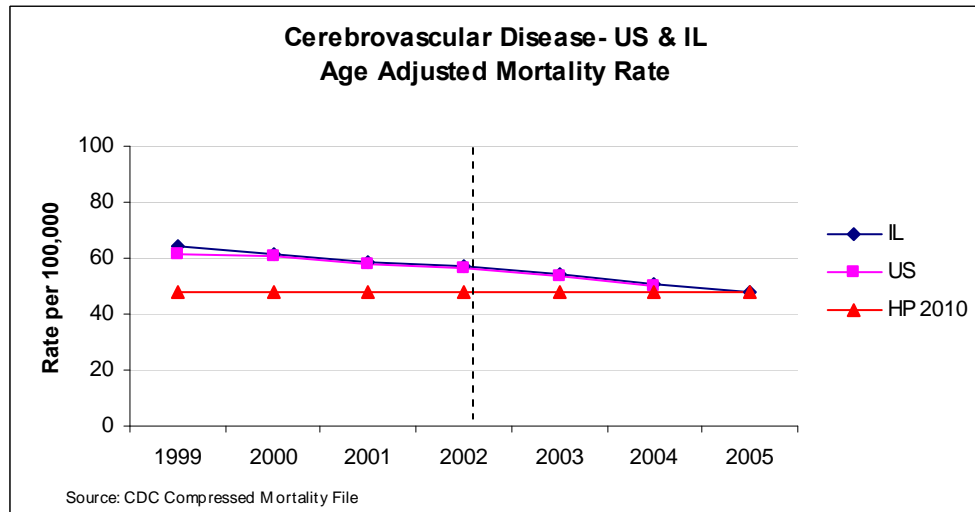
- 12-1. Reduce coronary heart disease deaths.  
Measure: Coronary heart disease mortality rate
- 12-7. Reduce stroke deaths.  
Measure: Cerebrovascular disease mortality rate
- 12-15. Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.  
Measure: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

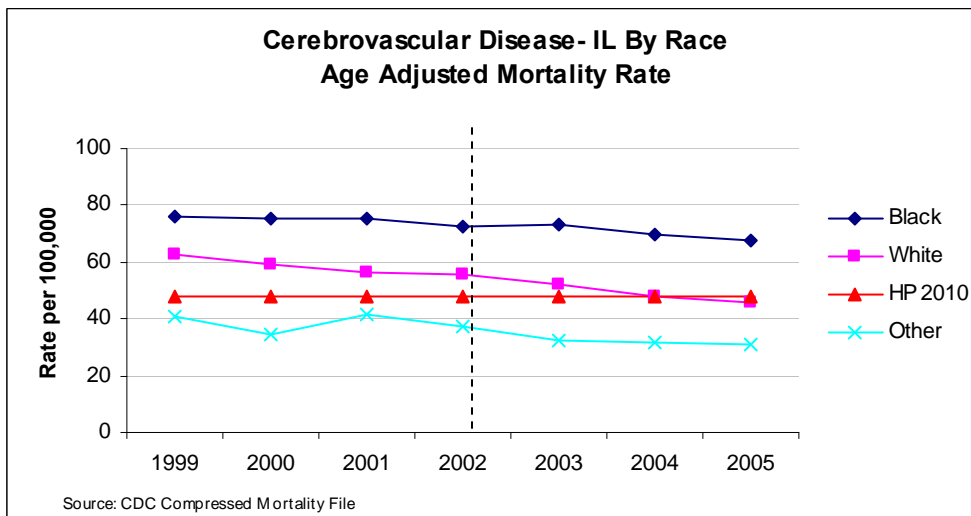
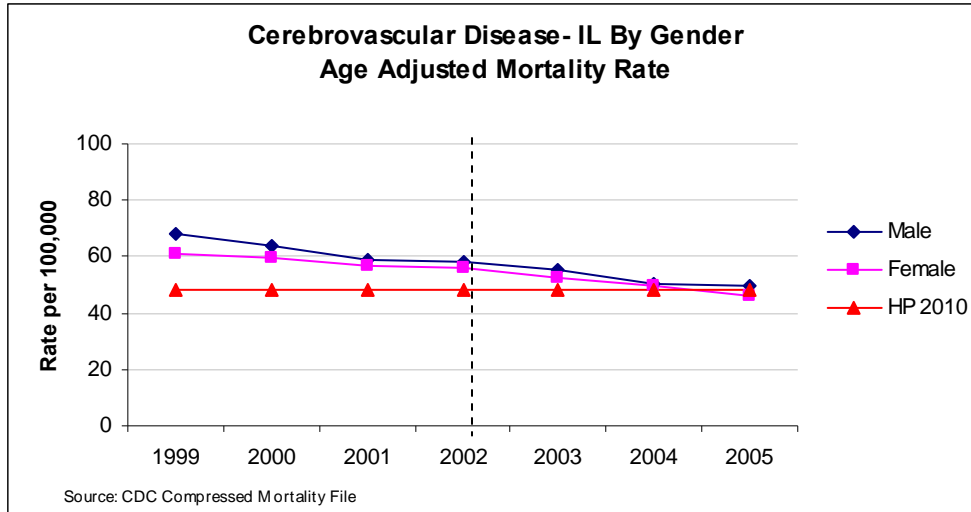
### Heart Disease and Stroke



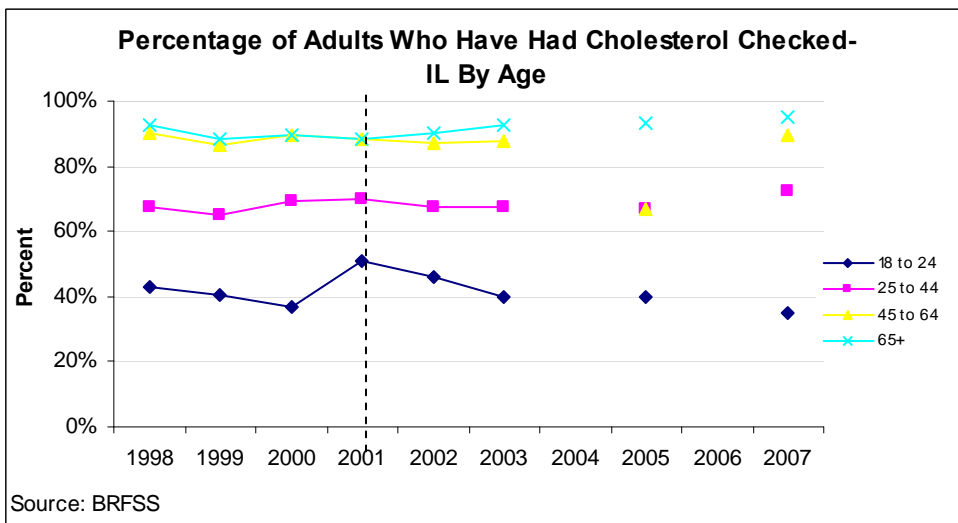
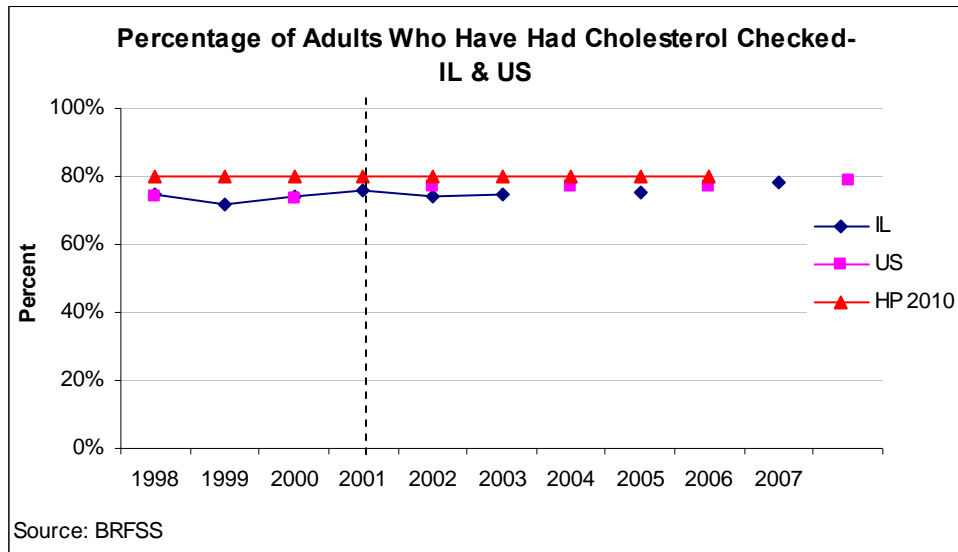


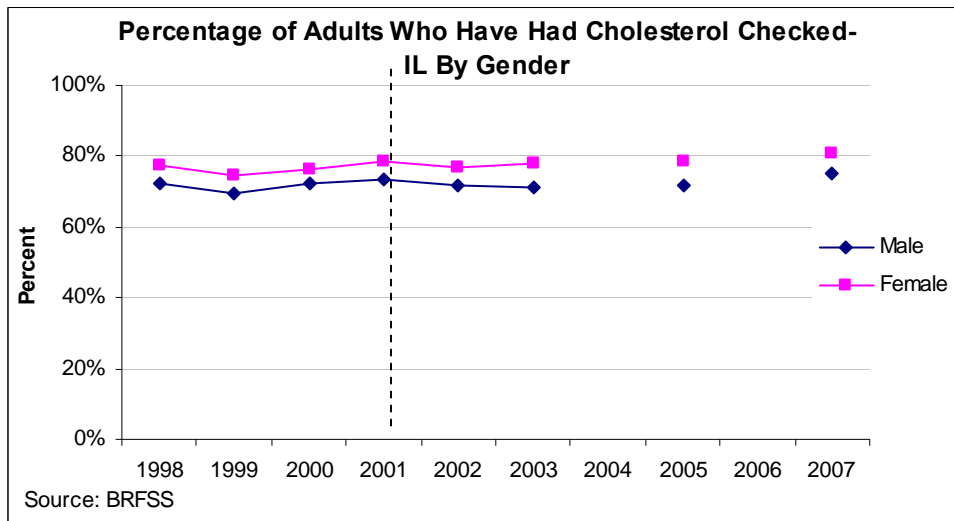
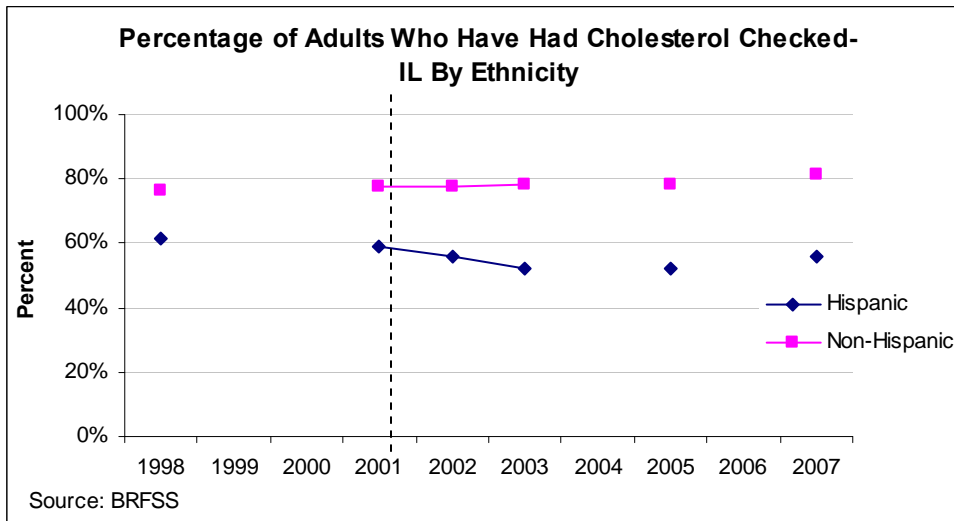
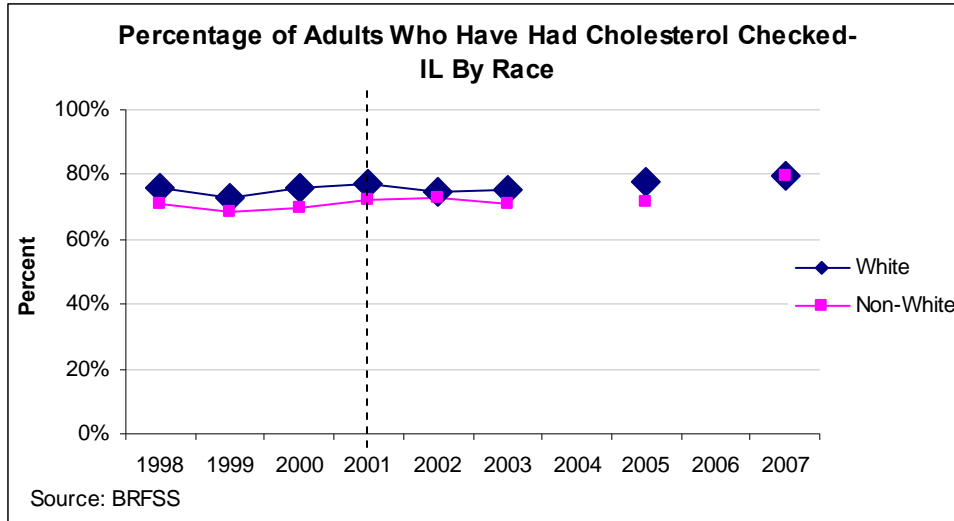
### Stroke/Cerebrovascular Disease

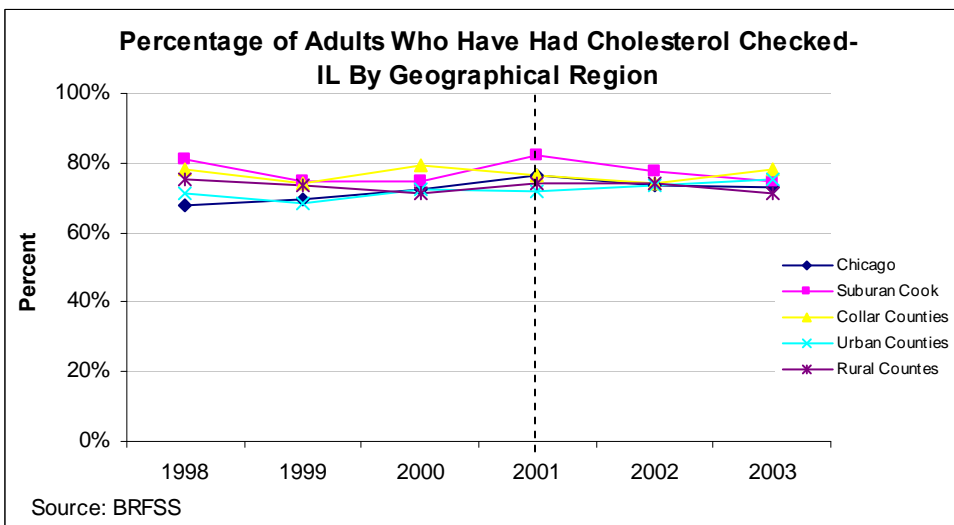
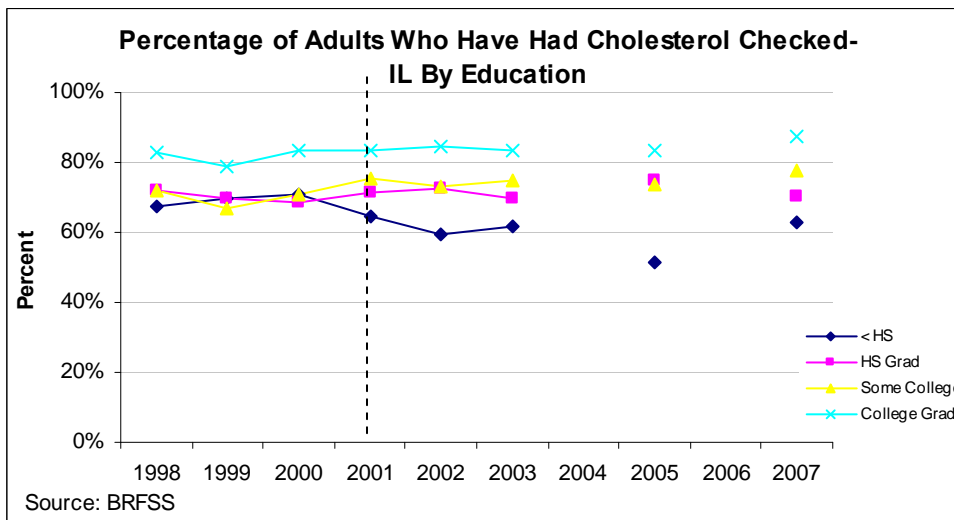
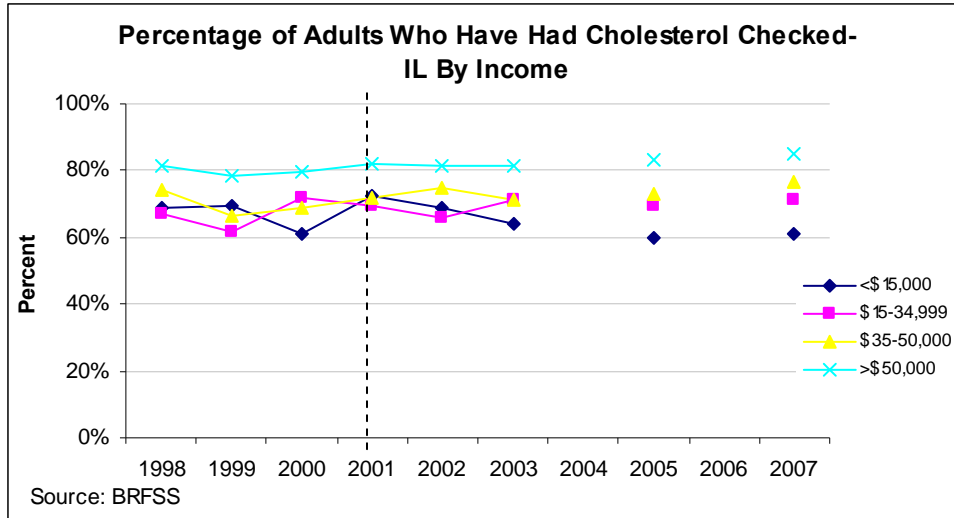




## Cholesterol





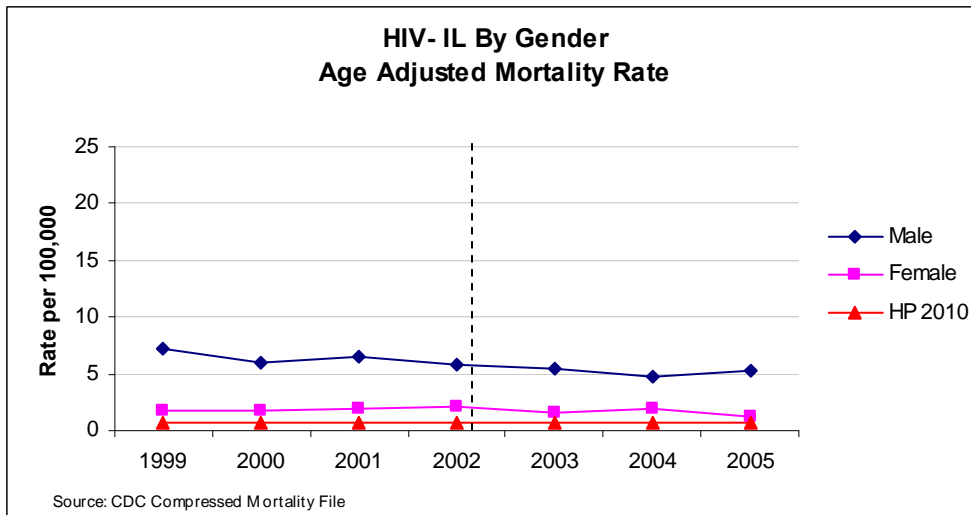
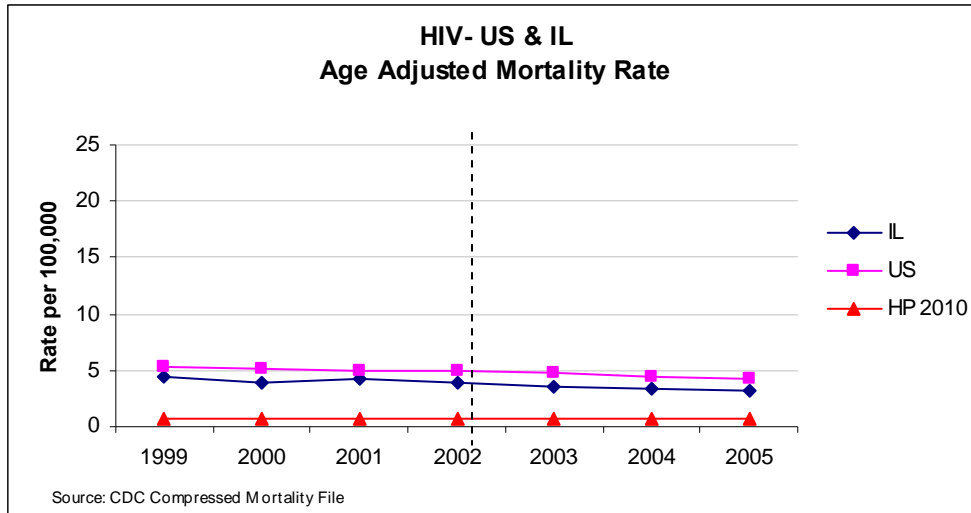


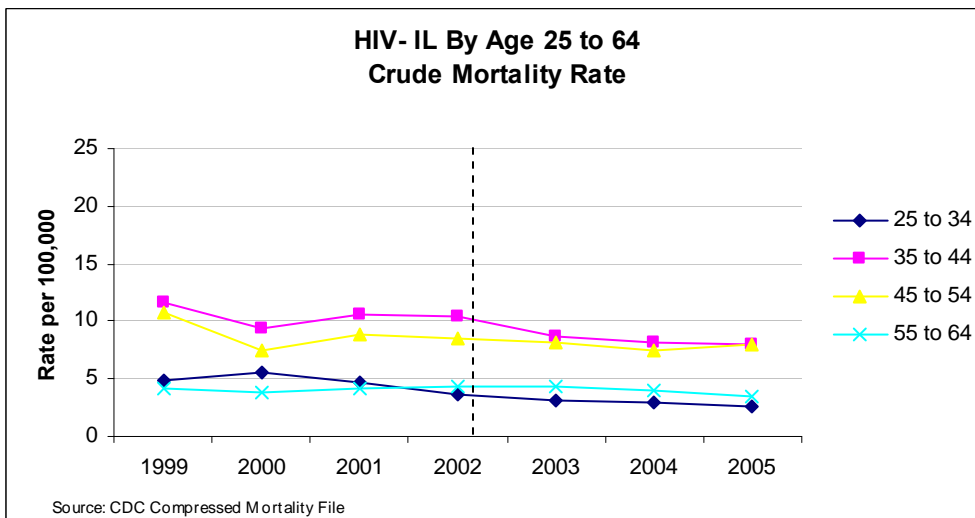
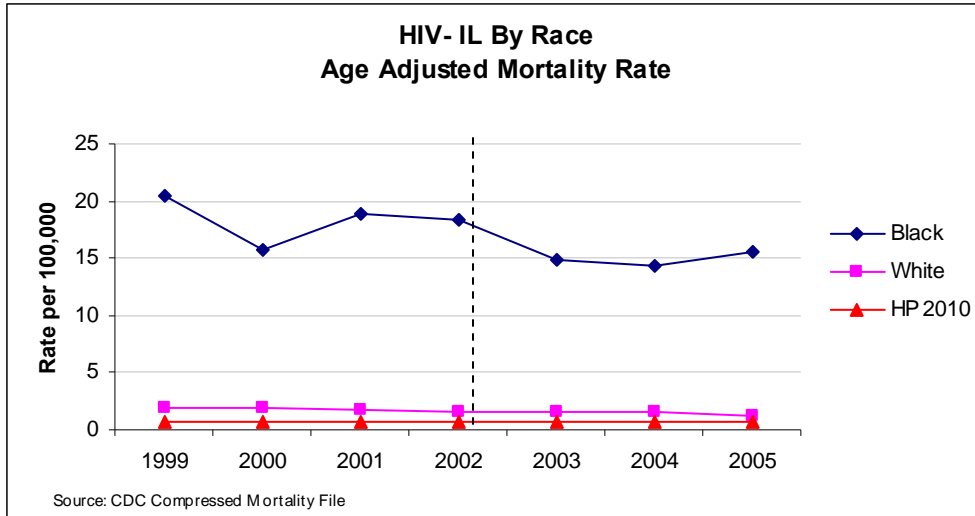


HIV

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

HIV





**Immunizations**

14-24a. Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years.

Measure Basic series vaccination rates

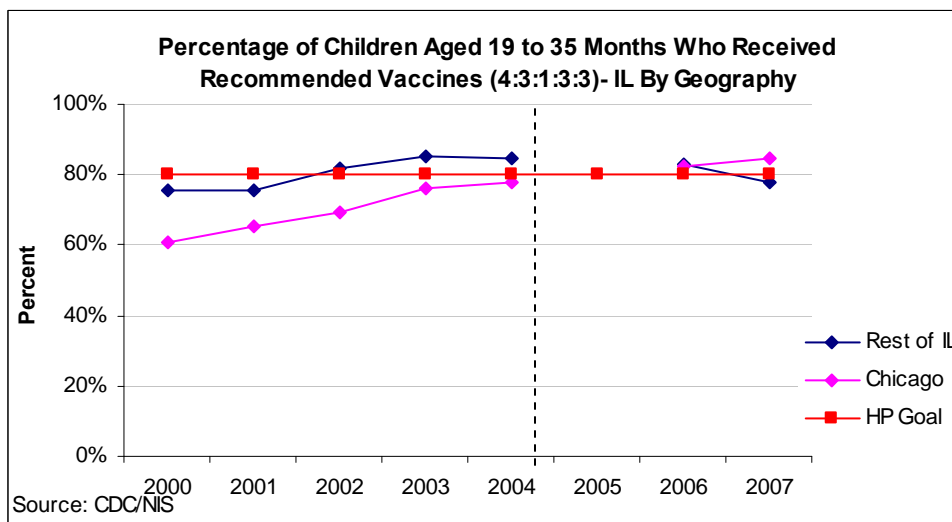
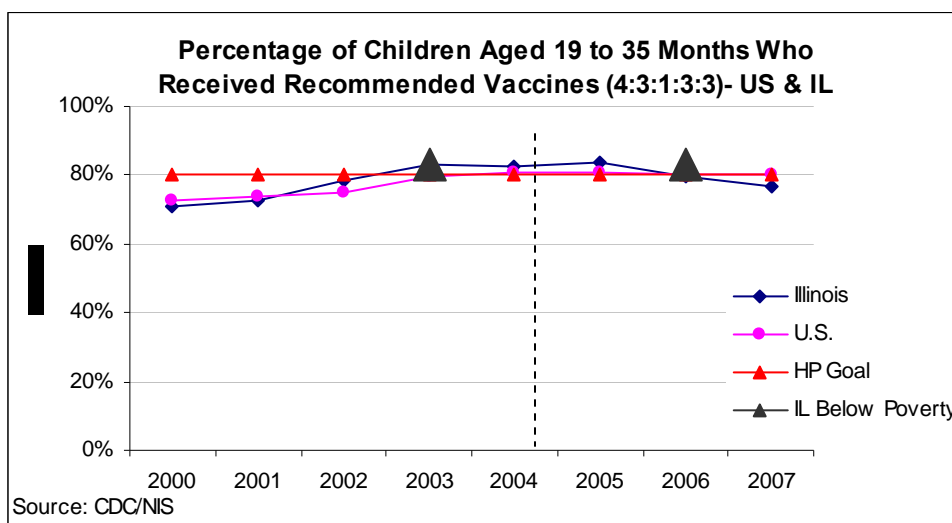
14-29a Increase the proportion of noninstitutionalized adults who are vaccinated annually against influenza.

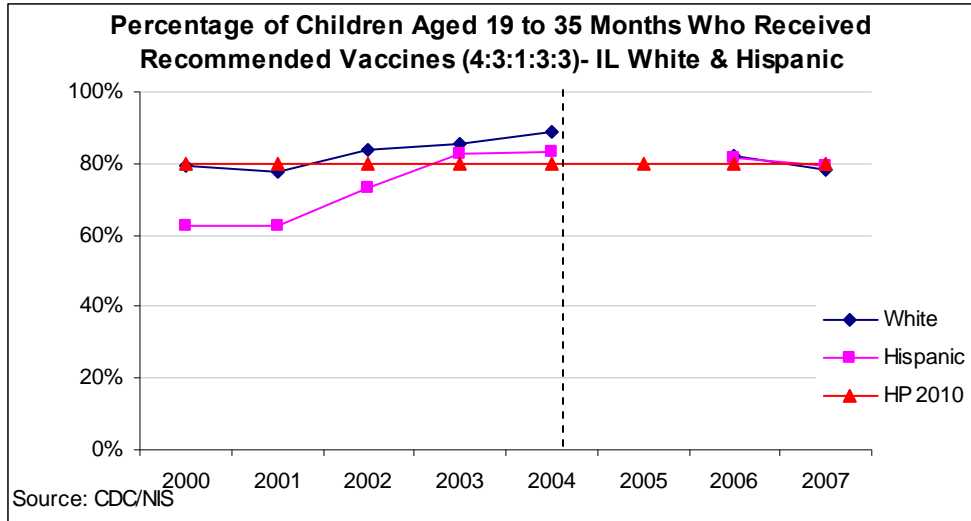
Measure Percentage of adults that had flu shot in past 12 months

14-29b Increase the proportion of noninstitutionalized adults who have ever been vaccinated against pneumococcal disease.

