

LOGAN COUNTY DEPARTMENT OF
PUBLIC HEALTH

Logan County
Community Health
Needs Assessment

2011-2015



Public Health
Prevent · Promote · Protect

Mark J Hilliard, MPH, CHES
Administrator

Margie Harris, RN, BSN, MPH
Assistant Administrator and Director of Nursing

Kristi Melton
IPLAN Coordinator
UIS Masters of Public Health Intern

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Letter of Approval

September 14, 2010

Damon Arnold, MD, MPH, Director
Illinois Department of Public Health
535 W. Jefferson Street, Room 500
Springfield, Illinois 62761

Dear Dr. Arnold:

At the September 13, 2010 meeting of the Logan County Board of Health, Mark Hilliard, Administrator of the Logan County Health Department, presented to the Board the Logan County Community Health Plan which was developed using IPLAN and in accordance with the Certified Local Health Department Code (77 Ill. Adm. Code 600).

The Logan County Board of Health reviewed the above plan and, by vote, adopted said plan. Thank you for the opportunity to submit this plan and we look forward to hearing of the Logan County Health Department's recertification.

Sincerely,



Roger Bock, President
Logan County Board of Health

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Section I: Organizational Capacity Assessment

Purpose

The Organizational Capacity Assessment is an internal assessment that focuses on improving organizational performance in a local health department. This process shall address the internal capabilities of the local health department to conduct effective public health functions. These functions include an assessment of operational authority, community relations, information systems, and program management. This process is completed by members of the Board of Health, key members of the local health department as well as the health department administrators. This assessment assesses the strengths, weaknesses, opportunities and threats in the local health jurisdiction. This assessment assists health departments in creating an organizational action plan. This process has been made an ongoing process in Logan County every three to five years and therefore results in progressive improvement in the performance of the health department.

The Organizational Capacity Assessment was conducted using the Assessment Protocol for Excellence in Public Health Protocol (APEX-PH) process. This process is a means for local health departments to enhance their organizational capacity and to strengthen their leadership role in the community. A local health department that is a strong will better serve the community and will successfully achieve local health needs and goals.

The Organizational Capacity Assessment was distributed to members of the Logan County Board of Health and to members of the Logan County Department of Public Health (LCDPH). The assessors were asked to rate applicable indicators to the health department based on the importance of each indicator. Based on the importance of the indicator, it can be determined the amount of improvement and focus that shall be put on that specific indicator. Each indicator will vary between local health departments, but an overall assessment of comparison is useful to the improvement of the local health department.

There were numerous indicators that were ranked by importance including:

- *Authority to Operate
- *Community Relations
- *Community Health Assessment
- *Public Policy Development
- *Assurance of Public Health Services
- *Financial Management
- *Personnel Management
- *Program Management
- *Policy Board Procedures

These indicators were ranked based on four levels of importance which include high importance, moderate importance, low importance and none. There were a total of nine Organizational Capacity Assessments that were completed anonymously by members of the Board of Health and of the LCDPH and were reviewed to determine the most important indicators of the health department.

The most significant indicators were ranked as having the highest importance. Indicators for the authority to operate ranked important on most if not all assessments. Specifically, legal authority and legal counsel were consistently ranked of high importance. Other indicators that proved important include the indicators for community relations including constituency of development. Community health assessment, public health services and financial management also were included in high importance.

Indicators that the assessors felt were not as important (meaning less improvement needed) to the LCDPH include staffing plan and development, personnel policy and procedure audit as well as general information systems and policy board procedures.

Priority I Group:

1. Legal Authority/Legal Counsel

Goal: The Department shall have powers to invoke isolation and quarantine in times of communicable disease outbreaks and have a prompt response.

Objective: By 2015, receive the approval of the Logan County State's Attorney on the isolation and quarantine policy and promptly respond to county ordinance complaints.

Action Plan: The Department and State's Attorney will enforce environmental ordinances and foster environmental conservation between local agencies and individuals. Additionally, the Board of Health and County Board shall leverage cooperation via approval of policies and ordinance violations. The Department will utilize technology, when appropriate as a means to resolve communication issues.

2. Community Relation—Constituency Development

Goal: The Department shall actively involve individuals and groups affected by its planning of service, its methods of service delivery, and its service results.

Objective: By 2015, the Logan County Health Department will actively involve all key individuals and organizations within its jurisdiction that are engaged in public-health related activities to determine their goals and their perceptions of their roles and needs of the populations served.

Action Plan: The health department will work with Healthy Community Partnership agencies to assess individuals and groups affected by service

deliveries and results. This will assist in planning efforts to further the spectrum of the agency. Additionally, there shall be broader representation in agencies and a diverse population to serve on the Healthy Community Partnership Steering Committee.

3. Community Health Assessment—Data Collection and Analysis

Goal: The Department shall review and analyze information on birth certificates and death trends.

Objective: By 2015, the Department will gather and release information that identifies the risk factors relative to morbidity and mortality.

Action Plan: The Department will gather all birth and death records to summarize the results and will then inform the community of the statistical results. This data will be collect annually and then analyzed to be used for informational purposes to the policy board, staff and community members.

Priority II Group:

1. Staffing Plan and Development

The Department shall have staffing patterns and levels that match policy board authorized programs and services and current level of demand for services.

2. Personnel Policy

The Department director shall monitor all employee exit interviews with reasons for resignation.

3. Procedure Audit

A periodic personnel administration audit is performed by a department team to determine if authorized personnel policies and procedures are being followed or need revision.

Priority III Group:

1. General Information Systems

The Department annually compiles and updates a listing of health-related information systems and data bases maintained by units of government within its jurisdiction.

2. Policy Board Procedures

The policy board members attend policy board and committee meetings.

Section II: Illinois Project for Local Assessment of Needs (IPLAN)

The Illinois Project for Local Assessment of Needs (IPLAN) is a process that utilizes community input and resources to correct the most important health care problems in local health departments in Illinois. The IPLAN was developed by the Illinois Department of Public Health in collaboration with local health departments to meet the requirements set forth in Section 600 of the Certified Local Health Department Code--Administrative Code 77-600 which states "The performance of the core public health functions is the unique feature that distinguishes a certified local health department from any other public health provider in a local area." The IPLAN is used as a re-certification process in order to identify and meet local needs and is conducted every 5 years.

The IPLAN was in part conducted using the Assessment Protocol for Excellence in Public Health (APEXPH). APEXPH was first developed in July 1987 and was intended for the use of local health departments as a process for organizational and community self-assessment, planned improvements, and continuing evaluation and reassessments. It is also used to enhance local health department organizational capacity and to strengthen the leadership role of the health department in the community it serves.

There are eight parts to the APEXPH Community Process in order to formulate a successful plan which includes:

1. Prepare for the community process.
2. Collect and analyze health data.
3. Form a community health committee.
4. Identify community health problems.
5. Analyze community health problems.
6. Prioritize community health problems.
7. Inventory community health resources.
8. Develop a community health plan.

There are three principal parts to this process: the organization capacity assessment, a community process, and completion of the cycle. The organization capacity assessment is a self-assessment of key aspects of the local health department. The community process is a guided formation of a community advisory committee that identifies health problems requiring priority and attention and then sets health status goals and objectives. Local health community goals are coordinated with the Healthy People objectives. Completing the cycle ensures that the activities from the organizational and community process are effective and implemented. The goals should be accomplished through policy development, assurance, monitoring and evaluation activities.

The Community Health Committee 2010 was first started by sending an invitational letter to approximately 50 agencies and employers throughout Logan County. The letter invited representatives to attend three IPLAN meetings over the course of three months. A few of the agencies that were included were Logan County Housing Authority, LCDPH/Parish Nurse Task Force, Oasis Senior Center, Lincoln Police Chief, Lincoln College, Logan County Tourism, Food Pantry, Salvation Army and Lincoln Healthcare Specialists. For a listing of participants see the acknowledgement section.

The first Community Health Committee meeting explained to the attendees the purpose of the IPLAN and also described previous IPLANs. The committee members discussed the health status and health problems as interrupted from data sets from the following data groupings:

- Demographic and socioeconomic characteristics
 - 2000 U.S. Census Report
 - Vital Statistics Illinois 2003
 - Community Health Status Report
 - 2010 County Health Rankings
- Maternal and Child Health
 - 2008 Logan County Youth Survey
 - Logan County Teen Birth Rate 1993-2007
 - Healthy Smile Healthy Growth 2008-2009: An Assessment of Oral Health Status and Body Mass Index Among Illinois Third-Grade Children
- Chronic Disease
 - 2010 County Health Rankings
 - 2009 America's Health Rankings: A Call to Action for Individuals and Their Communities
 - Illinois Behavioral Risk Factor Surveillance System 2007-2009
 - 2006 IPLAN Data System Summary Report
 - Community Health Status Report
- Infectious Disease
 - Vital Statistics Illinois 2003
 - 2006 IPLAN Data System Summary Report
 - Illinois Behavioral Risk Factor Surveillance System 2007-2009
- Environmental/Occupational/Injury Control
 - Illinois Behavioral Risk Factor Surveillance System 2007-2009
 - Vital Statistics Illinois 2003
- Sentinel Events
 - None

The second IPLAN meeting consisted of members breaking into groups to evaluate selected community health problems using the Hanlon Method, which

rates the size of the health problem, the seriousness of the health problem and the effectiveness of available intervention to determine the health priority rankings. The selected health problems included the top ten Years of Potential Life Lost (YPLL) diseases and selected health problems brought forth by members of the committee as follows.

<u>Top 10 YPLL</u>	<u>Additional Health Problems Identified</u>
Diseases of the Heart Malignant Neoplasms Accidents Coronary Heart Disease Motor Vehicle Accidents Perinatal Conditions Cerebrovascular Disease Colo-rectal Cancer Lung Cancer Chronic Lower Respiratory Disease	Births to Women Under 18 Adult Obesity Tobacco Use/Substance Abuse Access to Primary Healthcare Premature Disability Access to Oral Healthcare Sexually Transmitted Diseases Prenatal Care

The third and final meeting introduced the top five health priorities determined in Logan County as adult obesity, diseases of the heart, tobacco use and substance abuse, access to oral healthcare, and sexually transmitted disease.

The Community Health Committee then analyzed each of the community health problems by brainstorming risk factors, direct contributing factors and indirect contributing factors. Finally, the Community Health Plan was evolved using the information obtained throughout the Community Health Committee meetings. The top 3 priority health concerns were established as adult obesity, diseases of the heart, and oral health.

Section III: Community Health Plan Results

PRIORITY ONE - Adult Obesity

Reduce the incidence of obesity in adults to prevent secondary medical conditions.

A. RATIONALE

According to the Illinois Behavioral Risk Factor Surveillance System (IL BRFSS) 2007-2009 Round 4, 30.4% of residents in Logan County were said to be obese. That is an increase of 5.5% from 24.9 % in the 2004-2006 BRFSS. In addition, 35.9% reported to being overweight. That is an increase of 2.8% from 33.1% in the 2004-2006 BRFSS. Also, 86.3% of residents reported that they were not advised about their weight and 56.6% of Logan County residents were trying to lose weight. According to the 2010 *County Health Rankings*, Logan County ranked 89th in terms of Health Behaviors as compared to all counties within the state of Illinois. This determinant includes the risk factors of diet and exercise which directly effects weight control. The 2010 *County Health Rankings* also indicated that 29% of Logan County residents were obese, compared to 26% of Illinois state residents. The data collected by the IL BRFSS stated 33.40% of residents engaged in regular exercise for more than the past 6 months while 19.6% had no exercise at all. In addition, 42.1% met the moderate activity standard (3 x WK x 20 min) and 25.3% met the vigorous activity standard (5 x WK x 30 min). According to the Centers for Disease Control and Prevention, obesity also increases the risk factors of numerous diseases including coronary heart disease, Type 2 diabetes, cancer, hypertension, dyslipidemia, and liver and gallbladder disease. In addition, according to the data collected for *America's Health Rankings 2009*, the prevalence of obesity within the state of Illinois has increased 146% since 1990.

B. RISK AND CONTRIBUTING FACTOR ANALYSIS

The Centers for Disease Control and Prevention notes numerous factors that contribute to obesity including behavioral, genetic and environmental factors. The Logan County Community Health Committee 2010 also indicated lifestyle and nutrition as risk factors. In addition, the committee found several direct contributing factors including lack of exercise, stress, poor diet, financial hardship, and lack of motivation. Indirect contributing factors that the committee deemed responsible for obesity include family history, time conflicts, illness, inadequate education, and unemployment.

C. OUTCOME OBJECTIVE

By 2015, reduce the proportion of adults who are obese in Logan County (NSW Healthy People 2020-2 objective) to 26% (the target value indicated in 2010 *County Health Rankings*). Baseline = 30.4%, IL BRFSS 2007-2009

D. IMPACT OBJECTIVES

By 2015, reduce the proportion of adults who engage in no leisure-time activity (PAF Healthy People 2020-1) to 10%. Baseline 19.6%, IL BRFSS, 2007-2009

By 2015, increase the proportion of adults that meet current Federal physical activity guidelines (PAF Healthy People 2020-6) to 50%. Baseline 42.1%, IL BRFSS 2007-2009

E. INTERVENTION STRATEGIES

Awareness of the effects of obesity should be continued to be introduced to young children as well as adults while adults are framed as role models for children.

Increase the availability and affordability of healthier food and beverage choices in public service areas. Improve mechanisms for purchasing foods from farms.

Limit advertisements of less healthy foods and beverages. Discourage consumption of sugar-sweetened beverages.

Increase support for breastfeeding.

Increase opportunities for extracurricular activities and enhance traffic safety in areas where persons are or could be physically active.

Increase awareness of family history of obesity.

F. DISCUSSION OF INTERVENTION STRATEGY IMPLEMENTATION

By promoting and increasing awareness of the effects of obesity to all age residents of Logan County, will educate the public. Improving healthy eating via education includes healthy recipes, eating habits and weight loss programs will educate the public on lifestyle improvements.

Introduce a family fit program whereas all members in a family setting can participate together in physical activity. Increase community-wide education campaigns to increase physical activity. Promote point of decision prompts to increase physical activity.

Continue nutrition education via media, monthly classes at LCDPH and the distribution of *Health Matters*.

Community resources: Logan County REC Center, YMCA, Logan County Bike Trail Committee, Abraham Lincoln Memorial Hospital (ALMH) Nutrition Department, Healthy Families Task Force of the Logan County Healthy Communities Partnership (HCP), Professional Therapy Services for activity classes for those with movement disorders, two local Farmer's Markets, grade schools, local chiropractor to hold nutrition classes monthly at LCDPH, Parish Nurse Task Force of HCP and the congregations they represent, local Food Pantries.

Funding: \$1,000 from Illinois Department of Human Services (Il. DHS) for Farmer's Market coupons; \$5,000 from Il. DHS for peer counselor breastfeeding program, \$16,000 from Illinois Department of Public Health (IDPH) for Heart Smart for Teens Program; potential federal funding for bike trail; seek other funding sources when available through grants.

PRIORITY TWO - DISEASES OF THE HEART

Improve cardiovascular health by prevention, detection and treatment of risk factors of Diseases of the Heart to overall decrease the death rate due to Diseases of the Heart in Logan County.

A. RATIONALE

According to the 2006 IPLAN Data Summary, Diseases of the Heart was the top ranked cause of years of potential life lost in Logan County. There were 152 deaths in Logan County caused by diseases of the heart. Diseases of the Heart was ranked 2nd in the leading cause of mortality. For ICD-10, Diseases of Heart covers I100-I09, I11, I13, and I20-I53. Health concerns that are covered under Diseases of the Heart according to the IPLAN vital statistics office include forms of rheumatic fever, hypertensive heart disease, ischaemic heart disease, pulmonary heart disease, pericarditis, aortic valve disorder and cardiomyopathy.. According to the Centers for Disease Control and Prevention website, "heart disease is the leading cause of death for all people in the United States". In addition, heart disease continues to be a large cause of disability and a major cause of increased health care costs. According to the Vital Statistics Illinois of 2003, there were 11 deaths due to diseases of the heart in people ages 0-64. There were 62 deaths due to heart disease in people aged 65+. As the statistics make evident, there was a great increase in disease of the heart related deaths from 2003 (73 deaths) to 2006 (152 deaths), an increase of 108% over a few short years.

B. RISK AND CONTRIBUTING FACTOR ANALYSIS

There are several risk factors of heart disease, which include high blood pressure, cigarette smoking, and obesity. The IBRFSS 2007-2009 stated that 30.4% of residents of Logan County were told that they had high blood pressure. The Logan County Community Health Committee 2010 indicated several risk factors of heart disease including undiagnosed health problems and co-morbid conditions. Direct contributing factors causing these risk factors, as found by the committee, include lack of knowledge, poor diet, lack of exercise, social environment, diabetes, sleep apnea and lack of access to healthcare. Indirect contributing factors to these direct contributing factors include economic restraints, pre-existing health conditions, workplace challenges, media influences, early onset of tobacco use, exposure to chemicals and family history just to name a few.

C. OUTCOME OBJECTIVE

By 2015, reduce coronary heart disease deaths (HDS Healthy People 2020-1) by 7%. Baseline = 152, IPLAN Data System 2006.

D. IMPACT OBJECTIVE

By 2015, decrease the number of residents in Logan County who have high blood pressure (correlates to HDS Healthy People 2020-5) to 27% . Baseline = 30.4%, IL BRFSS 2007-2009.

E. INTERVENTION STRATEGIES

Major intervention strategies that can achieve an overall decreased rate of deaths due to diseases of the heart include prevention and early detection. An increase in the number of screening opportunities and availability of cholesterol and blood pressure screenings can make a great impact in the detection of diseases of the heart.

Increase the awareness of the effects of high blood pressure, obesity and tobacco usage in terms of causing diseases of the heart via education.

Prevent recurrent cardiovascular events and be aware of past family history of diseases of the heart by continued education.

Increase compliance to blood pressure treatment in patients with an increased risk for a disease of the heart via education.

Increase the knowledge of symptoms of heart attack and the importance to calling 911.

Increase the awareness of the importance of bystanders' response to cardiac arrest and being able to correctly perform CPR.

F. DISCUSSION OF INTERVENTION STRATEGY IMPLEMENTATION

Primary prevention is extremely important on decreasing the rate of death in diseases of the heart. Intervention through lifestyle factors will be a primary prevention of diseases of the heart.

Promote and educate residents of Logan County with heart healthy activities such as cessation of smoking, exercise and healthy eating habits.

Increase the number of available screening programs and stress the importance of blood pressure monitoring and cholesterol screening.

Community Resources: Parish Nurse Task Force and Alcohol Tobacco and Other Drug Task Force of HCP, REC Center, local businesses (health fairs with screenings), local medical providers, ALMH for cholesterol screenings.

Funding: \$18,000 from IDPH for anti-tobacco programs (REALITY and nicotine patch programs); seek funding sources when available.

PRIORITY THREE - Oral Health

Increase the number of Logan County residents who visit a dentist yearly to improve the overall oral health of residents.

A. RATIONALE

According to the IBRFSS 2007-2009, 24% of adult residents in Logan County reported that they had not had a dental visit in the last two years, if ever, 9% of reported that it had been 1 to 2 years since their last dental visit; and 36.2% reported to have no dental insurance. Oral care is essential to having a healthy life. According to *Healthy People 2010 Oral Health*, dental carries are the most common chronic disease of childhood and occurs five to eight times as frequently as asthma. Also, 45.5% of the population in the state of Illinois of residents 65 and older has lost 6 teeth or more. According to the Healthy Smile Healthy Growth 2008-2009 survey, in Illinois rural counties, 49.3% of 3rd grade students have no sealants on their permanent first molar teeth, 51.9% have caries, 32.2% have untreated decay, and 7.6% require urgent treatment. Lack of oral healthcare has many negative effects on overall health including difficulty in chewing and swallowing, needless pain and suffering, loss of self-esteem and in extreme cases death.

B. RISK AND CONTRIBUTING FACTOR ANALYSIS

According to the Community Health Committee there are numerous indirect and direct contributing factors that affect the lack of access to oral healthcare. Some indirect contributing factors that were indentified include lack of jobs (no insurance), no preventative care, inadequate oral health education, lack of transportation to dentist, inadequate number of dentists in the community. Additionally, direct contributing factors that were indentified include lack of funding, lack of education, bad economy, lack of oral health specialists and the lack of providers who accept Medicaid/Medicare. The two main barriers to access to oral healthcare were identified as low income/poverty and lack of insurance.

C. OUTCOME OBJECTIVE

By 2015, increase the proportion of residents who use the oral health care system each year (OH Healthy People 2020-3) to 70%. Baseline = 67%, BRFSS 2008.

By 2015, increase the proportion of children who have received dental sealants on their molar teeth (OH Healthy People 2020-10) to 50%. Baseline = 49.3%, Healthy Smile Healthy Growth 2008-2009

D. IMPACT OBJECTIVE

By 2015, increase the number of Logan County residents who have had their teeth cleaned within the previous year to 66% (Correlates to OH-Healthy People 2020-4). Baseline = 60.7%, BRFSS 2008.

By 2015, decrease the proportion of Logan County 3rd graders with dental cavity to 42%. (Correlates to OH-Healthy People 2020-6) Baseline = 51.9%, Healthy Smile Healthy Growth 2008-2009.

By 2015, decrease the proportion of Logan County 3rd graders with untreated dental cavity and urgent treatment need to 21% and 4 % respectively. (Correlates to OH-Healthy People 2020-7) Baseline = 32.2% and 7.6% respectively, Healthy Smile Healthy Growth 2008-2009.

E. INTERVENTION STRATEGIES

Promote yearly/biyearly dental examinations through education.

Promote and demonstrate proper brushing and flossing techniques in elementary schools and health fairs.

Education on the effects of poor dental hygiene using visual and physical effects of what poor hygiene can cause.

Increase screening for oral cancer by conducting same at health fairs and work sites.

Educate on the effects of high acidic foods and carbonated beverages on teeth.

Educate mothers on the adverse effects of bottle propping.

F. DISCUSSION OF INTERVENTION STRATEGY IMPLEMENTATION

Partner with schools to promote healthy dental care and the importance of brushing and flossing.

Partner with members in the community to offer a toothbrush and toothpaste to every child to jump start good oral care habits.

Promote healthy eating habits at health fairs and throughout meals offered at schools.

Partner with long-term care facilities to promote the use of oral health care systems and proper denture care to prevent further bone loss.

Increase the amount of community water fluoridation available.

Promote and provide early detection of oral and pharyngeal cancers by annual examinations of such cancers at health fairs, home visits, WIC appointments, and dental offices.

Community Resources: Long term care facilities, Food Pantries, Medicaid office, Head Start, WIC, schools, local dental providers.

Funding: \$6500 from IDPH for oral cancer prevention and screenings, \$100,000 recently awarded from Ill. DHS for establishment of dental clinic at LCDPH, funding sought from Illinois Children's Healthcare Foundation for dental clinic at LCDPH, seek additional funding when available.

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Acknowledgements

A very special thank you to all members of the 2010 Community Health Committee:

Mary Ahillen, *Superintendent School District #27*
Mary Anderson, RN, BSN, *Parish Nurse Task Force*
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Lynnett Bruce, *Healthy Families Task Force*
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Fred Finchum, *Mayor of Atlanta*
Mike Geriets, *Deputy Chief, Lincoln Police*
Marcia Greenslate, *Lincoln Recreation Center*
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Jan Youngquist, *Logan County Public Information Officer*

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Appendices

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County Health Rankings

Mobilizing Action Toward Community Health

2010

Illinois



Robert Wood Johnson Foundation



UNIVERSITY OF WISCONSIN

Population Health Institute

Translating Research into Policy and Practice

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

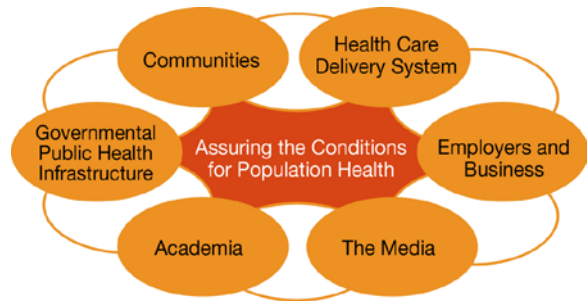
The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.



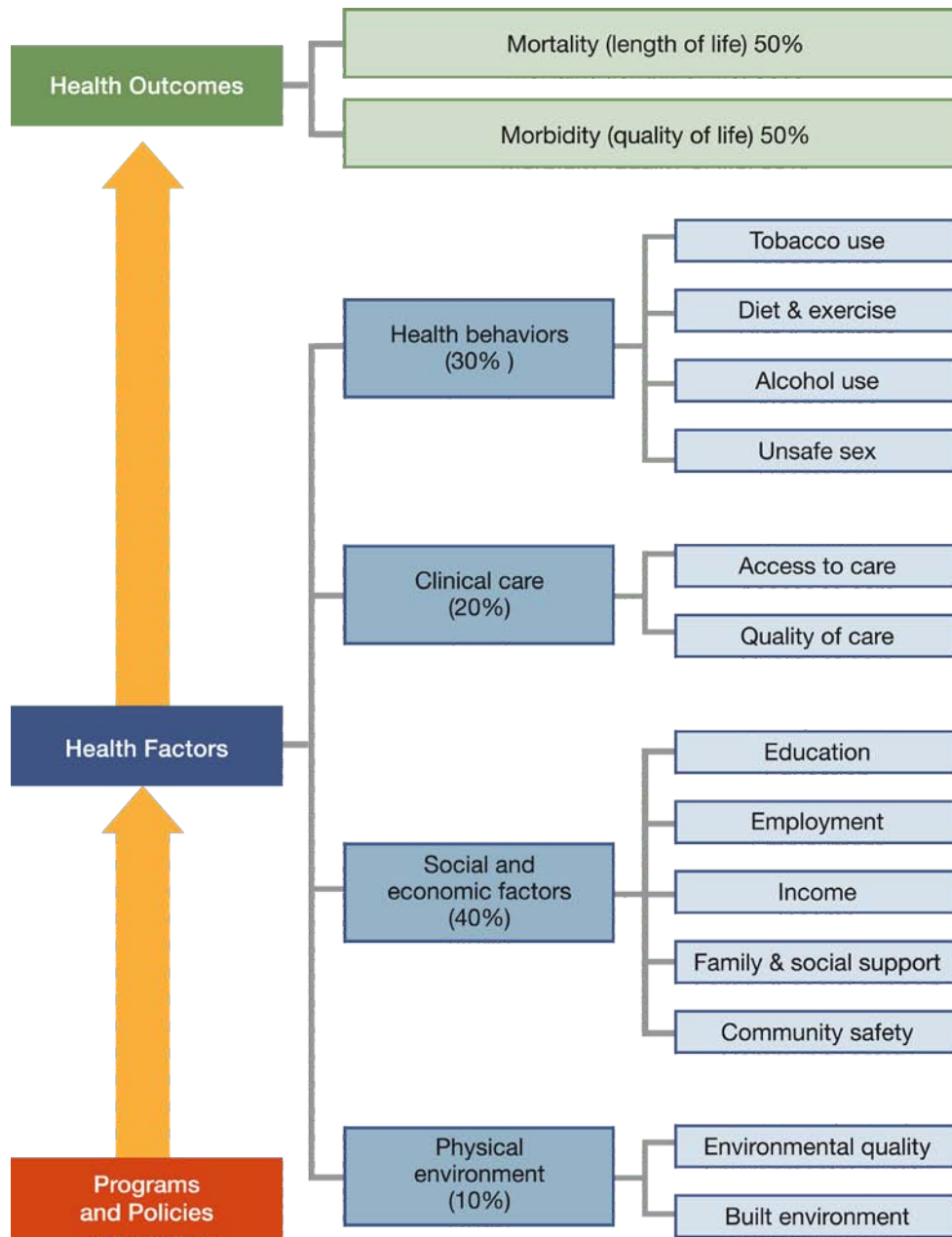
Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The Rankings

This report ranks Illinois counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

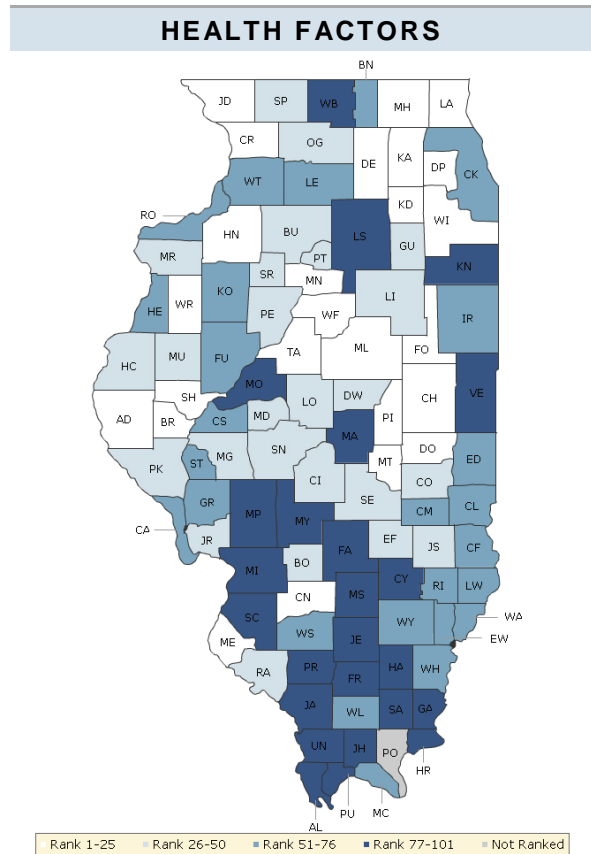
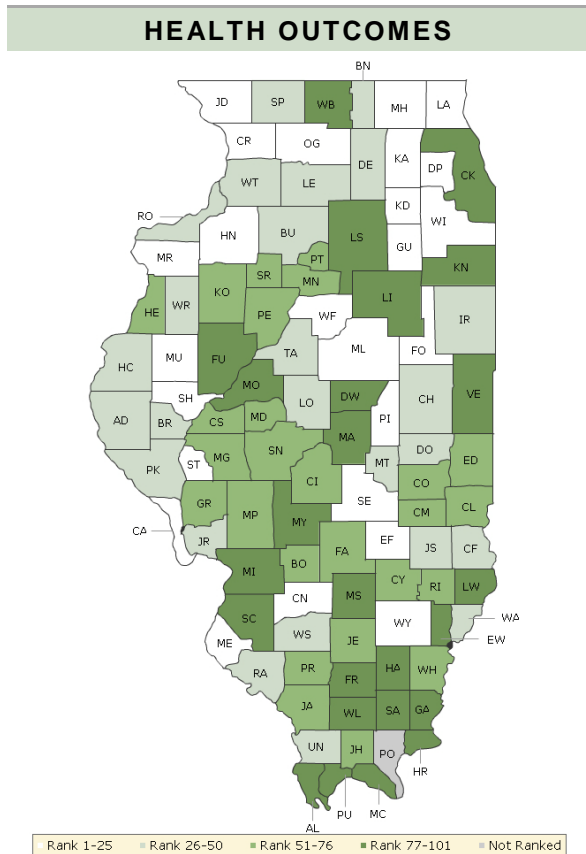
Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2010 UWPHI

The maps on this page display Illinois's counties divided into groups by health rank. The lighter colors indicate better performance in the respective summary rankings. The green map shows the distribution of summary health outcomes. The blue displays the distribution of the summary rank for health factors.

Maps help locate the healthiest and least healthy counties in the state. The health factors map appears similar to the health outcomes map, showing how health factors and health outcomes are closely related.



Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Each of these ranks represents a weighted summary of a number of measures.

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Rank	Health Outcomes	Rank	Health Factors
1	Kendall	1	DuPage
2	DuPage	2	Kendall
3	Woodford	3	Lake
4	Jo Daviess	4	Monroe
5	McHenry	5	Woodford
6	Henry	6	McLean
7	McDonough	7	McHenry
8	Mercer	8	Adams
9	Carroll	9	Piatt
10	Lake	10	Will
11	Kane	11	Tazewell
12	Grundy	12	DeKalb
13	Effingham	13	Moultrie
14	Monroe	14	Clinton
15	McLean	15	Henry
16	Piatt	16	Schuyler
17	Will	17	Douglas
18	Scott	18	Carroll
19	Clinton	19	Kane
20	Ford	20	Marshall
21	Calhoun	21	Warren
22	Schuyler	22	Jo Daviess
23	Shelby	23	Brown
24	Ogle	24	Ford
25	Wayne	25	Champaign
26	Brown	26	Menard
27	DeKalb	27	Effingham
28	Warren	28	Coles
29	Boone	29	Ogle
30	Iroquois	30	Hancock
31	Champaign	31	Stark
32	Pike	32	McDonough
33	Stephenson	33	Grundy
34	Bureau	34	De Witt
35	Randolph	35	Bureau
36	Douglas	36	Logan
37	Hancock	37	Pike
38	Logan	38	Putnam
39	Rock Island	39	Mercer
40	Adams	40	Jersey

Rank	Health Outcomes	Rank	Health Factors
41	Lee	41	Christian
42	Washington	42	Morgan
43	Wabash	43	Bond
44	Crawford	44	Randolph
45	Jersey	45	Jasper
46	Tazewell	46	Sangamon
47	Whiteside	47	Shelby
48	Union	48	Peoria
49	Moultrie	49	Stephenson
50	Jasper	50	Livingston
51	Henderson	51	White
52	Perry	52	Scott
53	Knox	53	Lee
54	Johnson	54	Boone
55	Clay	55	Wabash
56	Coles	56	Richland
57	Putnam	57	Cass
58	Richland	58	Edwards
59	Bond	59	Cook
60	Cumberland	60	Washington
61	Macoupin	61	Rock Island
62	Marshall	62	Clark
63	Morgan	63	Calhoun
64	Menard	64	Wayne
65	Fayette	65	Knox
66	Sangamon	66	Whiteside
67	Christian	67	Crawford
68	Clark	68	Cumberland
69	Stark	69	Edgar
70	Edgar	70	Massac
71	Peoria	71	Williamson
72	Cass	72	Fulton
73	Jackson	73	Lawrence
74	Greene	74	Iroquois
75	White	75	Henderson
76	Jefferson	76	Greene
77	Winnebago	77	Mason
78	Madison	78	Montgomery
79	Mason	79	Clay
80	LaSalle	80	Union
81	Cook	81	Johnson
82	Montgomery	82	Saline
83	De Witt	83	Winnebago
84	Kankakee	84	Macoupin
85	Livingston	85	Jefferson
86	Fulton	86	Madison
87	Macon	87	Hamilton
88	Williamson	88	Kankakee
89	Hamilton	89	Jackson
90	Lawrence	90	Fayette

Rank	Health Outcomes	Rank	Health Factors
91	Massac	91	LaSalle
92	Gallatin	92	Perry
93	Marion	93	Macon
94	St. Clair	94	Marion
95	Franklin	95	Gallatin
96	Vermilion	96	St. Clair
97	Edwards	97	Vermilion
98	Saline	98	Franklin
99	Pulaski	99	Hardin
100	Alexander	100	Pulaski
101	Hardin	101	Alexander

Not Ranked: Pope

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

Rank	Mortality	Rank	Morbidity
1	DuPage	1	Ford
2	Kendall	2	Jo Daviess
3	Lake	3	Kendall
4	McHenry	4	Washington
5	Woodford	5	Iroquois
6	Piatt	6	Woodford
7	Kane	7	Mercer
8	Will	8	Carroll
9	Monroe	9	Schuyler
10	Henry	10	Clinton
11	Boone	11	Grundy
12	McDonough	12	Effingham
13	DeKalb	13	McDonough
14	McLean	14	Douglas
15	Scott	15	Henry
16	Carroll	16	Warren
17	Jo Daviess	17	Hancock
18	Mercer	18	DuPage
19	Calhoun	19	McHenry
20	Logan	20	Bureau
21	Grundy	21	Wayne
22	Effingham	22	Cumberland
23	Ogle	23	Union
24	Rock Island	24	Randolph
25	Champaign	25	Shelby
26	Adams	26	Calhoun
27	Pike	27	Brown
28	Shelby	28	McLean
29	Perry	29	Monroe
30	Brown	30	Whiteside
31	Wabash	31	Ogle
32	Crawford	32	Scott
33	Wayne	33	Clark
34	Marshall	34	Stephenson
35	Moultrie	35	Kane
36	Bond	36	Clay
37	Jersey	37	Henderson
38	Clinton	38	Stark
39	Stephenson	39	Lee
40	Jefferson	40	Pike

Rank	Mortality	Rank	Morbidity
41	Lee	41	Champaign
42	Schuyler	42	Tazewell
43	Jasper	43	Will
44	Warren	44	Lake
45	Morgan	45	Edwards
46	Randolph	46	Johnson
47	Tazewell	47	Richland
48	Bureau	48	Knox
49	Knox	49	Coles
50	Hancock	50	Piatt
51	Sangamon	51	Menard
52	Macoupin	52	Putnam
53	Johnson	53	Jersey
54	Winnebago	54	Rock Island
55	Fayette	55	Adams
56	Ford	56	Edgar
57	Henderson	57	Jasper
58	Coles	58	DeKalb
59	Douglas	59	Wabash
60	Cook	60	Peoria
61	Whiteside	61	Crawford
62	Putnam	62	Logan
63	Jackson	63	Boone
64	Madison	64	Mason
65	Iroquois	65	Montgomery
66	Clay	66	Christian
67	Union	67	Moultrie
68	Christian	68	LaSalle
69	Richland	69	Macoupin
70	Livingston	70	Fayette
71	Cass	71	Cass
72	White	72	Lawrence
73	Menard	73	Greene
74	Greene	74	Kankakee
75	De Witt	75	White
76	Fulton	76	Perry
77	Peoria	77	Sangamon
78	Edgar	78	Morgan
79	Macon	79	Jackson
80	Williamson	80	De Witt
81	Kankakee	81	Bond
82	LaSalle	82	Madison
83	Washington	83	Marshall
84	Mason	84	Hamilton
85	Cumberland	85	Macon
86	Stark	86	Winnebago
87	Montgomery	87	Cook
88	Hamilton	88	Williamson
89	Clark	89	Franklin
90	Massac	90	Fulton

Rank	Mortality	Rank	Morbidity
91	Vermilion	91	Livingston
92	Gallatin	92	Saline
93	Marion	93	Gallatin
94	St. Clair	94	Massac
95	Lawrence	95	St. Clair
96	Franklin	96	Jefferson
97	Pulaski	97	Pulaski
98	Saline	98	Marion
99	Alexander	99	Hardin
100	Edwards	100	Alexander
100	Hardin	101	Vermilion

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
1	DuPage	1	Peoria	1	DuPage	1	Douglas
2	Lake	2	DuPage	2	Kendall	2	Brown
3	Cook	3	Sangamon	3	Monroe	2	Menard
4	Boone	4	Logan	4	Woodford	4	Greene
5	Kendall	5	Macon	5	McHenry	5	Woodford
6	Monroe	6	Alexander	6	Piatt	6	Clinton
7	McLean	7	Lee	7	McLean	7	Mason
8	Woodford	8	Adams	8	Will	8	Coles
9	Adams	9	St. Clair	9	Tazewell	9	Marshall
10	Henry	10	McLean	10	DeKalb	10	Henry
11	Coles	11	Stephenson	11	Lake	11	Carroll
12	DeKalb	12	Winnebago	12	Moultrie	12	Logan
13	Carroll	13	Williamson	13	Grundy	13	Bond
14	Clinton	14	Knox	14	Marshall	14	Macoupin
15	Will	15	Tazewell	15	McDonough	15	Scott
16	Bureau	16	Lake	16	Brown	16	Putnam
17	Shelby	17	Champaign	17	Jo Daviess	17	Union
18	Jo Daviess	18	Richland	18	Adams	18	Cass
19	Wabash	19	Kendall	19	Kane	19	Tazewell
20	Jersey	20	Pulaski	20	Jersey	20	Mercer
21	Hancock	21	Schuyler	21	Stark	21	Ogle
22	Lawrence	22	Ford	22	Douglas	22	Kankakee
23	Moultrie	23	Carroll	23	Menard	23	Washington
24	Piatt	24	Saline	24	Effingham	24	Piatt
25	Kane	25	Ogle	25	Warren	25	Kendall
26	Calhoun	26	Woodford	26	Livingston	26	Pike
27	Effingham	27	McHenry	27	Schuyler	27	Stark
28	Schuyler	28	Cook	28	Clinton	28	Livingston
29	McHenry	29	Monroe	29	Ford	29	De Witt
30	White	30	Randolph	30	Putnam	30	Whiteside
31	Mercer	31	Jackson	31	Champaign	31	Knox
32	Warren	32	Rock Island	32	Henry	32	Will
33	Douglas	33	Christian	33	Calhoun	33	Christian
34	Knox	34	Kankakee	34	Washington	34	Johnson
35	Montgomery	35	Union	35	Bureau	35	Iroquois
36	Jasper	36	Brown	36	Scott	36	Perry
37	Marshall	37	Livingston	37	De Witt	37	White
38	Ogle	38	Morgan	38	Shelby	38	Grundy
39	Edgar	39	Warren	39	Logan	39	Shelby
40	Putnam	40	Pike	40	Hancock	40	DeKalb

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
41	Ford	41	Kane	41	Ogle	41	Massac
42	Cumberland	42	Whiteside	42	Bond	42	Winnebago
43	Stark	43	De Witt	43	Jasper	43	McDonough
44	Clark	44	Mason	44	Morgan	44	Fulton
45	Christian	45	Hancock	45	Carroll	45	Monroe
46	Massac	46	Moultrie	46	Cass	46	Randolph
47	Edwards	47	Wabash	47	Mercer	47	Cumberland
48	Hamilton	48	Henry	48	Edwards	48	Fayette
49	Champaign	49	Coles	49	Coles	49	Edwards
50	Scott	50	Jefferson	50	Richland	50	Boone
51	Crawford	51	Will	51	Pike	51	Saline
52	Cass	52	Effingham	52	Madison	52	Montgomery
53	Winnebago	53	Clark	53	Henderson	53	Adams
54	Pike	54	Fulton	54	Cumberland	54	Henderson
55	Saline	55	Clinton	55	Wayne	55	Stephenson
56	Randolph	56	Crawford	56	Lee	56	Jo Daviess
57	Johnson	57	Madison	57	Randolph	57	LaSalle
58	Menard	58	Massac	58	Macoupin	58	Hancock
59	McDonough	59	Menard	59	White	59	Lee
60	De Witt	60	Bond	60	Fulton	60	Champaign
61	Rock Island	61	Boone	61	Iroquois	61	Clark
62	Fayette	62	Vermilion	62	Wabash	62	Vermilion
63	Wayne	63	Montgomery	63	Stephenson	63	Wayne
64	Clay	64	Piatt	64	Jefferson	64	Ford
65	Gallatin	65	Wayne	65	Rock Island	65	Bureau
66	Morgan	66	Franklin	66	Christian	66	Crawford
67	Greene	67	Perry	67	Whiteside	67	Moultrie
68	Stephenson	68	Edgar	68	Hamilton	68	Edgar
69	Washington	69	Douglas	69	Peoria	69	Morgan
70	Mason	70	White	70	Crawford	70	McHenry
71	Tazewell	71	Jo Daviess	71	Sangamon	71	Warren
72	Union	72	Grundy	72	Greene	72	Schuyler
73	Whiteside	73	Marion	73	Clark	73	Jasper
74	Bond	74	Jasper	74	Williamson	74	Clay
75	Henderson	75	Marshall	75	Clay	75	Jefferson
76	Hardin	76	McDonough	76	Edgar	76	McLean
77	Grundy	77	Macoupin	77	Johnson	77	Peoria
78	Richland	78	Mercer	78	Jackson	78	Jackson
79	Sangamon	79	Clay	79	Lawrence	79	Rock Island
80	Brown	80	Jersey	80	Massac	80	Macon
81	Iroquois	81	Edwards	81	Kankakee	81	Franklin
82	Perry	82	LaSalle	82	Boone	82	Lake
83	Lee	83	Cass	83	Mason	83	DuPage
84	Williamson	84	DeKalb	84	Knox	84	Kane
85	LaSalle	85	Iroquois	85	Fayette	85	Williamson
86	Peoria	86	Stark	86	Macon	86	Lawrence
87	Fulton	87	Bureau	87	LaSalle	87	Sangamon
88	Madison	88	Lawrence	88	Cook	88	Richland
89	Logan	89	Cumberland	89	Union	89	Marion
90	Pulaski	90	Calhoun	90	Montgomery	90	Pulaski

Rank	Health Behaviors	Rank	Clinical Care	Rank	Social & Economic Factors	Rank	Physical Environment
91	Franklin	91	Washington	91	Marion	91	Hardin
92	Marion	92	Johnson	92	Saline	92	Effingham
93	Livingston	93	Putnam	93	Perry	93	Gallatin
94	Jefferson	94	Scott	94	Winnebago	94	Alexander
95	Macoupin	95	Gallatin	95	Gallatin	95	Hamilton
96	Vermilion	96	Greene	96	Vermilion	96	Wabash
97	St. Clair	97	Henderson	97	St. Clair	97	St. Clair
98	Kankakee	98	Hardin	98	Franklin	98	Calhoun
99	Alexander	99	Shelby	99	Hardin	99	Jersey
100	Jackson	100	Fayette	100	Pulaski	100	Cook
101	Macon	101	Hamilton	101	Alexander	101	Madison

2010 County Health Rankings: Measures, Data Sources, and Years of Data

	Measure	Data Source	Years of Data
HEALTH OUTCOMES			
Mortality	Premature death	National Center for Health Statistics	2004-2006
Morbidity	Poor or fair health	Behavioral Risk Factor Surveillance System	2002-2008
	Poor physical health days	Behavioral Risk Factor Surveillance System	2002-2008
	Poor mental health days	Behavioral Risk Factor Surveillance System	2002-2008
	Low birthweight	National Center for Health Statistics	2000-2006
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco	Adult smoking	Behavioral Risk Factor Surveillance System	2002-2008
Diet and Exercise	Adult obesity	National Center for Chronic Disease Prevention and Health Promotion	2006-2008
Alcohol Use	Binge drinking	Behavioral Risk Factor Surveillance System	2002-2008
	Motor vehicle crash death rate	National Center for Health Statistics	2000-2006
High Risk Sexual Behavior	Chlamydia rate	National Center for Health Statistics	2006
	Teen birth rate	National Center for Health Statistics	2000-2006
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates, U.S. Census	2005
	Primary care provider rate	Health Resources & Services Administration	2006
Quality of Care	Preventable hospital stays	Medicare/Dartmouth Institute	2005-2006
	Diabetic screening	Medicare/Dartmouth Institute	2003-2006
	Hospice use	Medicare/Dartmouth Institute	2001-2005
SOCIOECONOMIC FACTORS			
Education	High school graduation	National Center for Education Statistics ¹	2005-2006
	College degrees	U.S. Census/American Community Survey	2000/2005-2007
Employment	Unemployment	Bureau of Labor Statistics	2008
Income	Children in poverty	Small Area Income and Poverty Estimates, U.S. Census	2007
	Income inequality	U.S. Census/American Community Survey ²	2000/2005-2007
Family and Social Support	Inadequate social support	Behavioral Risk Factor Surveillance System	2005-2008
	Single-parent households	U.S. Census/American Community Survey	2000/2005-2007
Community Safety	Violent crime ³	Uniform Crime Reporting, Federal Bureau of Investigation	2005-2007
PHYSICAL ENVIRONMENT			
Air Quality⁴	Air pollution-particulate matter days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
	Air pollution-ozone days	U.S. Environmental Protection Agency / Centers for Disease Control and Prevention	2005
Built Environment	Access to healthy foods	Census Zip Code Business Patterns	2006
	Liquor store density	Census County Business Patterns	2006

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

⁴ Not available for AK and HI.