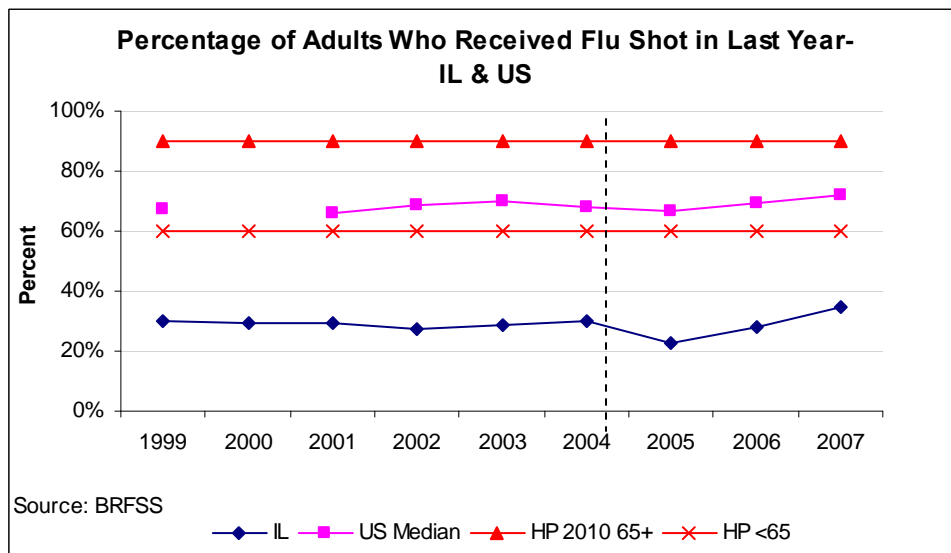
Measure Percentage of adults that have ever had pneumonia vaccination.

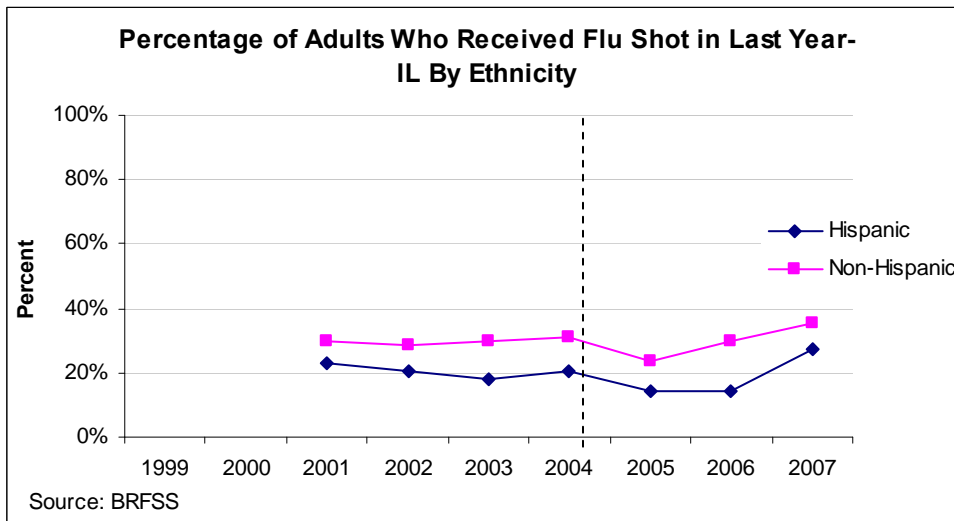
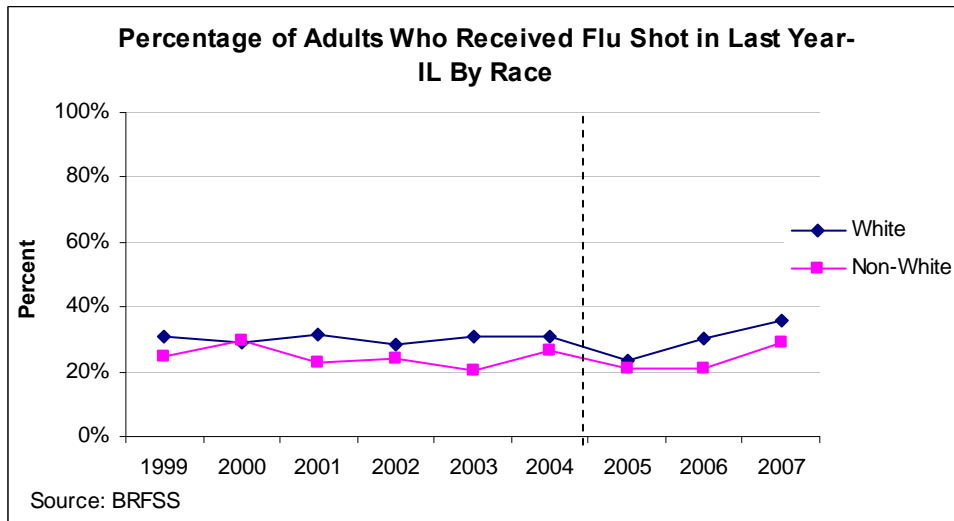
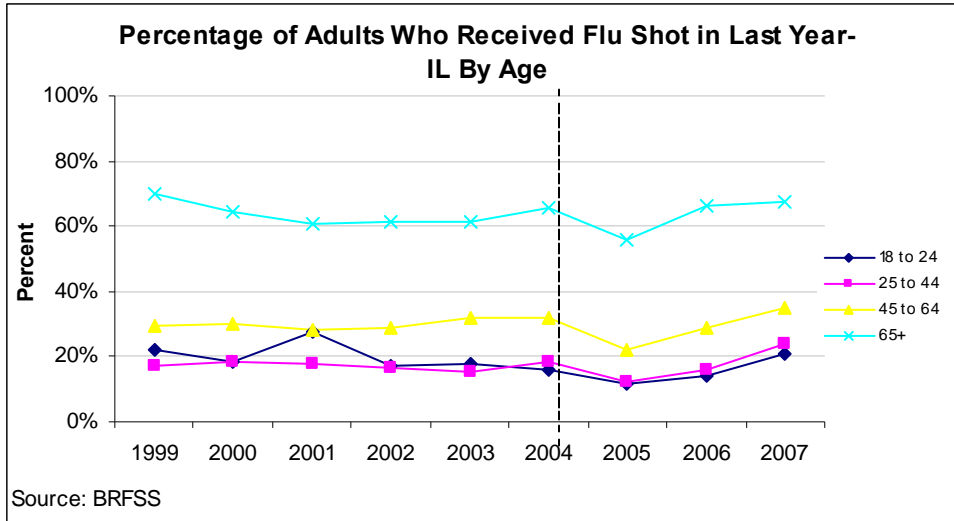
**Children**

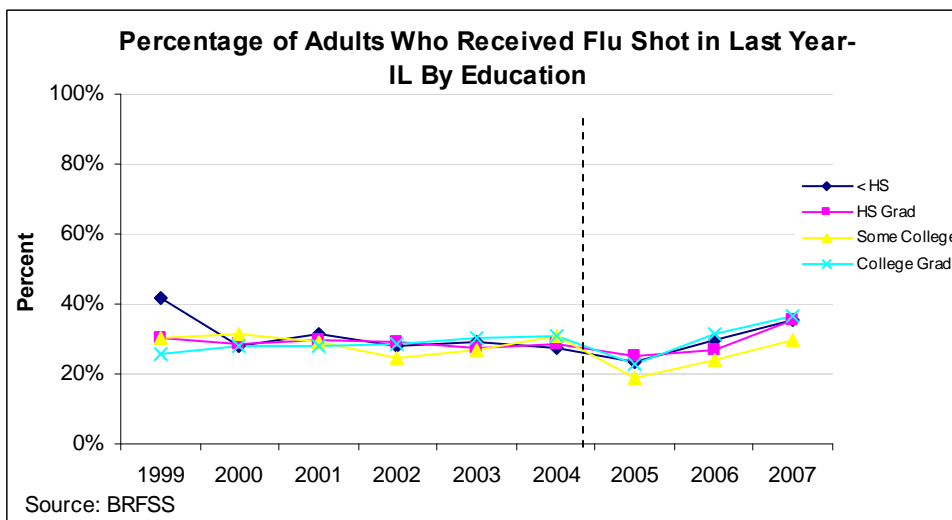
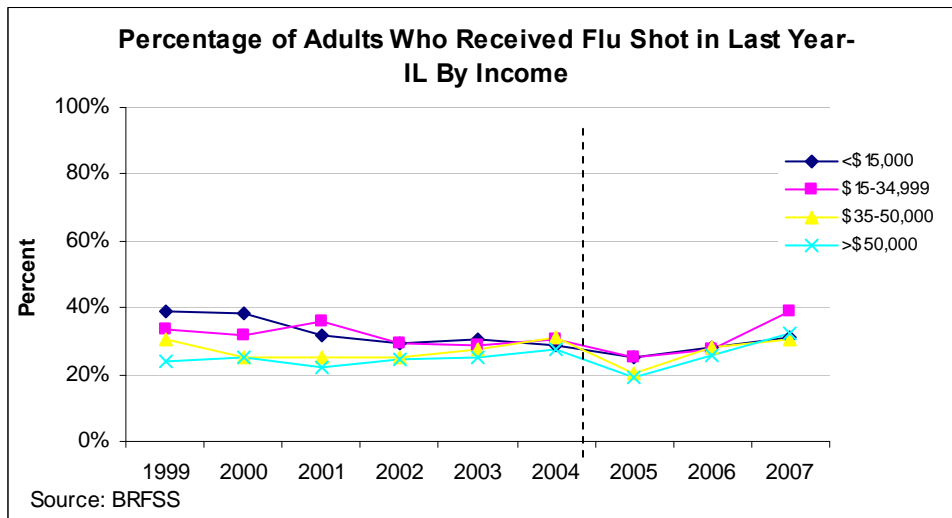
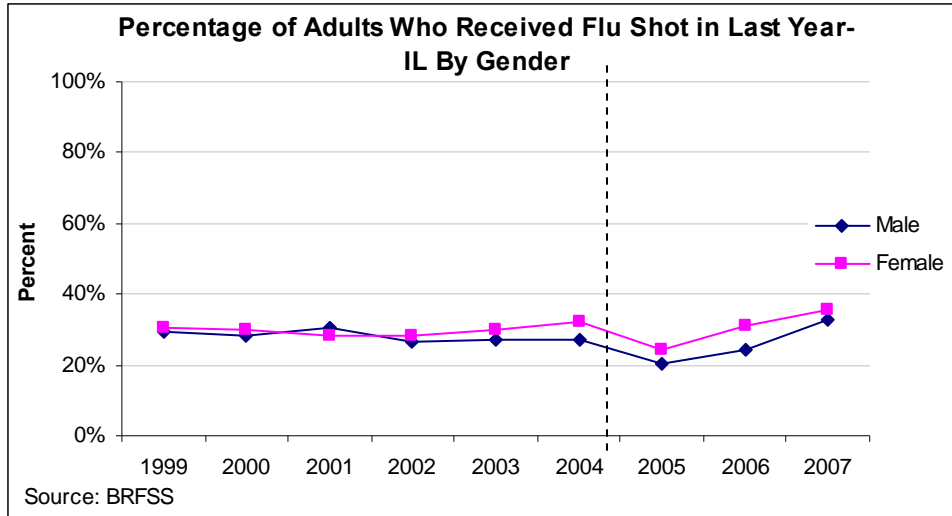


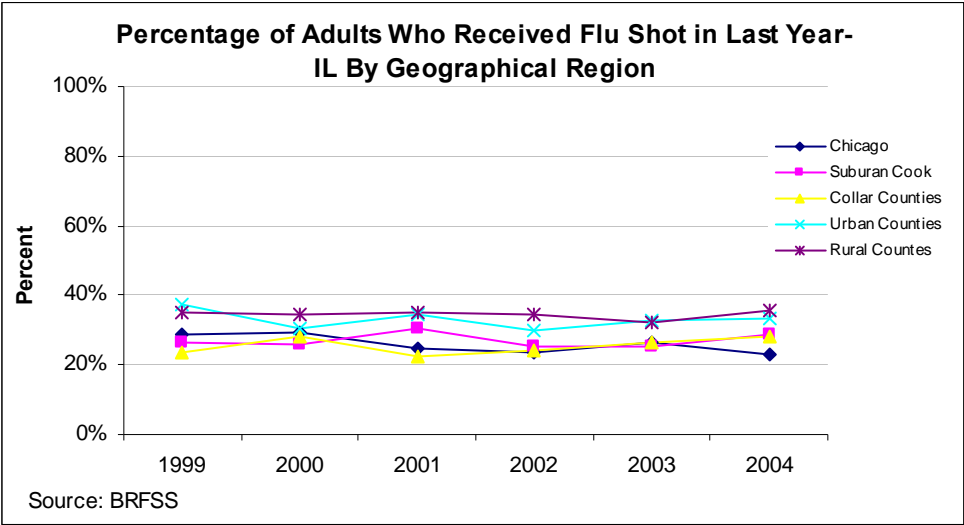


**Flu Shot**

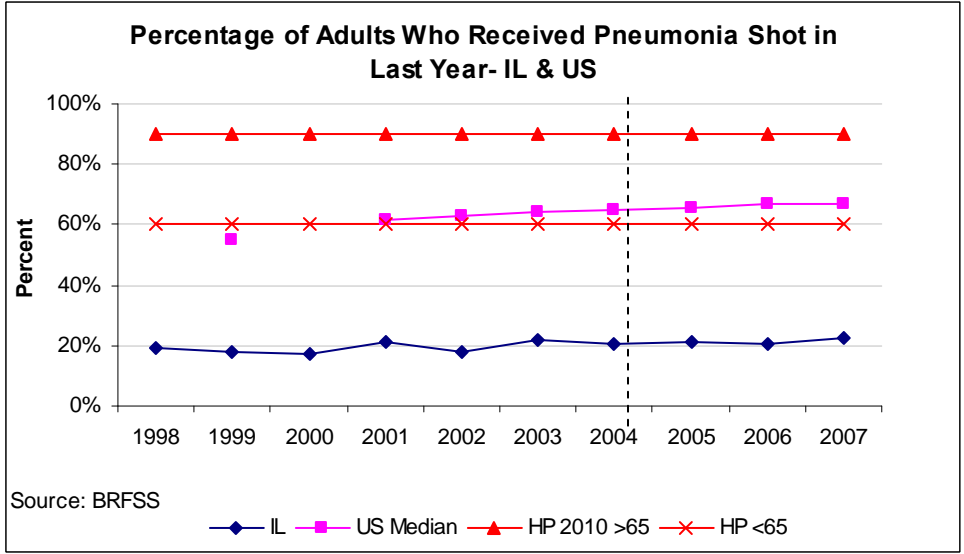


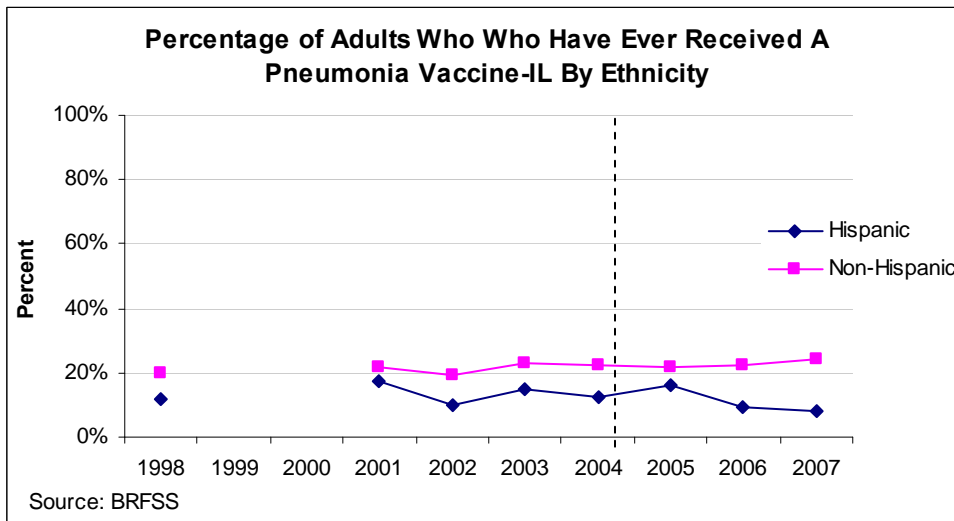
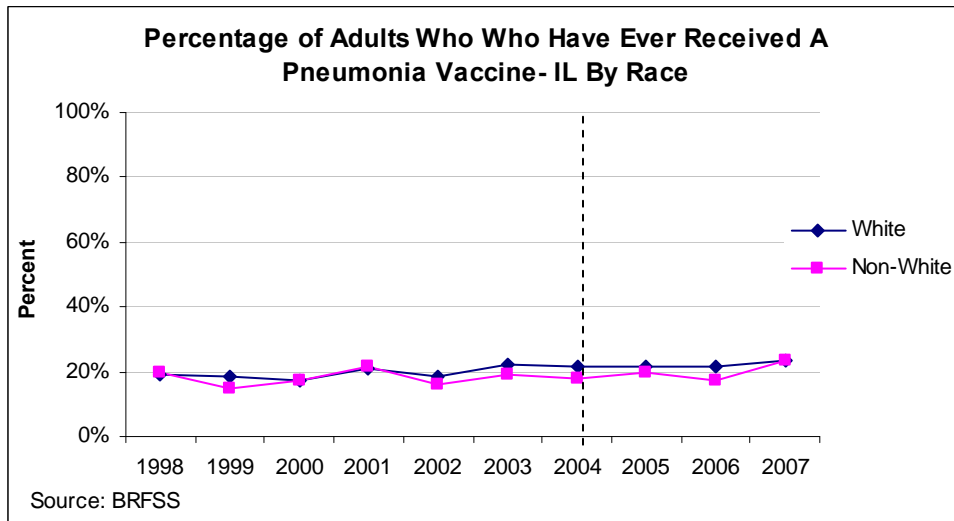
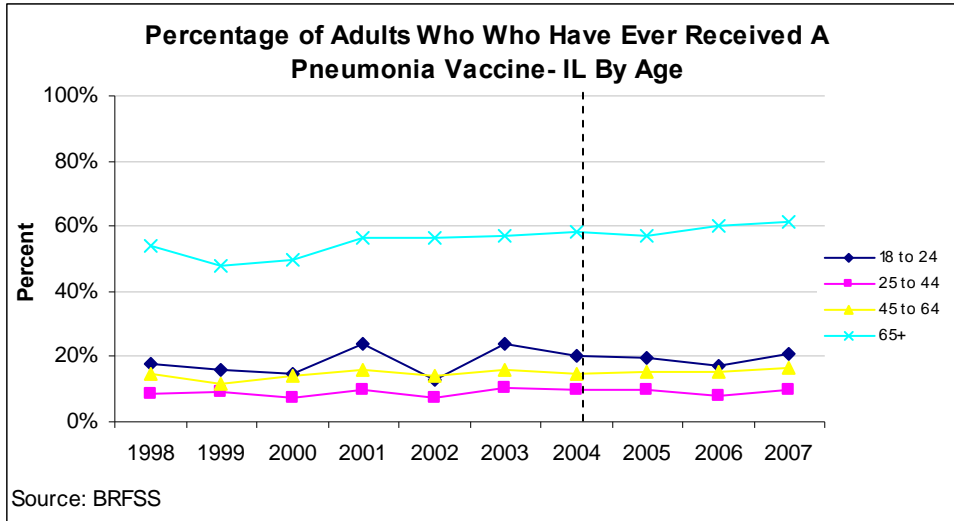




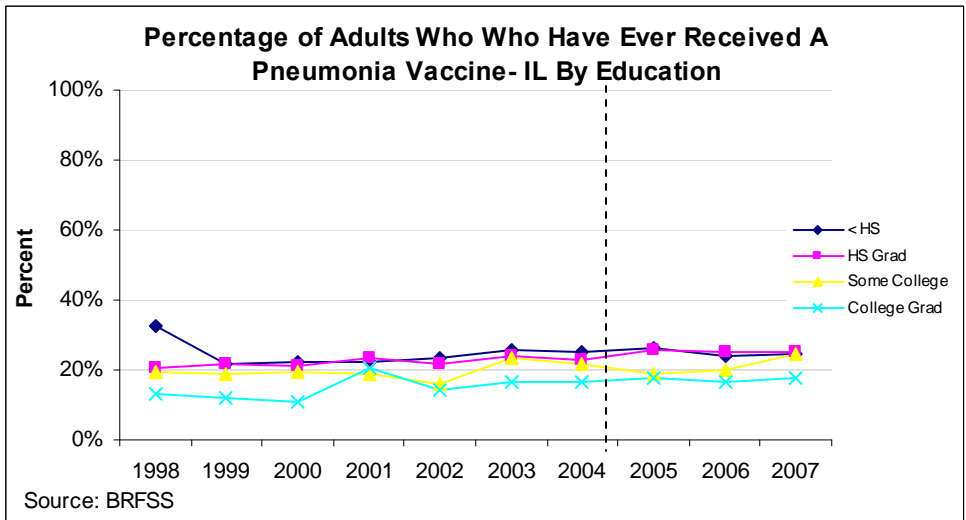
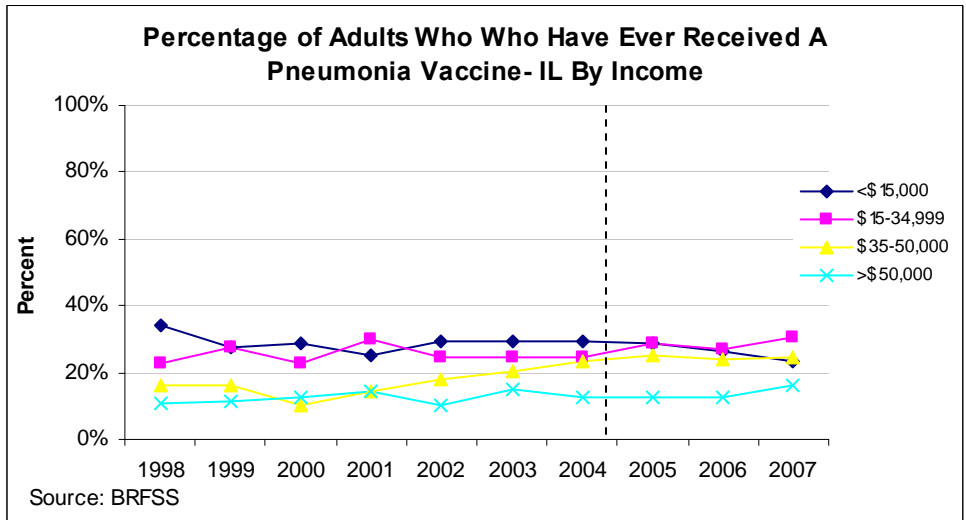
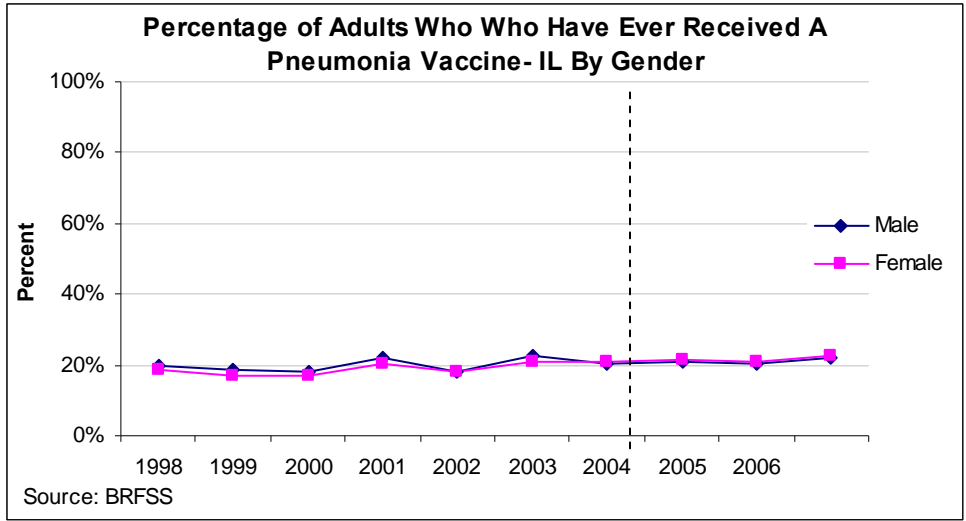


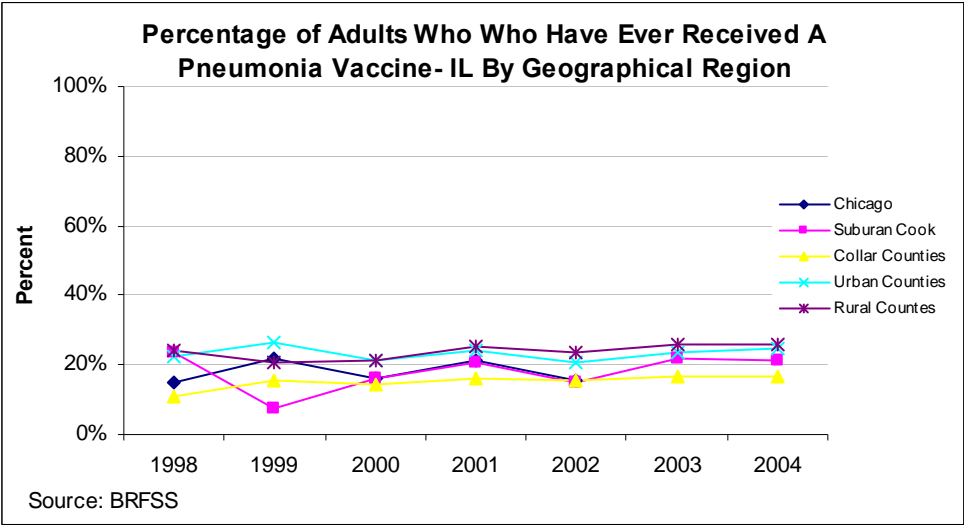
### Pneumonia Vaccine







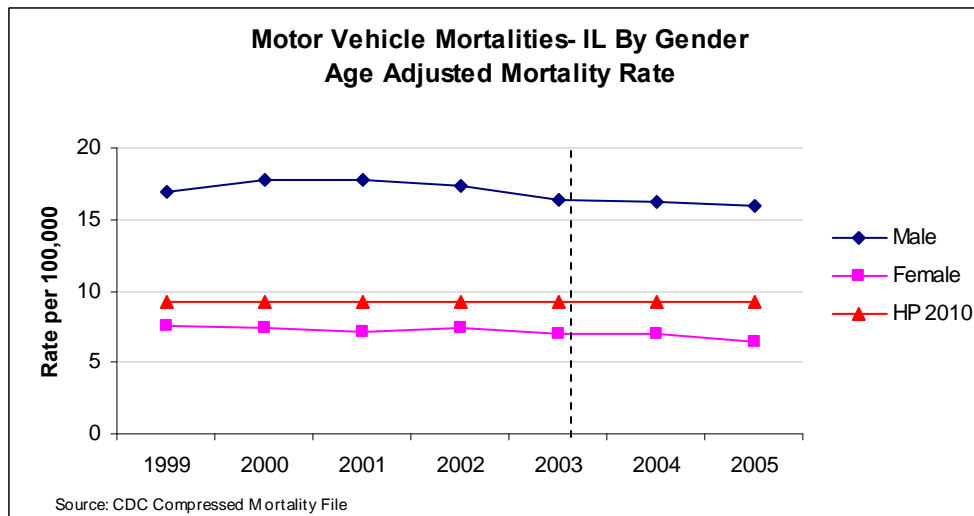
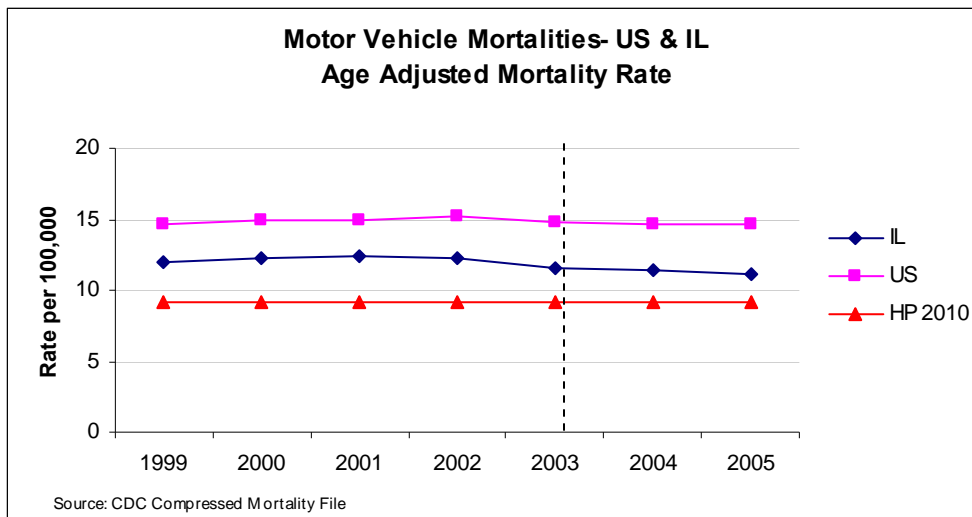