CREDITS

Report Editors

University of Wisconsin-Madison
 School of Medicine and Public Health
 Population Health Institute
 Bridget Booske, PhD, MHSA
 Jessica Athens, MS
 Patrick Remington, MD, MPH

This publication would not have been possible without the following contributions:

Conceptual Development

David Kindig, MD, PhD
 Paul Peppard, PhD
 Patrick Remington, MD, MPH

Technical Advisors

Amy Bernstein, ScD, Centers for Disease Control and Prevention
 Michele Bohm, MPH, Centers for Disease Control and Prevention
 Vickie Boothe, MPH, Centers for Disease Control and Prevention
 Ethan Burke, MD, MPH, Dartmouth Institute for Health Policy and Clinical Practice

Research Assistance

Clare O'Connor
 Karen Odegaard
 Hyojun Park
 Matthew Rodock

Production and Editing

Chuck Alexander
 Alex Field
 Joan Fischer
 Irene Golembiewski
 Jennifer Robinson

Design

Forum One, Alexandria, VA
 Media Solutions, UW School of Medicine and Public Health

Metrics Advisory Group

Yukiko Asada, PhD, Associate Professor, Community Health and Epidemiology, Dalhousie University, Halifax, Nova Scotia
 Tom Eckstein, MBA, Principal, Arundel Street Consulting Inc, St. Paul, MN
 Elliott Fisher, MD, MPH, Director, Center for Population Health, Dartmouth Institute for Health Policy and Clinical Practice, and
 Professor of Medicine and Community and Family Medicine, Dartmouth Medical School, Lebanon, NH.
 Howard Frumkin, MD, MPH, Dr. PH, Director of the National Center for Environmental Health, ATSDR, CDC, Atlanta, GA
 Thomas Kottke, MD, MSPH, Medical Director for Evidence-Based Health, HealthPartners, Minneapolis, MN
 Ali Mokdad, PhD, Professor of Global Health, Institute for Health Metrics and Evaluation, University of Washington, Seattle, WA.
 Roy Gibson Parrish, MD, Consultant in Population Health Information Systems, Peacham, VT
 Robert M. (Bobby) Pestronk, MPH, Executive Director, National Association of County and City Health Officials (NACCHO),
 Washington DC.
 Tom Ricketts, PhD, Professor of Health Policy and Administration, University of North Carolina
 Steven Teutsch, MD, MPH, Chief Science Officer, Los Angeles County Public Health, Los Angeles, CA.
 Julie Willems Van Dijk, PhD, RN, former Marathon County, WI Health Officer

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County Health Rankings

Mobilizing Action Toward Community Health

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By State:



Snapshot 2010: Logan, IL

- Health Outcomes Map
- Health Factors Map
- Health Outcomes Rankings
- Health Factors Rankings

Related Links

- County Facts from US Census Bureau
- County Facts from Health and Human Services (CHSI)



	Logan County	Error Margin	Target Value*	Illinois	Rank (of 101)
Health Outcomes					38
Mortality					20
Premature death	6,249	5,271-7,227	5,694	6,987	
Morbidity					62
Poor or fair health	17%	11-26%	9%	16%	
Poor physical health days	3.2	1.5-4.8	2.4	3.3	
Poor mental health days	3.9	2.2-5.6	2.0	3.1	
Low birthweight	7.0%	6.0-8.0%	6.2%	8.3%	
Health Factors					36
Health Behaviors					89
Adult smoking			17%	21%	
Adult obesity	29%	24-34%	26%	26%	
Binge drinking			9%	18%	
Motor vehicle crash death rate	16	11-22	11	12	
Chlamydia rate	310		86	432	
Teen birth rate	36	32-40	23	42	
Clinical Care					4
Uninsured adults	11%	9-13%	11%	15%	
Primary care provider rate	79		123	128	
Preventable hospital stays	72	66-77	72	88	

Diabetic screening	84%	80-88%	88%	78%
Hospice use	34%	27-43%	38%	33%
Social & Economic Factors				
39				
High school graduation	91%		96%	80%
College degrees	16%	14-18%	29%	29%
Unemployment	7%	7-7%	6%	7%
Children in poverty	15%	12-18%	10%	17%
Income inequality	38		38	46
Inadequate social support			12%	21%
Single-parent households	8%	5-10%	7%	9%
Violent crime rate	411		134	559
Physical Environment				
12				
Air pollution-particulate matter days	0		0	3
Air pollution-ozone days	0		0	3
Access to healthy foods	21%		50%	39%
Liquor store density	0.0			1.0

* 90th percentile, i.e., only 10% are better

Note: Blank values reflect unreliable or missing data

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Ranking: Illinois is 29th this year, unchanged from 2008.

Strengths: Strengths include a low occupational fatalities rate at 3.8 deaths per 100,000 workers, ready availability of primary care physicians with 129.1 primary care physicians per 100,000 population and a high rate of high school graduation with 79.7 percent of incoming ninth graders who graduate within four years.

Challenges: Challenges include a high prevalence of binge drinking at 19.4 percent of the population, a high rate of preventable hospitalizations with 85.8 discharges per 1,000 Medicare enrollees, high levels of air pollution at 13.2 micrograms of fine particulate per cubic meter and a high violent crime rate at 525 offenses per 100,000 population. Illinois ranks lower for health determinants than for health outcomes, indicating that overall healthiness may decline over time.

Significant Changes:

▲ In the past year, the percentage of children in poverty increased from 14.3 percent to 19.3 percent of persons under age 18.

▼ In the past five years, the rate of deaths from cardiovascular disease decreased from 341.2 to 293.8 deaths per 100,000 population.

▲ In the past ten years, immunization coverage increased from 57.2 percent to 78.1 percent of children ages 19 to 35 months receiving complete immunizations.

▲ Since 1990, the prevalence of obesity increased from 10.9 percent to 26.8 percent of the population.

Health Disparities: In Illinois, obesity is more prevalent among non-Hispanic blacks at 34.0 percent than non-Hispanic whites at 24.5 percent. The prevalence of diabetes also varies by race and ethnicity in the state; 14.6 percent of non-Hispanic blacks have diabetes compared to 7.3 percent of non-Hispanic whites. In addition, mortality rates vary in Illinois, with 1,083.1 deaths per 100,000 population among blacks compared to whites, who experience 788.7 deaths per 100,000 population.

State Health Department Web Site:

www.idph.state.il.us

Overall Rank: 29

Change: no change

Determinants Rank: 33

Outcomes Rank: 24

Strengths:

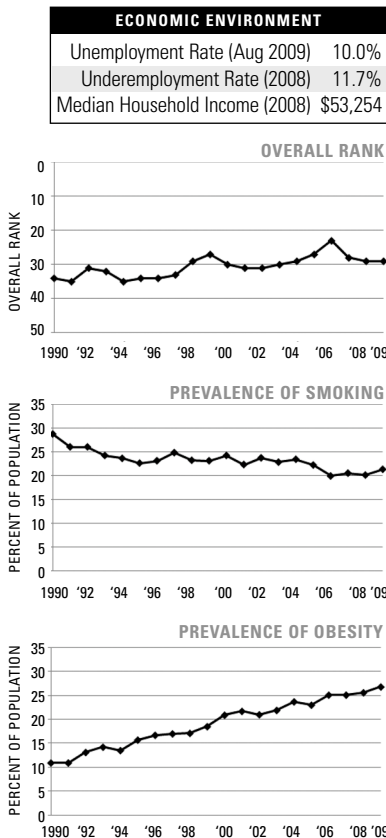
- Low occupational fatalities rate
- Ready availability of primary care physicians
- High rate of high school graduation

Challenges:

- High prevalence of binge drinking
- High levels of air pollution
- High rate of preventable hospitalizations

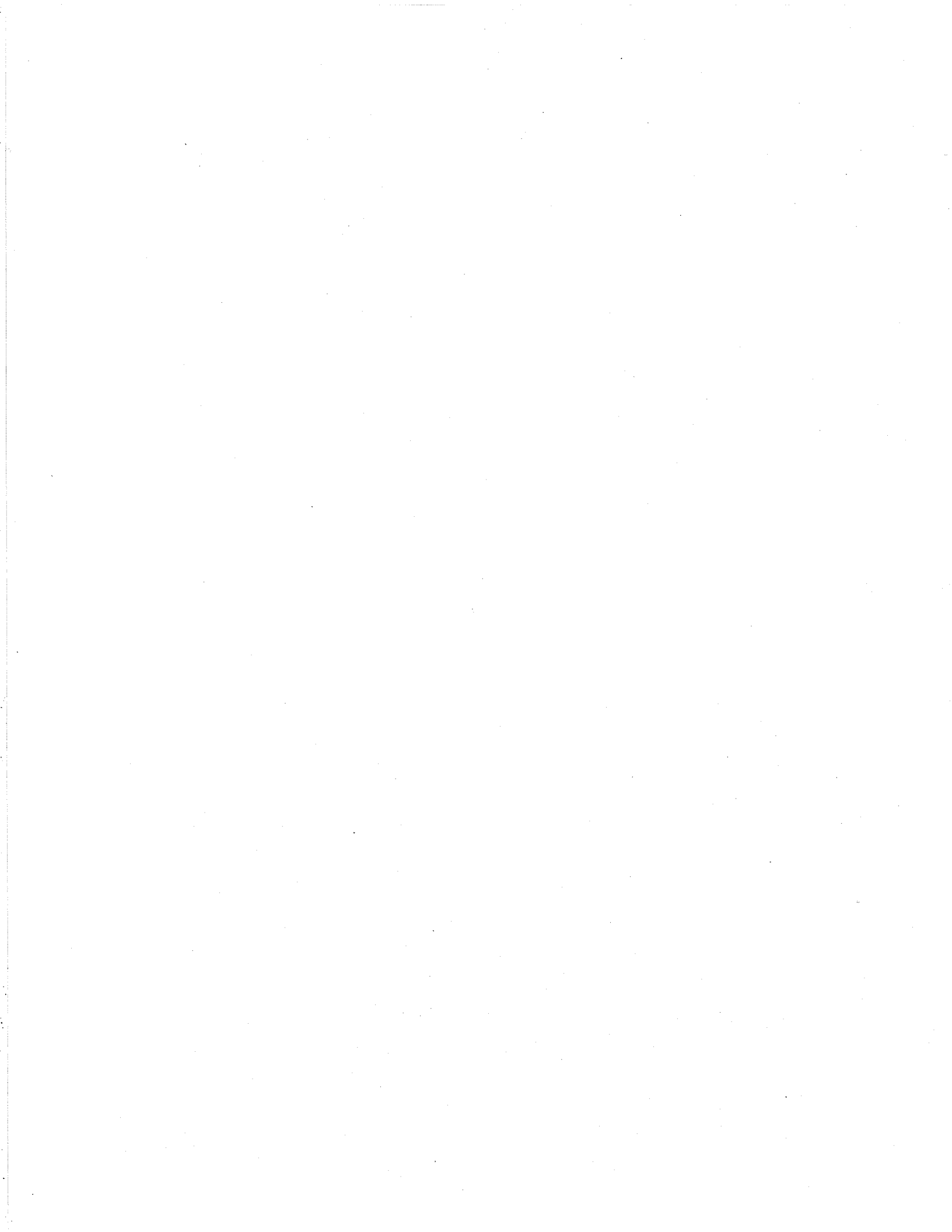
Significant Changes:

- In the past year, the percentage of children in poverty increased by 35%
- In the past five years, the rate of deaths from cardiovascular disease decreased by 14%
- In the past ten years, immunization coverage increased by 37%
- Since 1990, the prevalence of obesity increased by 146%



DETERMINANTS	2009		NO. 1 STATE
	VALUE	RANK	
BEHAVIORS			
Prevalence of Smoking (Percent of population)	21.3	38	9.3
Prevalence of Binge Drinking (Percent of population)	19.4	47	9.0
Prevalence of Obesity (Percent of population)	26.8	27	19.1
High School Graduation (Percent of incoming ninth graders)	79.7	17	87.5
COMMUNITY & ENVIRONMENT			
Violent Crime (Offenses per 100,000 population)	525	40	118
Occupational Fatalities (Deaths per 100,000 workers)	3.8	9	3.1
Infectious Disease (Cases per 100,000 population)	16.4	33	2.4
Children in Poverty (Percent of persons under age 18)	19.3	29	8.6
Air Pollution (Micrograms of fine particles per cubic meter)	13.2	42	4.8
PUBLIC & HEALTH POLICIES			
Lack of Health Insurance (Percent without health insurance)	13.1	25	5.4
Public Health Funding (Dollars per person)	\$55	36	\$220
Immunization Coverage (Percent of children ages 19 to 35 months)	78.1	21	85.0
CLINICAL CARE			
Prenatal Care (Percent of pregnant women)*	73.9	—	—
Primary Care Physicians (Number per 100,000 population)	129.1	11	190.0
Preventable Hospitalizations (Number per 1,000 Medicare enrollees)	85.8	42	29.3
ALL DETERMINANTS			
	-0.11	33	0.83
HEALTH OUTCOMES			
Poor Mental Health Days (Days in previous 30 days)	3.3	22	2.2
Poor Physical Health Days (Days in previous 30 days)	3.5	28	2.7
Geographic Disparity (Relative standard deviation)	10.3	19	4.3
Infant Mortality (Deaths per 1,000 live births)	7.3	32	4.8
Cardiovascular Deaths (Deaths per 100,000 population)	293.8	32	212.6
Cancer Deaths (Deaths per 100,000 population)	200.5	34	144.7
Premature Death (Years lost per 100,000 population)	7,472	24	5,995
ALL HEALTH OUTCOMES			
	0.06	24	0.35
OVERALL			
	-0.06	29	1.06

— indicates data not available. *See measure description for full details.



Logan County Illinois

2009

For more information, please contact your State of local health department or the project partners, or visit the Community Health Status Indicators Project web site at:

communityhealth.hhs.gov



ASTHO
Association of State and Territorial Health
Officials
www.astho.org
chsi@astho.org



Johns Hopkins University
Bloomberg School of Public Health
www.communityPHIND.net
chsi@jhu.edu



NACCHO
National Association of County and City Health
Officials
www.naccho.org
chsi@naccho.org



NALBOH
The National Association of Local Boards of
Health
www.nalboh.org
chsi@nalboh.org



PHF
Public Health Foundation
www.phf.org
chsi@phf.org



RWJF
Robert Wood Johnson Foundation
www.rwjf.org



Our Mission: Provide Information for Improving Community Health

Brought to you by a partnership of Federal agencies and not-for-profit organizations that are identified at the end of the pamphlet. Comments and questions can be sent to comments@hrs.gov.

Please refer to the CHSI [Data Sources](#), [Definitions](#), and [Notes](#) for all sources, methods, and calculations (available on website).

communityhealth.hhs.gov

PUBLIC HEALTH IN AMERICA

VISION

Healthy People in Healthy Communities

MISSION

Promote Physical and Mental Health and Prevent Disease, Injury, and Disability

PUBLIC HEALTH

- Prevents epidemics and spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services

ESSENTIAL PUBLIC HEALTH SERVICES

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Source: Public Health Functions Steering Committee, Fall 1994.

CONFIDENCE INTERVALS

SUMMARY MEASURES OF HEALTH [page 4](#)

	Value	Confidence Interval
ALL CAUSES OF DEATH	908.8	(865.3 - 952.3)
SELF-RATED HEALTH STATUS	15.5%	(8.2 - 22.9%)
AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH	6.0	(3.8 - 8.1)

ADULT PREVENTIVE SERVICES USE (%) [page 10](#)

	Value	Confidence Interval
Pap Smears (18+)	nrf	(nrf - nrf)
Mammography (50+)	nrf	(nrf - nrf)
Sigmoidoscopy (50+)	nrf	(nrf - nrf)
Pneumonia vaccine (65+)	nrf	(nrf - nrf)
Flu vaccine (65+)	nrf	(nrf - nrf)

RISK FACTORS FOR PREMATURE DEATH [page 11](#)

	Value	Confidence Interval
No exercise	nrf	(nrf - nrf)
Few Fruits/Vegetables	nrf	(nrf - nrf)
Obesity	nrf	(nrf - nrf)
High Blood Pressure	nrf	(nrf - nrf)
Smoker	nrf	(nrf - nrf)
Diabetes	9.5%	(3.8 - 15.3%)

FEDERAL PARTNERS



ATSDR
Agency for Toxic Substances and Disease Registry
atsdr.cdc.gov



CDC
Center for Disease Control and Prevention
www.cdc.gov



HRSA
Health Resources and Services Administration
www.hrsa.gov



NLM
National Library of Medicine
www.nlm.nih.gov

SELECTED TERMS

Age-Adjusted death rates allow comparison of rates between communities with different age structures. Rates have been adjusted to the year 2000 standard, the standard recommended for years 1999 and later.

Expected number of infectious disease cases has been calculated by applying the rate observed for all the peer counties to the county population.

Death rates and birth measures are consistent with U.S. Healthy People 2010 objectives.

EPA air quality standards measured and exceeded are reported. Monitoring is conducted in areas believed to be at risk and is not done in every jurisdiction.

Leading causes of death are provided for underlying cause of death categories constituting 10% or more of deaths in that race/ethnicity and age group.

Prevalence rates indicate the number in a population who have a certain characteristic at any time during the period. The BRFSS survey has been weighted to represent the State's adults.

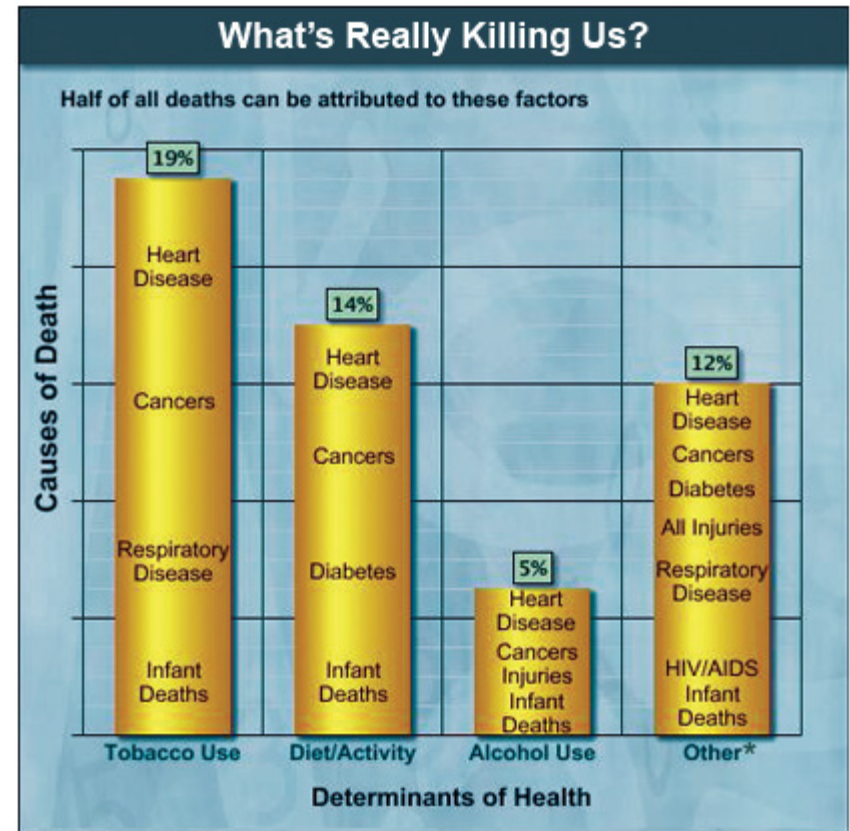
Persons enrolled in Medicaid or Medicare are program beneficiaries. The number of persons under age 65 receiving Medicare may represent a measure of disability in children and adults. Persons over age 65 with Medicaid coverage may also represent a population having greater medical needs.

Relative health importance determination of unfavorable were rates above the peer or the U.S. rate.

Vulnerable populations of the work disabled, those depressed, and recent drug users were estimated. Work disabled used a regression-based county-specific estimate. National age- or race-specific rates of major depression and recent drug use were applied to the county population to obtain the county estimate.

For complete information regarding data definitions and sources, please refer to the Data Sources, Definitions, and Notes available on HRSA's web site at:

communityhealth.hhs.gov



* Other lifestyle and personal behavior (nongenetic) risk factors include microbes, toxins, firearms, sexual behavior, motor vehicles, and drug use. Source: McGinnis, J.M., & Foegen, W.H. (1993). Actual causes of death in the United States. JAMA., 270(18), 2207-2212.

While we may measure deaths due to heart disease, cancers, or infant deaths, we should always keep in mind that factors such as tobacco, diet, activity, and alcohol use substantially contribute to these deaths. For example, as shown in the above graphic, tobacco use accounts for 19 percent of all U.S. deaths.

DEMOGRAPHIC INFORMATION

Logan County, IL

Population size¹	29,788
Population density (people per square mile)²	48
Individuals living below poverty level³	12.3%
Age distribution¹	
Under Age 19	22.7%
Age 19-64	62.6%
Age 65-84	12.2%
Age 85+	2.5%
Race/Ethnicity¹	
White	90.9%
Black	7.3%
American Indian	0.2%
Asian/Pacific Islander	0.9%
Hispanic origin (non add)	1.9%

PEER COUNTIES

Peer counties (counties and county-like geographic areas) in stratum number 26 were stratified on the basis of the following factors: frontier status, population size, poverty, age. Below are peer county ranges representing the 10th and 90th percentile of values. This trimmed range of peer county value is used consistently throughout the report.

Population size¹	27,781 - 57,266
Population density (people per square mile)²	36 - 174
Individuals living below poverty level³	8.7 - 13.0%
Age distribution¹	
Under Age 19	19.5 - 25.4%
Age 19-64	56.9 - 62.0%
Age 65-84	12.3 - 17.4%
Age 85+	2.2 - 3.5%
Race/Ethnicity¹	
White	88.0 - 98.1%
Black	0.4 - 9.0%
American Indian	0.2 - 1.3%
Asian/Pacific Islander	0.3 - 2.0%
Hispanic origin (non add)	0.9 - 10.8%

nda No data available.

¹ The Census Bureau. Current Population Estimates, 2008.

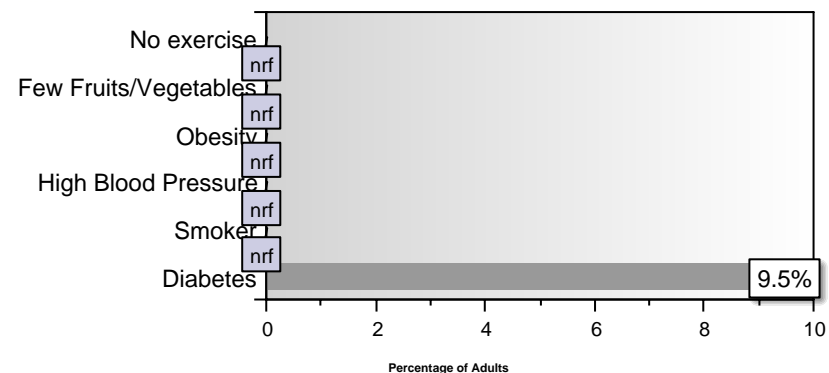
² HRSA. Area Resource File, 2008.

³ The Census Bureau. Small Area Income Poverty Estimates, 2008.

RISK FACTORS FOR PREMATURE DEATH¹

Logan County, IL

Communities may wish to obtain information about these measures, collected and monitored at local level.



nrf No report, survey sample size fewer than 50.

¹ CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

ACCESS TO CARE

Logan County, IL

In addition to use of services, access to care may be characterized by medical care coverage and service availability.

Uninsured individuals (age under 65) ¹	2,399
Medicare beneficiaries ²	
Elderly (Age 65+)	4,346
Disabled	699
Medicaid beneficiaries ²	5,665
Primary care physicians per 100,000 pop ²	40.3
Dentists per 100,000 pop ²	36.9
Community/Migrant Health Centers ³	No
Health Professional Shortage Area ³	No

nda No data available.

¹ The Census Bureau. Small Area Health Insurance Estimates Program, 2006.

² HRSA. Area Resource File, 2008.

³ HRSA. Geospatial Data Warehouse, 2009.

PREVENTIVE SERVICES USE

Logan County, IL

INFECTIOUS DISEASE CASES¹

These diseases respond to public health control efforts. The expected number is based on the occurrence of cases among peer counties.

	Reported Cases	Expected Cases
AIDS	rna	rna
Tuberculosis	rna	rna
🍏 Haemophilus influenzae B	0	0
🔍 Hepatitis A	3	2
🍏 Hepatitis B	0	2
🍏 Measles	0	0
🔍 Pertussis	20	11
🍏 Congenital Rubella Syndrome	0	0
🔍 Syphilis	2	0

🍏 Indicates a status favorable to peers.

🔍 Indicates a status less than favorable.

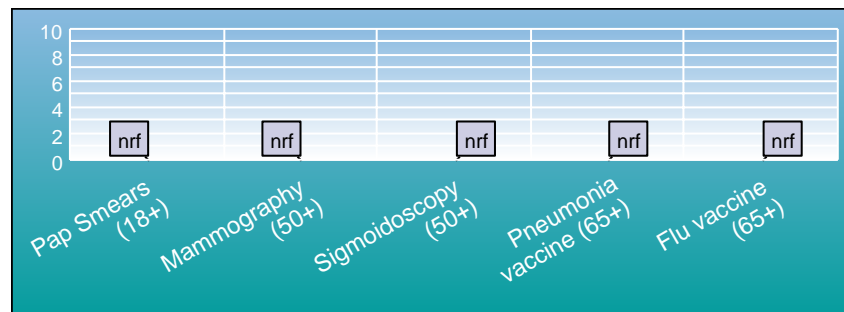
rna The release of data for all counties has not been authorized

nda No data available.

CHILD PREVENTIVE SERVICES USE

Indicators such as immunizations, dental caries, and the prevalence of lead screening are not collected at the national level and must be obtained locally.

ADULT PREVENTIVE SERVICES USE (%)²



nrf No report, survey sample size fewer than 50.

¹ CDC. National Notifiable Diseases Surveillance System, 2003-2007.

² CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

PEER COUNTIES

A distinctive aspect of this report is the ability to compare a county with its peers, those counties similar in population composition and selected demographics. Strata, or peer group size averages 36 and ranges from 15 to 62 counties. There are a total of 88 strata. Listed below are the 39 peer counties in stratum number 26. Due to the population size of counties within this stratum, data on vital statistics (e.g. births and deaths) and nationally notifiable diseases were aggregated across the most recent 5 year time period (2001-2005) in order to ensure stable estimates.

California

Amador County

Florida

Flagler County

Illinois

Christian County

Livingston County

Indiana

Cass County

Clay County

Gibson County

Greene County

Henry County

Wabash County

Iowa

Boone County

Cerro Gordo County

Jasper County

Marion County

Marshall County

Maryland

Talbot County

Michigan

Dickinson County

Emmet County

Minnesota

Freeborn County

Mower County

Nebraska

Adams County

Nebraska

Dodge County

Nevada

Carson City

New Hampshire

Carroll County

Sullivan County

North Carolina

Chatham County

Yadkin County

Ohio

Crawford County

Ottawa County

Pennsylvania

Elk County

Pike County

Warren County

Rhode Island

Bristol County

South Dakota

Brown County

Virginia

James City County

Wisconsin

Door County

Marinette County

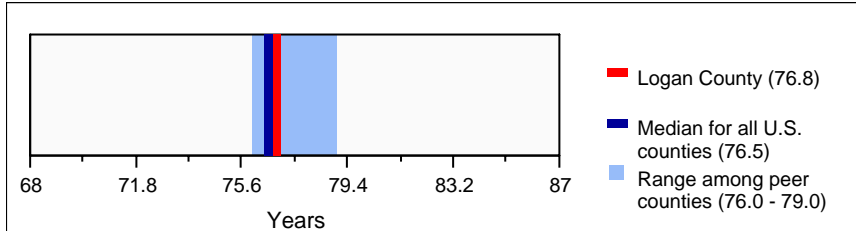
Oneida County

Trempealeau County

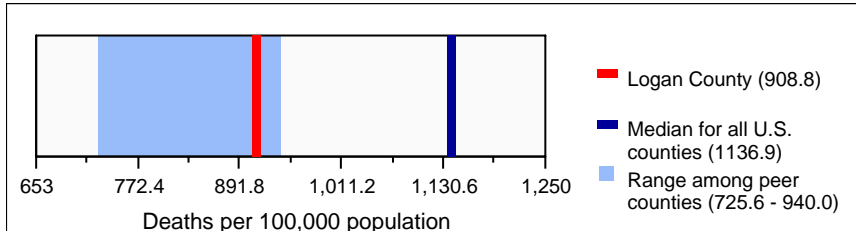
SUMMARY MEASURES OF HEALTH

Logan County, IL

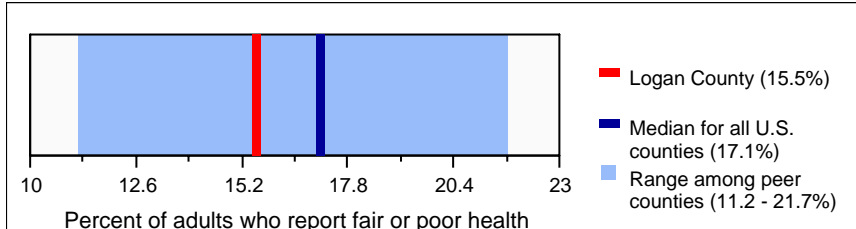
AVERAGE LIFE EXPECTANCY¹



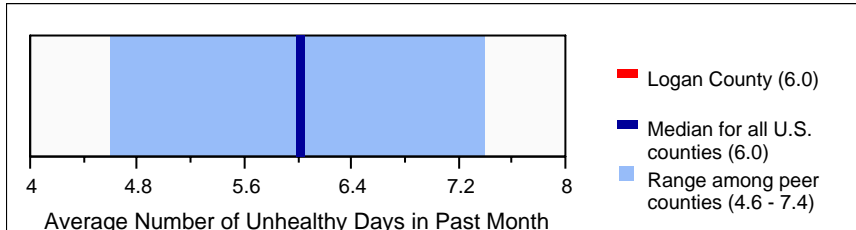
ALL CAUSES OF DEATH²



SELF-RATED HEALTH STATUS³



AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH³



nrf No report, survey sample size fewer than 50.

nda No data available.

¹ Murray et al., PLoS Medicine 2006 Vol. 3, No. 9, e260
doi:10.1371/journal.pmed.0030260.

² NCHS. Vital Statistics Reporting System, 2001-2005.

³ CDC. Behavioral Risk Factor Surveillance System, 2000-2006.

VULNERABLE POPULATIONS

Logan County, IL

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who¹

Have no high school diploma (among adults age 25 and older)	3,919
Are unemployed	938
Are severely work disabled	732
Have major depression	1,526
Are recent drug users (within past month)	1,961

nda No data available.

¹ The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.

ENVIRONMENTAL HEALTH

Logan County, IL

INFECTIOUS DISEASES¹

	Cases Reported	Expected
🍎 E.coli	1	2
🔍 Salmonella	22	20
🍎 Shigella	0	3

TOXIC CHEMICALS RELEASED ANNUALLY²: 421,668 pounds

NATIONAL AIR QUALITY STANDARDS MET BY COUNTY³

Carbon Monoxide	Nitrogen Dioxide	Sulfur Dioxide	Ozone	Particulate Matter	Lead
Yes	Yes	Yes	Yes	Yes	Yes

🍎 Indicates a status favorable to peers.

🔍 Indicates a status less than favorable.

nda No data available.



¹ CDC. National Notifiable Diseases Surveillance System, 2003-2007.

² EPA. Toxic Release Inventory (TRI) Explorer Report, 2008.

³ EPA. AIRSData, 2008.

RELATIVE HEALTH IMPORTANCE

Logan County, IL

		Your Health Status Compared to Peers	
		UNFAVORABLE	FAVORABLE
Your County's Health Compared to US Rates	UNFAVORABLE	 <ul style="list-style-type: none"> • Very Low Birth Wt. (<1500 g) • Births to Women under 18 • Births to Unmarried Women • Breast Cancer (Female) • Colon Cancer • Stroke 	<ul style="list-style-type: none"> • Lung Cancer • Motor Vehicle Injuries
	FAVORABLE	<ul style="list-style-type: none"> • Premature Births (<37 weeks) • Unintentional Injury 	 <ul style="list-style-type: none"> • Low Birth Wt. (<2500 g) • Births to Women age 40-54 • No Care in First Trimester • Infant Mortality • White non Hispanic Infant Mortality • Neonatal Infant Mortality • Post-neonatal Infant Mortality • Coronary Heart Disease • Suicide

The Relative Health Importance table creates four categories of relative concern by simply comparing a county to its peers and to the U.S.

A county's indicators in the upper left-hand box (🔍) are higher than the U.S. and its peers and may warrant more attention. Conversely, indicators in the lower right-hand box (🍏) of the table compare favorably to both peers and the U.S. The other boxes represent intermediate levels of health where a county's rate is higher than either its peers or the U.S., but not both.

Source: [Measures of Birth and Death tables, pages 6 - 7.](#)

NATIONAL LEADING CAUSES OF DEATH¹

Logan County, IL

	White	Black	Other	Hispanic
Under Age 1				
Complications of Pregnancy/Birth	nrf	nrf	nrf	nrf
Birth Defects	nrf	nrf	nrf	nrf
Ages 1-14				
Injuries	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 15-24				
Injuries	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Suicide	nrf	nrf	nrf	nrf
Cancer	nrf	nrf	nrf	nrf
Ages 25-44				
Injuries	11%	nrf	nrf	nrf
Cancer	23%	nrf	nrf	nrf
Heart Disease	15%	nrf	nrf	nrf
Suicide	11%	nrf	nrf	nrf
HIV/AIDS	nrf	nrf	nrf	nrf
Homicide	nrf	nrf	nrf	nrf
Ages 45-64				
Cancer	39%	nrf	nrf	nrf
Heart Disease	20%	nrf	nrf	nrf
Ages 65+				
Heart Disease	25%	nrf	nrf	nrf
Cancer	20%	nrf	nrf	nrf

nrf No report, fewer than 20 deaths in race/ethnicity and age group or less than 10% of the deaths.

nda No data available.

Local data are presented for the Nation's top leading causes of death in each age group. Columns, within age categories, do not total 100% because all causes of death are not listed.

The most complete ethnicity data available are reported.

¹ NCHS. Vital Statistics Reporting System, 2001-2005.

MEASURES OF BIRTH AND DEATH¹

Logan County, IL

County Percent / C.I.			Peer County Range		Birth Measures	U.S. Percent 2005	Healthy People 2010 Target
6.3	(5.2 , 7.5)	♥	5.6 - 7.9		Low Birth Wt. (<2500 g)	8.2	5.0
1.5	(0.9 , 2.1)	♫	0.9 - 1.6		Very Low Birth Wt. (<1500 g)	1.5	0.9
11.9	(10.3 , 13.4)	♫	9.4 - 13.4		Premature Births (<37 weeks)	12.7	7.6
3.9	(2.9 , 4.8)	♫	1.4 - 4.0		Births to Women under 18	3.4	No objective
1.5	(0.9 , 2.0)	♥	1.2 - 3.5		Births to Women age 40-54	2.7	No objective
37.4	(35.1 , 39.8)	♫	24.1 - 38.2		Births to Unmarried Women	36.9	No objective
12.0	(10.4 , 13.6)	♥	8.5 - 20.8		No Care in First Trimester ²	16.1	10.0

County Rate / C.I.			Peer County Range		Infant Mortality ³	U.S. Rate 2005	Healthy People 2010 Target
4.2	(1.7 , 8.7)	♥	4.1 - 8.5		Infant Mortality	6.9	4.5
4.4	(1.8 , 9.0)	♥	3.8 - 8.6		White non Hispanic Infant Mortality	5.8	4.5
nrf	(nrf , nrf)		0.0 - 9.6		Black non Hispanic Infant Mortality	13.6	4.5
nrf	(nrf , nrf)		0.0 - 19.8		Hispanic Infant Mortality	5.6	4.5
2.4	(0.7 , 6.2)	♥	2.4 - 5.7		Neonatal Infant Mortality	4.5	2.9
1.8	(0.4 , 5.3)	♥	1.0 - 3.2		Post-neonatal Infant Mortality	2.3	1.2

County Rate / C.I.			Peer County Range		Death Measures ⁴	U.S. Rate 2005	Healthy People 2010 Target
26.1	(16.4 , 39.4)	♫	15.4 - 29.8		Breast Cancer (Female)	24.1	21.3
30.0	(22.5 , 39.3)	♫	14.1 - 26.8		Colon Cancer	17.5	13.7
149.9	(132.4 , 167.5)	♥	101.6 - 196.2		Coronary Heart Disease	154.0	162.0
nrf	(nrf , nrf)		0.5 - 5.0		Homicide	6.1	2.8
52.9	(42.6 , 64.8)	♥	43.1 - 67.6		Lung Cancer	52.6	43.3
15.6	(10.1 , 22.9)	♥	12.1 - 28.0		Motor Vehicle Injuries	14.6	8.0
55.5	(45.1 , 65.9)	♫	42.1 - 67.9		Stroke	47.0	50.0
8.0	(4.1 , 14.1)	♥	7.5 - 17.2		Suicide	10.9	4.8
26.6	(19.7 , 35.2)	♫	16.9 - 31.7		Unintentional Injury	39.1	17.1

The total number of births during this time period was 1,654 and the total number of deaths was 1,729.

♥ Indicates a status favorable to peers.

♫ Indicates a status less than favorable.

nrf No report, fewer than 500 births and 5 events (birth measures and infant mortality) or fewer than 10 events (death measures) occurred during the specified time period.

nda No data available.

cdna Comparable data not available.

¹ NCHS. Vital Statistics Reporting System, 2001-2005.

² Include 37 states, New York City and DC (see the Data Sources, Definitions, and Notes for details).

³ Infant mortality: deaths per 1000 live births (Neonatal: <28 days; post-neonatal: day 28 to under one year).

⁴ Rates are age-adjusted to the year 2000 standard; per 100,000 population.

U.S. Census Bureau



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 Logan County, Illinois

city/ town, county, or zip

state



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2006-2008 **2000**

View a Fact Sheet for a [race, ethnic, or ancestry group](#)

Census 2000 Demographic Profile Highlights:

[Reference Map](#)

General Characteristics - [show more](#)

>>	Number	Percent	U.S.		
Total population	31,183			map	brief
Male	15,585	50.0	49.1%	map	brief
Female	15,598	50.0	50.9%	map	brief
Median age (years)	37.0	(X)	35.3	map	brief
Under 5 years	1,689	5.4	6.8%	map	
18 years and over	24,359	78.1	74.3%		
65 years and over	4,691	15.0	12.4%	map	brief
One race	30,991	99.4	97.6%		
White	28,593	91.7	75.1%	map	brief
Black or African American	2,045	6.6	12.3%	map	brief
American Indian and Alaska Native	49	0.2	0.9%	map	brief
Asian	171	0.5	3.6%	map	brief
Native Hawaiian and Other Pacific Islander	4	0.0	0.1%	map	brief
Some other race	129	0.4	5.5%	map	
Two or more races	192	0.6	2.4%	map	brief
Hispanic or Latino (of any race)	503	1.6	12.5%	map	brief
Household population	26,908	86.3	97.2%	map	brief
Group quarters population	4,275	13.7	2.8%	map	
Average household size	2.42	(X)	2.59	map	brief
Average family size	2.94	(X)	3.14	map	
Total housing units	11,872			map	
Occupied housing units	11,113	93.6	91.0%		brief
Owner-occupied housing units	7,925	71.3	66.2%	map	
Renter-occupied housing units	3,188	28.7	33.8%	map	brief
Vacant housing units	759	6.4	9.0%	map	

Social Characteristics - [show more](#) >>

	Number	Percent	U.S.		
Population 25 years and over	20,714				
High school graduate or higher	16,655	80.4	80.4%	map	brief
Bachelor's degree or higher	2,942	14.2	24.4%	map	

Civilian veterans (civilian population 18 years and over)	3,050	12.5	12.7%	map	brief
Disability status (population 5 years and over)	4,825	18.4	19.3%	map	brief
Foreign born	446	1.4	11.1%	map	brief
Male, Now married, except separated (population 15 years and over)	8,177	64.2	56.7%		brief
Female, Now married, except separated (population 15 years and over)	7,388	57.3	52.1%		brief
Speak a language other than English at home (population 5 years and over)	1,172	4.0	17.9%	map	brief

Economic Characteristics - show more >>	Number	Percent	U.S.		
In labor force (population 16 years and over)	14,879	59.0	63.9%		brief
Mean travel time to work in minutes (workers 16 years and over)	20.3	(X)	25.5	map	brief
Median household income in 1999 (dollars)	39,389	(X)	41,994	map	
Median family income in 1999 (dollars)	48,655	(X)	50,046	map	
Per capita income in 1999 (dollars)	17,953	(X)	21,587	map	
Families below poverty level	474	6.2	9.2%	map	brief
Individuals below poverty level	2,170	8.1	12.4%	map	

Housing Characteristics - show more >>	Number	Percent	U.S.		
Single-family owner-occupied homes	6,647				brief
Median value (dollars)	75,700	(X)	119,600	map	brief
Median of selected monthly owner costs	(X)	(X)			brief
With a mortgage (dollars)	769	(X)	1,088	map	
Not mortgaged (dollars)	310	(X)	295		

(X) Not applicable.
 Source: U.S. Census Bureau, Summary File 1 (SF 1) and Summary File 3 (SF 3)

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IPLAN Data System Summary Report

1. 01 POPULATION BY AGE AND GENDER

2006 Race Data not available.

1. 02 DEPENDENCY INDICATORS

2006 Race Data not available.

1. 03 RACE/ETHNICITY DISTRIBUTION

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number	
	-----	-----	-----	-----	
Total Population	100.0%	30,400	100.0%	12,831,900	N/A
Asi an/PI	**.*%	0	**.*%	0	N/A
Bl ack	**.*%	0	**.*%	0	N/A
Native Amer	**.*%	0	**.*%	0	N/A
Whi te	**.*%	0	79.8%	10,241,100	N/A

1. 04 MEDIAN AGE FOR POPULATION

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010
Total	**.*	35.7	36.4	N/A
Bl ack	**.*	**.*	N/A	N/A
Whi te	**.*	**.*	N/A	N/A

1. 05 POPULATION 25+ WHO ARE NON-HIGH SCHOOL GRADUATES

2006 Race Data not available.

1. 06 HIGH SCHOOL DROP-OUTS

2006 Race Data not available.

1. 07 POPULATION IN POVERTY

2006 Race Data not available.

1. 08 POPULATION RECEIVING FOOD STAMPS

2006 Race Data not available.

1. 09 RURAL POPULATION

2006 Race Data not available.

1. 10 UNEMPLOYED

2006 Race Data not available.

1. 11 POPULATION ENROLLED IN MEDICAID

2006 Race Data not available.

1. 12 SINGLE PARENT HOUSEHOLD

2006 Race Data not available.

1. 13 PER CAPITA PERSONAL INCOME

2006 Race Data not available.

2. 01 MORTALITY RATES
(Rates per 100, 000)

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number		
Age- Adjusted	**.*		780.8		N/A	N/A
Asian/Pac IIs	**.*		**.*		N/A	N/A
Black	**.*		**.*		N/A	N/A
White	**.*		754.0		N/A	N/A
Crude	1098.7	334	795.8	102, 122	N/A	N/A
Asian/Pac IIs	**.*	1	****.*	1, 239	N/A	N/A
Black	**.*	3	****.*	15, 786	N/A	N/A
White	****.*	329	830.1	85, 013	N/A	N/A

If < 10 deaths/events or no population data, no rates calculated.

2. 02. 01 LEADING CAUSES OF MORTALITY, ICD-9

2006 Race Data not available.

2. 02. 02 LEADING CAUSES OF MORTALITY, ICD-10

YEAR: 2006	LOGAN		ILLINOIS			
	# of	% of	# of	% of	# of	% of

CAUSE	DEATHS	TOTAL	CAUSE	DEATHS	TOTAL
Asi an/PI Total	1			1, 239	
Falls	1	100%	Malignant Neoplasms	336	27%
Accidents	1	100%	Diseases of Heart	281	23%
			Coronary Heart Disease @	221	18%
			Lung Cancer @	91	7%
			Cerebrovascular Diseases	89	7%
			Diabetes Mellitus	58	5%
			Colo-rectal Cancer @	51	4%
			Accidents	43	3%
			Nephritis, etc.	41	3%
			Septicemi a	35	3%
Black Total	3			15, 786	
Diseases of Heart	1	33%	Diseases of Heart	3, 960	25%
Malignant Neoplasms	1	33%	Malignant Neoplasms	3, 651	23%
			Coronary Heart Disease @	2, 927	19%
			Lung Cancer @	1, 004	6%
			Accidents	849	5%
			Cerebrovascular Diseases	848	5%
			Homi ci de	577	4%
			Diabetes Mellitus	572	4%
			Nephritis, etc.	530	3%
			Firearms (see description	518	3%
White Total	329			85, 013	
Malignant Neoplasms	69	21%	Diseases of Heart	22, 744	27%
Diseases of Heart	66	20%	Malignant Neoplasms	20, 043	24%
Coronary Heart Disease @	39	12%	Coronary Heart Disease @	15, 957	19%
Chronic Lower Resp. Disea	21	6%	Lung Cancer @	5, 560	7%
Lung Cancer @	20	6%	Cerebrovascular Diseases	5, 036	6%
Cerebrovascular Diseases	17	5%	Chronic Lower Resp. Disea	4, 251	5%
Nephritis, etc.	12	4%	Accidents	3, 505	4%
Diabetes Mellitus	10	3%	Influenza and Pneumonia	2, 318	3%
Accidents	10	3%	Diabetes Mellitus	2, 164	3%
Influenza and Pneumonia	9	3%	Lymph & Hemato Cancer @	2, 072	2%
Other Total	1			84	
			Malignant Neoplasms	22	26%
			Diseases of Heart	17	20%
			Coronary Heart Disease @	15	18%
			Lung Cancer @	8	10%
			Nephritis, etc.	5	6%
			Accidents	4	5%
			Motor Vehi cle Accidents @	3	4%
			Septicemi a	3	4%
			Perinatal Condi ti ons	3	4%
			Chronic Lower Resp. Disea	2	2%
Total for All Races	334			102, 122	

Malignant Neoplasms	70	21%	Diseases of Heart	27,002	26%
Diseases of Heart	67	20%	Malignant Neoplasms	24,052	24%
Coronary Heart Disease @	39	12%	Coronary Heart Disease @	19,120	19%
Chronic Lower Resp. Disea	21	6%	Lung Cancer @	6,663	7%
Lung Cancer @	20	6%	Cerebrovascular Diseases	5,974	6%
Cerebrovascular Diseases	17	5%	Chronic Lower Resp. Disea	4,725	5%
Nephritis, etc.	12	4%	Accidents	4,401	4%
Accidents	11	3%	Diabetes Mellitus	2,794	3%
Diabetes Mellitus	10	3%	Influenza and Pneumonia	2,671	3%
Influenza and Pneumonia	9	3%	Colo-rectal Cancer @	2,507	2%

@ This is a subcategory of a preceding cause.

Total number of deaths is for all causes (excludes subcategories; i.e., no double-counting)

2.03 LIFE EXPECTANCY AT BIRTH

2006 Race Data not available.

2.04 EXCESS NON-WHITE DEATHS

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number		
	-----	-----	-----	-----	-----	-----
0-64 yrs.	**.*%	*	32.9%	2,485	N/A	N/A

Note: No data for intercensal years.