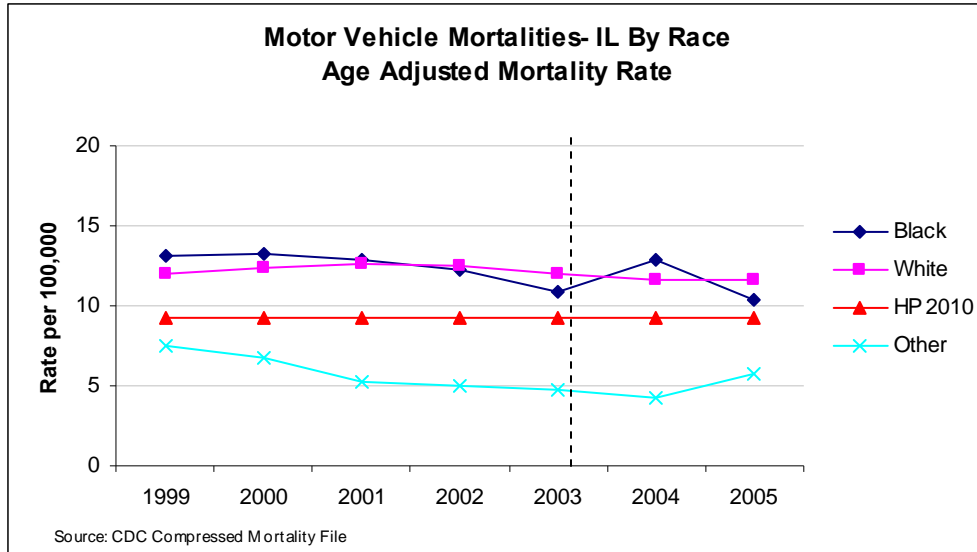


## Injury and Violence

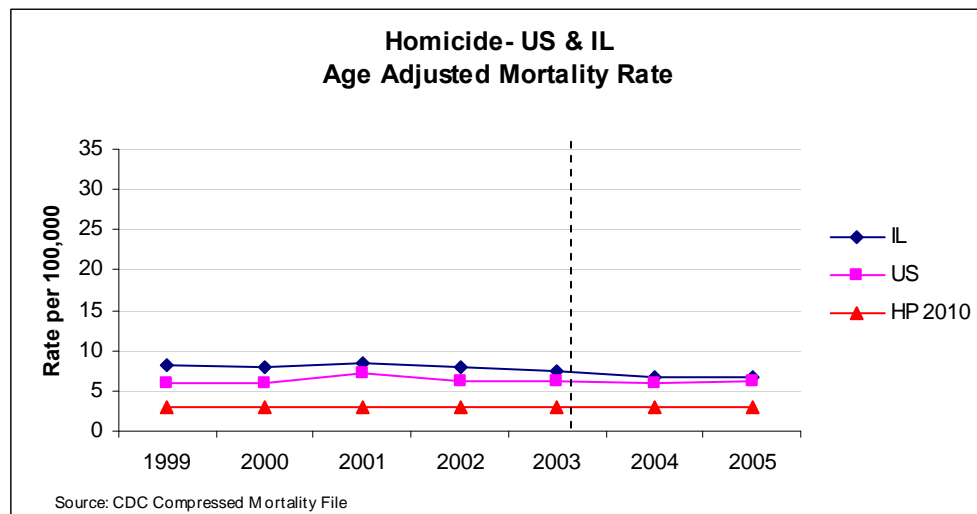
15-15a.	Reduce deaths caused by motor vehicle crashes.
Measure	Motor vehicle mortality rates
15-32.	Reduce homicides.
Measure	Homicide rate
15-38	Reduce physical fighting among adolescents
Measure	Percentage of high school students who were in a physical fight
	Reduce violence related injuries
Measure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

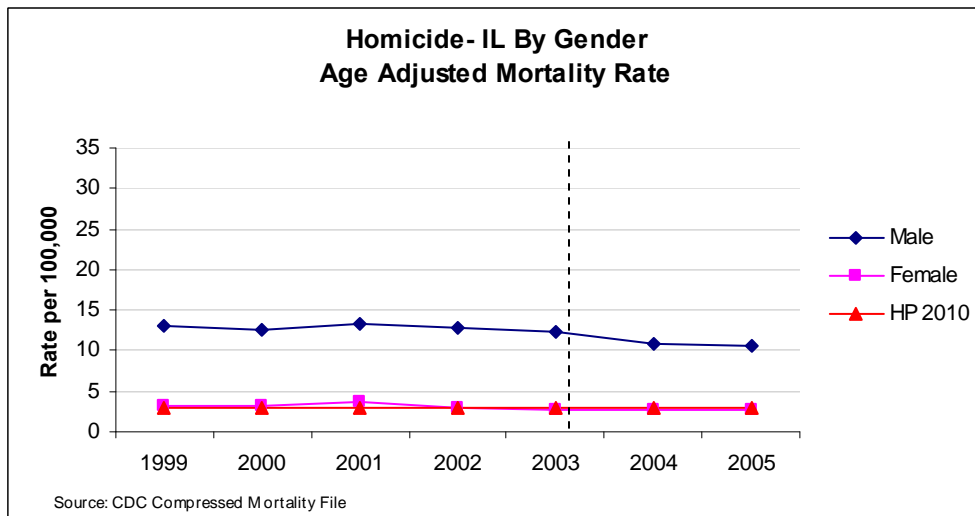
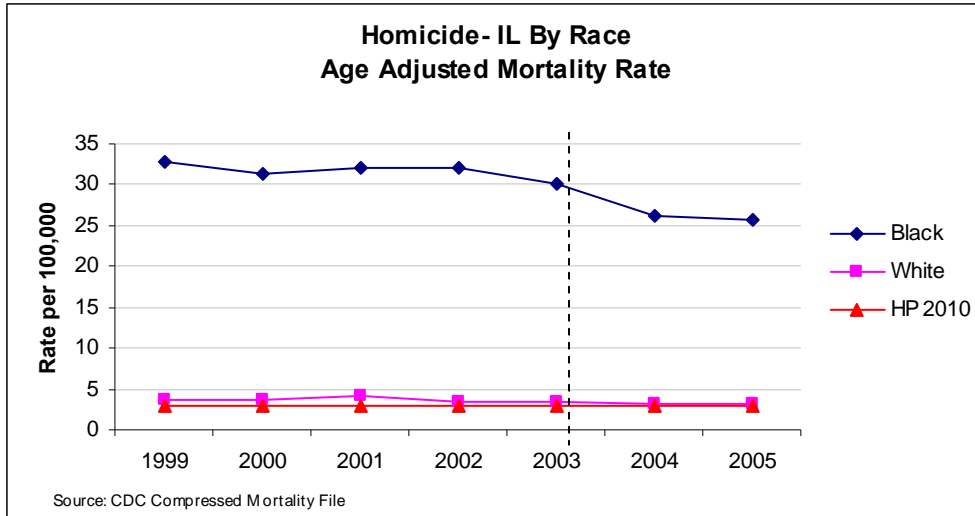
### Motor Vehicle Crashes



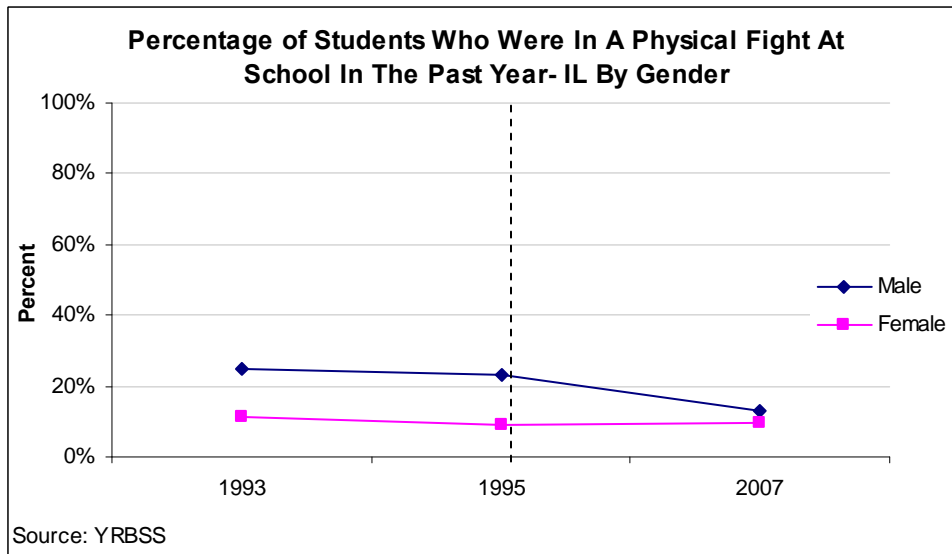
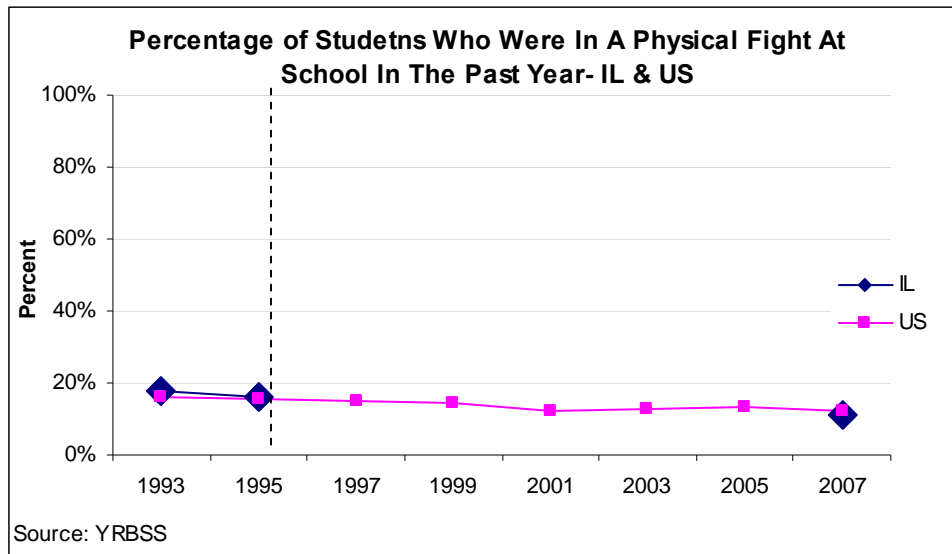


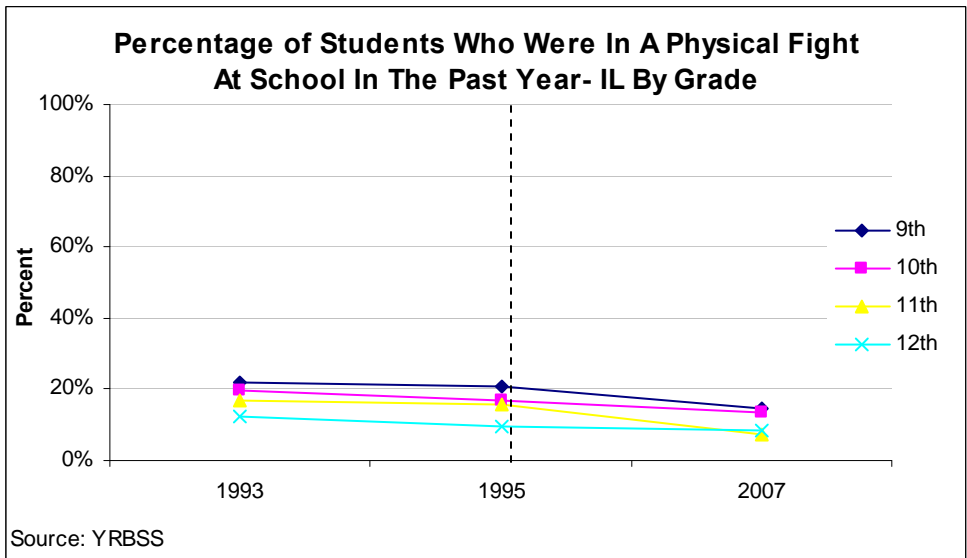
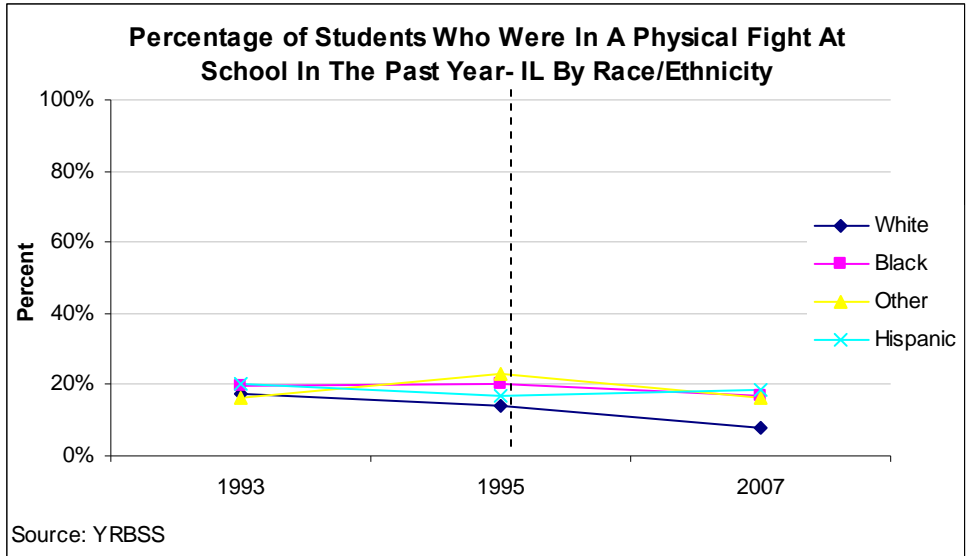
## Homicide





## High School Fighting-

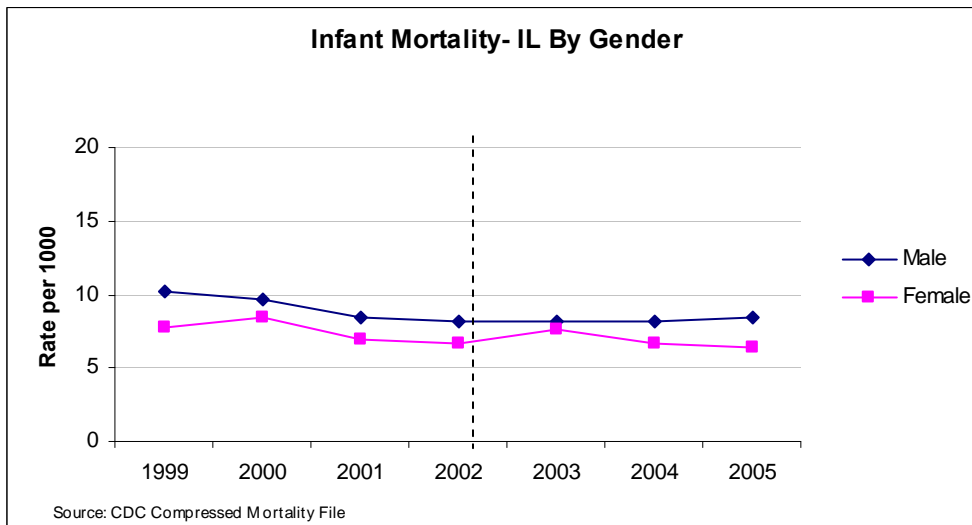
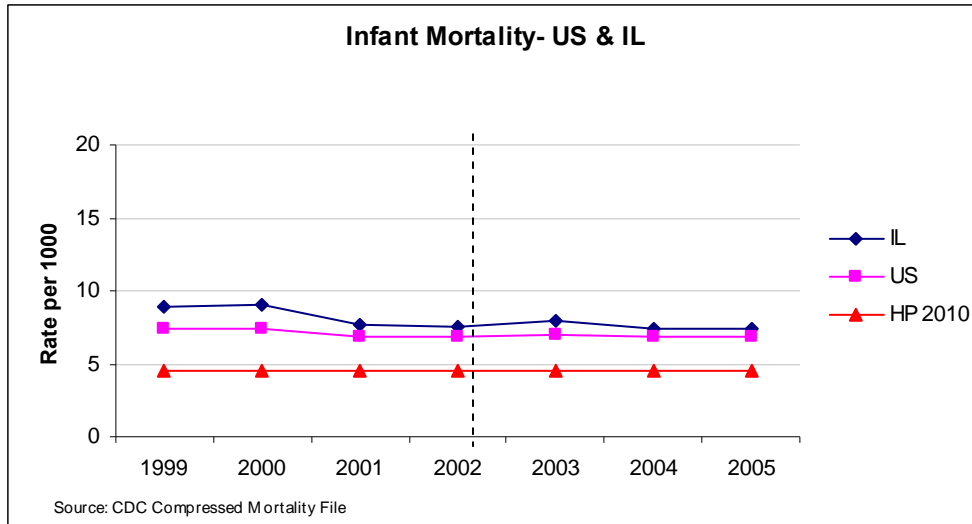




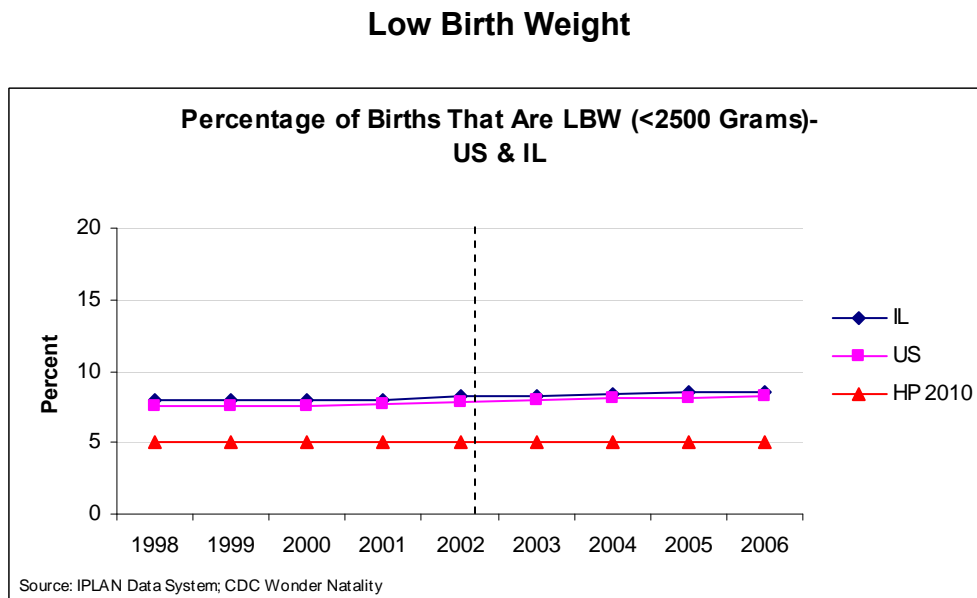
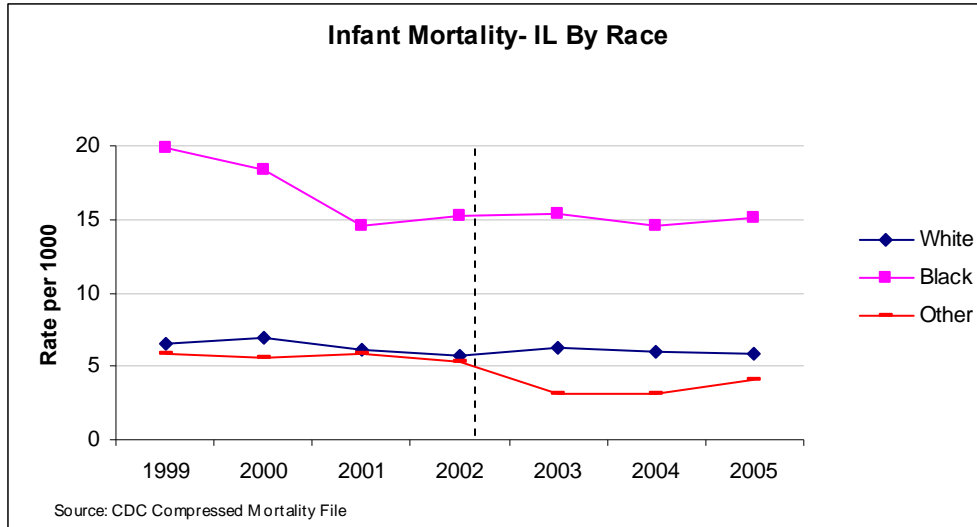
**Maternal, Infant and Child Health**

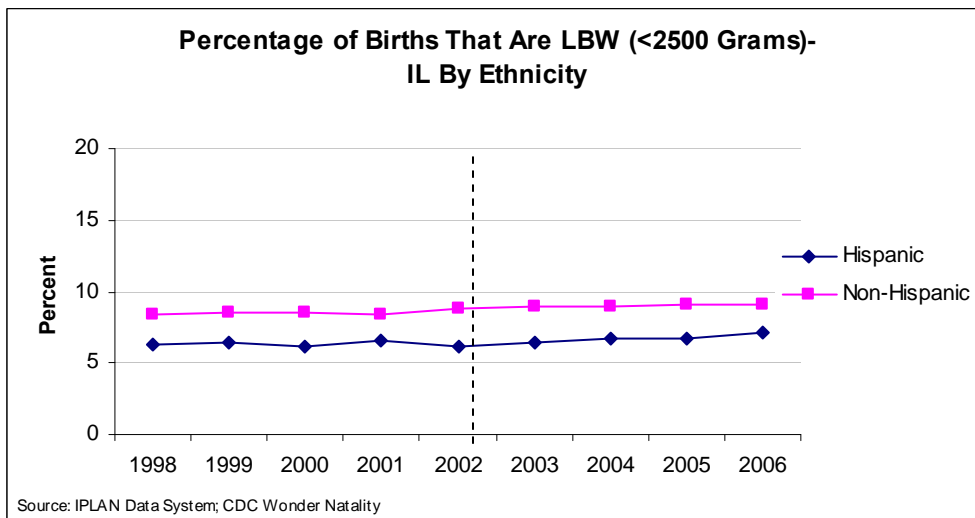
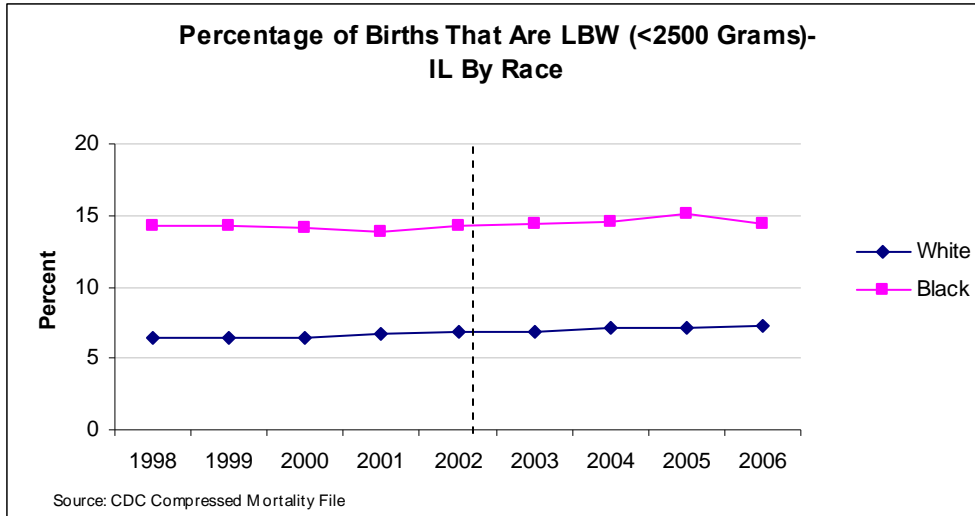
- 16-1. Reduce fetal and infant deaths.
- Measure Fetal and infant mortality rate.
- 16-10.a Reduce low birth weight (LBW) and very low birth weight (VLBW).
- Measure LBW rate.
- 16-10b. Reduce very low birth weight (VLBW).
- Measure VLBW rate.

**Infant Death**

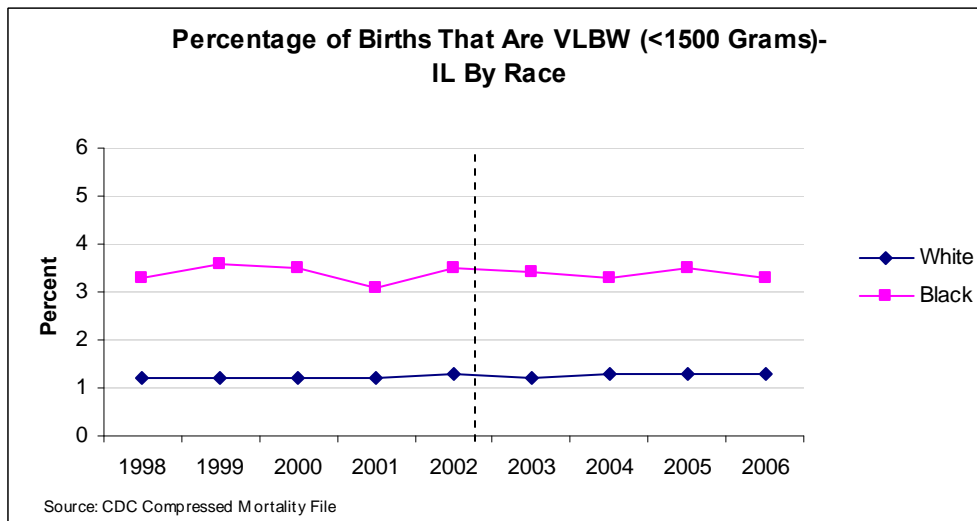
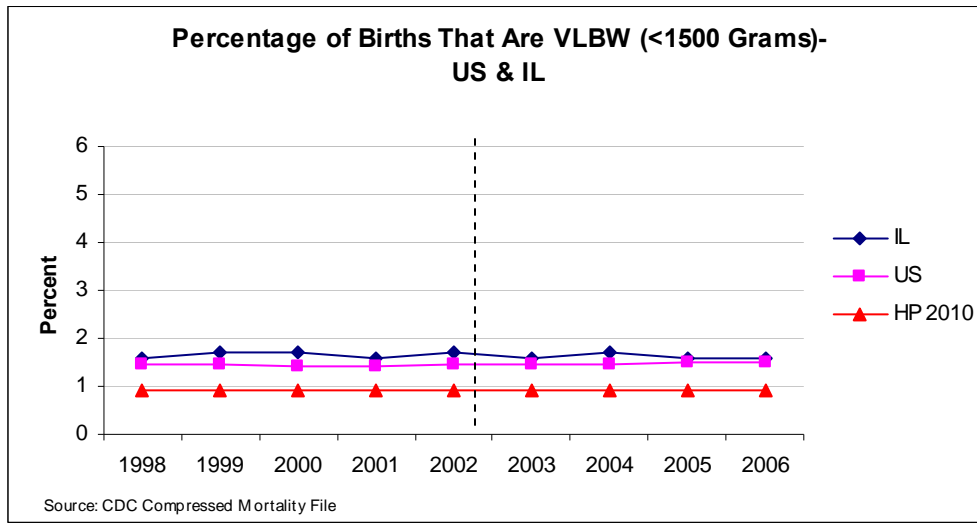


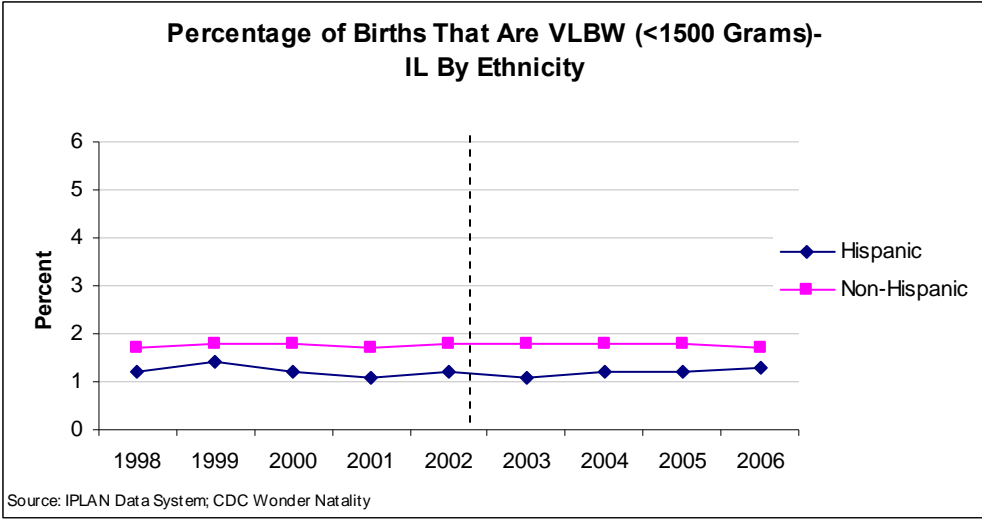






## Very Low Birth Weight

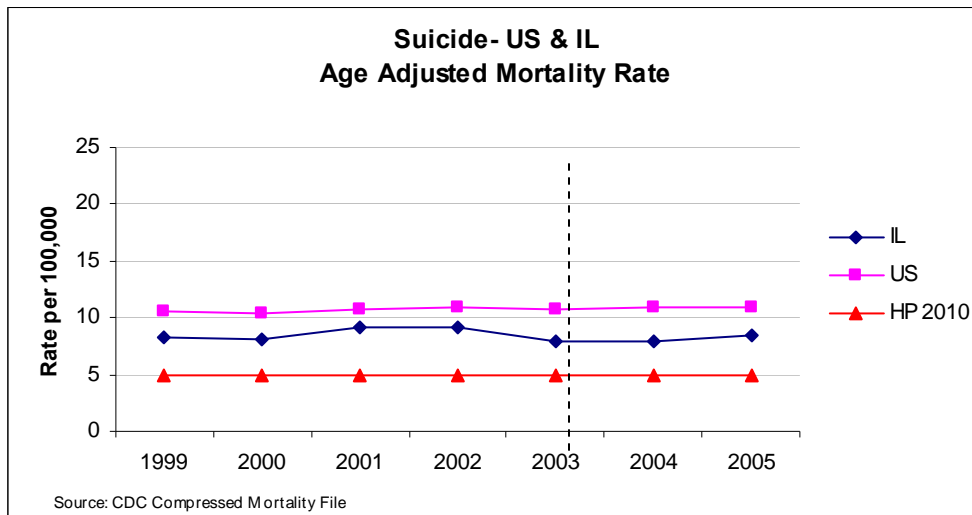


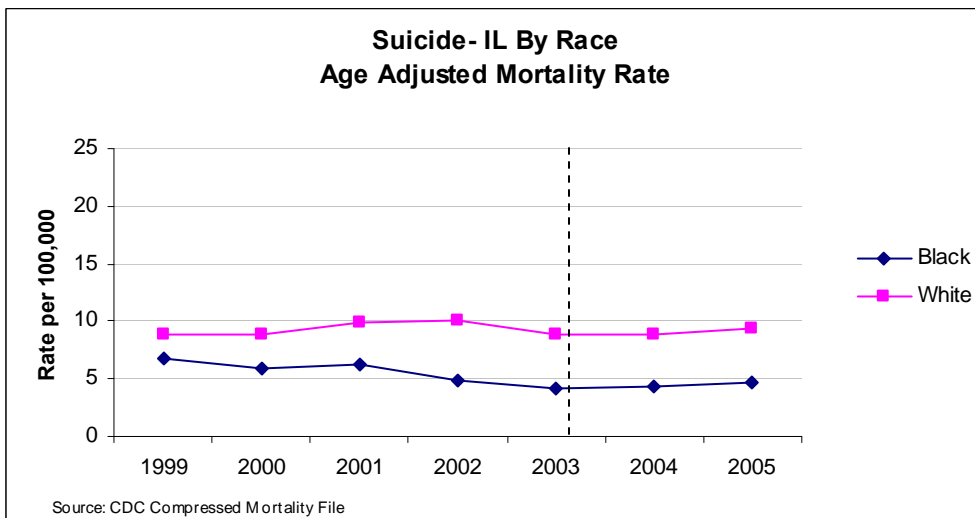
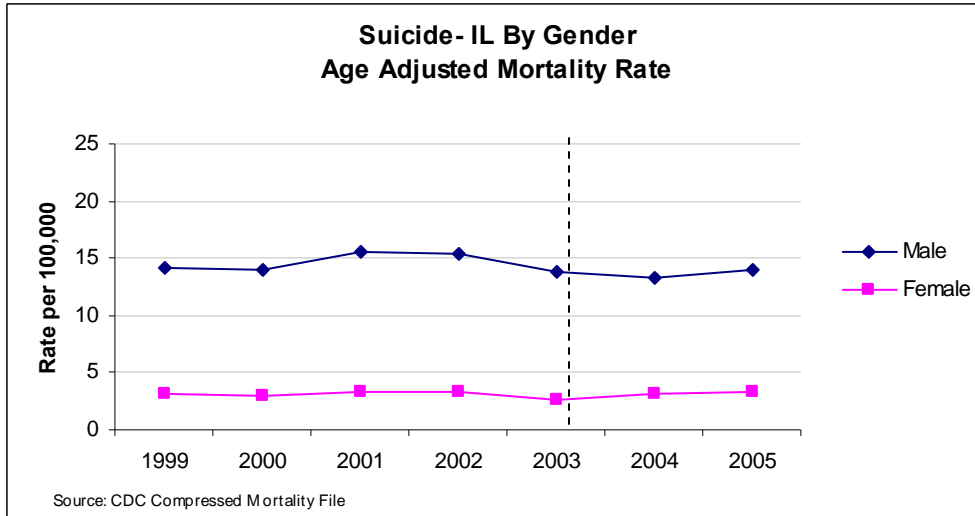


**Mental Health**

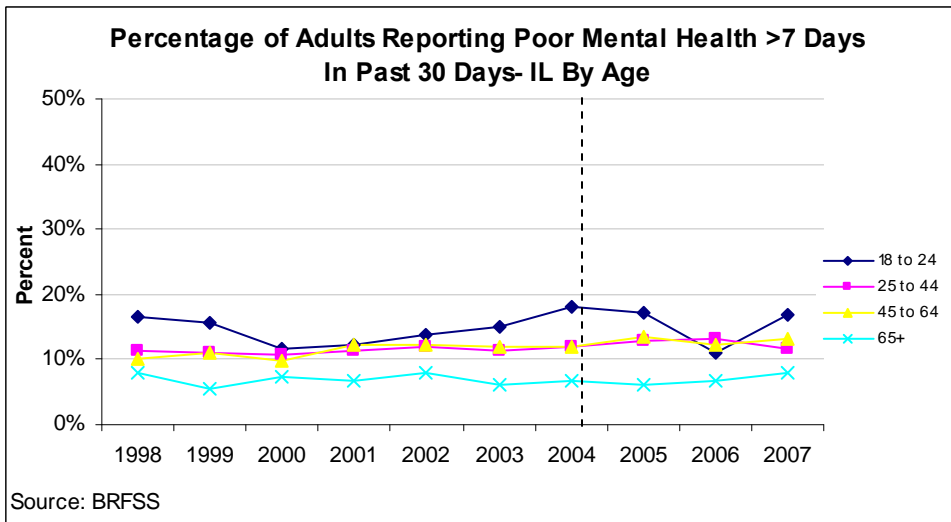
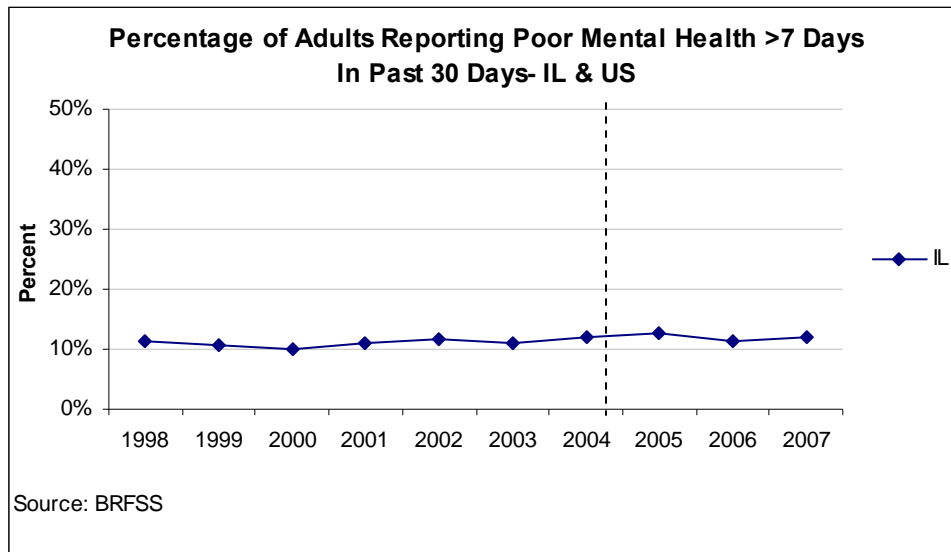
- 18-1 Reduce the suicide rate.
- Measure Suicide rate
- 18-9b. Increase the proportion of adults with recognized depression who receive treatment.
- Measure **Not currently collected.**
- Days during the past 30 days mental health not good
- Measure Percentage of adults who reported having poor mental health one or more days in the past 30 days.
- Adolescent mental health
- Measure Percentage of high school students that felt so sad or hopeless almost every day for >2 weeks in a row that they stopped doing some usual activities.

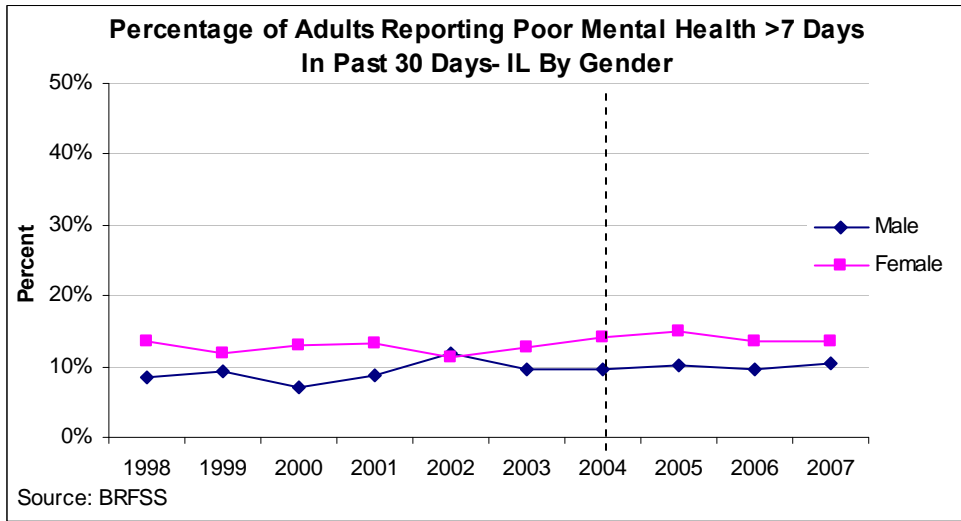
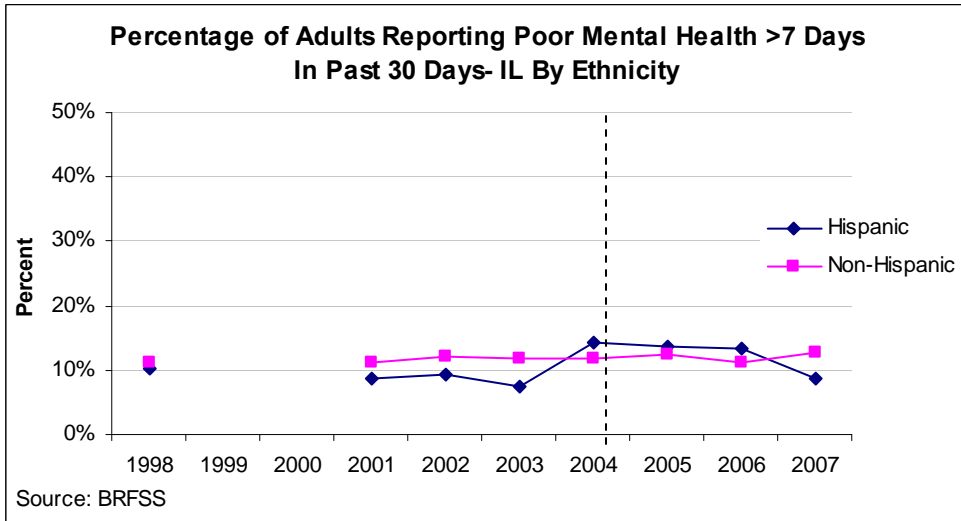
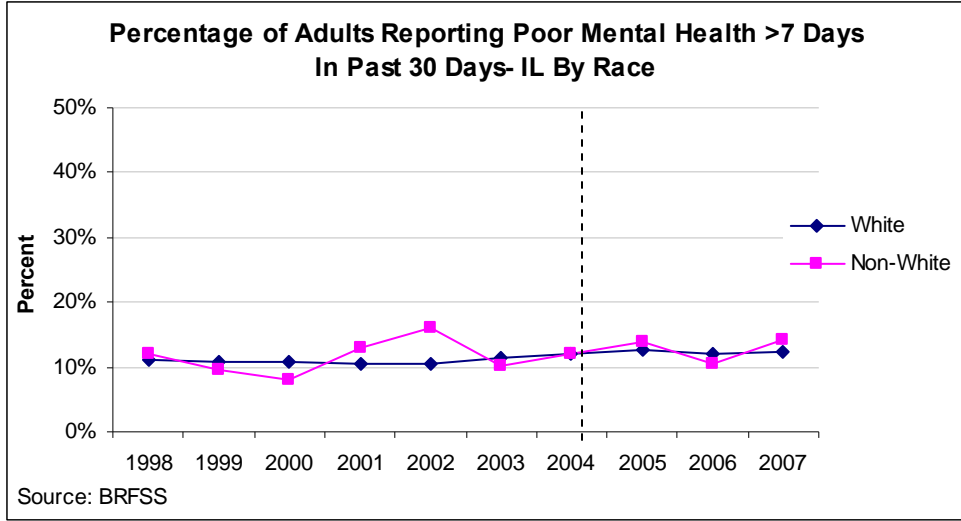
**Suicide**



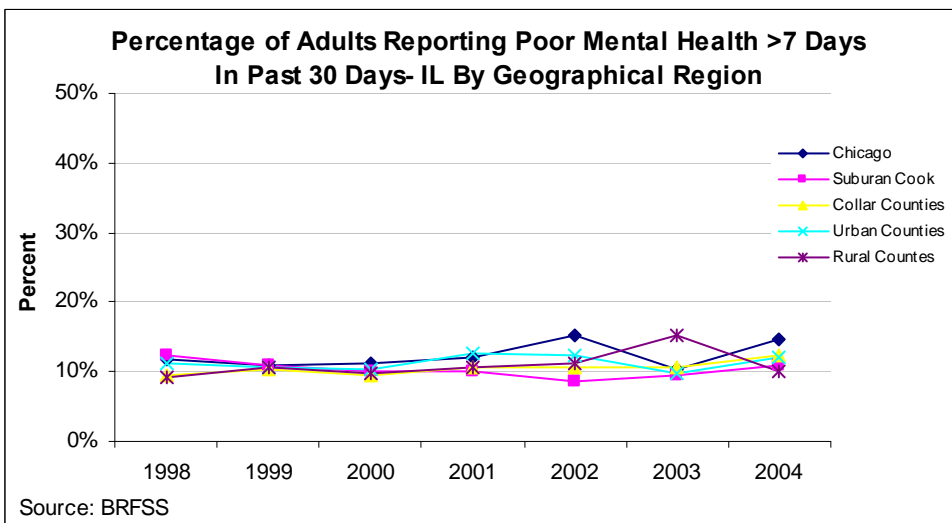
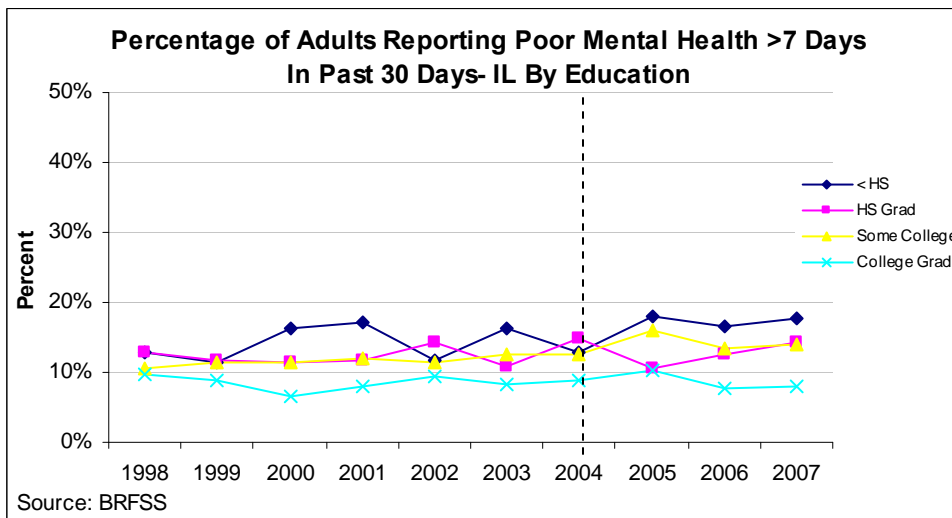
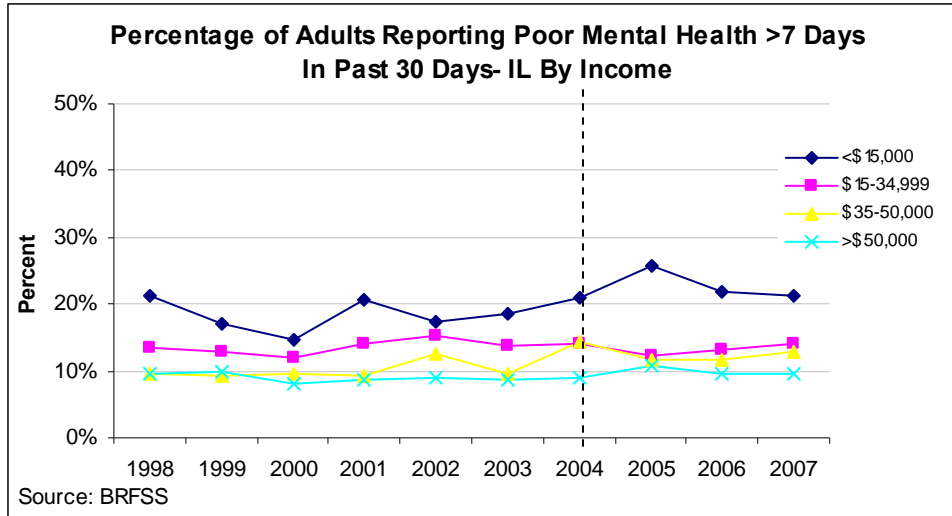


## Poor Mental Health

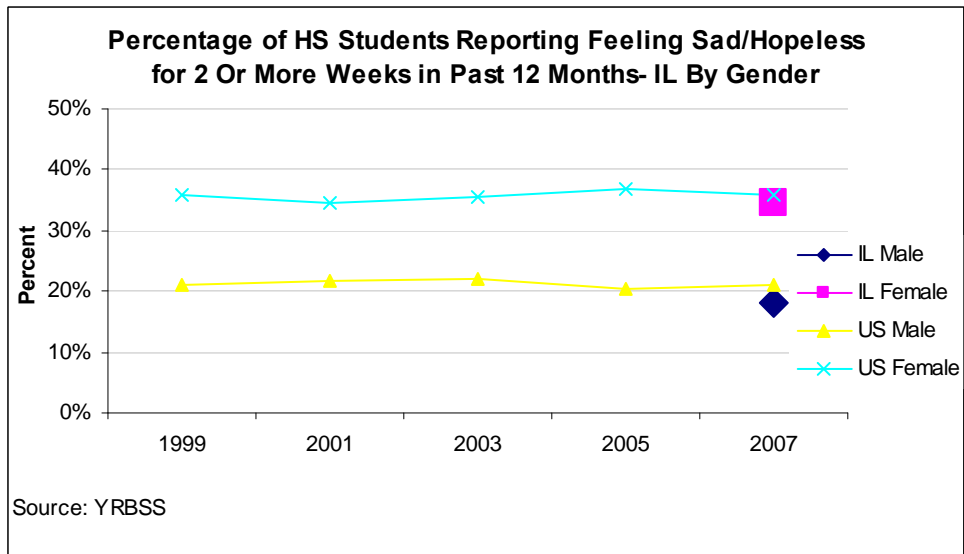
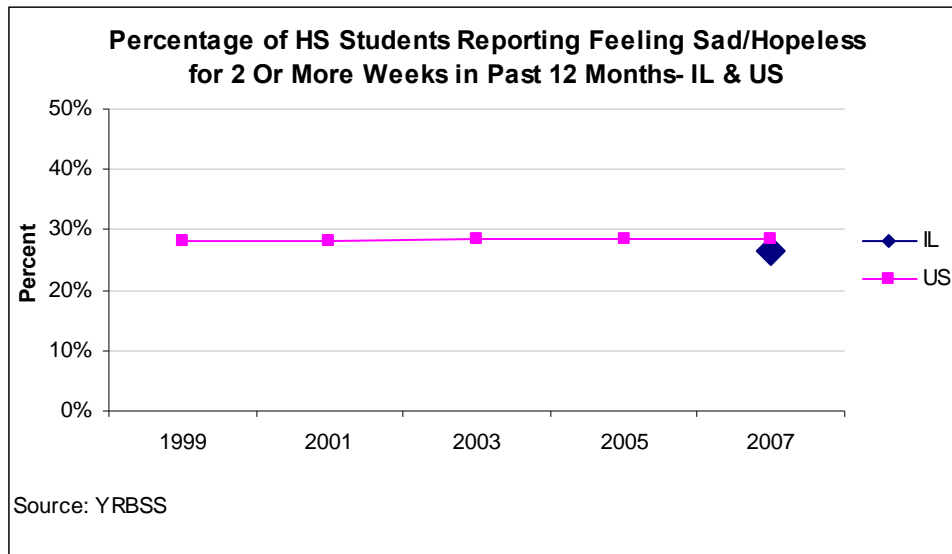








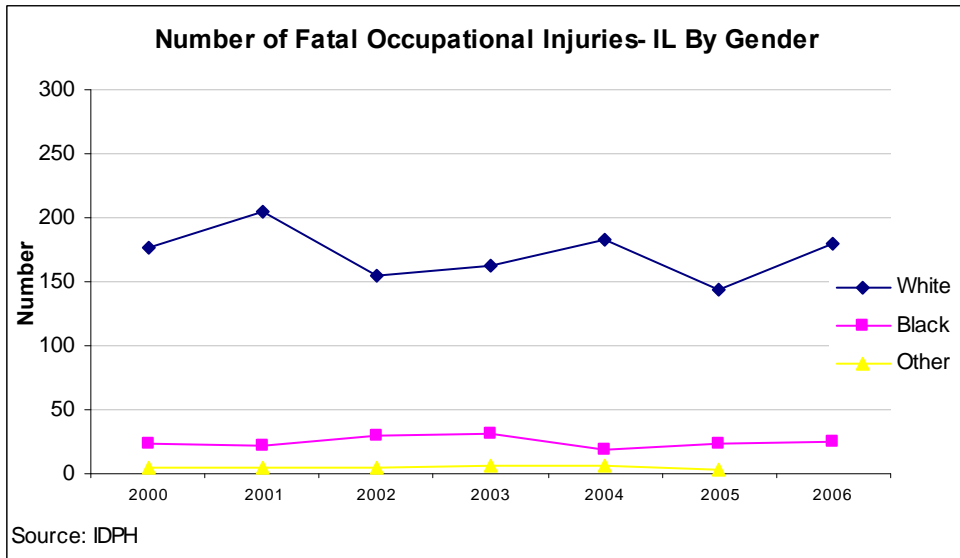
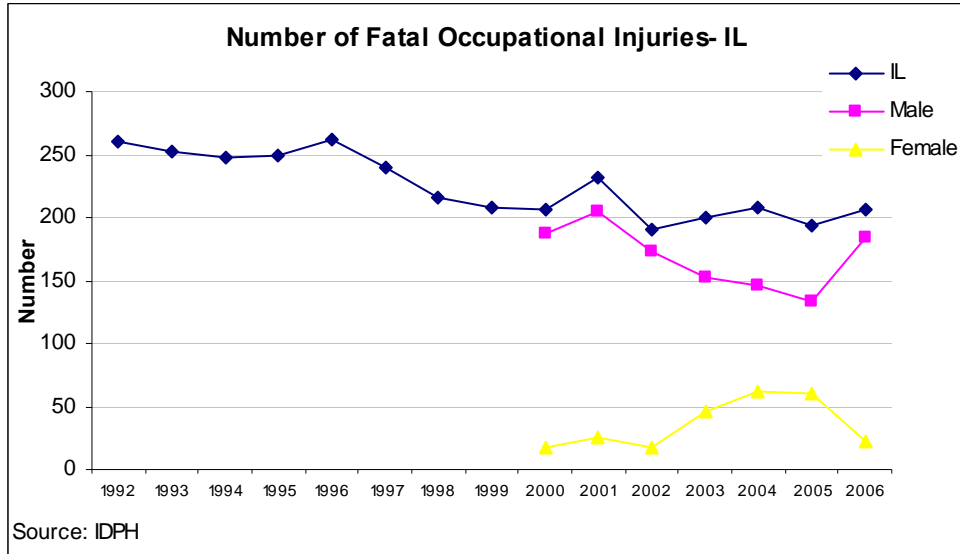
## Youth Feeling Sad and Hopeless-

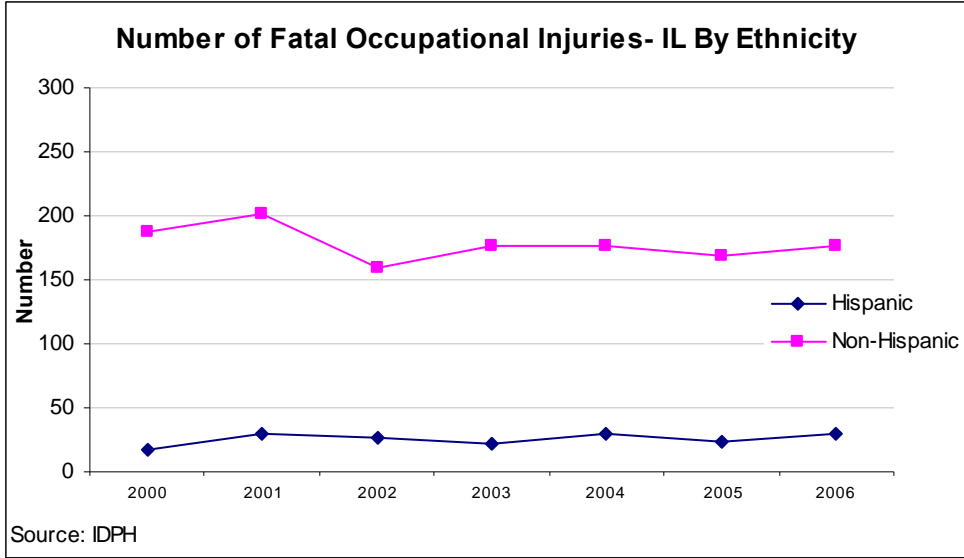


Occupational Safety and Health

20-1. Reduce deaths from work-related injuries.

Measure Work related mortality rate

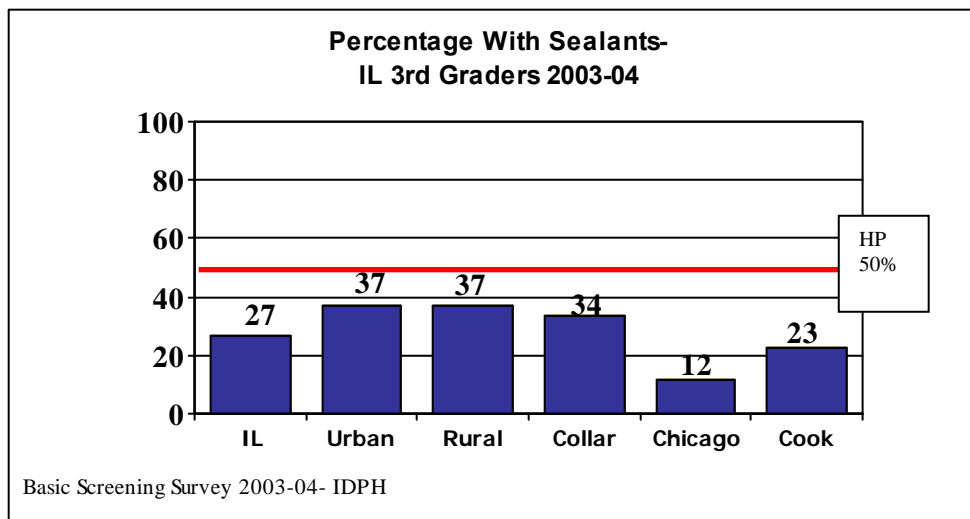
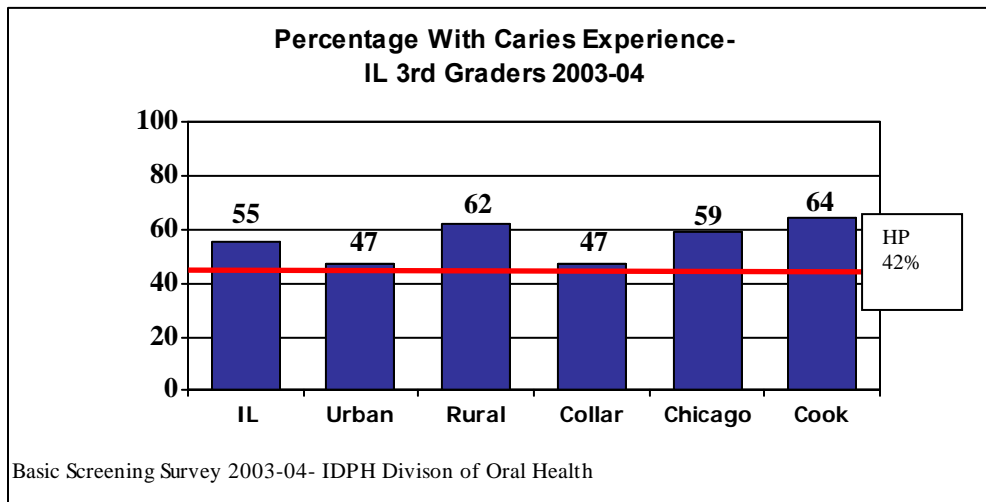


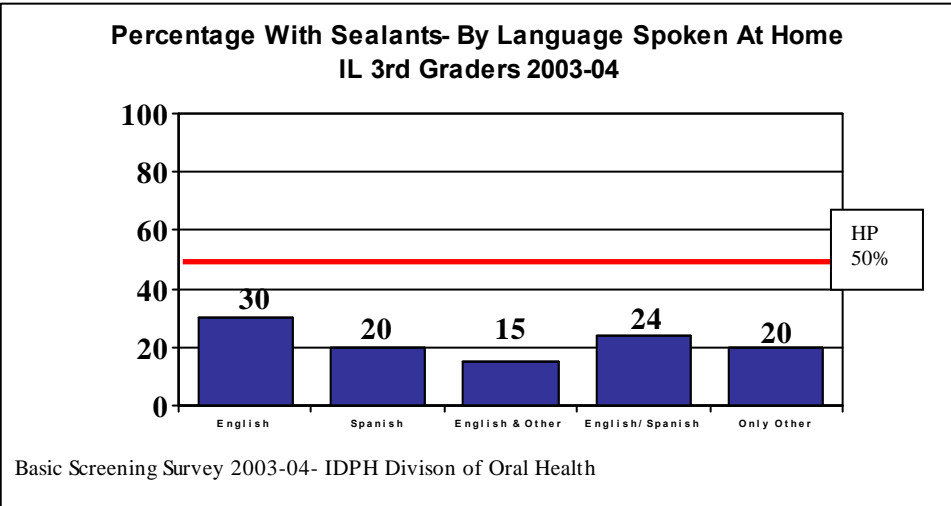
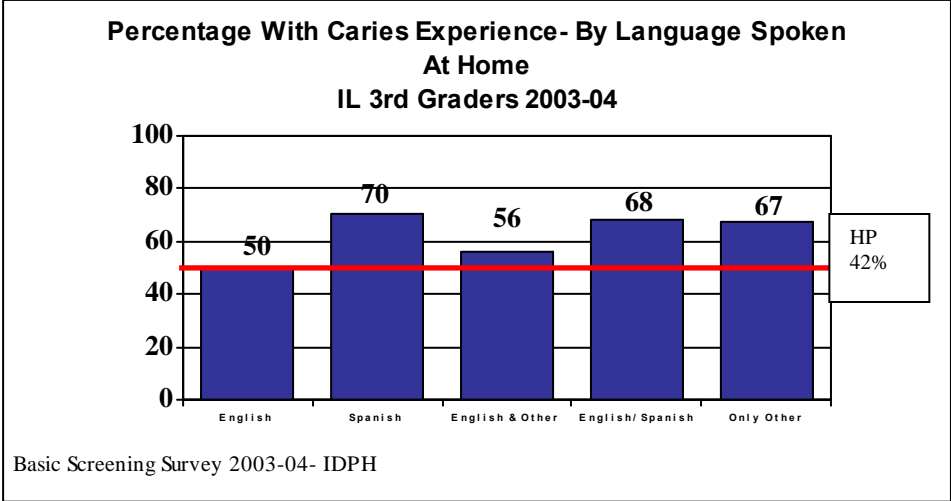