2.05 POPULATION UNINSURED

2006 Race Data not available.

2.06.01 CAUSE-SPECIFIC YEARS OF POTENTIAL LIFE LOST, ICD-9

2006 Race Data not available.

2.06.02 CAUSE-SPECIFIC YEARS OF POTENTIAL LIFE LOST, ICD-10

YEAR: 2006	LOGAN	ILLINOIS	
CAUSE	TOTAL	CAUSE	TOTAL
Asi an/PI		Perinatal Conditions	1,362
		Malignant Neoplasms	1,310
		Accidents	798
		Diseases of Heart	719
		Congenital Malformations,	571
		Motor Vehicle Accidents @	444
		Coronary Heart Disease @	425

Sui ci de	391
Lung Cancer @	335
Diabetes Mellitus	164

Black

Accidents	20, 299
Homi ci de	19, 206
Firearms (see description)	17, 608
Diseases of Heart	16, 282
Malignant Neoplasms	15, 296
Perinatal Conditions	14, 533
Coronary Heart Disease @	10, 346
Motor Vehicle Accidents @	5, 206
Congenital Malformations,	4, 120
HIV Disease	3, 274

White

Diseases of Heart	152
Malignant Neoplasms	144
Accidents	126
Coronary Heart Disease @	76
Motor Vehicle Accidents @	75
Perinatal Conditions	64
Cerebrovascular Diseases	62
Colo-rectal Cancer @	41
Lung Cancer @	29
Chronic Lower Resp. Di sea	21

Accidents	63, 998
Malignant Neoplasms	56, 653
Diseases of Heart	37, 671
Perinatal Conditions	29, 067
Coronary Heart Disease @	25, 496
Motor Vehicle Accidents @	25, 228
Congenital Malformations,	14, 861
Sui ci de	14, 600
Lung Cancer @	10, 408
Firearms (see description)	9, 597

Other

Perinatal Conditions	194
Malignant Neoplasms	127
Motor Vehicle Accidents @	119
Accidents	119
Congenital Malformations,	64
Coronary Heart Disease @	63
Diseases of Heart	63
Firearms (see description)	61
Homi ci de	61
Sui ci de	40

Total for All Races

Diseases of Heart	152
Malignant Neoplasms	144
Accidents	126
Coronary Heart Disease @	76
Motor Vehicle Accidents @	75
Perinatal Conditions	64
Cerebrovascular Diseases	62
Colo-rectal Cancer @	41
Lung Cancer @	29
Chronic Lower Resp. Di sea	21

Accidents	85, 216
Malignant Neoplasms	73, 388
Diseases of Heart	54, 579
Perinatal Conditions	45, 158
Coronary Heart Disease @	36, 136
Motor Vehicle Accidents @	31, 128
Homi ci de	27, 677
Firearms (see description)	27, 275
Congenital Malformations,	19, 618
Sui ci de	17, 193

@ This is a subcategory of a preceding cause.

2.07 PERCENT POPULATION NO MEDICAL PHYSICAL IN PAST 2 YEARS

2006 Race Data not available.

2.08 MEDICAID ENROLLEES TO MEDICAID PHYSICIAN VENDORS RATIO

2006 Race Data not available.

**2.09 ADVANCED LIFE SUPPORT EMERGENCY CARE VEHICLES
(Rates per 100,000)**

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number		
	-----	-----	-----	-----	-----	-----
Total	13.2	4	10.6	1,362	N/A	N/A

2.10 POPULATION RESIDING IN PRIMARY CARE HPSA

2006 Race Data not available.

2.11 POPULATION WITH OPTIMALLY FLUORIDATED WATER

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number		
	-----	-----	-----	-----	-----	-----
Total	9.0%	2,740	44.3%	5,678,729	N/A	75%

3.01 LIVE BIRTHS

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number		
	-----	-----	-----	-----	-----	-----
Total		313		180,503	N/A	N/A
Asian/PI	0.6%	2	5.2%	9,427	N/A	N/A
Black	1.9%	6	17.4%	31,469	N/A	N/A
White	97.1%	304	77.0%	138,936	N/A	N/A
Other	0.3%	1	0.4%	671	N/A	N/A

**3.02 INFANT MORTALITY RATE
(Rates per 1,000 live births)**

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number		

Infant Mortality	**.*	1	7.4	1,343	0.0	4.5
Asi an/PI	**.*	0	3.5	33	N/A	4.5
Black	**.*	0	14.4	452	N/A	4.5
Whi te	**.*	1	6.1	850	N/A	4.5
Neonatal Mortality	**.*	1	5.1	921	N/A	2.9
Asi an/PI	**.*	0	2.8	26	N/A	2.9
Black	**.*	0	8.5	266	N/A	2.9
Whi te	**.*	1	4.5	624	N/A	2.9
PostNeonatal Mort	**.*	0	2.3	422	N/A	1.2
Asi an/PI	**.*	0	**.*	7	N/A	1.2
Black	**.*	0	5.9	186	N/A	1.2
Whi te	**.*	0	1.6	226	N/A	1.2

If < 10 deaths/events or no population data, no rates calculated.

3.03 LOW BIRTH WEIGHT

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number	
LOW BIRTHWEIGHT (<2,500 gms)					
Total	9.3%	29	8.6%	15,607	N/A 5.0%
Asi an/PI	**.*%	0	9.0%	850	N/A 5.0%
Black	33.3%	2	14.4%	4,525	N/A 5.0%
Whi te	8.9%	27	7.3%	10,176	N/A 5.0%
VERY LOW BIRTHWEIGHT (<1,500 gms)					
Total	1.6%	5	1.6%	2,964	N/A 0.9%
Asi an/PI	**.*%	0	1.3%	119	N/A 0.9%
Black	**.*%	0	3.3%	1,031	N/A 0.9%
Whi te	1.6%	5	1.3%	1,806	N/A 0.9%

3.04 MOTHERS WHO SMOKE DURING PREGNANCY

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number	
Total	23.0%	72	8.6%	15,456	N/A 1%
Black	16.7%	1	10.1%	3,167	N/A 1%
Whi te	23.0%	70	8.7%	12,136	N/A 1%
Other	33.3%	1	1.5%	153	N/A 1%

3.05 MOTHERS WHO DRINK DURING PREGNANCY

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number		
Total	0.3%	1	0.3%	629	N/A	6%
Black	**.*%	0	0.6%	174	N/A	6%
White	0.3%	1	0.3%	446	N/A	6%
Other	**.*%	0	0.1%	9	N/A	6%

3.06 KESSNER INDEX OF PRENATAL CARE

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number		
Adequate	87.2%	273	74.7%	134,827	N/A	90%
Intermediate	9.9%	31	15.7%	28,418	N/A	N/A
Inadequate	2.2%	7	8.4%	15,180	N/A	N/A

3.07 MOTHERS BEGIN PRENATAL IN 1ST TRIMESTER

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Percent	Number	Percent	Number		
Total	89.8%	281	82.5%	148,860	N/A	90%
Asian/PI	100.0%	2	82.2%	7,748	N/A	90%
Black	66.7%	4	73.5%	23,115	N/A	90%
White	90.1%	274	84.5%	117,461	N/A	90%
Other	100.0%	1	79.9%	536	N/A	90%

3.08 INFANTS POSITIVE FOR COCAINE

2006 Race Data not available.

3.09.01 LEADING CAUSES OF MORTALITY (AGES 1-4), ICD-9

2006 Race Data not available.

3.09.02 LEADING CAUSES OF MORTALITY (AGES 1-4), ICD-10

YEAR: 2006	LOGAN		ILLINOIS			
CAUSE	# of DEATHS	% of TOTAL CAUSE	# of DEATHS	% of TOTAL CAUSE		

Asi an/PI Total	0		1	
		Congenital Malformations,	1	100%
Black Total	0		59	
		Accidents	18	31%
		Homi ci de	8	14%
		Fires and Burns @	5	8%
		Congenital Malformations,	4	7%
		Malignant Neoplasms	3	5%
		Motor Vehi cle Accidents @	3	5%
		Firearms (see description	3	5%
		Cerebrovascul ar Di seases	2	3%
		Falls	2	3%
		Drowni ng @	2	3%
White Total	0		114	
		Accidents	39	34%
		Congenital Malformations,	15	13%
		Malignant Neoplasms	12	11%
		Motor Vehi cle Accidents @	12	11%
		Drowni ng @	12	11%
		Fires and Burns @	5	4%
		Homi ci de	5	4%
		Di seases of Heart	3	3%
		Falls	3	3%
		Cerebrovascul ar Di seases	2	2%
Other Total	0		0	
Total for All Races	0		174	
		Accidents	57	33%
		Congenital Malformations,	20	11%
		Malignant Neoplasms	15	9%
		Motor Vehi cle Accidents @	15	9%
		Drowni ng @	14	8%
		Homi ci de	13	7%
		Fires and Burns @	10	6%
		Falls	5	3%
		Di seases of Heart	4	2%
		Cerebrovascul ar Di seases	4	2%

@ This is a subcategory of a preceding cause.

Total number of deaths is for all causes (excludes subcategories; i.e., no double-counting)

3. 10 WIC: LOW WEIGHT FOR HEIGHT

2006 Race Data not available.

3. 11 TEEN BIRTH RATE (Rates per 1,000 females)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010		
	Rate	Number	Rate	Number		
Total	***. *	8	***. *	6,395	N/A	N/A
Ages 10 to 14	***. *	2	***. *	275	N/A	N/A
Ages 15 to 17	***. *	6	***. *	6,120	N/A	43

If < 10 events or no population data, no rates calculated.

3.12 PERCENT BIRTHS TO TEENS (Under 18 years of age)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010		
	Percent	Number	Percent	Number		
Total	2.6%	8	3.5%	6,395	N/A	N/A
Asian/PI	**.*%	0	0.3%	29	N/A	N/A
Black	**.*%	0	8.5%	2,688	N/A	N/A
White	2.6%	8	2.6%	3,647	N/A	N/A

3.13 FOUNDED CHILD ABUSE/NEGLECT RATE

2006 Race Data not available.

3.14 CONGENITAL ANOMALIES

2006 Race Data not available.

3.15 MEDICAID DELIVERIES

2006 Race Data not available.

3.16 IDPA-ELIGIBLE CHILDREN RECEIVING EPSDT

2006 Race Data not available.

3.17 KOTELCHUCK INDEX OF PRENATAL CARE UTILIZATION

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010		
	Percent	Number	Percent	Number		
Total Live Birth	100.0%	313	100.0%	180,503	N/A	N/A
Adequate Plus	60.4%	189	31.4%	56,724	N/A	N/A
Adequate	31.9%	100	43.8%	79,042	N/A	N/A

Intermediate	3.8%	12	10.9%	19,708	N/A	N/A
Inadequate	3.5%	11	8.1%	14,544	N/A	N/A
Unknown	0.3%	1	5.8%	10,485	N/A	N/A

3.18 METHOD OF DELIVERY

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010	
	Percent	Number	Percent	Number		
	-----	-----	-----	-----	-----	
Total Live Births	**.*	313	**.*	180,503	N/A	N/A
Vaginal	81.7	228	79.9	124,268	N/A	N/A
VBAC	12.5	*	7.4	1,732	N/A	N/A
Primary Cesrn	18.3	51	20.1	31,342	31.1	N/A
Repeat Cesrn	87.5	*	92.6	21,730	N/A	N/A
Unknown	**.*	2	**.*	1,431	N/A	N/A
Vaginal						
Ages 10-19	8.8	*	11.5	14,260	N/A	N/A
Ages 20-29	69.3	158	52.5	65,224	N/A	N/A
Ages 30-39	21.1	48	34.0	42,219	N/A	N/A
Ages 40+	0.9	*	2.1	2,560	N/A	N/A
Unknown	**.*	0	**.*	5	N/A	N/A
Primary Cesarean						
Ages 10-19	11.8	*	10.0	3,134	N/A	N/A
Ages 20-29	66.7	34	47.7	14,949	N/A	N/A
Ages 30-39	17.6	*	38.5	12,063	N/A	N/A
Ages 40+	3.9	*	3.8	1,195	N/A	N/A
Unknown	**.*	0	**.*	1	N/A	N/A
Repeat Cesarean						
Ages 10-19	3.6	*	2.3	492	N/A	N/A
Ages 20-29	39.3	11	41.7	9,066	N/A	N/A
Ages 30-39	53.6	15	51.1	11,110	N/A	N/A
Ages 40+	3.6	*	4.9	1,062	N/A	N/A
Unknown	**.*	0	**.*	0	N/A	N/A

If < 10 events, numbers are suppressed.

The number of events is suppressed if less than 10 or if the number reveals through subtraction another category number of less than 10 (i.e., complimentary suppression).

Suggestion: if numbers are suppressed, try combining multiple years of data or combine geographies for a single year of data.

4.01.01 CORONARY HEART DISEASE MORTALITY RATES, ICD-9

2006 Race Data not available.

4. 01. 02 CORONARY HEART DISEASE MORTALITY RATES, ICD- 10
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010		
	Rate	Number	Rate	Number		
	-----	-----	-----	-----		
Total: Age- Adjusted	***. *		145. 0		N/A	166
Crude	128. 3	39	149. 0	19, 120	N/A	N/A
Premature(<65)	***. *	5	34. 2	3, 862	N/A	N/A
Asi an: Age- Adjusted	***. *		***. *		N/A	166
/ PI Crude	***. *	0	***. *	221	N/A	N/A
Premature(<65)	***. *	0	***. *	50	N/A	N/A
Bl ack: Age- Adjusted	***. *		***. *		N/A	166
Crude	***. *	0	***. *	2, 927	N/A	N/A
Premature(<65)	***. *	0	***. *	1, 046	N/A	N/A
Whi te: Age- Adjusted	***. *		139. 2		N/A	166
Crude	***. *	39	155. 8	15, 957	N/A	N/A
Premature(<65)	***. *	5	30. 9	2, 760	N/A	N/A

If < 10 events or no population data, no rates calculated.

4. 02. 01 CEREBROVASCULAR DISEASE MORTALITY RATES, ICD- 9

2006 Race Data not available.

4. 02. 02 CEREBROVASCULAR DISEASES MORTALITY RATES, ICD- 10
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010		
	Rate	Number	Rate	Number		
	-----	-----	-----	-----		
Total: Age- Adjusted	***. *		45. 2		N/A	48
Crude	55. 9	17	46. 6	5, 974	N/A	N/A
Premature(<65)	***. *	2	6. 7	761	N/A	N/A
Asi an: Age- Adjusted	***. *		***. *		N/A	48
/ PI Crude	***. *	0	***. *	89	N/A	N/A
Premature(<65)	***. *	0	***. *	16	N/A	N/A
Bl ack: Age- Adjusted	***. *		***. *		N/A	48
Crude	***. *	0	***. *	848	N/A	N/A
Premature(<65)	***. *	0	***. *	260	N/A	N/A
Whi te: Age- Adjusted	***. *		43. 5		N/A	48

Crude	***.*	17	49.2	5,036	N/A	N/A
Premature(<65)	***.*	2	5.4	484	N/A	N/A

If < 10 events or no population data, no rates calculated.

4.03.01 CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATES, ICD-9

2006 Race Data not available.

4.03.02 CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATES, ICD-10
(Rates per 100,000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010	
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Total: Age-Adjusted	***.*		8.2	N/A	3.0
Crude	***.*	4	8.3	1,070	N/A
Premature(<65)	***.*	0	6.1	685	N/A
Asian: Age-Adjusted	***.*		***.*	N/A	3.0
/ PI Crude	***.*	0	***.*	11	N/A
Premature(<65)	***.*	0	***.*	5	N/A
Black: Age-Adjusted	***.*		***.*	N/A	3.0
Crude	***.*	0	***.*	138	N/A
Premature(<65)	***.*	0	***.*	103	N/A
White: Age-Adjusted	***.*		8.5	N/A	3.0
Crude	***.*	4	9.0	920	N/A
Premature(<65)	***.*	0	6.5	576	N/A

If < 10 events or no population data, no rates calculated.

4.04.01 BREAST CANCER (FEMALE) MORTALITY RATES, ICD-9

2006 Race Data not available.

4.04.02 BREAST CANCER (FEMALE) MORTALITY RATES, ICD-10
(Rates per 100,000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010	
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Total: Age-Adjusted	***.*		24.1	N/A	22.3
Crude	***.*	3	27.1	1,766	N/A
Premature(<65)	***.*	0	14.3	802	N/A
Asian: Age-Adjusted	***.*		***.*	N/A	22.3
/ PI Crude	***.*	0	***.*	21	N/A

	Premature(<65)	***. *	0	***. *	14	N/A	N/A
Black:	Age- Adjusted	***. *		***. *		N/A	22. 3
	Crude	***. *	0	***. *	313	N/A	N/A
	Premature(<65)	***. *	0	***. *	193	N/A	N/A
White:	Age- Adjusted	***. *		23. 1		N/A	22. 3
	Crude	***. *	3	27. 7	1, 430	N/A	N/A
	Premature(<65)	***. *	0	13. 5	593	N/A	N/A

If < 10 events or no population data, no rates calculated.

4. 05. 01 LUNG CANCER MORTALITY RATES, ICD-9

2006 Race Data not available.

4. 05. 02 LUNG CANCER MORTALITY RATES, ICD-10
(Rates per 100, 000)

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number		
	-----	-----	-----	-----		
Total:	Age- Adjusted	***. *	52. 4		N/A	44. 9
	Crude	65. 8	20	51. 9	6, 663	N/A
	Premature(<65)	***. *	4	17. 2	1, 942	N/A
Asian: / PI	Age- Adjusted	***. *		***. *		N/A
	Crude	***. *	0	***. *	91	N/A
	Premature(<65)	***. *	0	***. *	35	N/A
Black:	Age- Adjusted	***. *		***. *		N/A
	Crude	***. *	0	***. *	1, 004	N/A
	Premature(<65)	***. *	0	***. *	413	N/A
White:	Age- Adjusted	***. *		51. 5		N/A
	Crude	***. *	20	54. 3	5, 560	N/A
	Premature(<65)	***. *	4	16. 7	1, 491	N/A

If < 10 events or no population data, no rates calculated.

4. 06. 01 COLORECTAL CANCER MORTALITY RATES, ICD-9

2006 Race Data not available.

4. 06. 02 COLORECTAL CANCER MORTALITY RATES, ICD-10
(Rates per 100, 000)

YEAR: 2006	LOGAN		Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number		

		---	---	---	---		
Total:	Age- Adjusted	***.*		19.3		N/A	13.9
	Crude	***.*	6	19.5	2,507	N/A	N/A
	Premature(<65)	***.*	3	5.9	665	N/A	N/A
Asian:	Age- Adjusted	***.*		***.*		N/A	13.9
/ PI	Crude	***.*	0	***.*	51	N/A	N/A
	Premature(<65)	***.*	0	***.*	21	N/A	N/A
Black:	Age- Adjusted	***.*		***.*		N/A	13.9
	Crude	***.*	0	***.*	424	N/A	N/A
	Premature(<65)	***.*	0	***.*	160	N/A	N/A
White:	Age- Adjusted	***.*		18.2		N/A	13.9
	Crude	***.*	6	19.8	2,032	N/A	N/A
	Premature(<65)	***.*	3	5.4	484	N/A	N/A

If < 10 events or no population data, no rates calculated.

4.07.01 CERVICAL CANCER (FEMALE) MORTALITY RATES, ICD-9

2006 Race Data not available.

4.07.02 CERVICAL CANCER (FEMALE) MORTALITY RATES, ICD-10
(Rates per 100,000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010			
	Rate	Number	Rate	Number			
	---	---	---	---			
Total:	Age- Adjusted	***.*	2.5	N/A	2.0		
	Crude	***.*	1	2.6	172	N/A	
	Premature(<65)	***.*	1	1.9	106	N/A	
Asian:	Age- Adjusted	***.*		***.*		N/A	2.0
/ PI	Crude	***.*	0	***.*	3	N/A	N/A
	Premature(<65)	***.*	0	***.*	1	N/A	N/A
Black:	Age- Adjusted	***.*		***.*		N/A	2.0
	Crude	***.*	0	***.*	50	N/A	N/A
	Premature(<65)	***.*	0	***.*	28	N/A	N/A
White:	Age- Adjusted	***.*		2.1		N/A	2.0
	Crude	***.*	1	2.3	119	N/A	N/A
	Premature(<65)	***.*	1	1.8	77	N/A	N/A

If < 10 events or no population data, no rates calculated.

4.08.01 PROSTATE CANCER (MALE) MORTALITY RATES, ICD-9

2006 Race Data not available.

4. 08. 02 PROSTATE CANCER (MALE) MORTALITY RATES, ICD- 10
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Total: Age- Adjusted	***. *		25. 1		N/A 28. 8
Crude	***. *	4	19. 3	1, 220	N/A N/A
Premature(<65)	***. *	0	2. 0	115	N/A N/A
Asi an: Age- Adjusted	***. *		***. *		N/A 28. 8
/ PI Crude	***. *	0	***. *	6	N/A N/A
Premature(<65)	***. *	0	***. *	2	N/A N/A
Bl ack: Age- Adjusted	***. *		***. *		N/A 28. 8
Crude	***. *	0	***. *	282	N/A N/A
Premature(<65)	***. *	0	***. *	33	N/A N/A
Whi te: Age- Adjusted	***. *		22. 0		N/A 28. 8
Crude	***. *	4	18. 3	932	N/A N/A
Premature(<65)	***. *	0	1. 8	80	N/A N/A

If < 10 events or no population data, no rates calculated.

4. 09. 01 CHILDHOOD CANCER (UNDER AGE 15) MORTALITY RATES, ICD- 9

2006 Race Data not available.

4. 09. 02 CHILDHOOD CANCER (UNDER AGE 15) MORTALITY RATES, ICD- 10
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Ages					
Total 0 - 4	**.	0	1. 9	17	N/A N/A
5 - 14	**.	0	2. 1	38	N/A N/A
Asi an 0 - 4	**.	0	**.	0	N/A N/A
/ PI 5 - 14	**.	0	**.	0	N/A N/A
Bl ack 0 - 4	**.	0	**.	4	N/A N/A
5 - 14	**.	0	**.	9	N/A N/A
Whi te 0 - 4	**.	0	1. 9	13	N/A N/A
5 - 14	**.	0	2. 1	29	N/A N/A
Other 0 - 4	**.	0	**.	0	N/A N/A
5 - 14	**.	0	**.	0	N/A N/A

If < 10 events or no population data, no rates calculated.

4. 10 ALCOHOL DEPENDENCE SYNDROME HOSPITALIZATION RATES

2006 Race Data not available.

4. 11 TOTAL PSYCHOSES HOSPITALIZATION RATES

2006 Race Data not available.

4. 12 DIABETES HOSPITALIZATION RATES

2006 Race Data not available.

4. 13 OVERWEIGHT, SMOKERS, SEDENTARY LIFESTYLES

2006 Race Data not available.

4. 14. 01 BREAST CANCER AGE- ADJUSTED INCIDENCE RATE

2006 Race Data not available.

4. 14. 02 COLORECTAL CANCER AGE- ADJUSTED INCIDENCE RATE

2006 Race Data not available.

4. 14. 03 CERVICAL CANCER AGE- ADJUSTED INCIDENCE RATE

2006 Race Data not available.

4. 14. 04 LUNG CANCER AGE- ADJUSTED INCIDENCE RATE

2006 Race Data not available.

4. 14. 05 PROSTATE CANCER AGE- ADJUSTED INCIDENCE RATE

2006 Race Data not available.

4. 14. 06 PERCENT DIAGNOSED IN SITU BREAST CANCER (FEMALE)

2006 Race Data not available.

4. 14. 07 PERCENT DIAGNOSED AT LOCAL STAGE COLORECTAL CANCER

2006 Race Data not available.

4. 14. 08 PERCENT DIAGNOSED AT LOCAL STAGE PROSTATE CANCER

2006 Race Data not available.

4. 14. 09 PERCENT DIAGNOSED AT LATE STAGE CERVICAL CANCER

2006 Race Data not available.

4. 14. 10 CHILDHOOD CANCER AGE-ADJUSTED INCIDENCE RATE

2006 Race Data not available.

5. 01 SYPHILIS INCIDENCE RATES
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number	
Total	**.*	1	3.4	431	N/A 0.2
Asian/PI	**.*	0	**.*	N/A	N/A 0.2
Black	**.*	N/A	**.*	187	N/A 0.2
White	**.*	0	2.0	200	N/A 0.2
Other/Unknown	**.*	0	**.*	39	N/A 0.2

If < 10 events or no population data, no rates calculated.