**Oral Health**

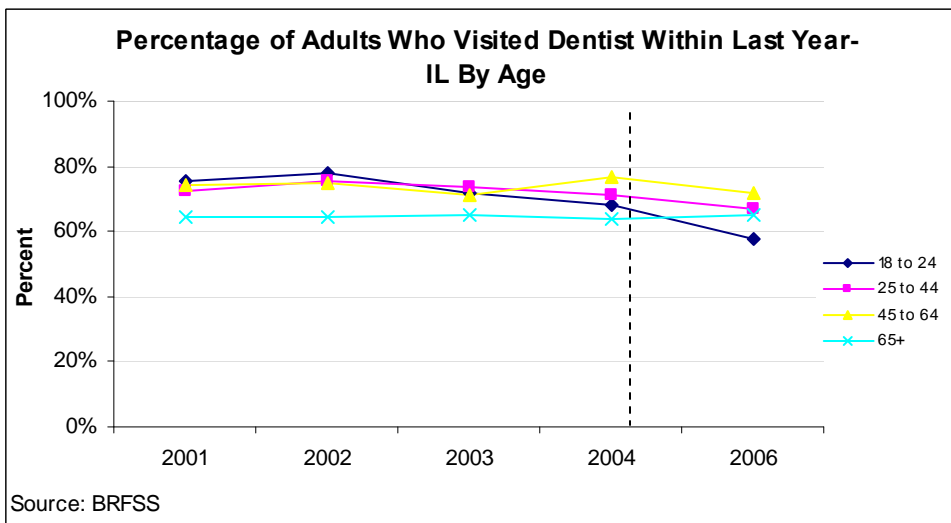
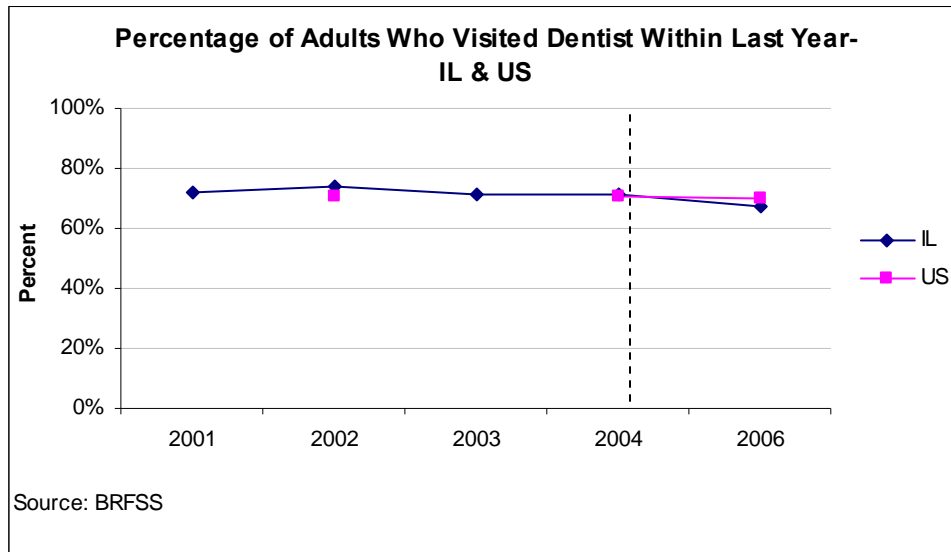
- Measure 21-1b. Percentage with dental sealant (3<sup>rd</sup> graders).  
Reduce the proportion of children with dental caries experience in their primary and permanent teeth.
- Measure Percentage with dental caries experience (3<sup>rd</sup> graders).  
Last dental visit (1 year, 1-2 years, >2 years/never)
- Measure Percentage last dental visit more than 2 years or never

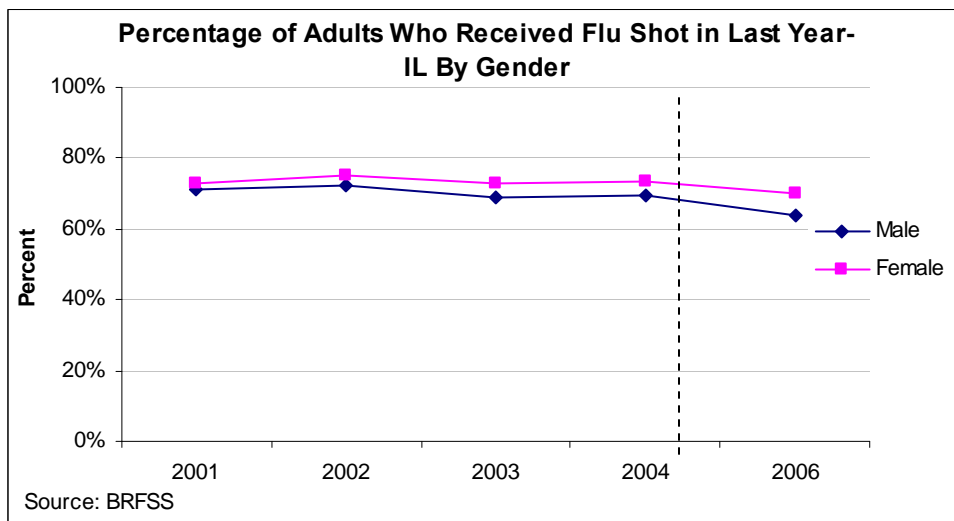
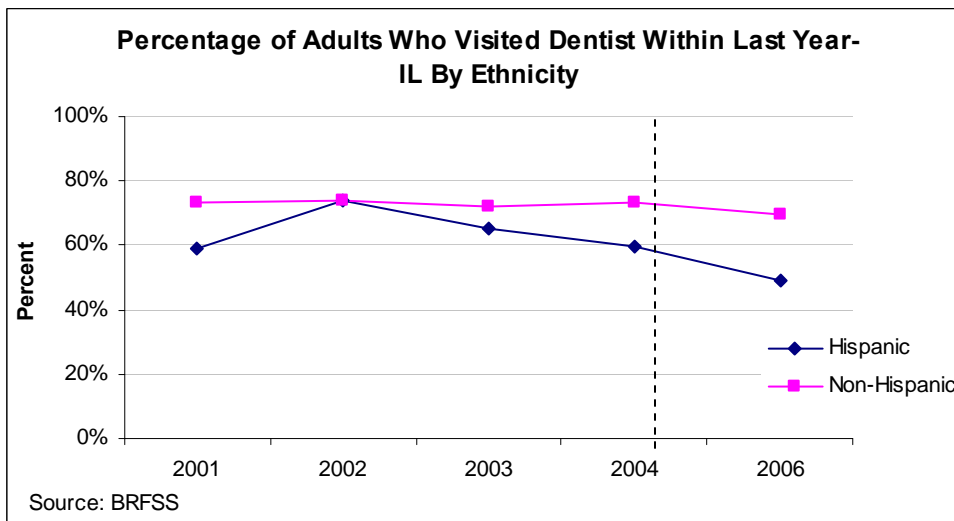
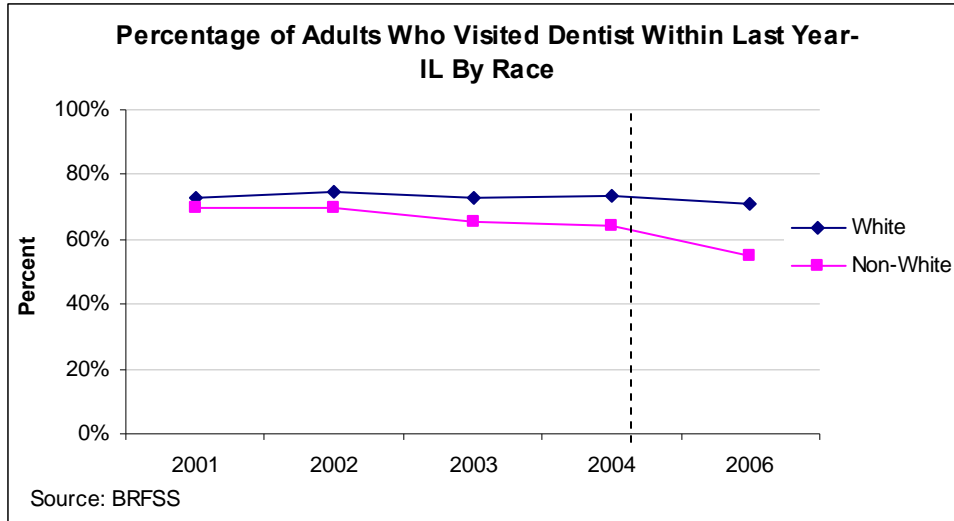
**Dental Sealants**



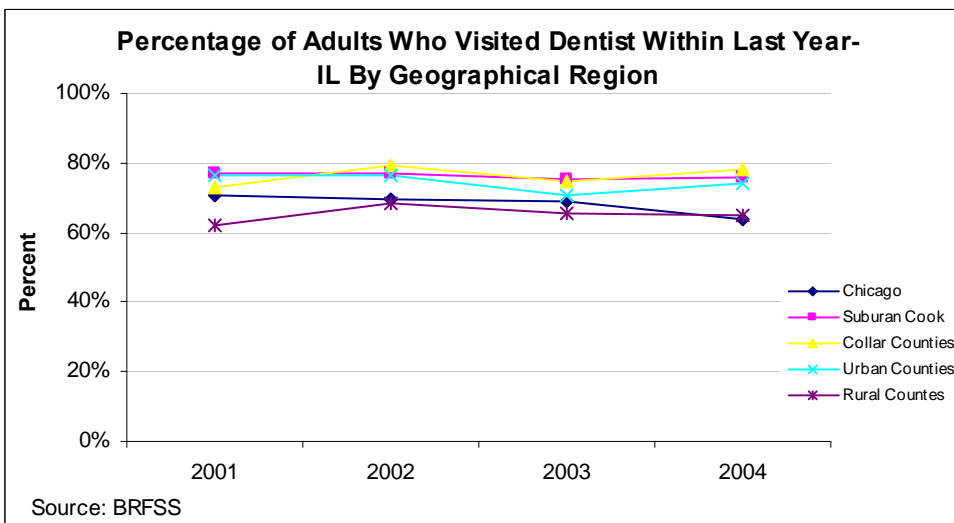
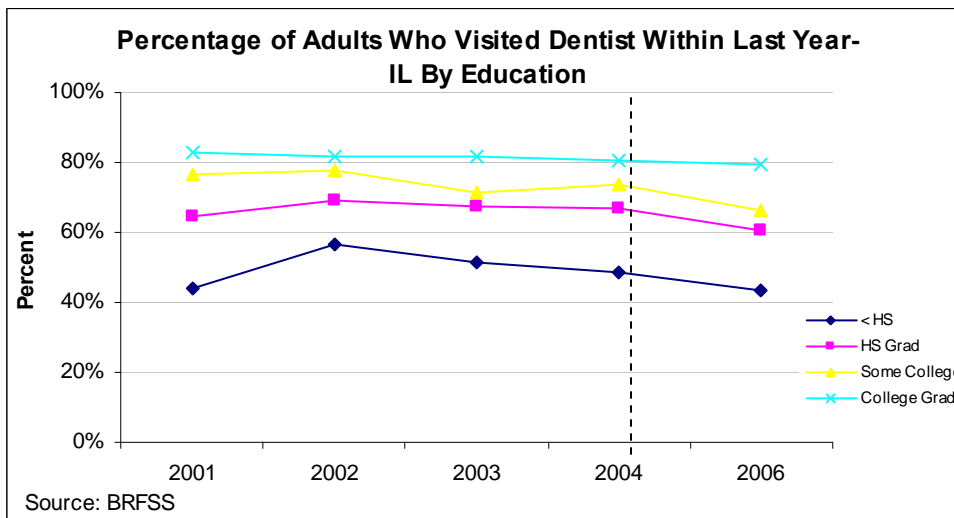
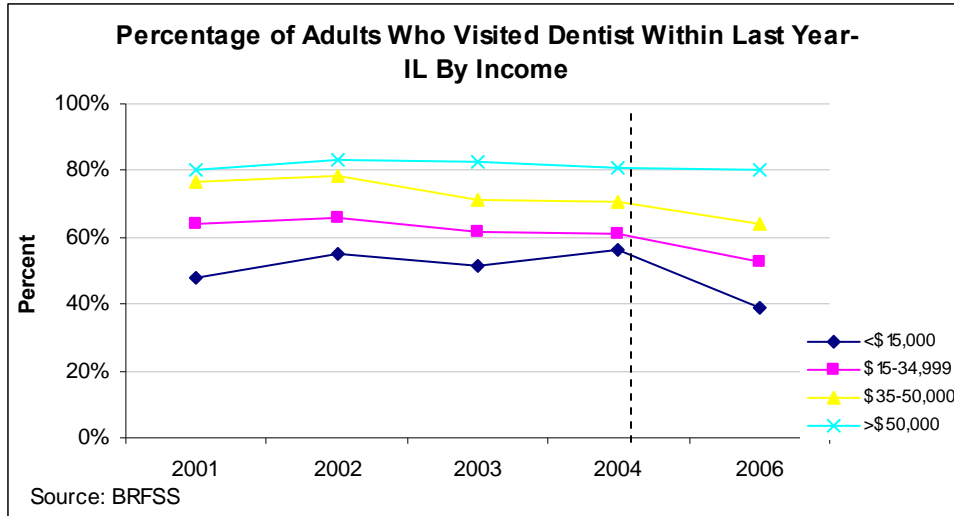


## Adult Dental Visit





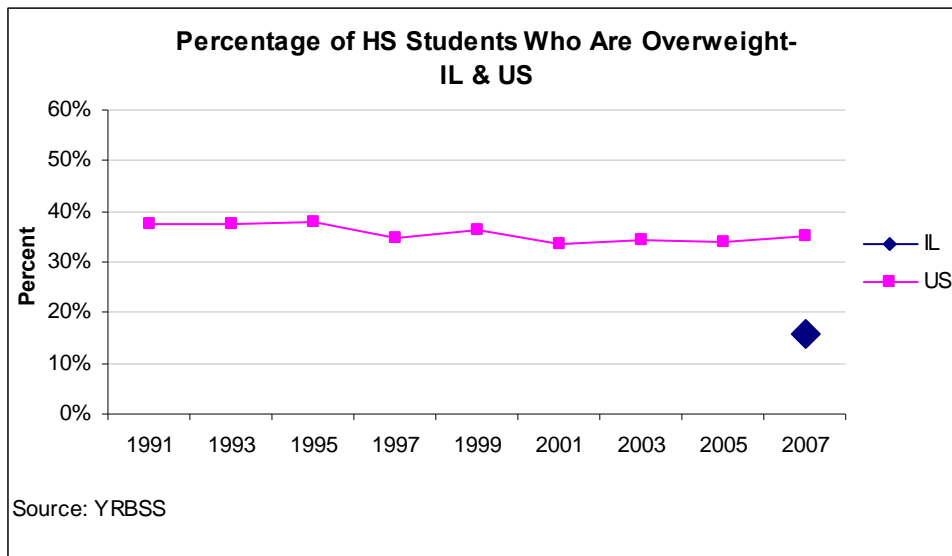


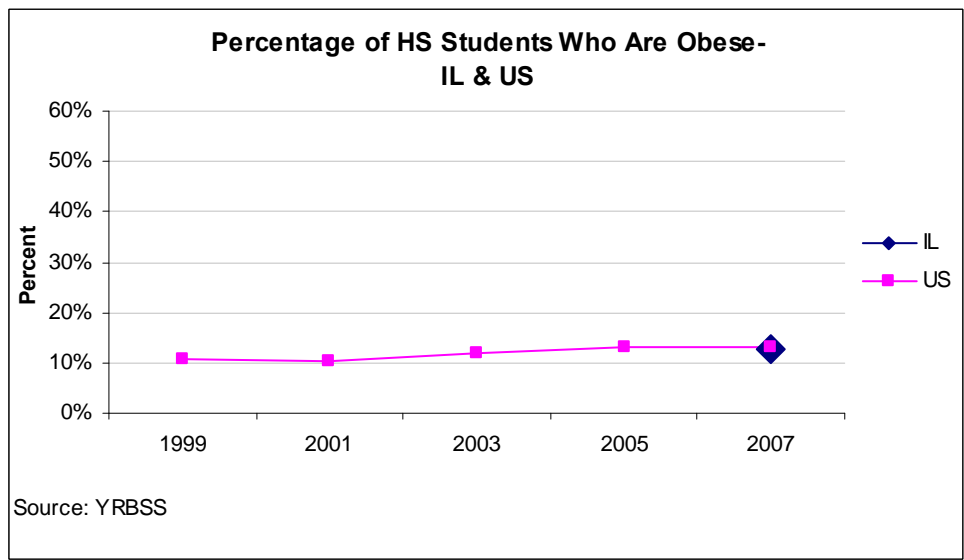
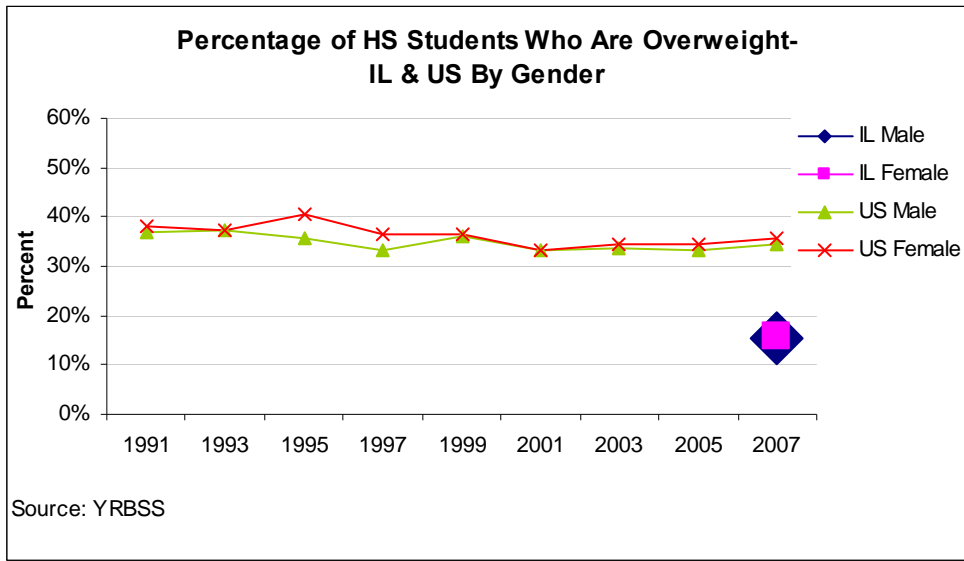


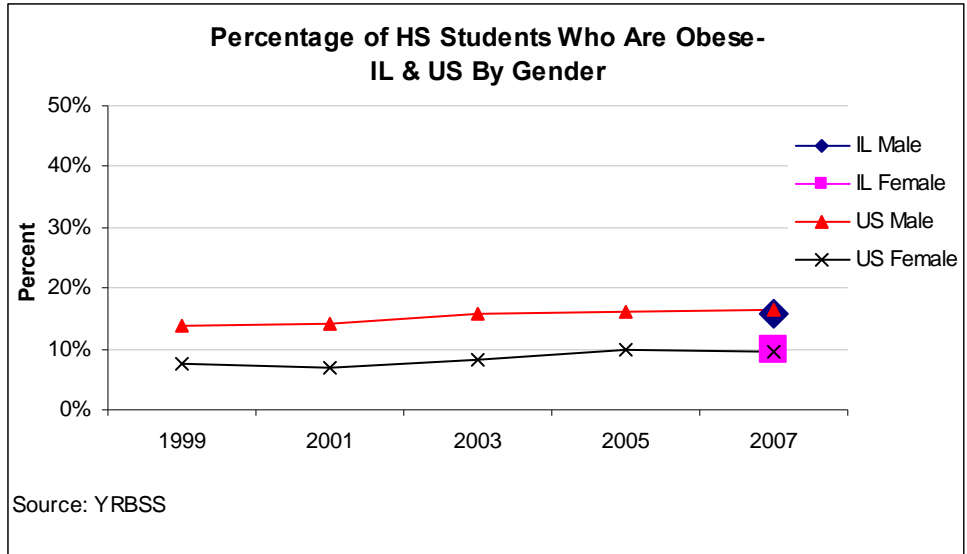
## Overweight and Obesity

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

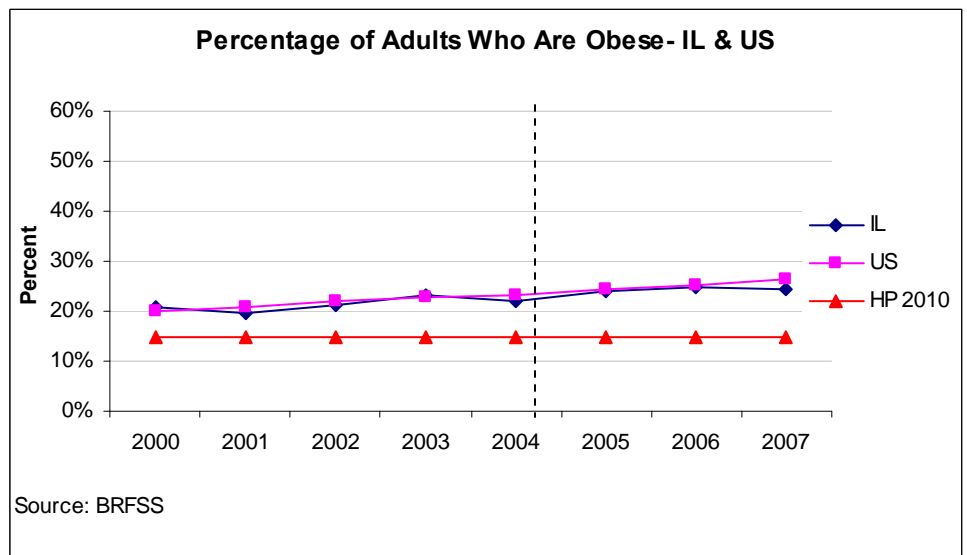
### Overweight and Obesity- High School Students

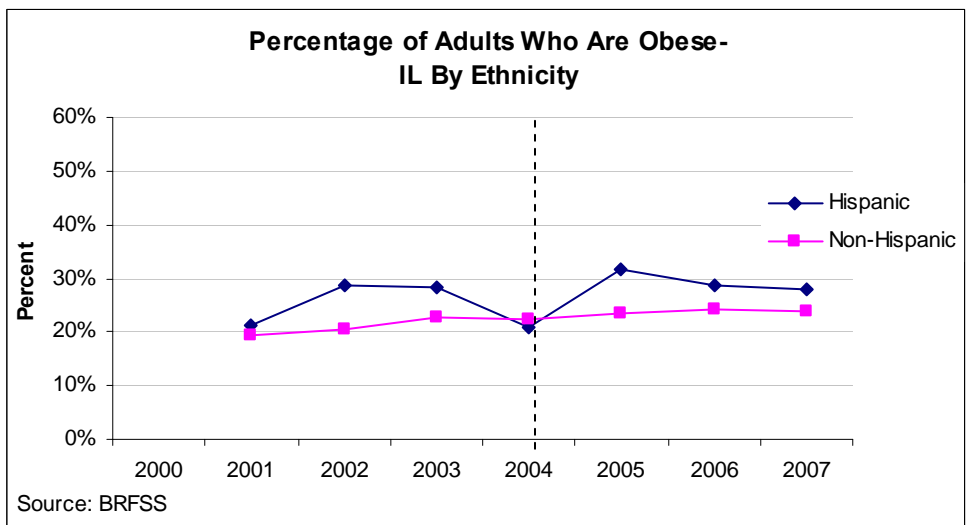
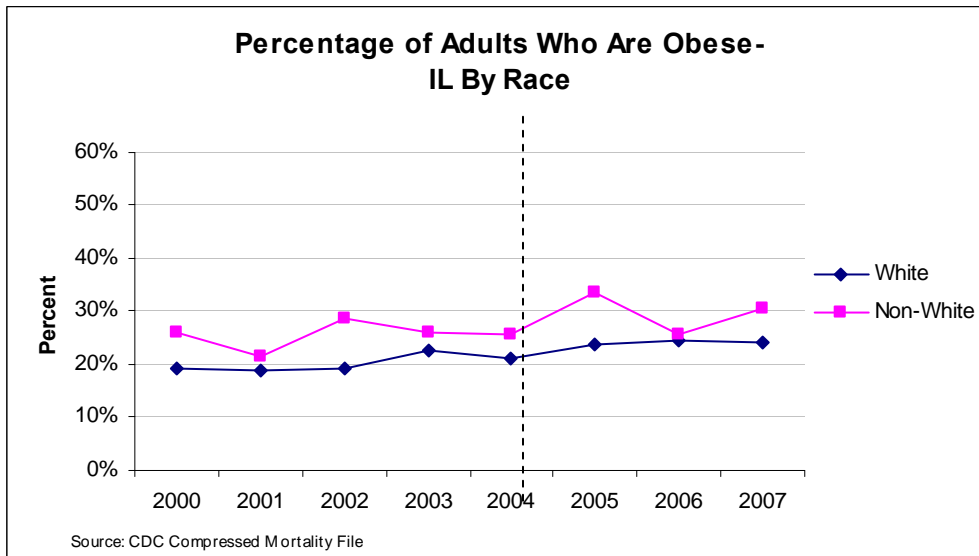
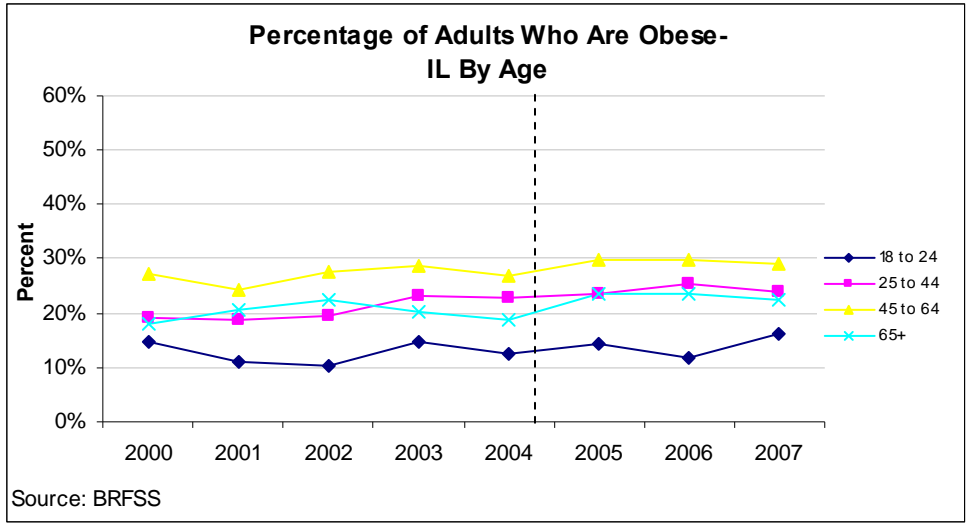


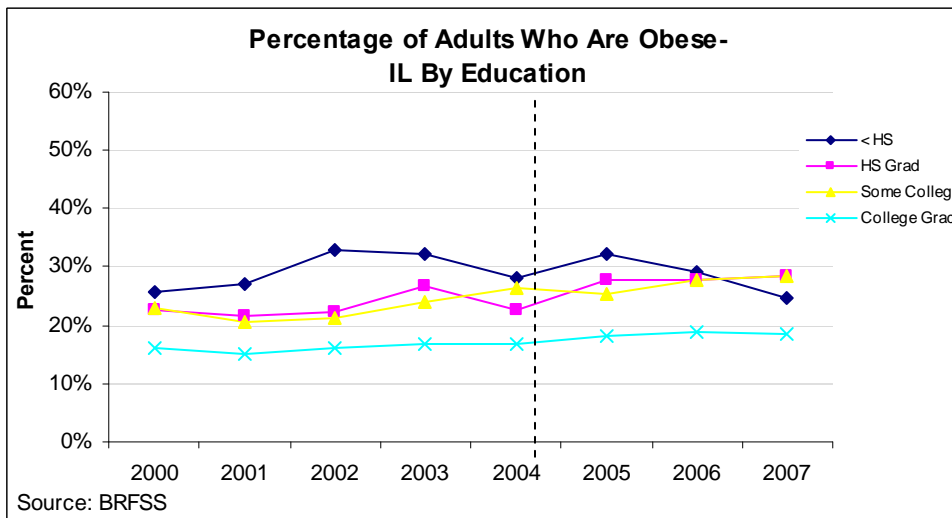
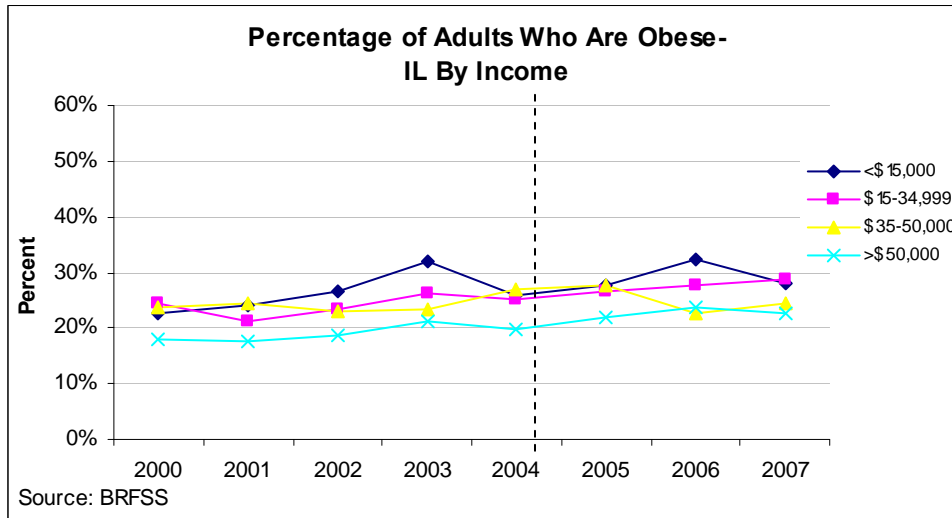
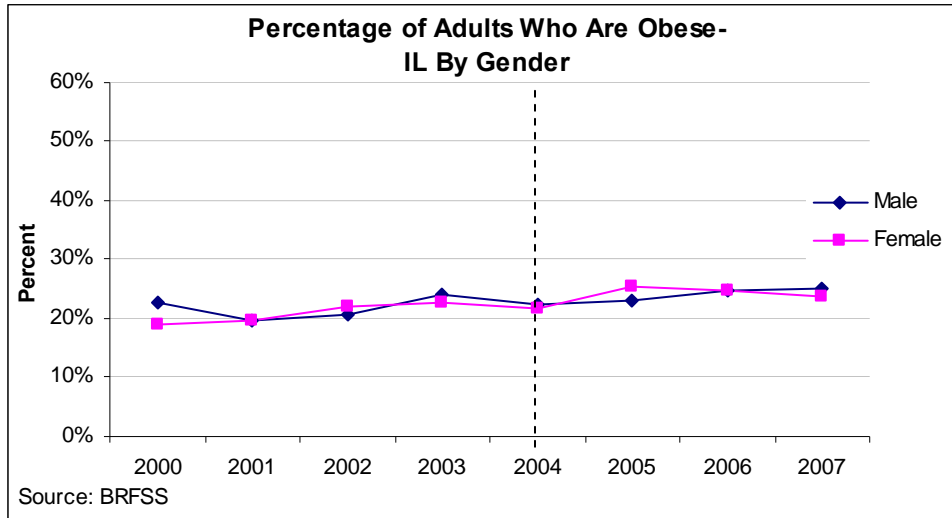


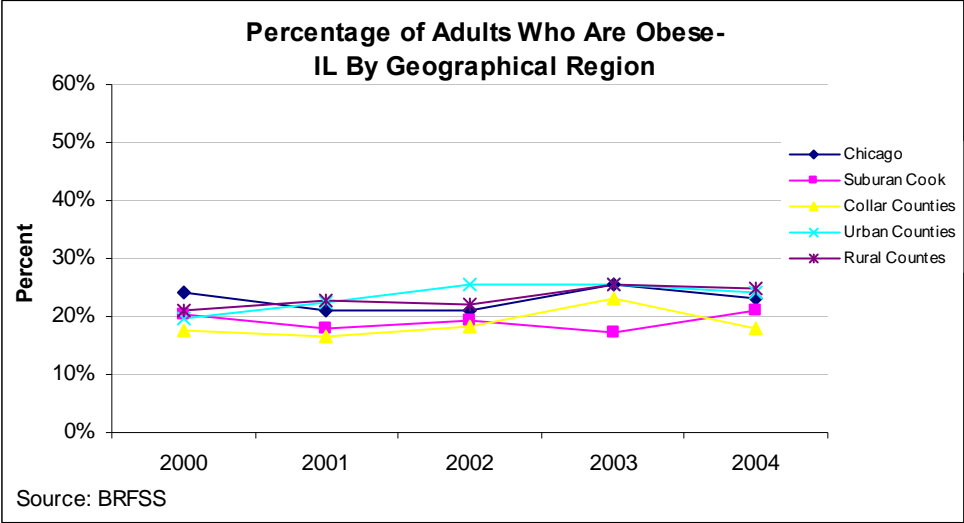


### Adults





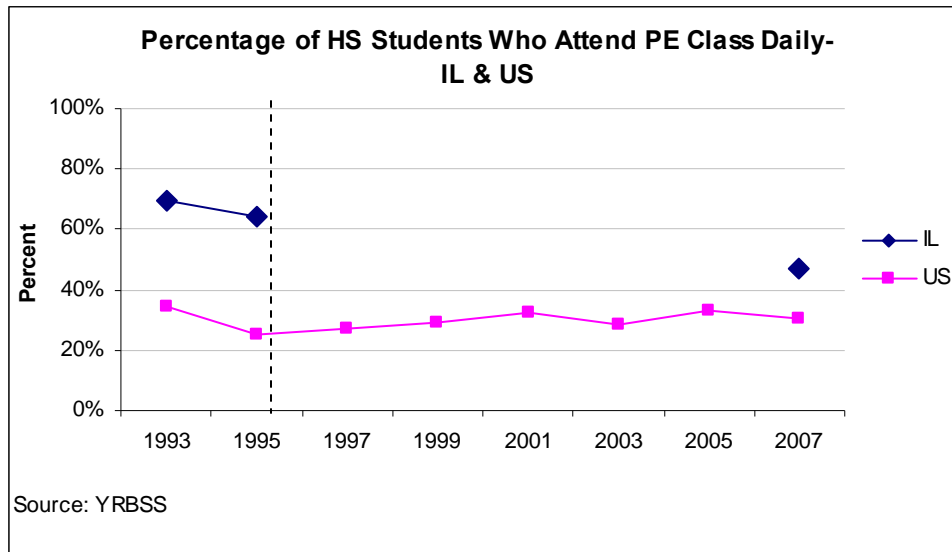




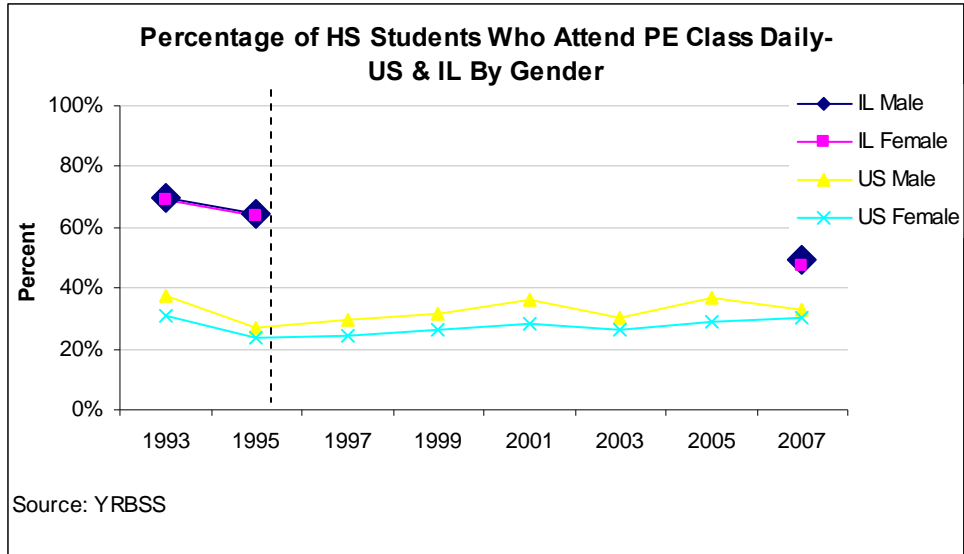
## Physical Activity

Physical Activity	
22-9	Increase the proportion of adolescents who participate in daily school physical education.
Measure	Percentage of high school students who participated daily in physical education.
22-7.	Increase the proportion of adolescents who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.
Measure	Percentage of high school students who participated in sufficient vigorous physical activity
22-2.	Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
Measure	Percentage of adults that meet standard for moderate physical activity

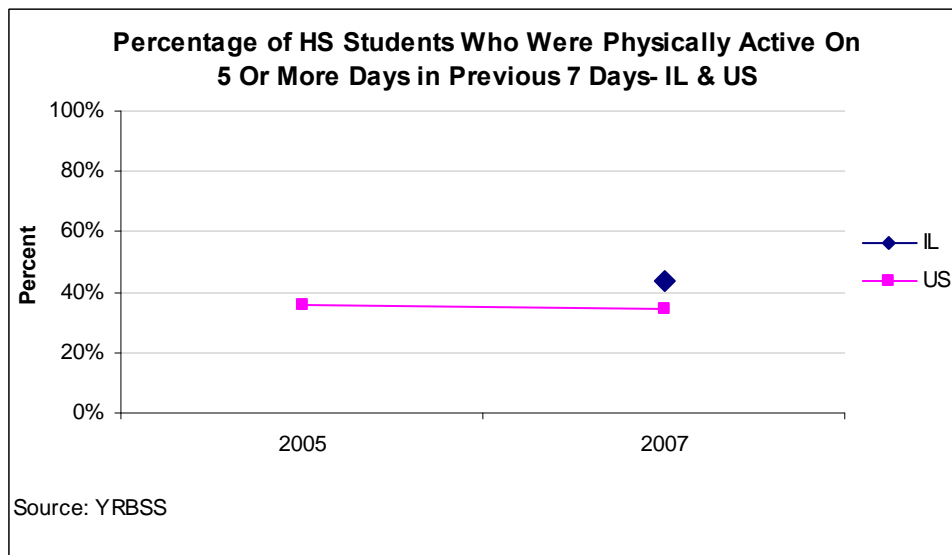
### Physical Education Classes-

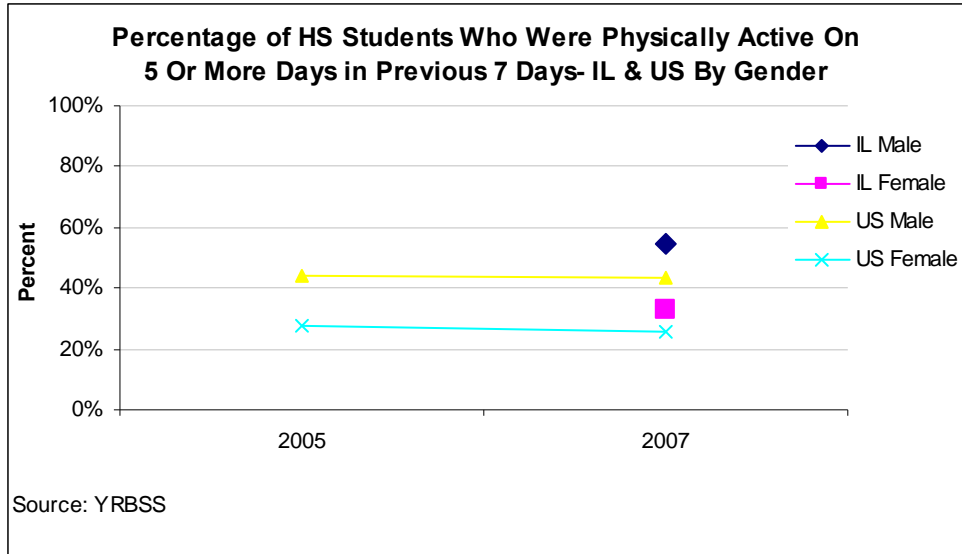




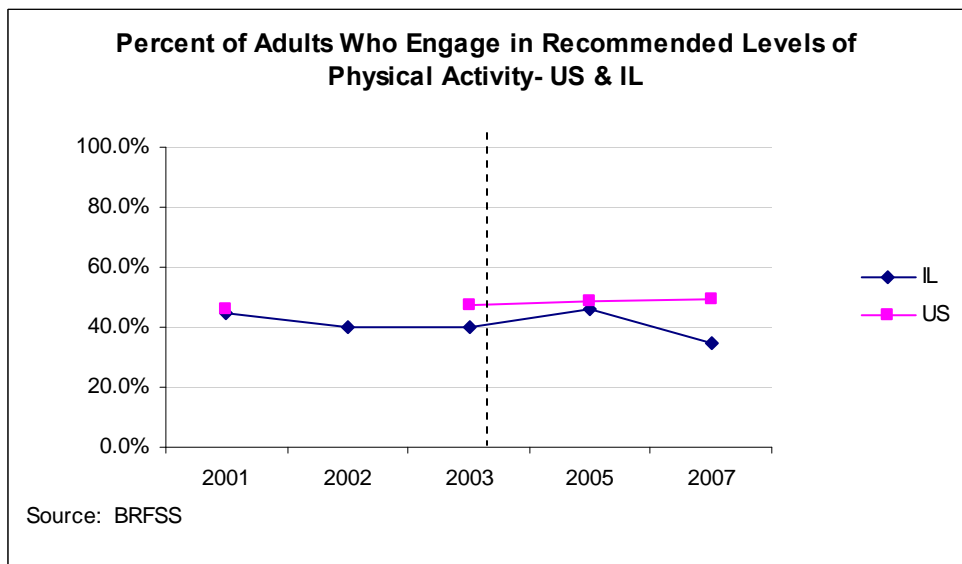


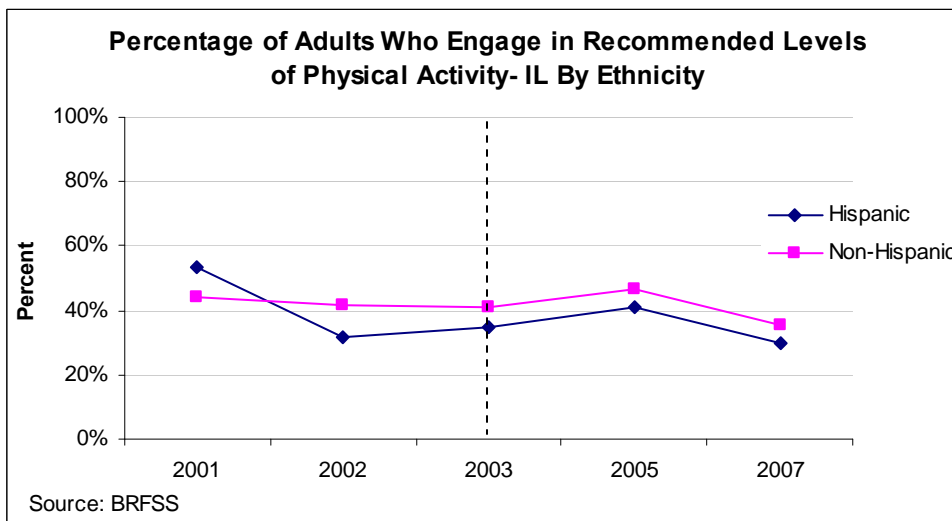
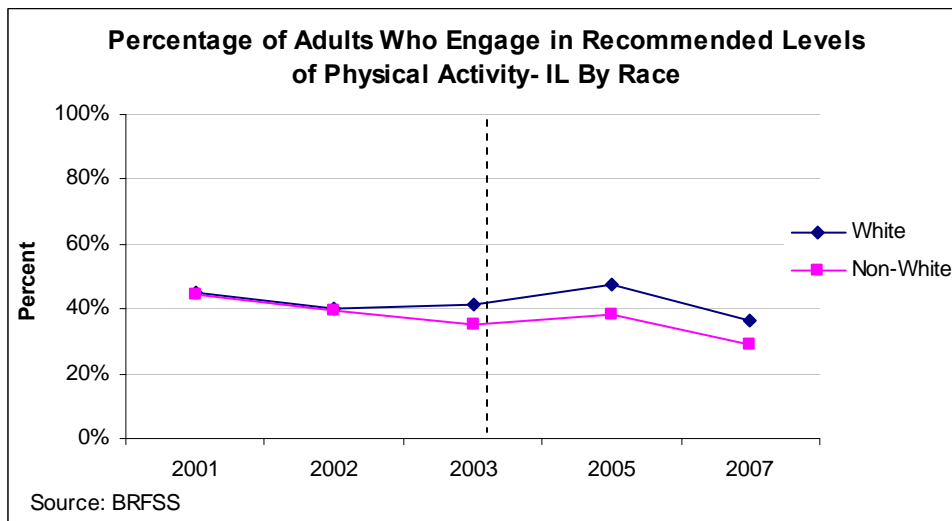
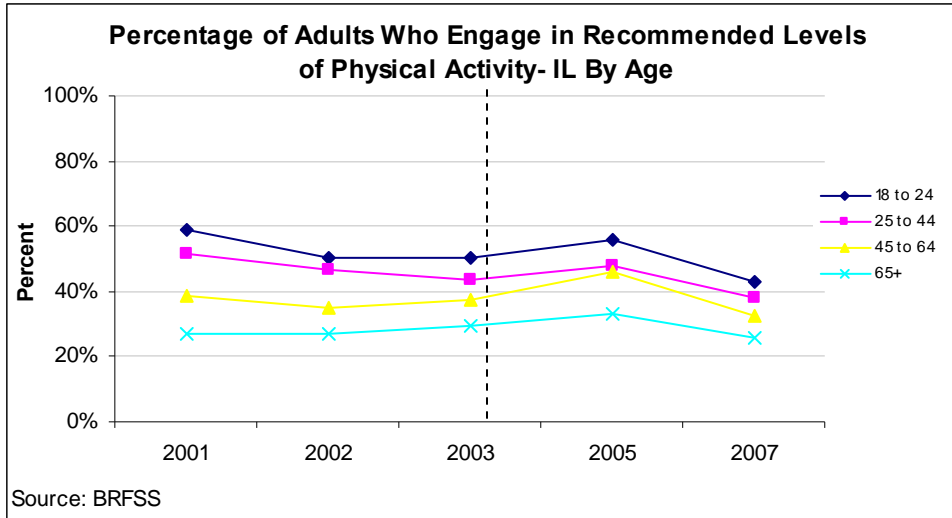
### Adolescent Physical Activity-

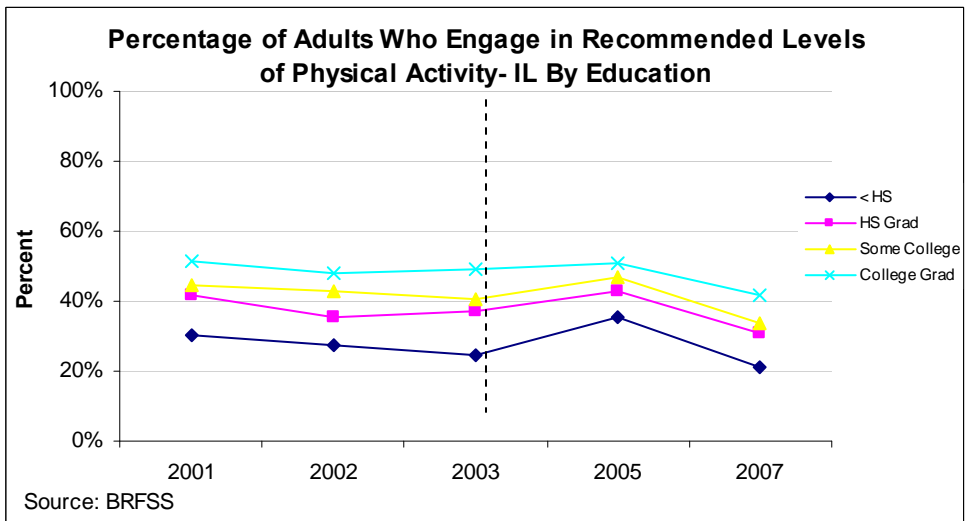
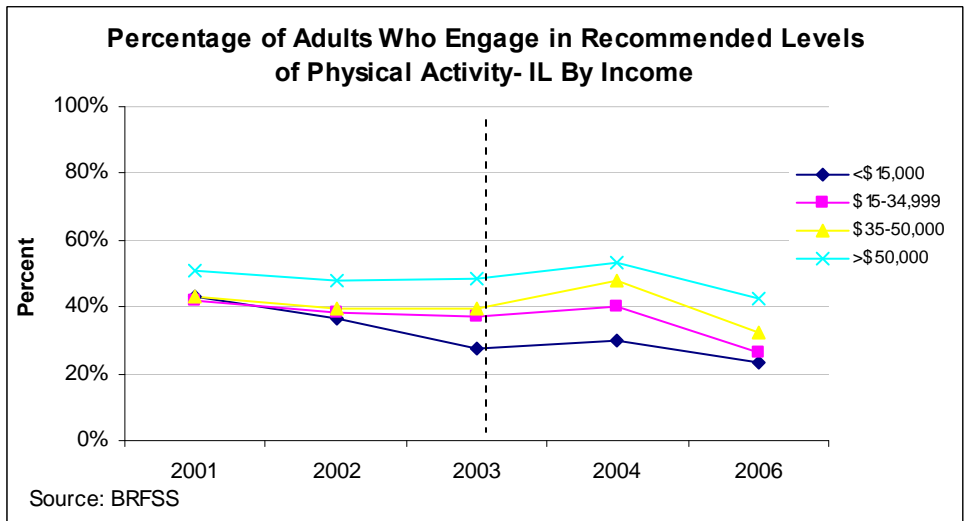
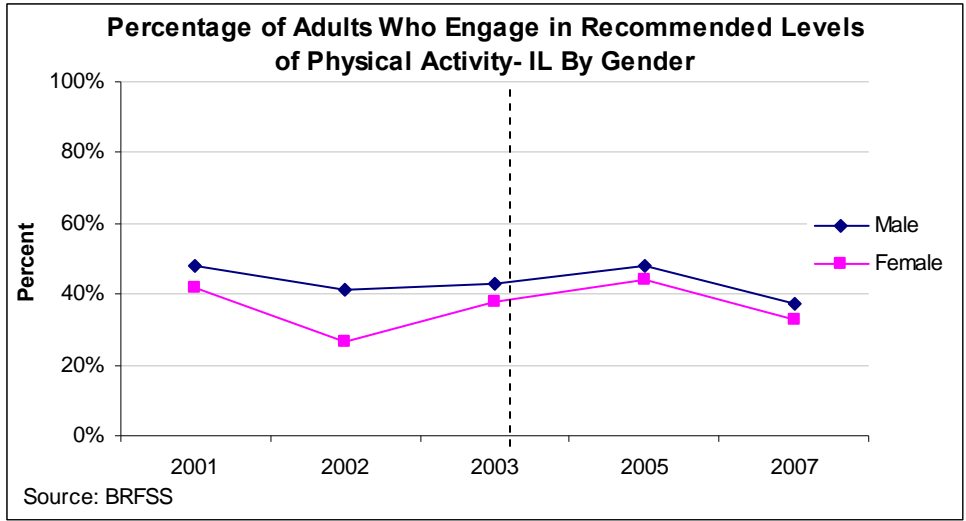


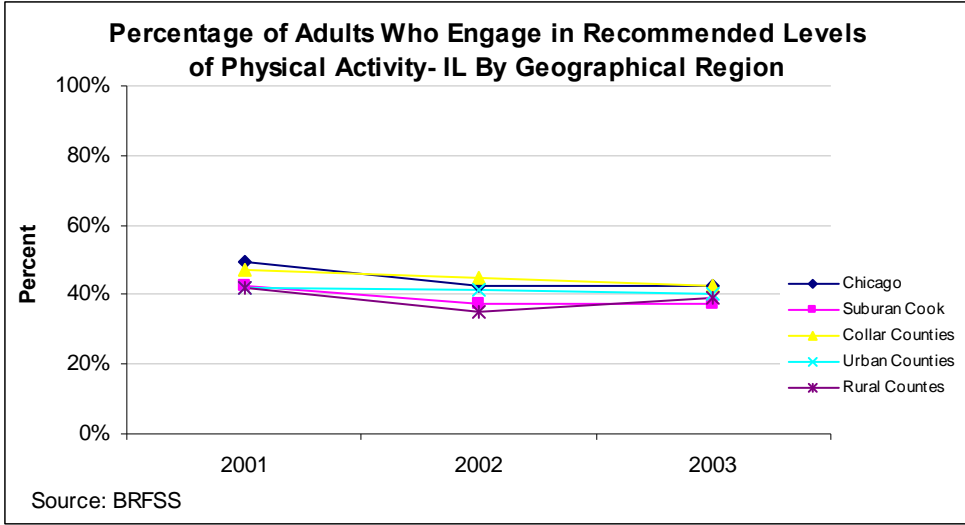


### Adult Physical Activity









All Data and Information Systems Objectives

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

- 23-3. Increase the use of geocoding of health information to promote use of geographic information systems (GIS) at all levels.**
  
- 23-5. Increase the proportion of Leading Health Indicators and Health Status Indicators, for which data—especially for select populations—are available at the state and local levels.**
  
- 23-6. Increase the proportion of Healthy People 2010 objectives that are tracked regularly at the state and local level.**
  
- 23-7. Increase the proportion of Healthy People 2010 objectives for which state and local data are released within 1 year of the end of data collection.**

**Responsible Sexual Behavior**

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

Measure Percentage of high school students who engaged in sexual behaviors

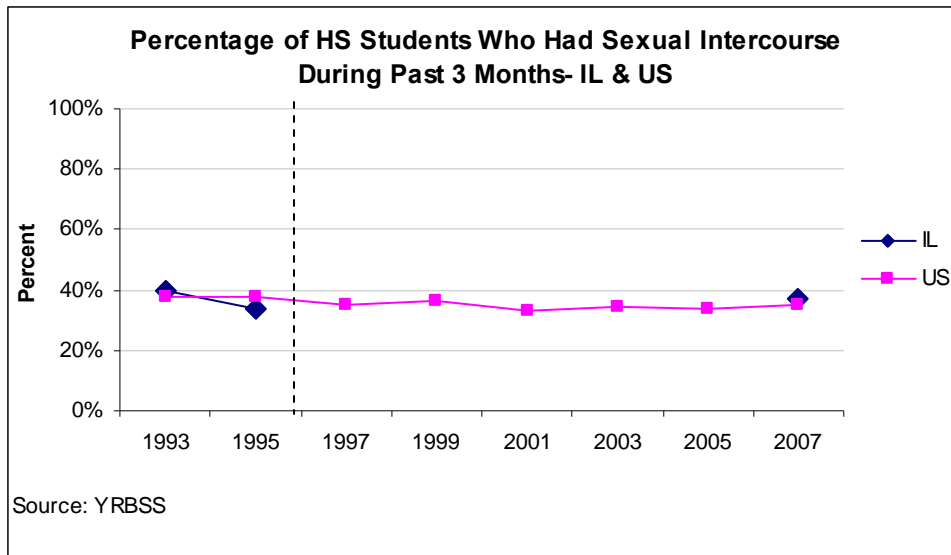
13-6a. Increase the proportion of sexually active persons who use condoms.  
 Percentage of high school students who were currently sexually active and who used a condom during last sexual intercourse

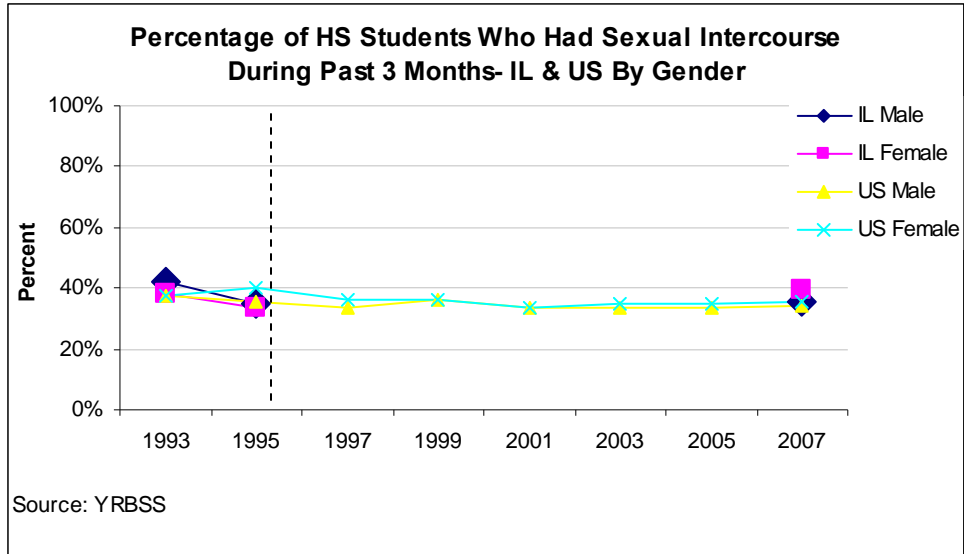
Measure **Not currently collected.**

9-1 Unintended pregnancy

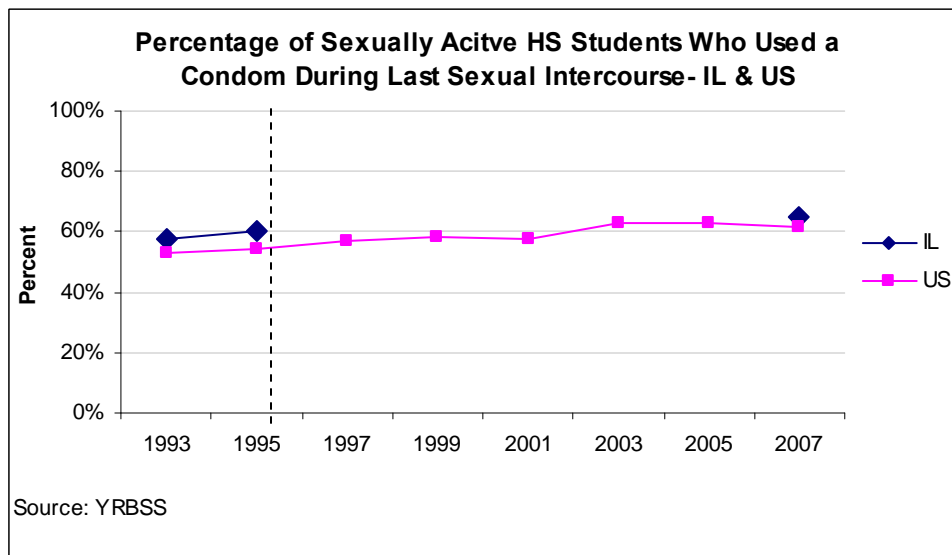
Measure Percentage of pregnancies that are unintended