5. 02 GONORRHEA INCIDENCE RATES
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number	
Total	65.8	20	157.3	20,186	N/A 19
Asian/PI	**.*	0	**.*	47	N/A 19
Black	**.*	N/A	**.*	14,405	N/A 19
White	**.*	12	26.9	2,758	N/A 19
Other/Unknown	**.*	N/A	**.*	2,976	N/A 19

Adolescents:

Ages 15-19	**.*	6	**.*	5,844	N/A N/A
------------	------	---	------	-------	---------

Women:

Ages 15-44	**.*	13	**.*	10,571	N/A N/A
------------	------	----	------	--------	---------

If < 10 events or no population data, no rates calculated.

5. 03 CHLAMYDIA INCIDENCE RATES
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number	

Total	161.2	49	417.6	53,586	N/A	N/A
Asian/PI	**. *	0	**. *	348	N/A	N/A
Black	**. *	11	**. *	29,152	N/A	N/A
White	**. *	36	132.4	13,555	N/A	N/A
Other/Unknown	**. *	N/A	**. *	10,531	N/A	N/A

If < 10 events or no population data, no rates calculated.

5.04 AIDS INCIDENCE RATES

2006 Race Data not available.

5.05 HIV INFECTION INCIDENCE RATES

2006 Race Data not available.

5.06 BASIC SERIES VACCINATIONS

2006 Race Data not available.

5.07 HAEMOPHILUS MENINGITIS (AGES 0-2 AND 0-4)

2006 Race Data not available.

5.08 FOODBORNE PATHOGENS INFECTION RATES

2006 Race Data not available.

5.09 VACCINE PREVENTABLE DISEASES

2006 Race Data not available.

5.10 HEPATITIS B INCIDENCE RATES

2006 Race Data not available.

5.11 TUBERCULOSIS INCIDENCE RATES

2006 Race Data not available.

6.01 ENVIRONMENTAL INDICATORS

2006 Race Data not available.

6.02 TOXIC AGENTS RELEASED INTO AIR, WATER, SOIL

2006 Race Data not available.

6.03.01 MOTOR VEHICLE ACCIDENTS MORTALITY RATES, ICD-9

2006 Race Data not available.

6. 03. 02 MOTOR VEHICLE ACCIDENTS MORTALITY RATES, ICD- 10
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010	
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Total: Age- Adjusted	***. *		10. 7	N/A	9. 2
Crude	***. *	2	10. 8	1, 389	N/A
Premature(<65)	***. *	2	10. 4	1, 170	N/A
Asi an: Age- Adjusted	***. *		***. *	N/A	9. 2
/ PI Crude	***. *	0	***. *	15	N/A
Premature(<65)	***. *	0	***. *	14	N/A
Bl ack: Age- Adjusted	***. *		***. *	N/A	9. 2
Crude	***. *	0	***. *	194	N/A
Premature(<65)	***. *	0	***. *	178	N/A
Whi te: Age- Adjusted	***. *		11. 3	N/A	9. 2
Crude	***. *	2	11. 5	1, 177	N/A
Premature(<65)	***. *	2	10. 9	975	N/A

If < 10 events or no population data, no rates calculated.

6. 04. 01 HOMICIDE RATES, ICD- 9

2006 Race Data not available.

6. 04. 02 HOMICIDE RATES, ICD- 10
(Rates per 100, 000)

YEAR: 2006	LOGAN	Illinois	U. S.	YEAR 2010	
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Total: Age- Adjusted	***. *		6. 6	N/A	3. 0
Crude	***. *	0	6. 7	859	N/A
Premature(<65)	***. *	0	7. 3	826	N/A
Asi an: Age- Adjusted	***. *		***. *	N/A	3. 0
/ PI Crude	***. *	0	***. *	2	N/A
Premature(<65)	***. *	0	***. *	2	N/A
Bl ack: Age- Adjusted	***. *		***. *	N/A	3. 0
Crude	***. *	0	***. *	577	N/A
Premature(<65)	***. *	0	***. *	562	N/A
Whi te: Age- Adjusted	***. *		2. 7	N/A	3. 0

Crude	***.*	0	2.7	278	N/A	N/A
Premature(<65)	***.*	0	2.9	260	N/A	N/A

If < 10 events or no population data, no rates calculated.

6.05.01 SUICIDE RATES, ICD-9

2006 Race Data not available.

6.05.02 SUICIDE RATES, ICD-10
(Rates per 100,000)

YEAR: 2006	LOGAN	Illinois		U. S.	YEAR 2010
	Rate	Number	Rate	Number	
	-----	-----	-----	-----	
Total: Age-Adjusted	***.*		7.8		N/A 5.0
Crude	***.*	2	7.8	1,007	N/A N/A
Premature(<65)	***.*	2	7.7	870	N/A N/A
Asian: Age-Adjusted	***.*		***.*		N/A 5.0
/ PI Crude	***.*	0	***.*	19	N/A N/A
Premature(<65)	***.*	0	***.*	17	N/A N/A
Black: Age-Adjusted	***.*		***.*		N/A 5.0
Crude	***.*	0	***.*	93	N/A N/A
Premature(<65)	***.*	0	***.*	87	N/A N/A
White: Age-Adjusted	***.*		8.5		N/A 5.0
Crude	***.*	2	8.7	893	N/A N/A
Premature(<65)	***.*	2	8.6	764	N/A N/A

If < 10 events or no population data, no rates calculated.

6.06 NON-FATAL HEAD/SPINAL CORD, HIP INJURY HOSPITALIZATION RATES

2006 Race Data not available.

6.06.01 NON-FATAL HIP FRACTURE HOSPITALIZATION RATES (AGES 65 AND UP)

2006 Race Data not available.

6.06.02 NON-FATAL HEAD INJURY HOSPITALIZATION RATES

2006 Race Data not available.

6.06.03 NON-FATAL SPINAL CORD INJURY HOSPITALIZATION RATES

2006 Race Data not available.

6.07 ALCOHOL-RELATED MOTOR VEHICLE MORTALITY RATES

2006 Race Data not available.

6.08 OCCUPATIONAL DISEASES/INJURIES

2006 Race Data not available.

6.09 BLOOD LEAD LEVELS IN CHILDREN

2006 Race Data not available.

6.10 ASSAULT RATES

2006 Race Data not available.

7.01 SENTINEL EVENTS

2006 Race Data not available.

7.02 SENTINEL EVENTS - CANCER

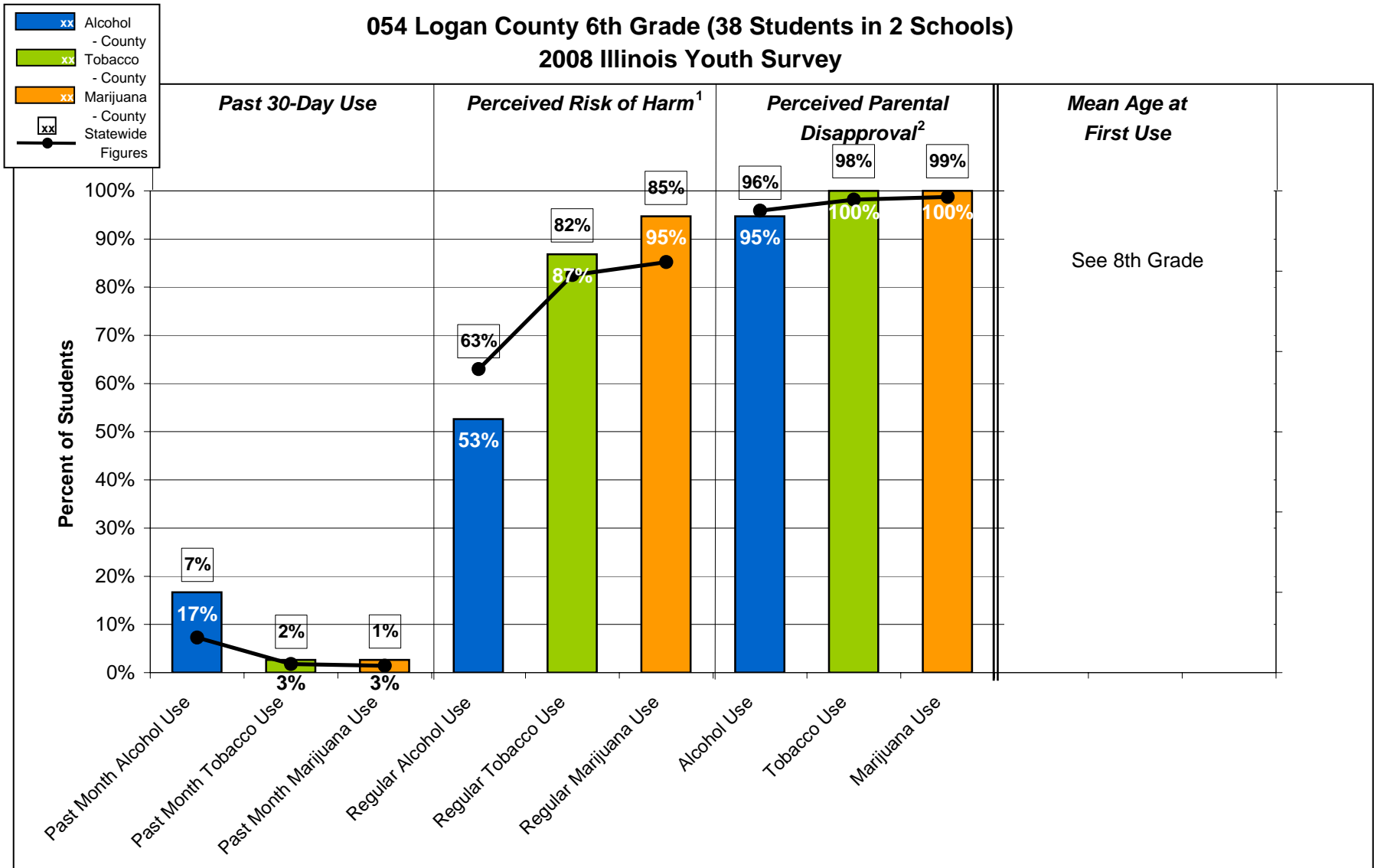
2006 Race Data not available.

IPLAN Data System Report 08/30/10 10:19:05 AM

Note: If a report shows all zero numbers, it means that no data is available for this county or community.

For more information about this indicator, please read .

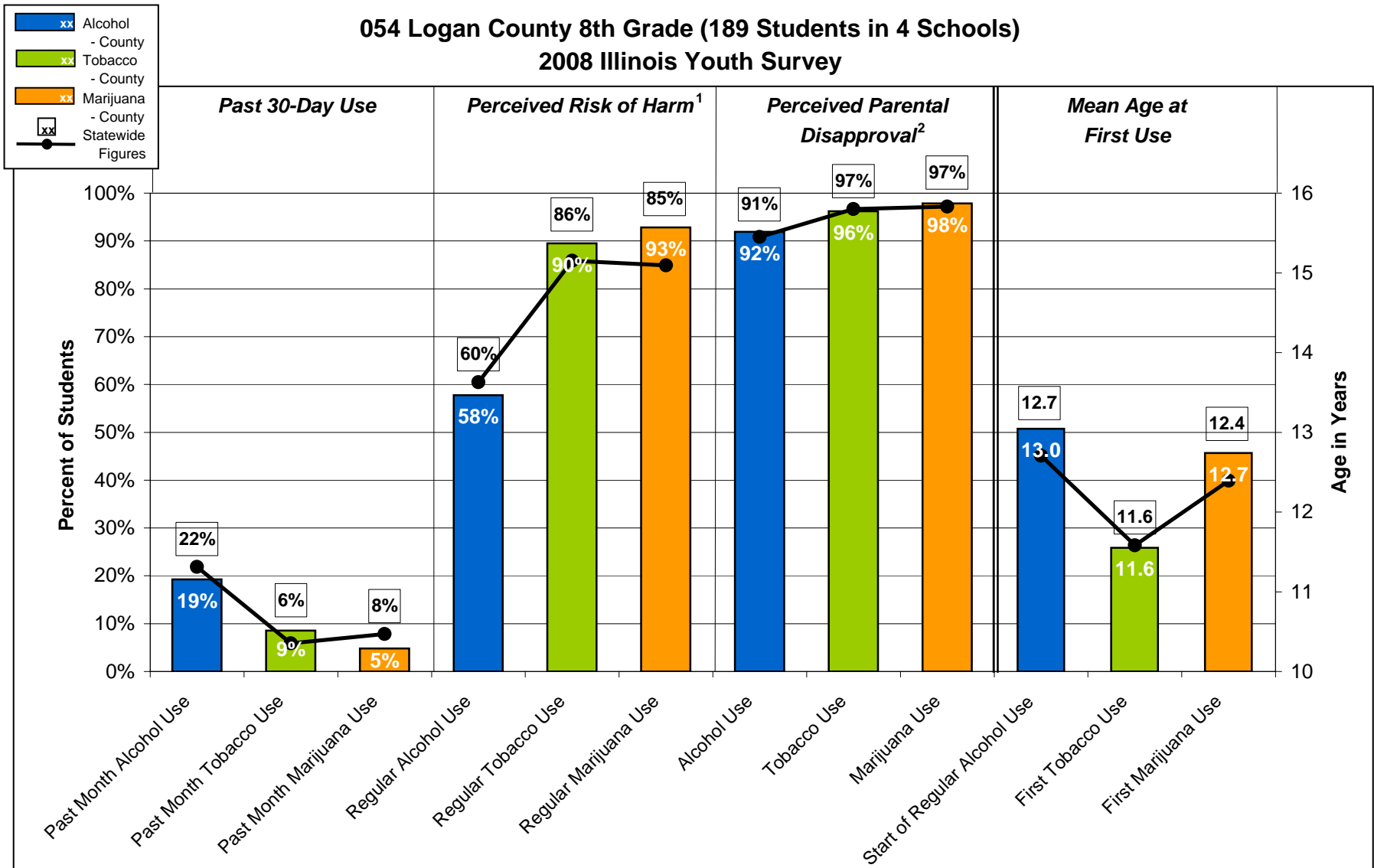
**054 Logan County 6th Grade (38 Students in 2 Schools)
2008 Illinois Youth Survey**



¹ Perceived Risk of Harm: Percent who responded "Moderate Risk" or "Great Risk" of harm.

² Perceived Parental Disapproval: Percent who responded "Wrong" or "Very Wrong" attitude of parents toward youth use of substance.

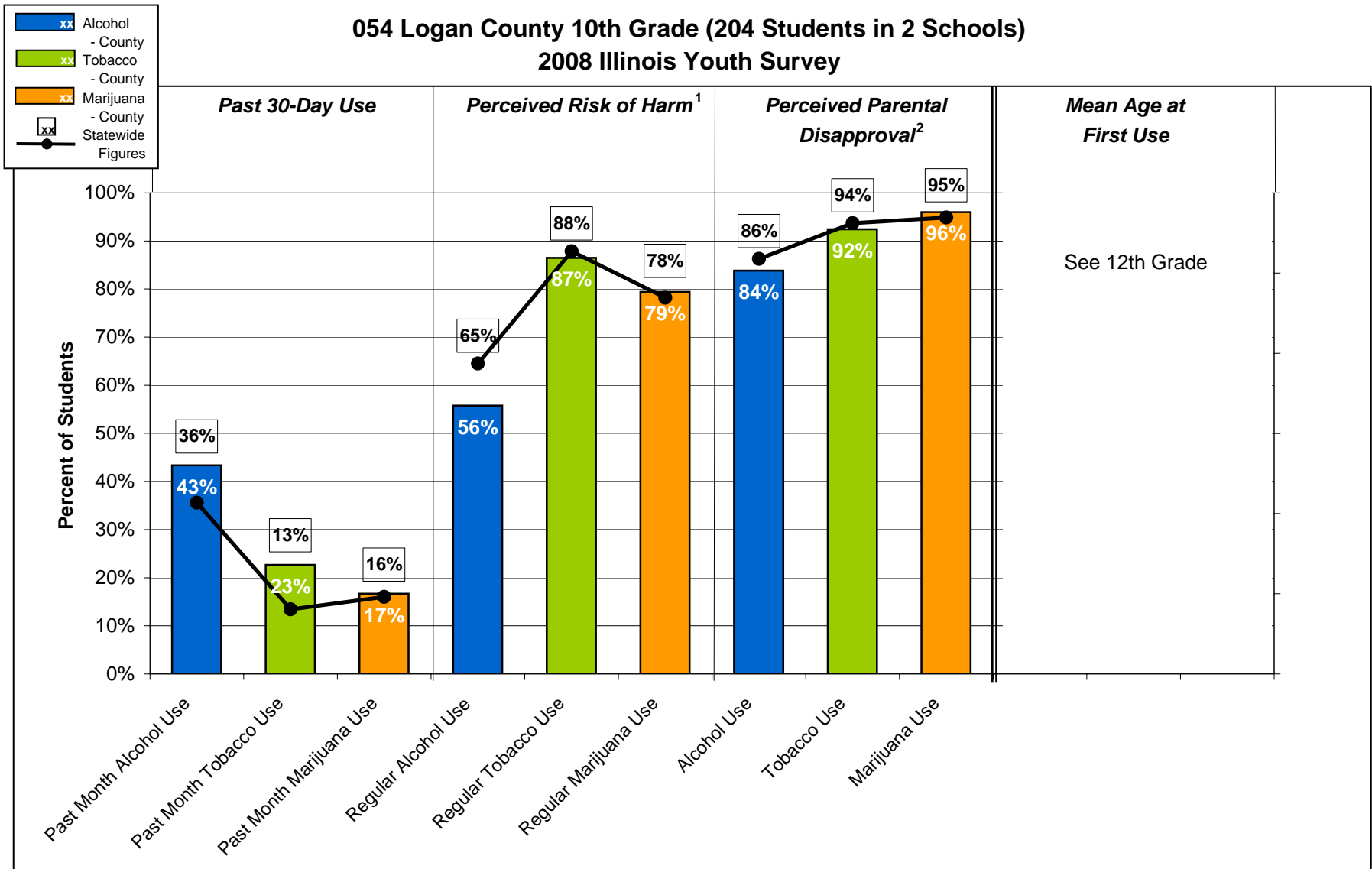
**054 Logan County 8th Grade (189 Students in 4 Schools)
2008 Illinois Youth Survey**



¹ Perceived Risk of Harm: Percent who responded "Moderate Risk" or "Great Risk" of harm.

² Perceived Parental Disapproval: Percent who responded "Wrong" or "Very Wrong" attitude of parents toward youth use of substance.

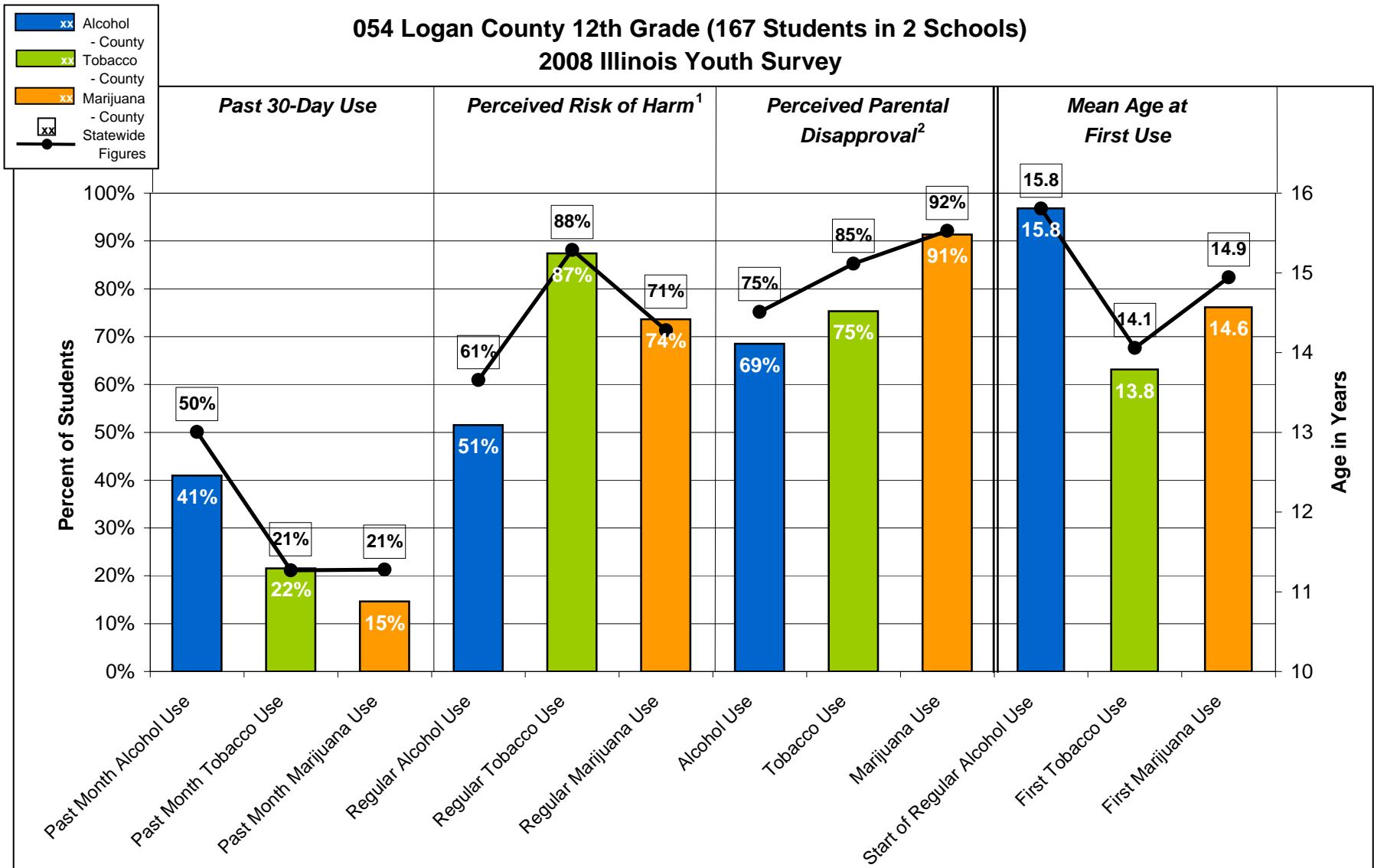
**054 Logan County 10th Grade (204 Students in 2 Schools)
2008 Illinois Youth Survey**



¹ Perceived Risk of Harm: Percent who responded "Moderate Risk" or "Great Risk" of harm.

² Perceived Parental Disapproval: Percent who responded "Wrong" or "Very Wrong" attitude of parents toward youth use of substance.