**High School Students Sexual Activity**

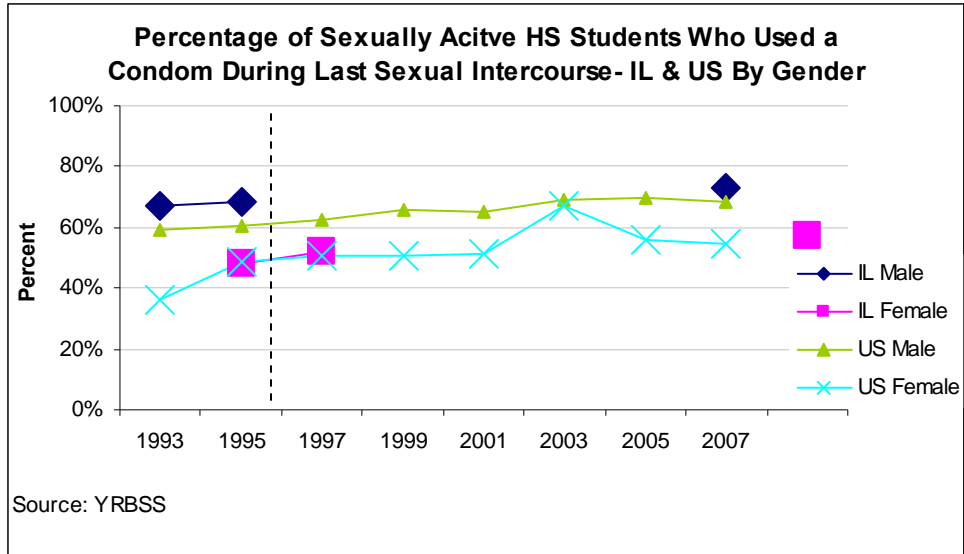




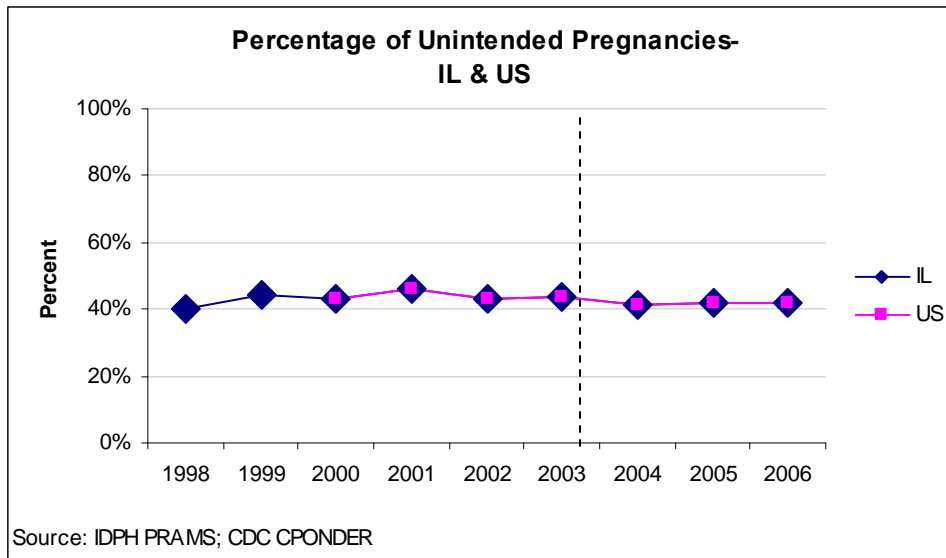
### High School Students Condom Use-

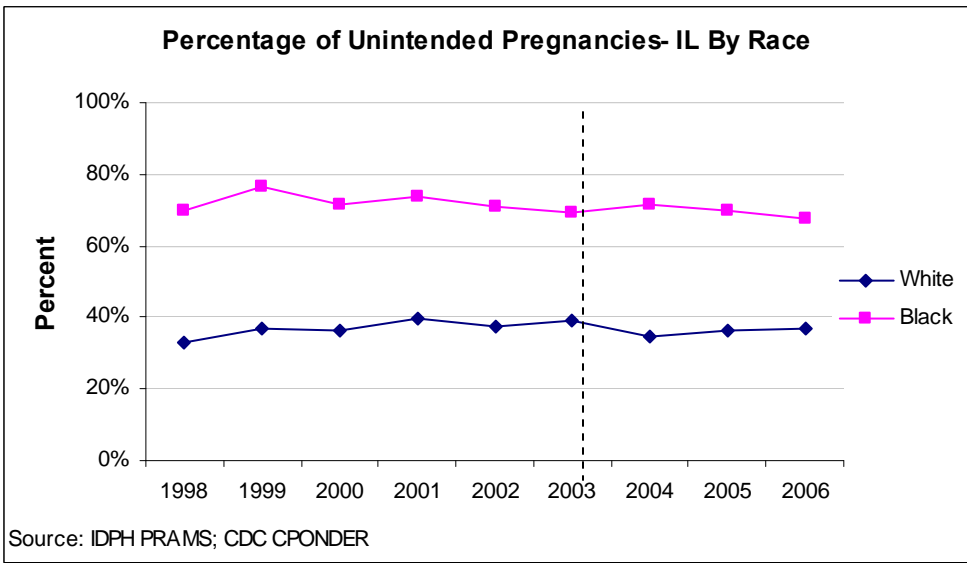
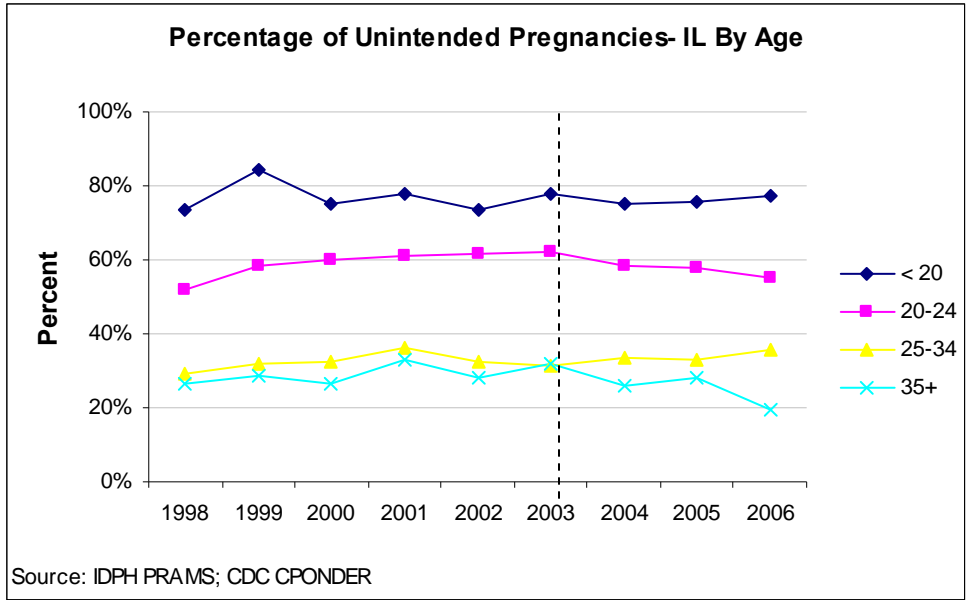


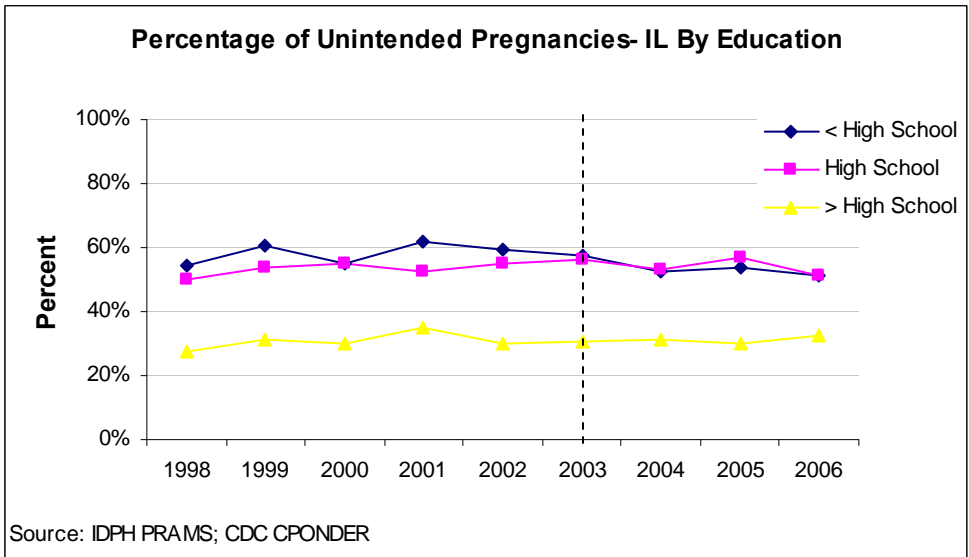
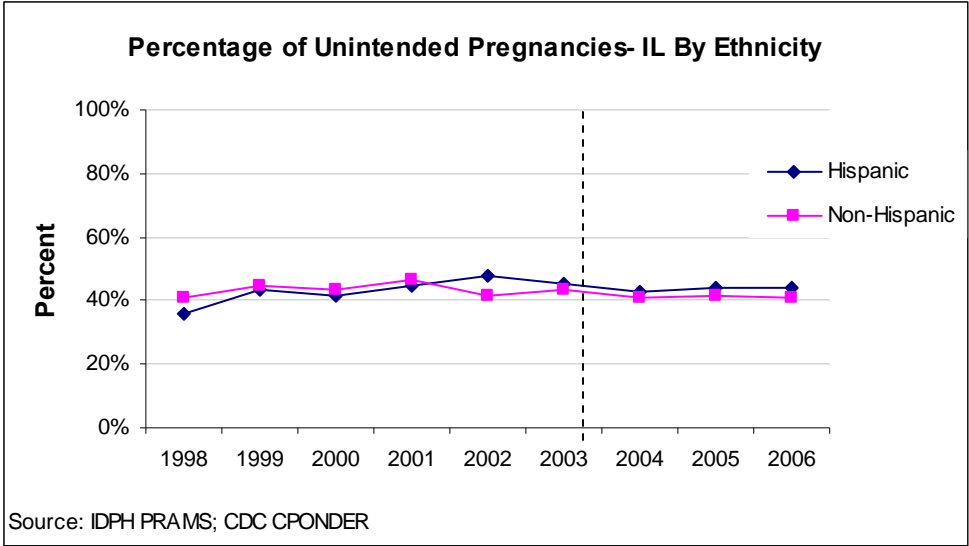




## Unintended Pregnancy







**Sexually Transmitted Diseases**

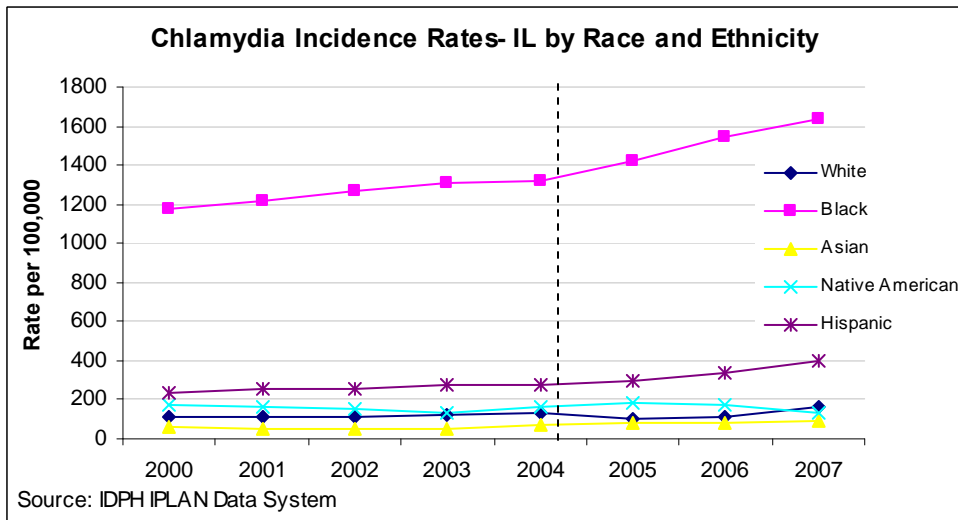
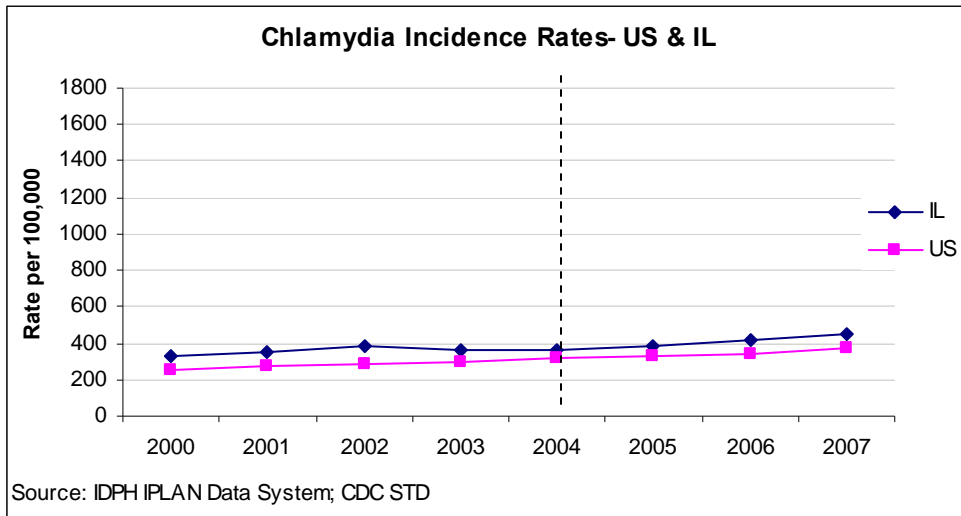
25-1 Reduce the proportion of adolescents and young adults with *Chlamydia trachomatis* infections.

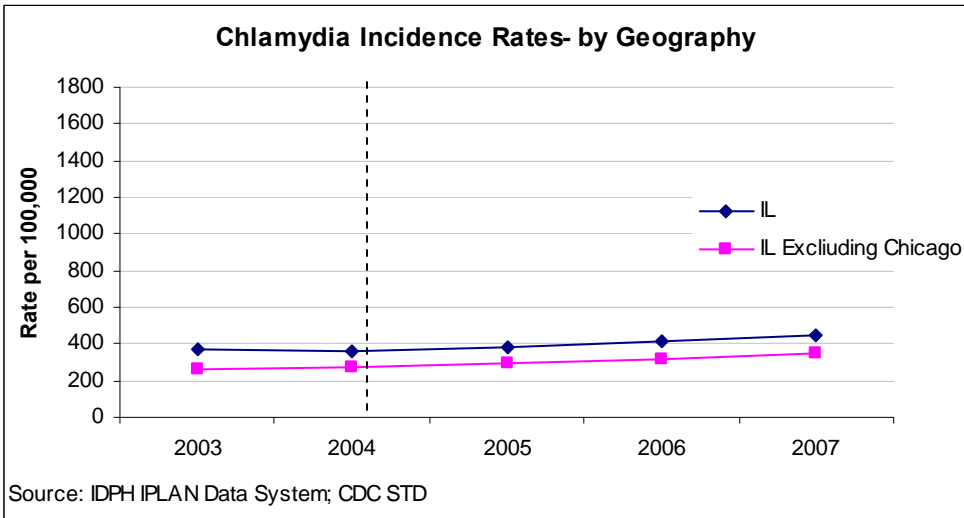
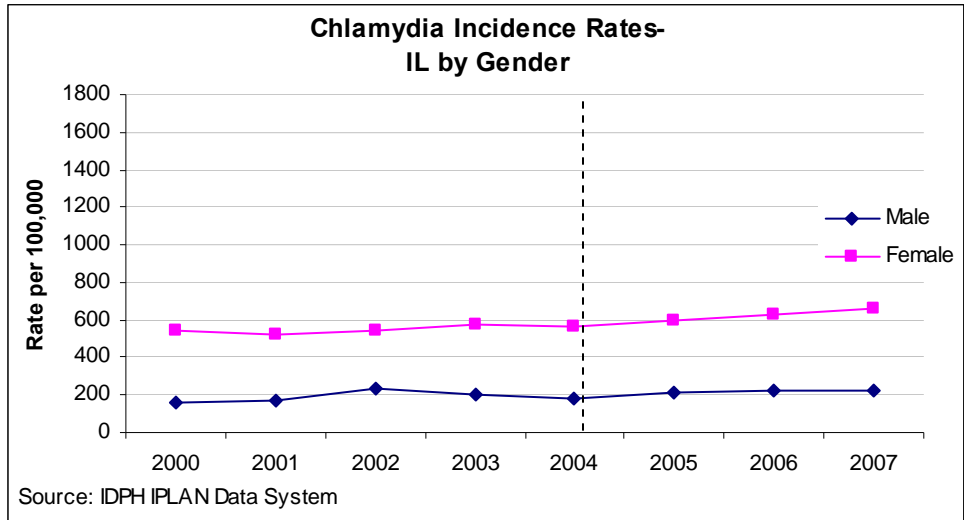
Measure Chlamydia incidence rate

25-2 Reduce gonorrhea.

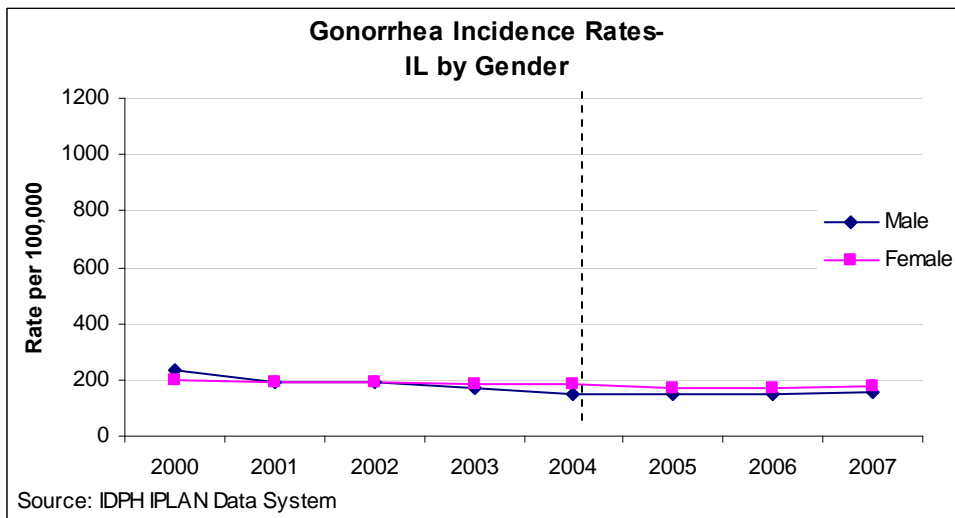
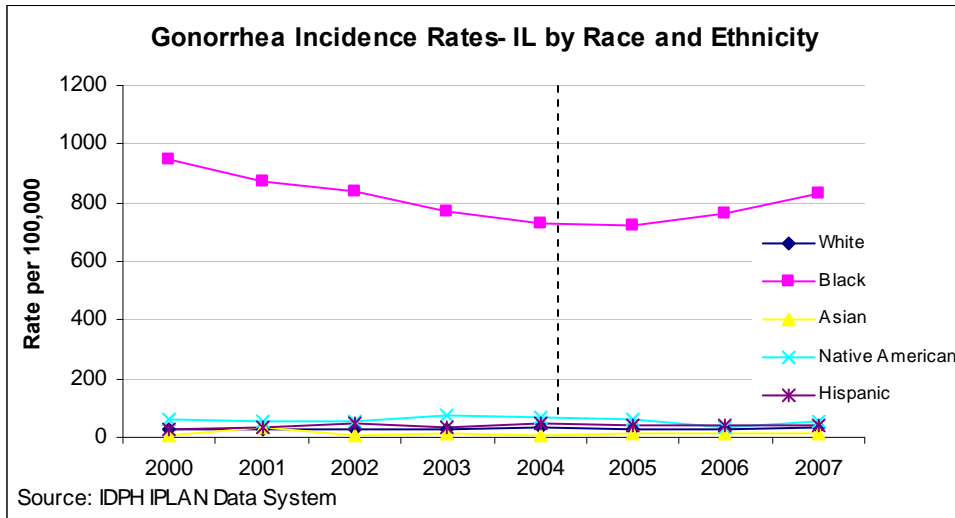
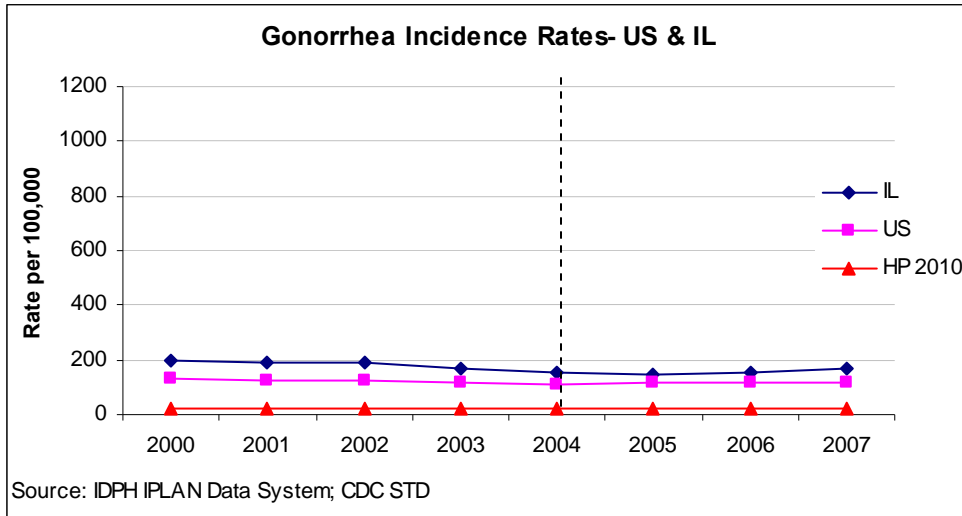
Measure Gonorrhea incidence rate.

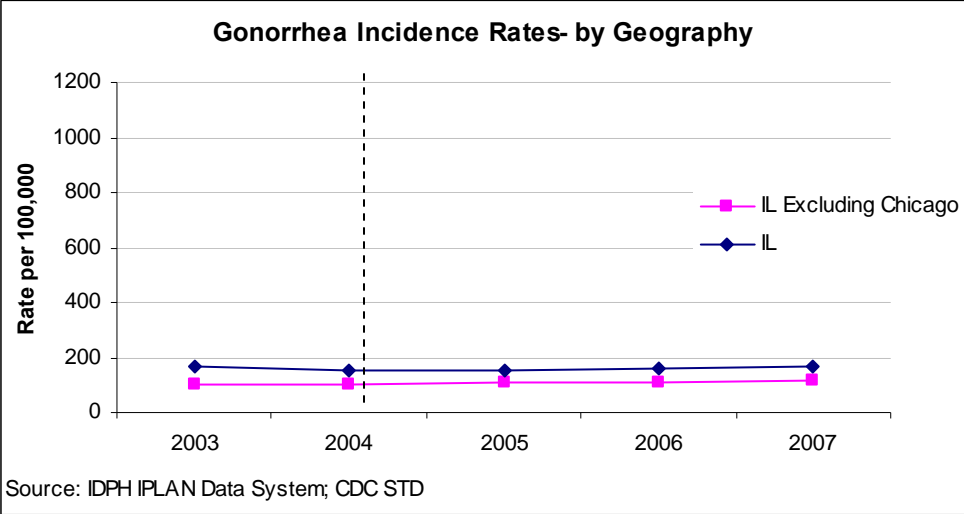
**Chlamydia**





## Gonorrhea

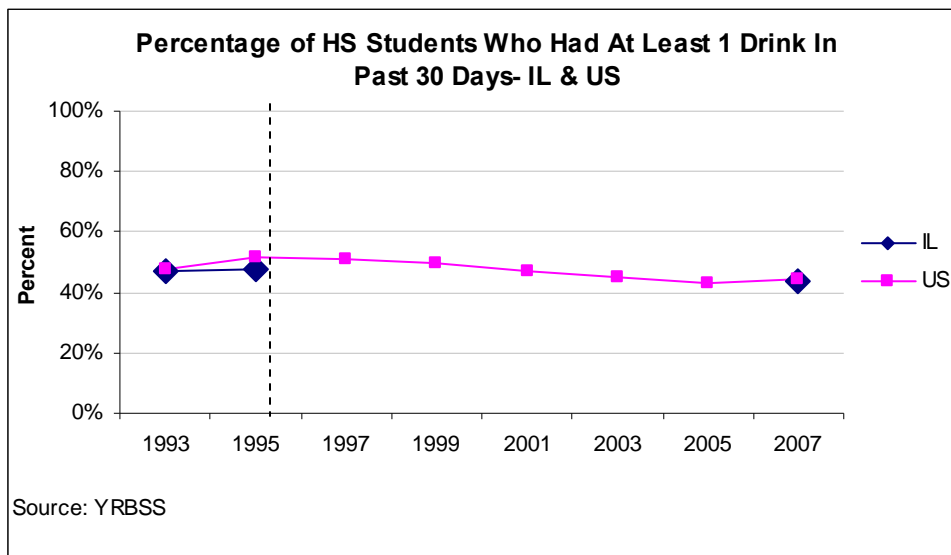




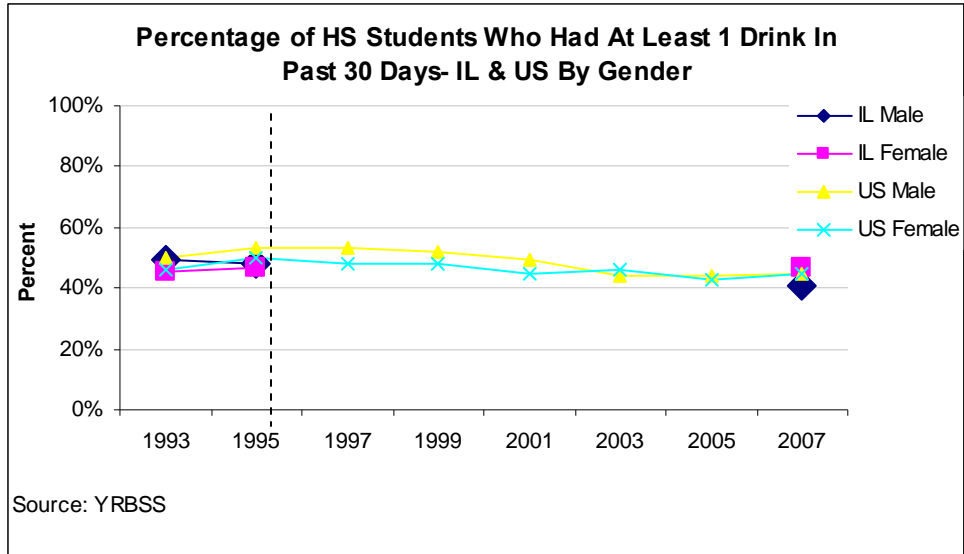
**Substance Abuse**

- 26-10a. Increase the proportion of adolescents not using alcohol or any illicit drugs during the past 30 days.
- Measure Percentage of students who drank one or more drinks of alcohol on >1 of the 30 days preceding the survey
  
- Measure Percentage of students who used any illicit drug in the past 30 days
- 26-10c. Reduce the proportion of adults using any illicit drug during the past 30 days.
- Measure **Not currently measured.**
- 26-11c. Reduce the proportion of adults engaging in binge drinking of alcoholic beverages during the past month.
- Measure Percentage of adults having five or more drinks on one occasion in the past 30 days

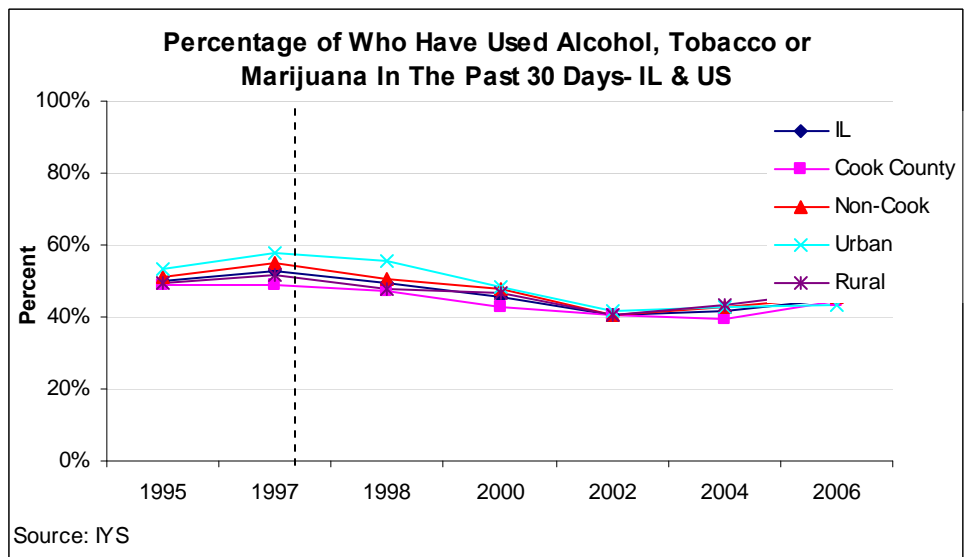
**High School Student Alcohol Use-**

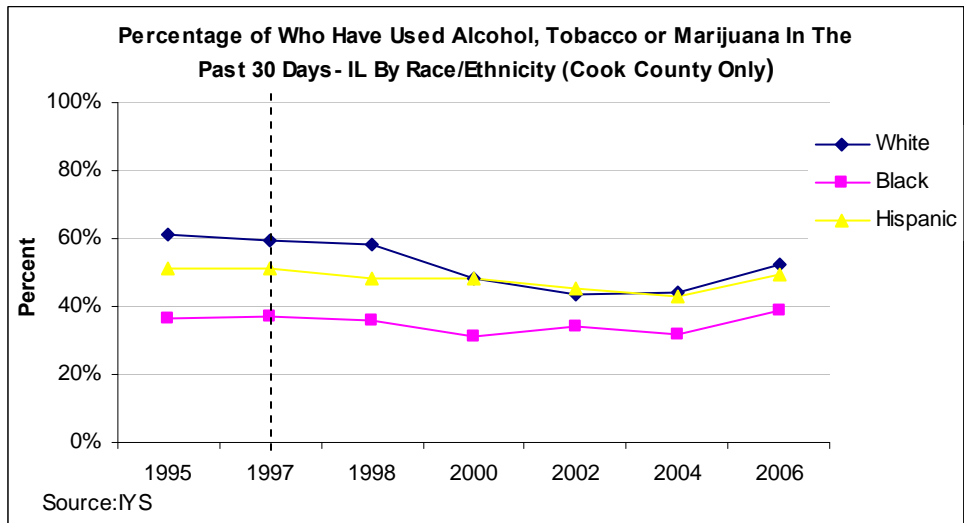
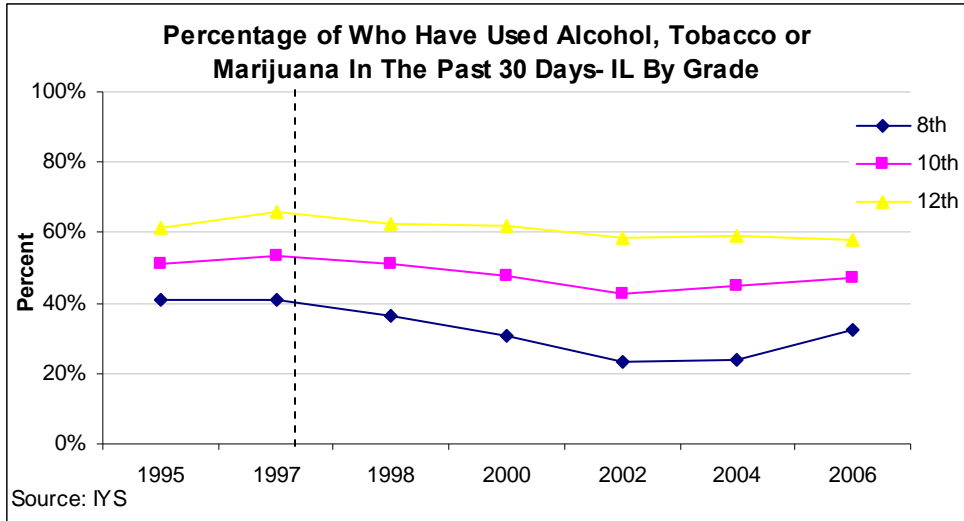




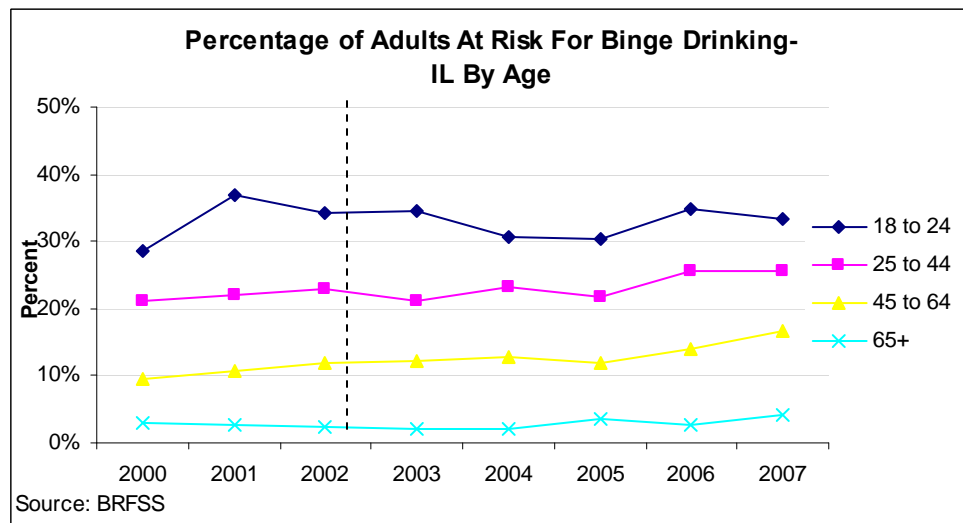
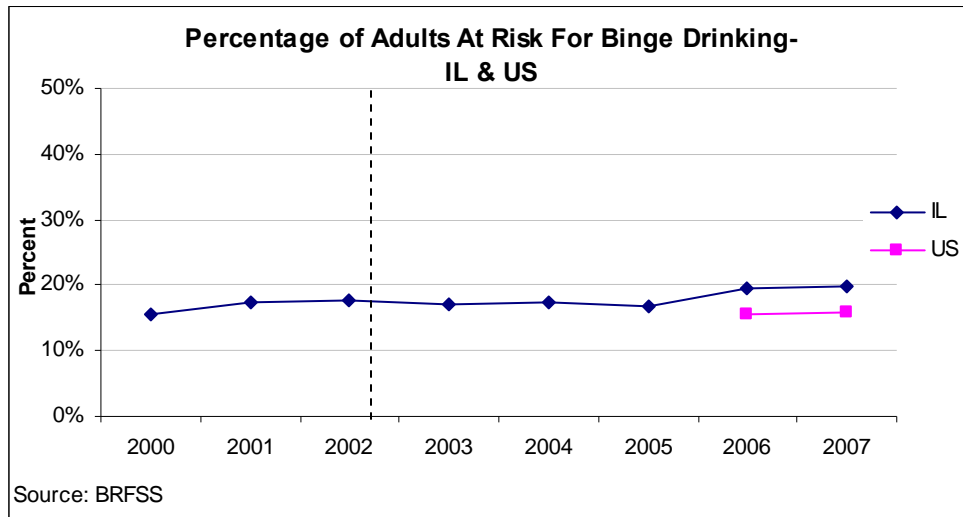


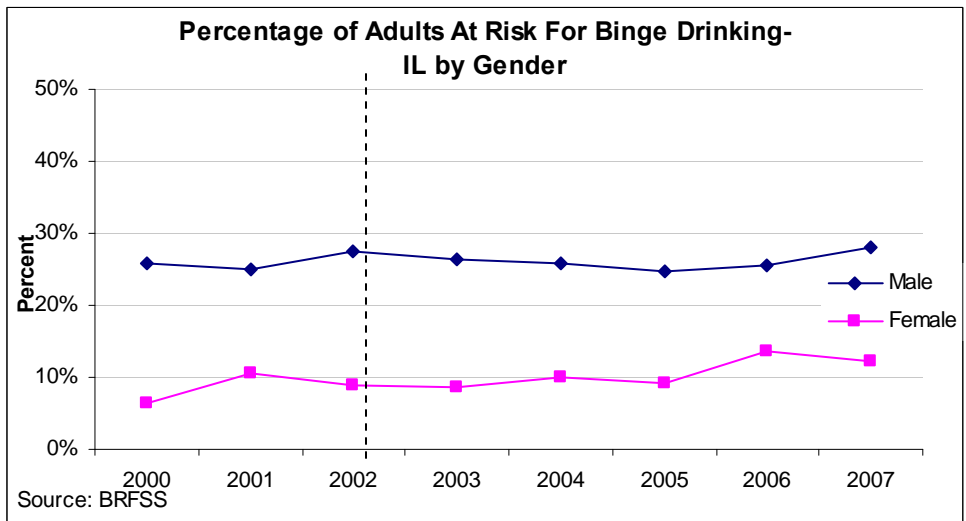
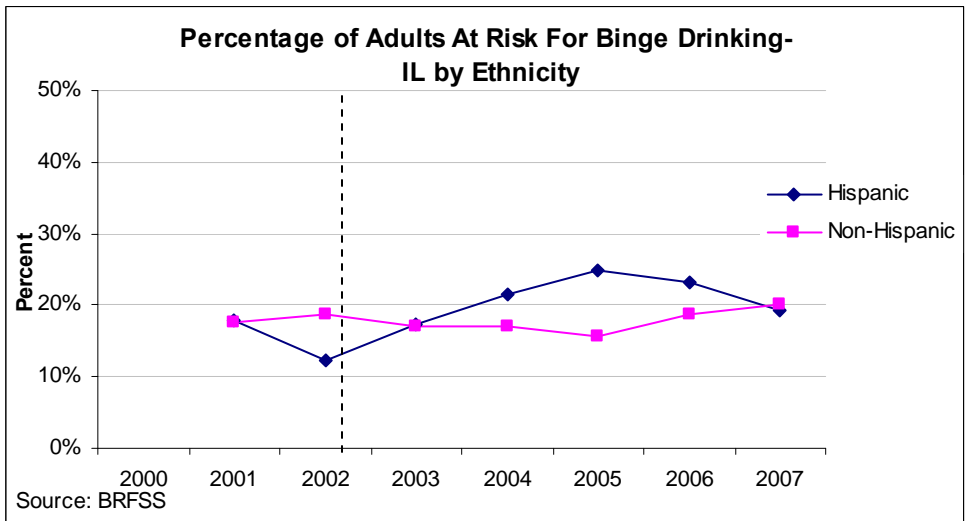
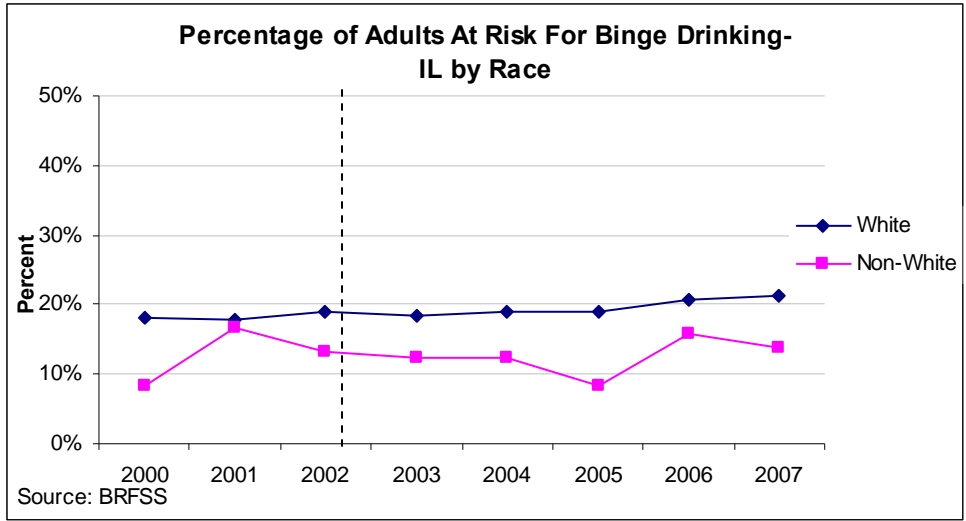
### High School Student Substance Use

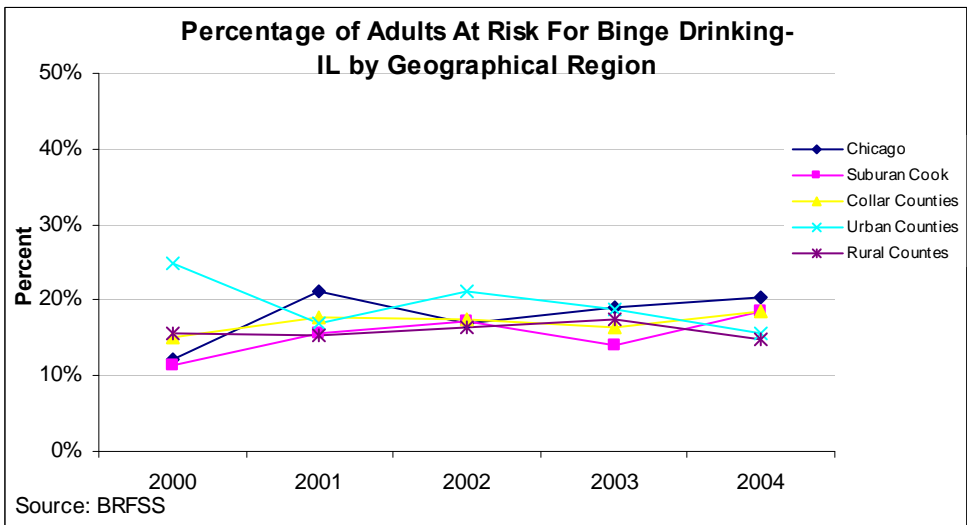
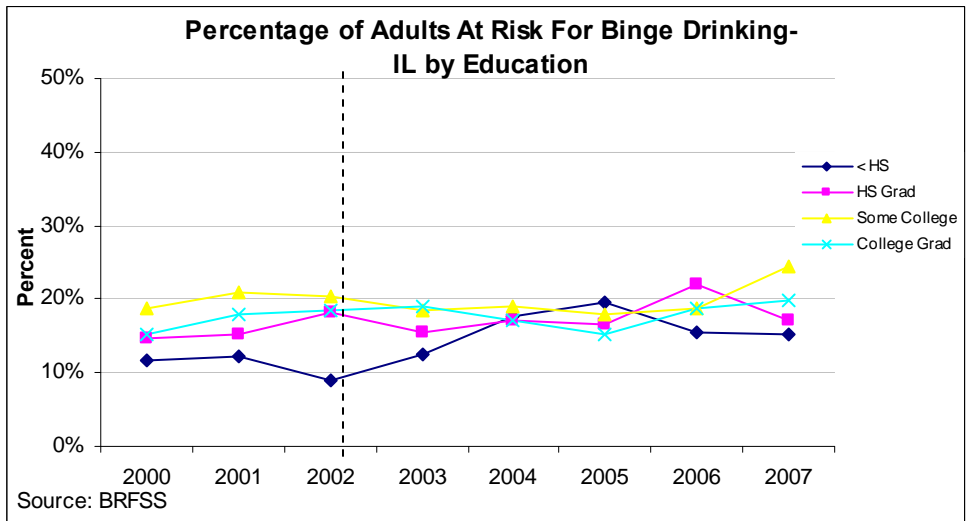
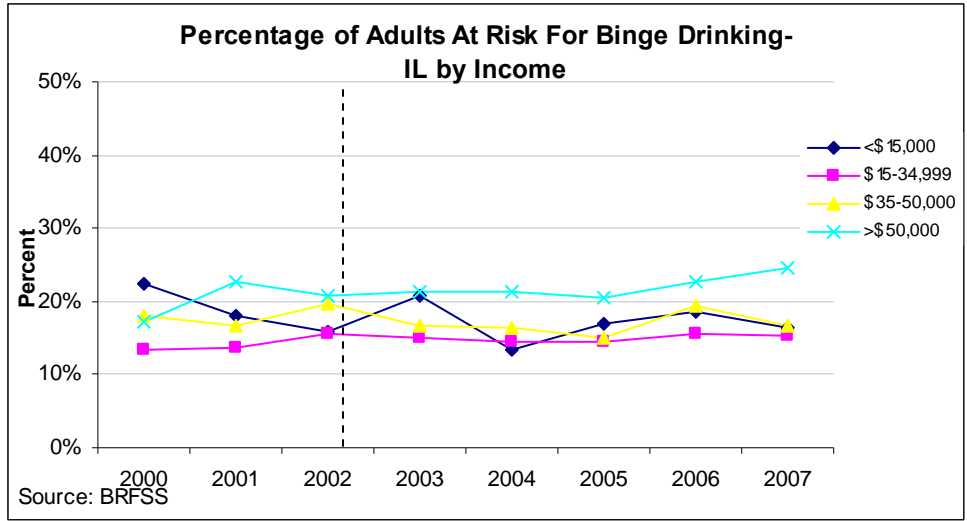




## Adult Binge Drinking



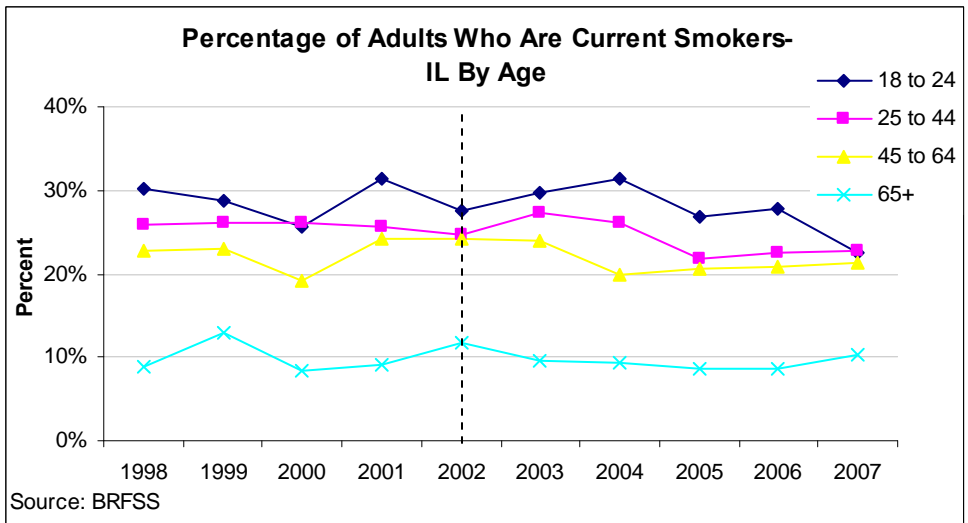
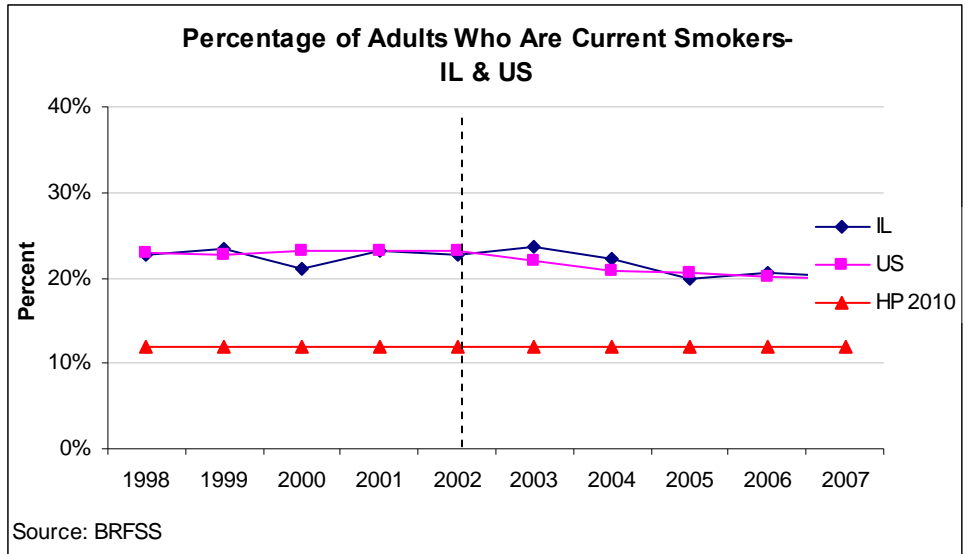


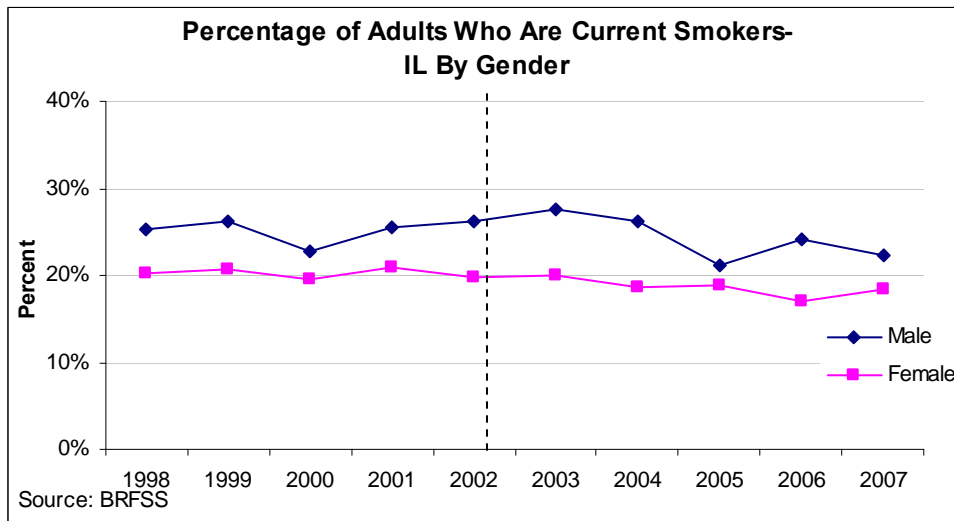
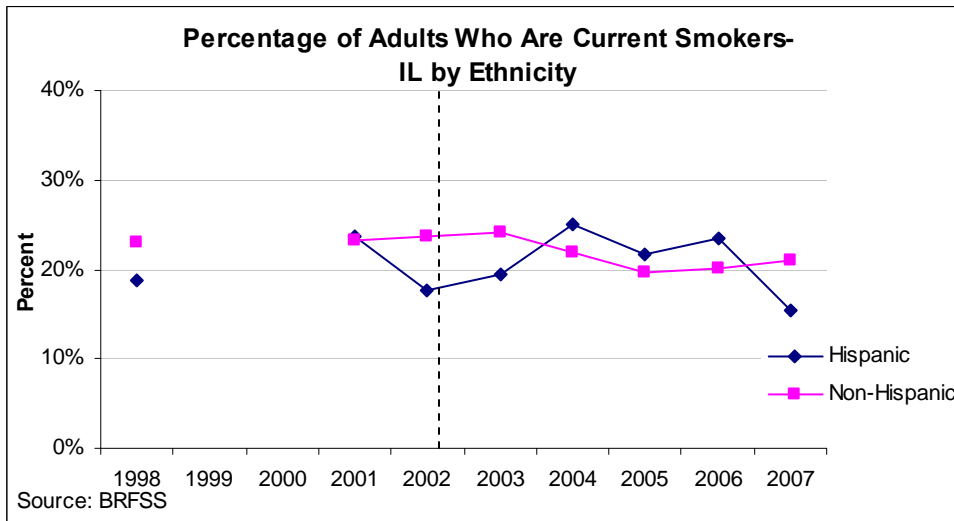
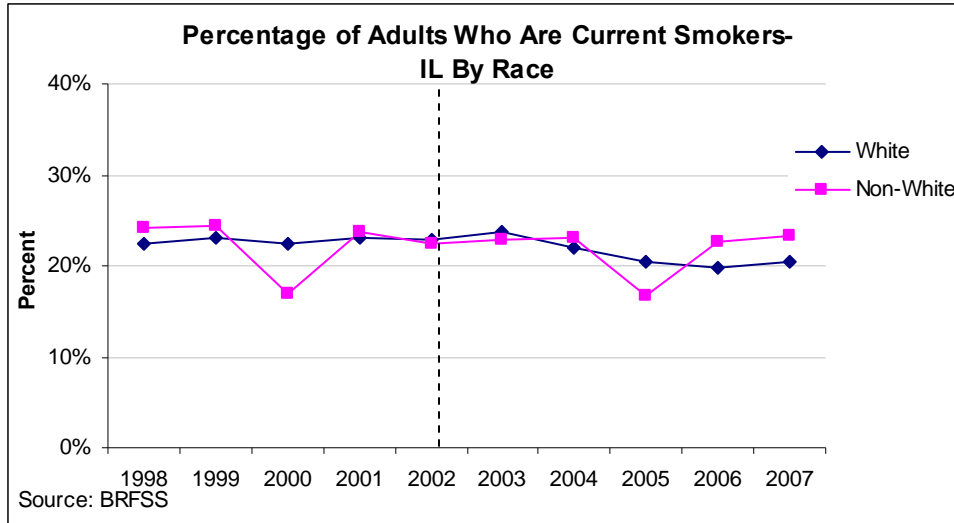


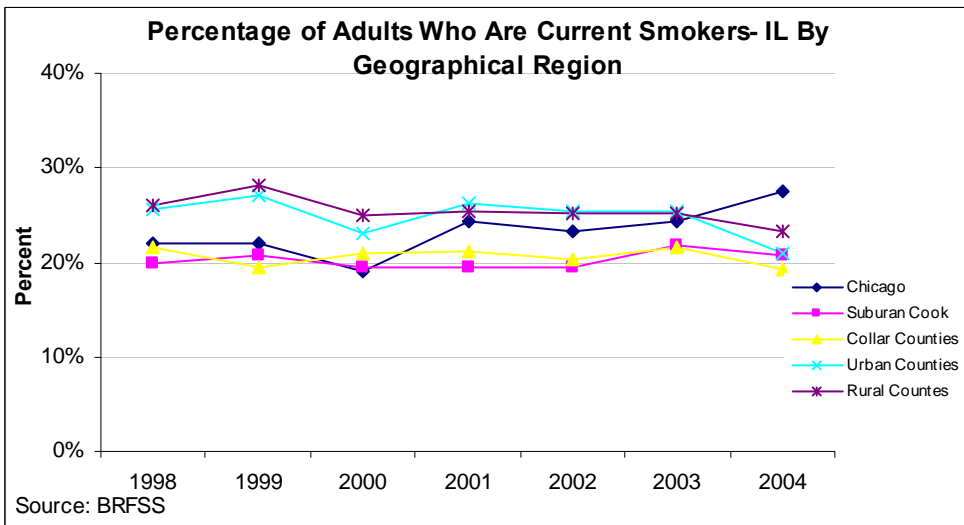
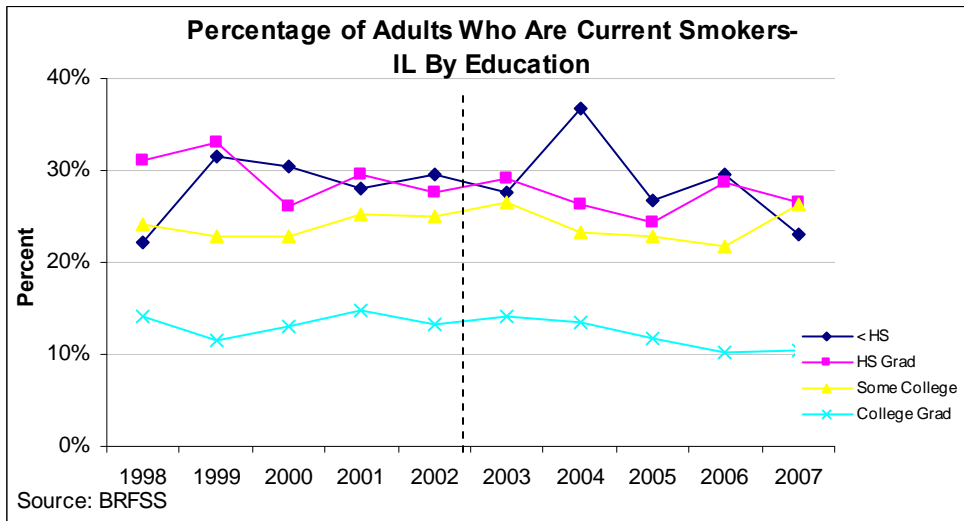
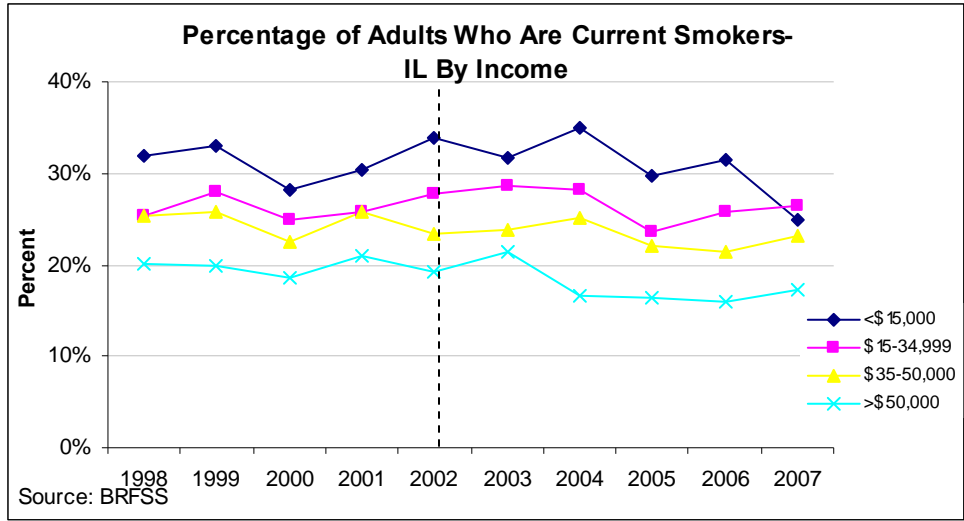
**Tobacco Use**

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

**Adult Smoking**

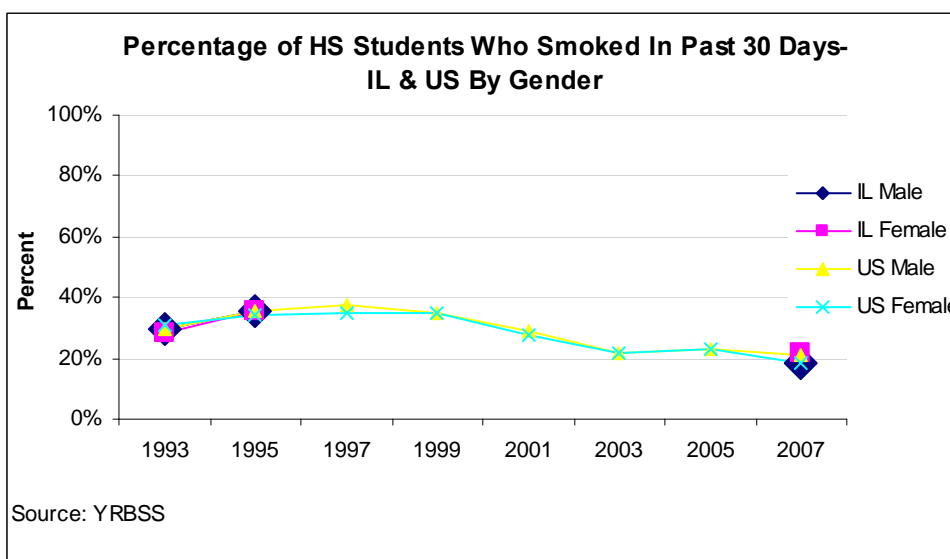
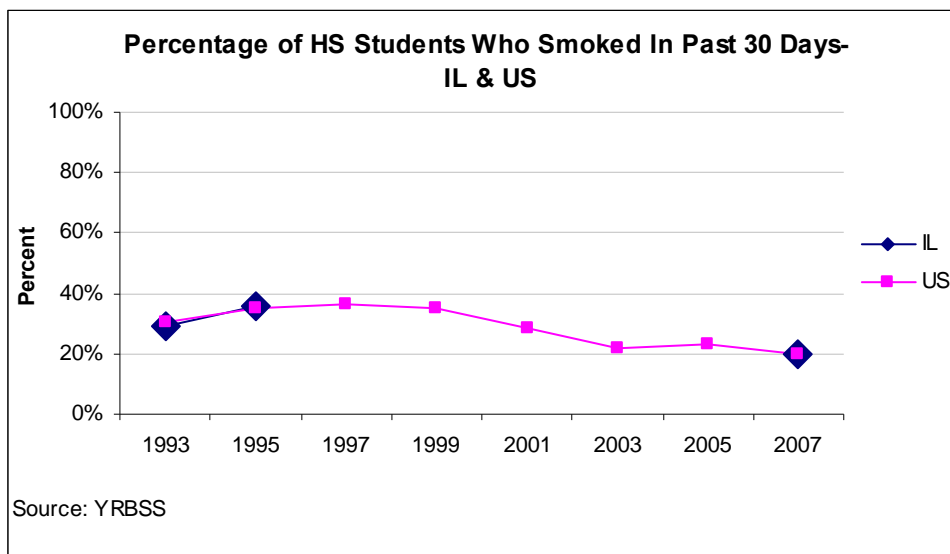








## High School Smoking-



## List of Data Sources

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