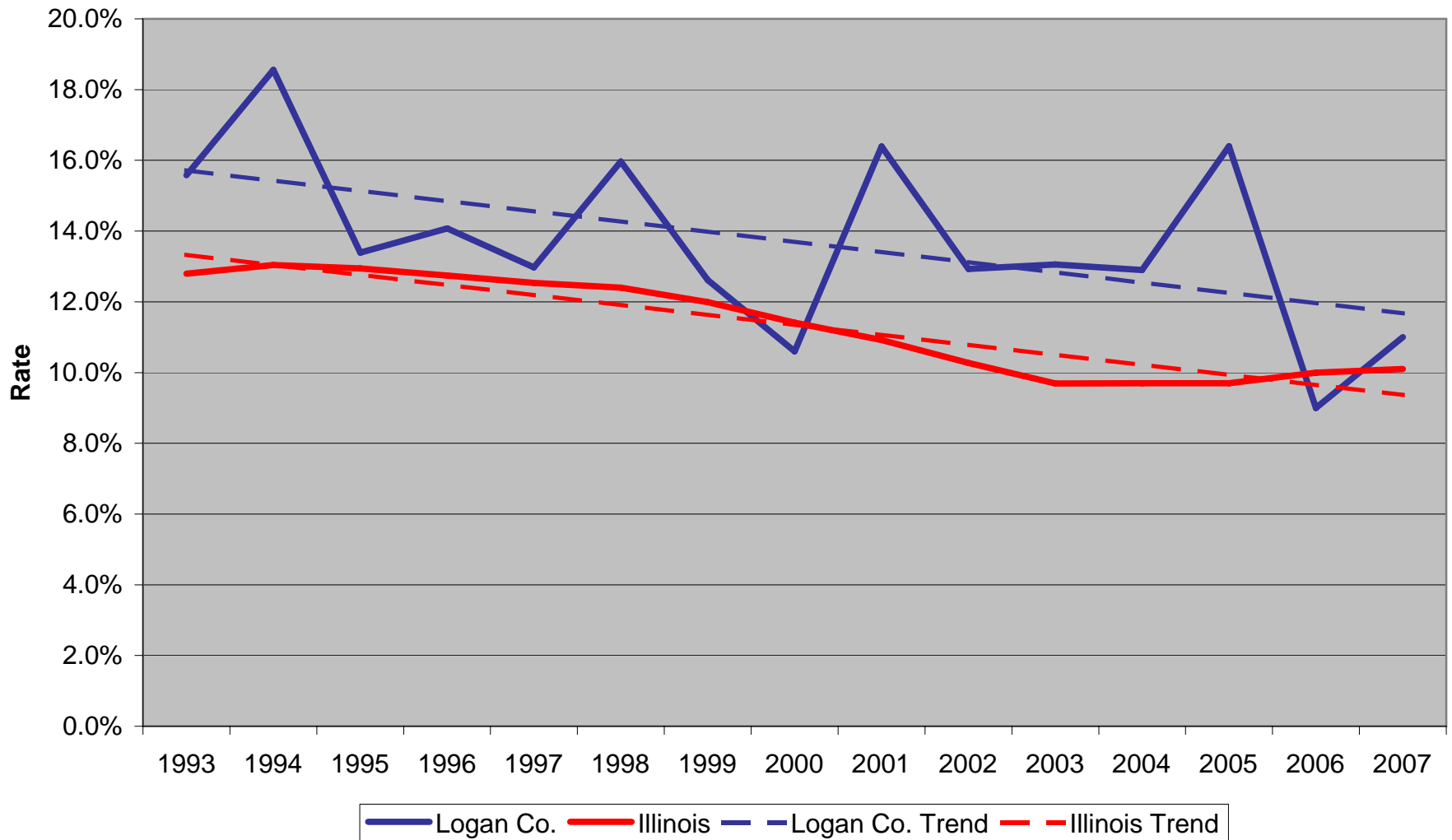
**054 Logan County 12th Grade (167 Students in 2 Schools)
2008 Illinois Youth Survey**

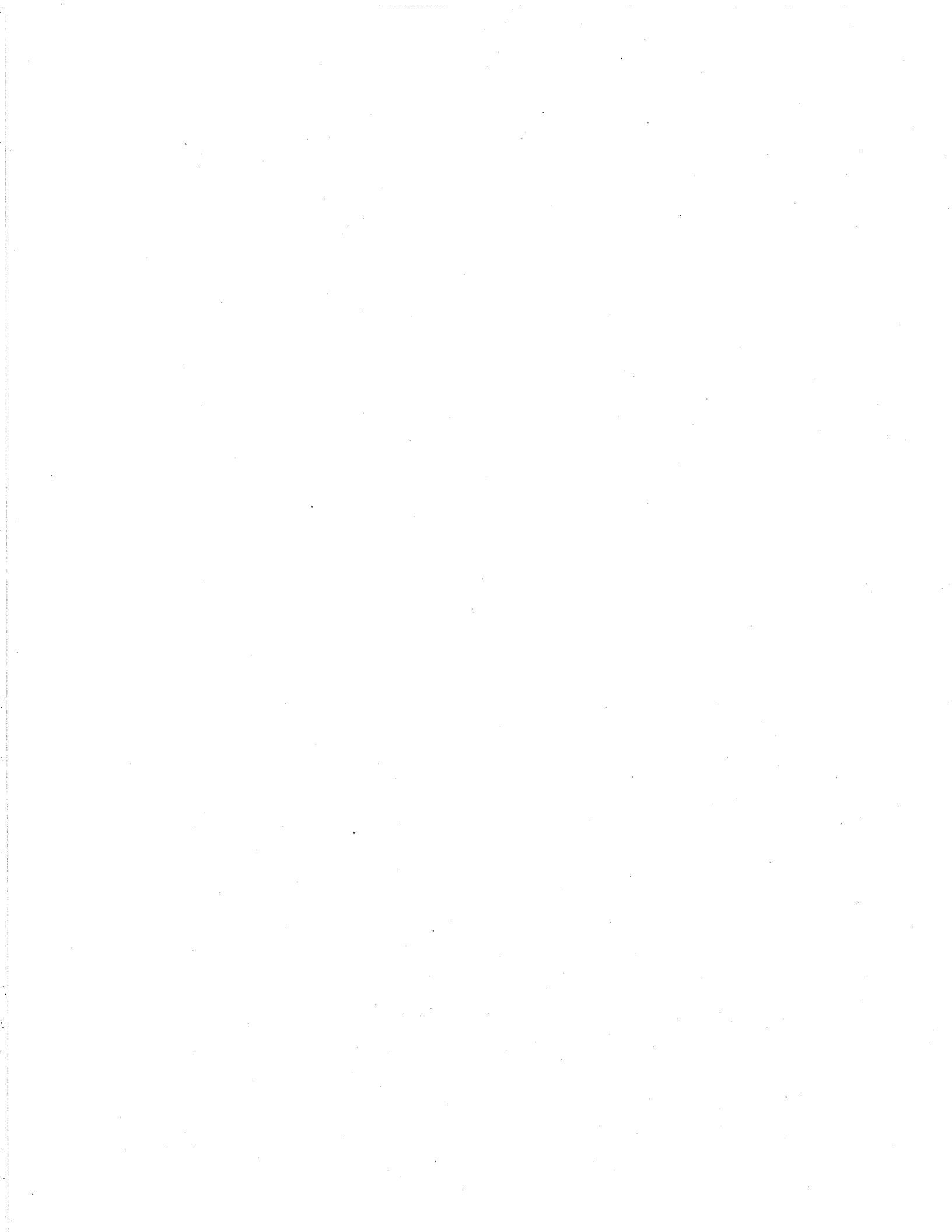


¹ Perceived Risk of Harm: Percent who responded "Moderate Risk" or "Great Risk" of harm.

² Perceived Parental Disapproval: Percent who responded "Wrong" or "Very Wrong" attitude of parents toward youth use of substance.

Teen Birth Rate Logan County vs Illinois 1993-2007





Selected Mortality Statistics among Residents of Logan County - 2003

Population Estimates	
Total	30,600
Under 65 Years	26,010
65 and Older	4,590

Race Category	Sex	All Ages	Under 1 Year	Number of Deaths by Age (in Years)									85 and Over
				1 - 4	5 - 14	15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	
All races		320	3	--	1	3	4	8	17	20	43	99	122
Male		149	1	--	1	3	4	6	11	12	22	46	43
Female		171	2	--	--	--	--	2	6	8	21	53	79
Black		1	--	--	--	--	--	--	--	--	--	--	1
Male		1	--	--	--	--	--	--	--	--	--	--	1
Female		--	--	--	--	--	--	--	--	--	--	--	--
White		319	3	--	1	3	4	8	17	20	43	99	121
Male		148	1	--	1	3	4	6	11	12	22	46	42
Female		171	2	--	--	--	--	2	6	8	21	53	79
All other races		--	--	--	--	--	--	--	--	--	--	--	--
Male		--	--	--	--	--	--	--	--	--	--	--	--
Female		--	--	--	--	--	--	--	--	--	--	--	--
Hispanic ethnicity ¹		--	--	--	--	--	--	--	--	--	--	--	--
Male		--	--	--	--	--	--	--	--	--	--	--	--
Female		--	--	--	--	--	--	--	--	--	--	--	--

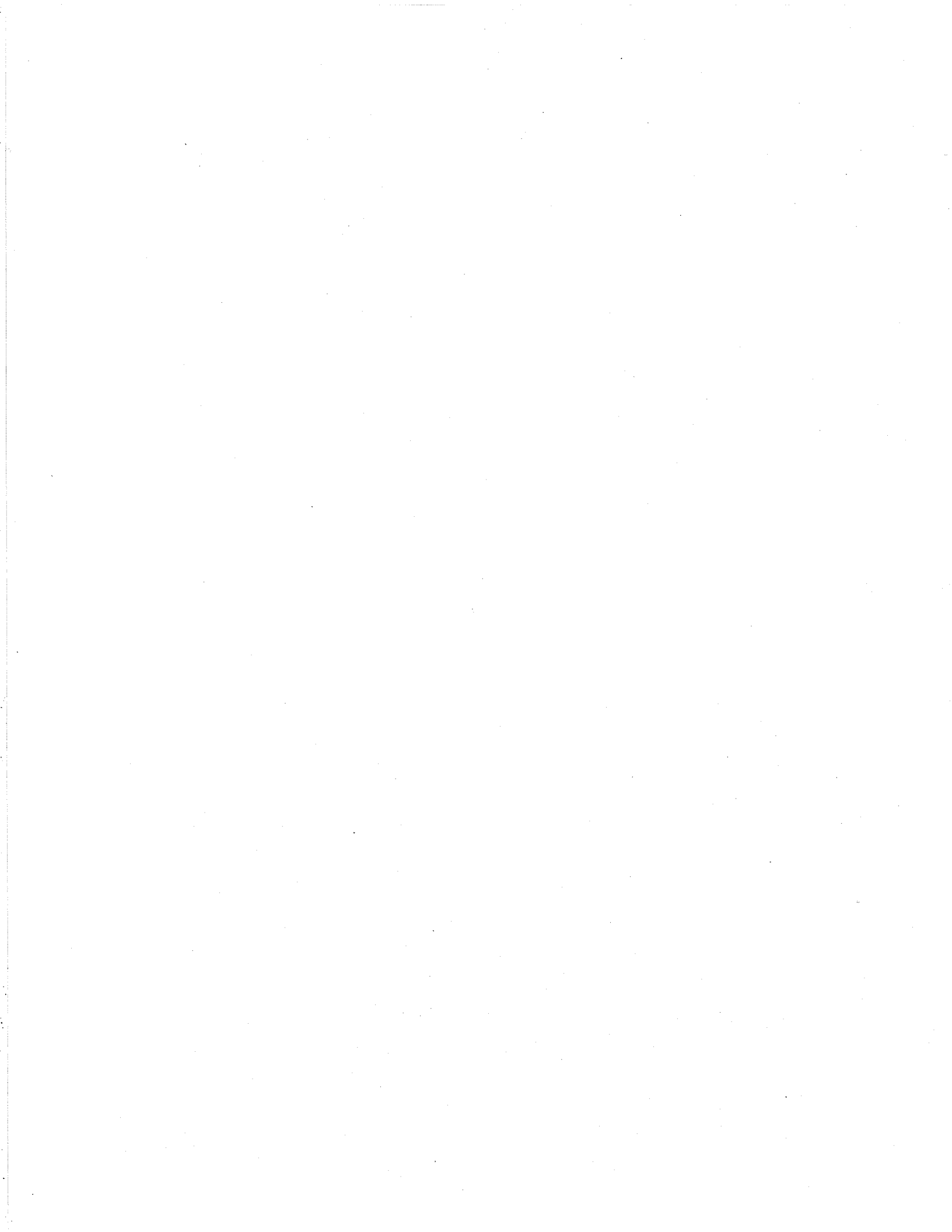
	Deaths by Selected Causes						Rates ²				
	Race Category			Ethnicity		Age		All Ages		Age	
	All Races	Black	White	Other	Hispanic ¹	0-64	65+	2003	1999-2003	0-64	65+
All Causes - Current Year	320	1	319	--	--	56	264	1,045.8	1,107.1	215.3	5,751.6
5-Year Average (1999-2003)	343	4	339	<1	<1	66	278	1,107.1	N.A.	249.4	5,913.9
# Infectious and parasitic diseases	4	--	4	--	--	2	2	*	26.5	*	*
# Septicemia	2	--	2	--	--	1	1	*	18.7	*	*
# Viral hepatitis	--	--	--	--	--	--	--	-0-	*	-0-	-0-
# HIV disease	--	--	--	--	--	--	--	-0-	-0-	-0-	-0-
# Malignant neoplasms	75	--	75	--	--	18	57	245.1	256.1	69.2	1,241.8
# Lip, oral cavity and pharynx	--	--	--	--	--	--	--	-0-	*	-0-	-0-
# Colorectal	10	--	10	--	--	4	6	32.7	32.9	*	*
# Bronchus and lung	14	--	14	--	--	6	8	45.8	60.6	*	*
# Female breast	5	--	5	--	--	3	2	* ³	11.0 ³	* ³	* ³
# Cervical	--	--	--	--	--	--	--	-0.3	* ³	-0.3	-0.3
# Prostate	4	--	4	--	--	--	4	* ³	13.5 ³	-0.3	* ³
# Diabetes mellitus	7	--	7	--	--	--	7	*	28.4	-0-	*
# Alzheimer's disease	16	--	16	--	--	--	16	52.3	42.6	-0-	348.6
# Major cardiovascular diseases	100	--	100	--	--	12	88	326.8	368.4	46.1	1,917.2
# Diseases of heart	73	--	73	--	--	11	62	238.6	271.0	42.3	1,350.8
# Ischemic heart disease	56	--	56	--	--	9	47	183.0	171.0	*	1,024.0
# Cerebrovascular diseases	21	--	21	--	--	1	20	68.6	80.6	*	435.7
# Atherosclerosis	--	--	--	--	--	--	--	-0-	*	-0-	-0-
# Aortic aneurysm and dissection	1	--	1	--	--	--	1	*	*	-0-	*
# Respiratory diseases	35	--	35	--	--	3	32	114.4	116.1	*	697.2
# Influenza and pneumonia	11	--	11	--	--	--	11	35.9	38.7	-0-	239.7
# Chronic lower resp. diseases	14	--	14	--	--	2	12	45.8	48.4	*	261.4
# Emphysema	5	--	5	--	--	1	4	*	16.8	*	*
# Asthma	1	--	1	--	--	--	1	*	*	-0-	*
# Chronic liver disease and cirrhosis	--	--	--	--	--	--	--	-0-	*	-0-	-0-
# Nephritis, nephrotic syn. & nephrosis	7	--	7	--	--	1	6	*	25.8	*	*
# Certain perinatal conditions	1	--	1	--	--	1	--	*	*	*	-0-
# Congenital malformations	3	--	3	--	--	2	1	*	*	*	*
# SIDS	--	--	--	--	--	--	--	-0-	*	-0-	-0-
# External causes	18	--	18	--	--	9	9	58.8	61.9	*	*
# Accidents	16	--	16	--	--	7	9	52.3	49.0	*	*
# Motor vehicle accidents	4	--	4	--	--	3	1	*	18.1	*	*
# All other accidents	12	--	12	--	--	4	8	39.2	31.0	*	*
# Suicide	1	--	1	--	--	1	--	*	7.7	*	-0-
# Homicide	1	--	1	--	--	1	--	*	*	*	-0-

Leading cause of death for ranking purposes

¹ Hispanic ethnicity may be of any race.

² Rates are per 100,000 estimated population within age group.

³ Denominators are combined-sex population estimates within age group.



ALCOHOL

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
AT RISK FOR ACUTE/BINGE DRINKING	at risk	3,844	16.70%	± 6.4%	53
	not at risk	19,154	83.30%	± 6.4%	348
Total		22,997	100.00%		401

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

ARTHRITIS

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
JOINT STATUS	doctor diagnosed arthritis	6,955	29.70%	± 6.3%	173
	joint symptoms, no arthritis diagnosis	5,908	25.20%	± 7.5%	75
	joint symptoms not apparent	10,569	45.10%	± 8.1%	154
Total		23,432	100.00%		402
EVER: SEEN DOCTOR FOR JOINT SYMPTOMS	Yes	6,578	69.90%	± 11.8%	133
	No	2,833	30.10%	± 11.8%	41
Total		9,411	100.00%		174
ACTIVITIES LIMITED BY JOINT SYMPTOMS	Yes	3,671	32.60%	± 9.8%	88
	No	7,574	67.40%	± 9.8%	141
Total		11,246	100.00%		229

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

ASTHMA

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
EVER: TOLD YOU HAVE ASTHMA	Yes	4,334	18.50%	± 7.1%	63
	No	19,106	81.50%	± 7.1%	339
Total		23,441	100.00%		402
DO YOU STILL HAVE ASTHMA	Yes	*	*	*	47
	No	*	*	*	14
Total					61
ANY CHILD IN HOUSEHOLD HAS ASTHMA	Yes	1,239	13.00%	± 8.1%	15
	No	8,281	87.00%	± 8.1%	80
Total		9,521	100.00%		95
30 DAYS: HAD ASTHMA SYMPTOMS	Not at any time	19,205	81.90%	± 6.1%	325
	Less than once a week	1,127	4.80%	± 3.3%	19
	Once or twice a week	1,198	5.10%	± 4.6%	19
	More than 2 times a week, but not every day	721	3.10%	± 3.2%	12
	Every day, but not all the time	722	3.10%	± 2.1%	17
	Every day, all the time	467	2.00%	± 2.0%	9
Total		23,439	100.00%		401

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

CARDIOVASCULAR

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
TOLD BLOOD PRESSURE HIGH	Yes	7,136	30.40%	± 6.7%	169
	No	16,347	69.60%	± 6.7%	234
Total		23,483	100.00%		403

MEDICATION PRESCRIBED FOR BLOOD PRESSURE	Yes	*	*	*	151
	No	*	*	*	18
Total					169
NOW TAKING BLOOD PRESSURE MEDICATION	Yes	*	*	*	147
	No	*	*	*	22
Total					169
LAST TIME CHOLESTEROL CHECKED	1 year or less	13,425	59.00%	± 8.5%	280
	> 1 year	6,160	27.10%	± 7.3%	91
	never	3,185	14.00%	± 8.3%	24
Total		22,770	100.00%		395
EVER: TOLD BLOOD CHOLESTEROL HIGH	Yes	7,394	36.50%	± 8.5%	172
	No	12,864	63.50%	± 8.5%	205
Total		20,258	100.00%		377
EVER: TOLD HAD ANGINA	Yes	1,073	4.60%	± 2.5%	29
	No	22,108	95.40%	± 2.5%	372
Total		23,180	100.00%		401
EVER: TOLD HAD A HEART ATTACK	Yes	1,035	4.40%	± 2.4%	28
	No	22,448	95.60%	± 2.4%	375
Total		23,483	100.00%		403
EVER: TOLD HAD A STROKE	Yes	692	2.90%	± 1.4%	27
	No	22,778	97.10%	± 1.4%	375
Total		23,470	100.00%		402
IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

About how long has it been since you last had your blood cholesterol checked?

2007 Logan County Adults - 4th Round Logan County BRFS		LAST TIME CHOLESTEROL CHECKED								
		1 year or less			> 1 year			never		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	6	*	*	2	*	*	6
	25-44	4,105	53.30%	43	2,637	34.20%	24	961	12.50%	10
	45-64	5,067	70.30%	114	2,005	27.80%	39	*	*	4
	65+	3,275	76.80%	117	918	21.50%	26	*	*	4
	Total	13,425	59.00%	280	6,160	27.10%	91	3,185	14.00%	24
RACIAL CATEGORIES	white	13,092	59.40%	277	6,106	27.70%	89	2,837	12.90%	22
	non-white	*	*	3	*	*	2	*	*	2
	Total	13,425	59.00%	280	6,160	27.10%	91	3,185	14.00%	24
SEX OF RESPONDENT	Male	6,433	55.00%	97	3,446	29.50%	36	1,820	15.60%	13
	Female	6,991	63.20%	183	2,713	24.50%	55	1,365	12.30%	11
	Total	13,425	59.00%	280	6,160	27.10%	91	3,185	14.00%	24
INCOME LEVEL	< \$15,000	*	*	27	*	*	8	*	*	1
	\$15-35,000	3,536	72.00%	77	1,053	21.40%	24	*	*	5
	\$35-50,000	2,078	56.30%	50	1,051	28.50%	13	562	15.20%	6
	> \$50,000	5,705	56.00%	100	2,858	28.10%	37	1,616	15.90%	10
	Total	12,488	60.10%	254	5,327	25.60%	82	2,957	14.20%	22
EDUCATION LEVEL	< high school graduate	*	*	26	*	*	6	*	*	2
	high school graduate	5,516	60.60%	115	2,901	31.90%	36	682	7.50%	11
	> high school graduate	6,552	57.50%	138	2,950	25.90%	49	1,900	16.70%	11
	Total	13,397	58.90%	279	6,160	27.10%	91	3,185	14.00%	24
EMPLOYMENT STATUS	employed	8,776	57.70%	138	4,584	30.20%	56	1,839	12.10%	17
	out of work	*	*	5	*	*	2	*	*	
	homemaker/student	*	*	30	*	*	10	*	*	3
	retired/unable to work	3,115	74.20%	107	1,012	24.10%	23	*	*	4
	Total	13,425	59.00%	280	6,160	27.10%	91	3,185	14.00%	24
ARE YOU HISPANIC OR LATINO	Yes	*	*	4	*	*		*	*	1
	No	12,939	58.90%	272	6,160	28.00%	91	2,873	13.10%	23
	Total	13,261	58.70%	276	6,160	27.20%	91	3,185	14.10%	24
MARITAL STATUS	married	9,675	64.30%	171	4,552	30.30%	52	820	5.40%	9
	widowed	1,214	73.00%	58	420	25.30%	13	*	*	2
	divorced/separated	1,156	61.10%	35	554	29.30%	14	*	*	4
	Total									

	never married	*	*	12	*	*	11	*	*	6
	member of unmarried couple	*	*	4	*	*	1	*	*	2
	Total	13,425	59.30%	280	6,160	27.20%	91	3,043	13.40%	23
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.										

Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? (those who had cholesterol checked)

2007 Logan County Adults - 4th Round Logan County BRFS		EVER: TOLD BLOOD CHOLESTEROL HIGH					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*		*	*	9
	25-44	1,768	25.10%	18	5,285	74.90%	50
	45-64	3,794	53.10%	81	3,348	46.90%	74
	65+	1,832	42.40%	73	2,489	57.60%	72
	Total	7,394	36.50%	172	12,864	63.50%	205
RACIAL CATEGORIES	white	7,368	37.10%	171	12,503	62.90%	201
	non-white	*	*	1	*	*	4
	Total	7,394	36.50%	172	12,864	63.50%	205
SEX OF RESPONDENT	Male	3,303	33.40%	61	6,576	66.60%	72
	Female	4,091	39.40%	111	6,288	60.60%	133
	Total	7,394	36.50%	172	12,864	63.50%	205
INCOME LEVEL	< \$15,000	*	*	21	*	*	14
	\$15-35,000	1,849	40.30%	44	2,739	59.70%	57
	\$35-50,000	968	30.50%	32	2,203	69.50%	32
	> \$50,000	3,094	34.10%	61	5,973	65.90%	79
	Total	6,905	37.60%	158	11,455	62.40%	182
EDUCATION LEVEL	< high school graduate	*	*	19	*	*	12
	high school graduate	3,122	36.40%	70	5,445	63.60%	82
	> high school graduate	3,196	31.80%	83	6,843	68.20%	110
	Total	7,394	36.50%	172	12,836	63.50%	204
EMPLOYMENT STATUS	employed	4,587	33.30%	79	9,169	66.70%	119
	out of work	*	*	2	*	*	5
	homemaker/student	*	*	14	*	*	28
	retired/unable to work	2,213	53.80%	77	1,901	46.20%	53
	Total	7,394	36.50%	172	12,864	63.50%	205
ARE YOU HISPANIC OR LATINO	Yes	*	*	1	*	*	3
	No	7,232	36.60%	168	12,541	63.40%	201
	Total	7,260	36.10%	169	12,834	63.90%	204
	married	5,055	35.10%	97	9,343	64.90%	128
	widowed	870	52.00%	37	804	48.00%	37

MARITAL STATUS	divorced/separated	*	*	29	*	*	19
	never married	*	*	8	*	*	16
	member of unmarried couple	*	*	1	*	*	5
	Total	7,394	36.50%	172	12,864	63.50%	205
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.							

COLORECTAL CANCER SCREENING

4th Round BRFSS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
AGE 50+: HAD COLON/SIGMOIDOSCOPY	Yes	6,141	63.30%	± 8.1%	178
	No	3,568	36.70%	± 8.1%	96
	Total	9,709	100.00%		274
HAD HOME BLOOD STOOL TEST (AGES 50+)	Yes	4,944	51.00%	± 8.3%	145
	No	4,753	49.00%	± 8.3%	128
	Total	9,697	100.00%		273
IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

DEMOGRAPHICS

4th Round BRFSS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
AGE OF RESPONDENT	18-24	3,762	16.00%	± 8.8%	15
	25-44	8,014	34.10%	± 7.8%	78
	45-64	7,274	31.00%	± 6.5%	159
	65+	4,433	18.90%	± 4.5%	151
Total		23,483	100.00%		403
RACIAL CATEGORIES	white	22,748	96.90%	± 3.9%	396
	non-white	735	3.10%	± 3.9%	7
Total		23,483	100.00%		403
SEX OF RESPONDENT	Male	11,700	49.80%	± 8.0%	146
	Female	11,783	50.20%	± 8.0%	257
Total		23,483	100.00%		403
INCOME LEVEL	< \$15,000	1,992	9.30%	± 5.1%	36
	\$15-35,000	4,924	23.10%	± 6.6%	107
	\$35-50,000	3,733	17.50%	± 6.3%	70
	> \$50,000	10,682	50.10%	± 8.4%	150
Total		21,331	100.00%		363
EDUCATION LEVEL	< high school graduate	2,240	9.60%	± 5.3%	34
	high school graduate	9,276	39.50%	± 7.7%	164
	> high school graduate	11,939	50.90%	± 8.0%	204
Total		23,455	100.00%		402
EMPLOYMENT STATUS	employed	15,595	66.40%	± 7.3%	215
	out of work	334	1.40%	± 1.3%	7
	homemaker/student	3,328	14.20%	± 7.1%	45
	retired/unable to work	4,226	18.00%	± 4.4%	136
Total		23,483	100.00%		403
HISPANIC/LATIN ORIGIN	yes	*	*	*	5
	no	22,686	97.30%	± 4.0%	394
Total		23,319	100.00%		399
MARITAL STATUS	married	15,245	65.30%	± 8.1%	235
	widowed	1,702	7.30%	± 2.7%	76
	divorced/separated	1,892	8.10%	± 3.1%	53

	never married	3,063	13.10%	± 7.4%	30
	member of unmarried couple	1,438	6.20%	± 5.9%	8
	Total	23,340	100.00%		402

IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

DIABETES

4th Round BRFSS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
TOLD HAVE DIABETES	Yes	2,325	9.90%	± 4.0%	61
	No	21,158	90.10%	± 4.0%	342
Total		23,483	100.00%		403
12 MO: HAD BLOOD GLUCOSE TEST	Yes	11,434	49.20%	± 8.0%	251
	No	11,812	50.80%	± 8.0%	143
Total		23,246	100.00%		394

IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

HIV/AIDS/STD

4th Round BRFSS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
AT RISK FOR MULTIPLE SEX PARTNERS PAST YEAR	At risk	997	5.30%	± 3.5%	13
	Not at risk	17,874	94.70%	± 3.5%	234
Total		18,870	100.00%		247
12 MO: DISCUSSED CONDOMS PREVENTING STDS	Yes	2,518	13.20%	± 7.0%	24
	No	16,532	86.80%	± 7.0%	228
Total		19,050	100.00%		252
5 YEARS: BEEN TREATED FOR AN STD	Yes	*	*	*	3
	No	18,448	96.80%	± 6.4%	249
Total		19,050	100.00%		252

IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

HEALTH CARE UTILIZATION

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
DO YOU HAVE HEALTH CARE COVERAGE	Yes	21,153	90.10%	± 4.9%	376
	No	2,330	9.90%	± 4.9%	27
Total		23,483	100.00%		403
HAVE USUAL PERSON AS HEALTH CARE PROVIDER	Yes	21,716	92.50%	± 4.6%	374
	No	1,767	7.50%	± 4.6%	29
Total		23,483	100.00%		403
DO YOU HAVE MEDICARE	Yes	5,409	26.00%	± 5.8%	170
	No	15,391	74.00%	± 5.8%	205
Total		20,799	100.00%		375
LAST ROUTINE CHECKUP	1 year or less	16,054	68.50%	± 8.4%	311
	More than 1 year/Never	7,375	31.50%	± 8.4%	89
Total		23,428	100.00%		400
12 MOS: NO DOCTOR VISIT DUE TO COST	Yes	1,413	6.00%	± 3.4%	25
	No	22,070	94.00%	± 3.4%	378
Total		23,483	100.00%		403
12 MOS: DIDN'T GET MEDS DUE TO COST	Yes	3,210	13.70%	± 6.5%	34
	No	20,229	86.30%	± 6.5%	368
Total		23,439	100.00%		402
12 MO: COULD NOT AFFORD DENTIST	Yes	2,851	12.10%	± 5.2%	40
	No	20,632	87.90%	± 5.2%	363
Total		23,483	100.00%		403
12 MO: TIME YOU HAD NO COVERAGE	Yes	645	3.00%	± 2.6%	11
	No	20,509	97.00%	± 2.6%	365
Total		21,153	100.00%		376

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

Do you have Medicare?

2007 Logan County Adults - 4th Round Logan County BRFs	DO YOU HAVE MEDICARE					
	Yes			No		
	Count	Row %	Unwt Count	Count	Row %	Unwt Count
18-24	*	*	1	*	*	11

AGE OF RESPONDENT	25-44	*	*	2	6,351	97.70%	66
	45-64	834	12.50%	19	5,826	87.50%	127
	65+	4,264	97.10%	148	*	*	1
	Total	5,409	26.00%	170	15,391	74.00%	205
RACIAL CATEGORIES	white	5,316	26.10%	168	15,014	73.90%	202
	non-white	*	*	2	*	*	3
	Total	5,409	26.00%	170	15,391	74.00%	205
SEX OF RESPONDENT	Male	2,064	21.10%	51	7,729	78.90%	80
	Female	3,345	30.40%	119	7,662	69.60%	125
	Total	5,409	26.00%	170	15,391	74.00%	205
INCOME LEVEL	< \$15,000	*	*	28	*	*	4
	\$15-35,000	1,762	49.80%	66	1,776	50.20%	29
	\$35-50,000	1,135	38.10%	37	1,846	61.90%	28
	> \$50,000	907	8.60%	17	9,665	91.40%	130
	Total	4,931	26.00%	148	14,010	74.00%	191
EDUCATION LEVEL	< high school graduate	*	*	23	*	*	8
	high school graduate	2,495	32.00%	76	5,312	68.00%	73
	> high school graduate	2,108	18.90%	71	9,047	81.10%	123
	Total	5,409	26.00%	170	15,363	74.00%	204
EMPLOYMENT STATUS	employed	752	5.60%	26	12,635	94.40%	172
	out of work	*	*	4	*	*	
	homemaker/student	*	*	20	*	*	21
	retired/unable to work	3,707	89.90%	120	417	10.10%	12
	Total	5,409	26.00%	170	15,391	74.00%	205
ARE YOU HISPANIC OR LATINO	Yes	*	*	1	*	*	3
	No	5,231	25.80%	165	15,008	74.20%	202
	Total	5,245	25.40%	166	15,391	74.60%	205
MARITAL STATUS	married	2,577	18.70%	66	11,204	81.30%	157
	widowed	1,399	82.20%	70	303	17.80%	6
	divorced/separated	*	*	27	*	*	17
	never married	*	*	7	*	*	18
	member of unmarried couple	*	*		*	*	7
	Total	5,409	26.00%	170	15,391	74.00%	205
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.							

About how long has it been since you last visited a doctor for a routine checkup?

2007 Logan County Adults - 4th Round Logan County BRFS		LAST ROUTINE CHECKUP					
		1 year or less			More than 1 year/Never		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	8	*	*	7
	25-44	5,841	72.90%	55	2,173	27.10%	23
	45-64	5,321	73.20%	119	1,953	26.80%	40
	65+	3,735	85.30%	129	644	14.70%	19
	Total	16,054	68.50%	311	7,375	31.50%	89
RACIAL CATEGORIES	white	15,621	68.80%	307	7,072	31.20%	86
	non-white	*	*	4	*	*	3
	Total	16,054	68.50%	311	7,375	31.50%	89
SEX OF RESPONDENT	Male	7,174	61.40%	108	4,511	38.60%	37
	Female	8,880	75.60%	203	2,863	24.40%	52
	Total	16,054	68.50%	311	7,375	31.50%	89
INCOME LEVEL	< \$15,000	*	*	30	*	*	6
	\$15-35,000	3,567	73.10%	81	1,315	26.90%	24
	\$35-50,000	3,093	82.90%	59	640	17.10%	11
	> \$50,000	7,014	65.70%	113	3,668	34.30%	37
	Total	14,933	70.10%	283	6,357	29.90%	78
EDUCATION LEVEL	< high school graduate	*	*	28	*	*	6
	high school graduate	6,447	69.70%	127	2,801	30.30%	35
	> high school graduate	8,046	67.50%	155	3,867	32.50%	48
	Total	16,026	68.50%	310	7,375	31.50%	89
EMPLOYMENT STATUS	employed	10,642	68.20%	154	4,953	31.80%	61
	out of work	*	*	5	*	*	2
	homemaker/student	*	*	36	*	*	8
	retired/unable to work	3,544	84.40%	116	654	15.60%	18
	Total	16,054	68.50%	311	7,375	31.50%	89
ARE YOU HISPANIC OR LATINO	Yes	*	*	2	*	*	3
	No	15,565	68.80%	305	7,066	31.20%	86
	Total	15,890	68.30%	307	7,375	31.70%	89
MARITAL STATUS	married	11,392	74.90%	188	3,826	25.10%	46
	widowed	1,582	93.70%	67	107	6.30%	8
	divorced/separated	1,236	65.80%	35	641	34.20%	17
	Total						

	never married	*	*	14	*	*	16
	member of unmarried couple	*	*	6	*	*	2
	Total	15,911	68.30%	310	7,375	31.70%	89
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.							

Do you have one person you think of as your personal doctor or health care provider?

2007 Logan County Adults - 4th Round Logan County BRFS		HAVE USUAL PERSON AS HEALTH CARE PROVIDER					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	13	*	*	2
	25-44	7,452	93.00%	71	562	7.00%	7
	45-64	6,868	94.40%	148	406	5.60%	11
	65+	4,222	95.20%	142	211	4.80%	9
	Total	21,716	92.50%	374	1,767	7.50%	29
RACIAL CATEGORIES	white	20,981	92.20%	367	1,767	7.80%	29
	non-white	*	*	7	*	*	
	Total	21,716	92.50%	374	1,767	7.50%	29
SEX OF RESPONDENT	Male	10,543	90.10%	132	1,157	9.90%	14
	Female	11,173	94.80%	242	610	5.20%	15
	Total	21,716	92.50%	374	1,767	7.50%	29
INCOME LEVEL	< \$15,000	*	*	33	*	*	3
	\$15-35,000	4,411	89.60%	96	513	10.40%	11
	\$35-50,000	3,629	97.20%	67	*	*	3
	> \$50,000	10,349	96.90%	143	333	3.10%	7
	Total	20,216	94.80%	339	1,115	5.20%	24
EDUCATION LEVEL	< high school graduate	*	*	31	*	*	3
	high school graduate	8,303	89.50%	152	973	10.50%	12
	> high school graduate	11,212	93.90%	190	728	6.10%	14
	Total	21,688	92.50%	373	1,767	7.50%	29
EMPLOYMENT STATUS	employed	14,192	91.00%	198	1,403	9.00%	17
	out of work	*	*	5	*	*	2
	homemaker/student	*	*	45	*	*	
	retired/unable to work	3,981	94.20%	126	245	5.80%	10
	Total	21,716	92.50%	374	1,767	7.50%	29
ARE YOU HISPANIC OR LATINO	Yes	*	*	5	*	*	
	No	20,919	92.20%	365	1,767	7.80%	29
	Total	21,552	92.40%	370	1,767	7.60%	29
MARITAL STATUS	married	14,306	93.80%	225	939	6.20%	10
	widowed	1,648	96.80%	72	*	*	4
	divorced/separated	1,342	70.90%	42	550	29.10%	11

	never married	*	*	27	*	*	3
	member of unmarried couple	*	*	7	*	*	1
	Total	21,574	92.40%	373	1,767	7.60%	29
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.							

Was there a time during the last 12 months when you needed to fill a prescription for medication, but could not because of the cost?

2007 Logan County Adults - 4th Round Logan County BRFS		12 MOS: DIDN'T GET MEDS DUE TO COST					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	4	*	*	11
	25-44	1,413	17.60%	8	6,601	82.40%	70
	45-64	574	7.90%	13	6,700	92.10%	146
	65+	285	6.50%	9	4,104	93.50%	141
	Total	3,210	13.70%	34	20,229	86.30%	368
RACIAL CATEGORIES	white	2,944	13.00%	32	19,759	87.00%	363
	non-white	*	*	2	*	*	5
	Total	3,210	13.70%	34	20,229	86.30%	368
SEX OF RESPONDENT	Male	829	7.10%	8	10,827	92.90%	137
	Female	2,381	20.20%	26	9,402	79.80%	231
	Total	3,210	13.70%	34	20,229	86.30%	368
INCOME LEVEL	< \$15,000	*	*	7	*	*	29
	\$15-35,000	931	19.10%	13	3,948	80.90%	93
	\$35-50,000	788	21.10%	8	2,945	78.90%	62
	> \$50,000	*	*	4	9,757	91.30%	146
	Total	3,011	14.10%	32	18,275	85.90%	330
EDUCATION LEVEL	< high school graduate	*	*	8	*	*	26
	high school graduate	855	9.30%	9	8,377	90.70%	154
	> high school graduate	1,201	10.10%	17	10,738	89.90%	187
	Total	3,210	13.70%	34	20,201	86.30%	367
EMPLOYMENT STATUS	employed	2,353	15.10%	18	13,242	84.90%	197
	out of work	*	*	2	*	*	5
	homemaker/student	*	*	6	*	*	39
	retired/unable to work	301	7.20%	8	3,881	92.80%	127
	Total	3,210	13.70%	34	20,229	86.30%	368
ARE YOU HISPANIC OR LATINO	Yes	*	*	1	*	*	4
	No	2,972	13.10%	33	19,669	86.90%	360
	Total	3,210	13.80%	34	20,065	86.20%	364
	married	1,344	8.80%	15	13,857	91.20%	219
	widowed	*	*	2	1,616	95.00%	74

MARITAL STATUS	divorced/separated	530	28.00%	12	1,362	72.00%	41
	never married	*	*	4	*	*	26
	member of unmarried couple	*	*	1	*	*	7
	Total	3,210	13.80%	34	20,086	86.20%	367
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.							

Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

2007 Logan County Adults - 4th Round Logan County BRFS		12 MOS: NO DOCTOR VISIT DUE TO COST					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	1	*	*	14
	25-44	594	7.40%	6	7,420	92.60%	72
	45-64	418	5.70%	12	6,856	94.30%	147
	65+	164	3.70%	6	4,269	96.30%	145
	Total	1,413	6.00%	25	22,070	94.00%	378
RACIAL CATEGORIES	white	1,147	5.00%	23	21,601	95.00%	373
	non-white	*	*	2	*	*	5
	Total	1,413	6.00%	25	22,070	94.00%	378
SEX OF RESPONDENT	Male	728	6.20%	9	10,972	93.80%	137
	Female	685	5.80%	16	11,098	94.20%	241
	Total	1,413	6.00%	25	22,070	94.00%	378
INCOME LEVEL	< \$15,000	*	*	6	*	*	30
	\$15-35,000	597	12.10%	8	4,327	87.90%	99
	\$35-50,000	*	*	4	3,422	91.70%	66
	> \$50,000	*	*	5	10,425	97.60%	145
	Total	1,347	6.30%	23	19,984	93.70%	340
EDUCATION LEVEL	< high school graduate	*	*	2	*	*	32
	high school graduate	735	7.90%	13	8,541	92.10%	151
	> high school graduate	615	5.20%	10	11,324	94.80%	194
	Total	1,413	6.00%	25	22,042	94.00%	377
EMPLOYMENT STATUS	employed	982	6.30%	12	14,613	93.70%	203
	out of work	*	*	3	*	*	4
	homemaker/student	*	*	7	*	*	38
	retired/unable to work	*	*	3	4,135	97.80%	133
	Total	1,413	6.00%	25	22,070	94.00%	378
ARE YOU HISPANIC OR LATINO	Yes	*	*	1	*	*	4
	No	1,175	5.20%	24	21,511	94.80%	370
	Total	1,413	6.10%	25	21,906	93.90%	374
	married	899	5.90%	16	14,345	94.10%	219
	widowed				*	*	76

MARITAL STATUS	divorced/separated	193	10.20%	6	1,699	89.80%	47
	never married	*	*	3	*	*	27
	member of unmarried couple	*	*		*	*	8
	Total	1,413	6.10%	25	21,928	93.90%	377
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.							

Was there a time during the last 12 months when you needed to see a dentist, but could not because of the cost?

2007 Logan County Adults - 4th Round Logan County BRFS		12 MO: COULD NOT AFFORD DENTIST					
		Yes			No		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*		*	*	15
	25-44	1,753	21.90%	15	6,261	78.10%	63
	45-64	1,045	14.40%	22	6,229	85.60%	137
	65+	*	*	3	4,380	98.80%	148
	Total	2,851	12.10%	40	20,632	87.90%	363
RACIAL CATEGORIES	white	2,851	12.50%	40	19,896	87.50%	356
	non-white	*	*		*	*	7
	Total	2,851	12.10%	40	20,632	87.90%	363
SEX OF RESPONDENT	Male	1,136	9.70%	12	10,564	90.30%	134
	Female	1,716	14.60%	28	10,067	85.40%	229
	Total	2,851	12.10%	40	20,632	87.90%	363
INCOME LEVEL	< \$15,000	*	*	5	*	*	31
	\$15-35,000	1,333	27.10%	17	3,591	72.90%	90
	\$35-50,000	*	*	5	3,108	83.30%	65
	> \$50,000	368	3.40%	8	10,314	96.60%	142
	Total	2,592	12.20%	35	18,739	87.80%	328
EDUCATION LEVEL	< high school graduate	*	*	3	*	*	31
	high school graduate	1,561	16.80%	17	7,714	83.20%	147
	> high school graduate	982	8.20%	20	10,957	91.80%	184
	Total	2,851	12.20%	40	20,604	87.80%	362
EMPLOYMENT STATUS	employed	2,361	15.10%	27	13,234	84.90%	188
	out of work	*	*	1	*	*	6
	homemaker/student	*	*	3	*	*	42
	retired/unable to work	369	8.70%	9	3,857	91.30%	127
	Total	2,851	12.10%	40	20,632	87.90%	363
ARE YOU HISPANIC OR LATINO	Yes	*	*		*	*	5
	No	2,851	12.60%	40	19,835	87.40%	354
	Total	2,851	12.20%	40	20,468	87.80%	359
	married	2,014	13.20%	23	13,231	86.80%	212
	widowed	*	*	1	1,689	99.20%	75

MARITAL STATUS	divorced/separated	582	30.70%	13	1,310	69.30%	40
	never married	*	*	2	*	*	28
	member of unmarried couple	*	*	1	*	*	7
	Total	2,851	12.20%	40	20,489	87.80%	362

IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.

HEALTH STATUS

4th Round BRFSS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
GENERAL HEALTH	excellent/very good	11,849	50.50%	± 8.0%	195
	good/fair	10,700	45.60%	± 8.1%	181
	poor	933	4.00%	± 2.0%	27
Total		23,483	100.00%		403
DAYS MENTAL HEALTH NOT GOOD	none	16,667	71.30%	± 6.7%	274
	1-7 days	4,848	20.70%	± 6.1%	82
	30-Aug	1,852	7.90%	± 3.1%	44
Total		23,367	100.00%		400
DAYS PHYSICAL HEALTH NOT GOOD	none	14,969	63.90%	± 7.7%	250
	1-7 days	5,253	22.40%	± 7.3%	74
	30-Aug	3,195	13.60%	± 4.5%	76
Total		23,418	100.00%		400

IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

2007 Logan County Adults - 4th Round Logan County BRFS		DAYS PHYSICAL HEALTH NOT GOOD								
		none			1-7 days			30-Aug		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	11	*	*	4	*	*	
	25-44	5,253	65.50%	50	1,875	23.40%	19	886	11.10%	9
	45-64	4,549	62.80%	101	1,501	20.70%	28	1,199	16.50%	29
	65+	2,704	61.50%	88	580	13.20%	23	1,110	25.30%	38
Total		14,969	63.90%	250	5,253	22.40%	74	3,195	13.60%	76
RACIAL CATEGORIES	white	14,933	65.80%	249	4,676	20.60%	71	3,100	13.70%	74
	non-white	*	*	1	*	*	3	*	*	2
Total		14,969	63.90%	250	5,253	22.40%	74	3,195	13.60%	76
SEX OF RESPONDENT	Male	8,238	70.60%	100	1,867	16.00%	21	1,569	13.40%	24
	Female	6,731	57.30%	150	3,386	28.80%	53	1,626	13.80%	52
Total		14,969	63.90%	250	5,253	22.40%	74	3,195	13.60%	76
INCOME LEVEL	< \$15,000	*	*	9	*	*	11	*	*	14
	\$15-35,000	2,862	58.40%	67	918	18.80%	13	1,117	22.80%	26
	\$35-50,000	2,315	62.00%	41	779	20.90%	14	638	17.10%	15
	> \$50,000	7,526	70.50%	106	2,538	23.80%	32	618	5.80%	12
Total		13,156	61.90%	223	5,104	24.00%	70	3,005	14.10%	67
EDUCATION LEVEL	< high school graduate	*	*	14	*	*	5	*	*	14
	high school graduate	6,756	72.80%	106	1,307	14.10%	29	1,212	13.10%	29
	> high school graduate	7,516	63.20%	130	3,184	26.80%	39	1,200	10.10%	33
Total		14,969	64.00%	250	5,225	22.30%	73	3,195	13.70%	76
EMPLOYMENT STATUS	employed	10,433	66.90%	148	3,772	24.20%	45	1,390	8.90%	22
	out of work	*	*	1	*	*	3	*	*	3
	homemaker/student	*	*	27	*	*	9	*	*	9
	retired/unable to work	2,290	55.00%	74	527	12.70%	17	1,343	32.30%	42
Total		14,969	63.90%	250	5,253	22.40%	74	3,195	13.60%	76
ARE YOU HISPANIC OR LATINO	Yes	*	*	2	*	*	2	*	*	1
	No	14,843	65.60%	246	4,640	20.50%	71	3,137	13.90%	74
Total		14,913	64.10%	248	5,190	22.30%	73	3,151	13.50%	75
	married	10,490	68.90%	156	2,830	18.60%	44	1,898	12.50%	34
	widowed	872	51.60%	39	315	18.70%	14	501	29.70%	22

MARITAL STATUS	divorced/separated	1,138	61.00%	31	270	14.50%	7	458	24.60%	14
	never married	*	*	18	*	*	7	*	*	5
	member of unmarried couple	*	*	5	*	*	2	*	*	1
	Total	14,827	63.70%	249	5,253	22.60%	74	3,195	13.70%	76
IDPH, ICHS, 4th Round Logan County BRFSS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.										

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

2007 Logan County Adults - 4th Round Logan County BRFS		DAYS MENTAL HEALTH NOT GOOD								
		none			1-7 days			30-Aug		
		Count	Row %	Unwt Count	Count	Row %	Unwt Count	Count	Row %	Unwt Count
AGE OF RESPONDENT	18-24	*	*	10	*	*	5	*	*	
	25-44	5,818	72.60%	52	1,809	22.60%	19	387	4.80%	7
	45-64	4,254	58.70%	89	1,935	26.70%	43	1,059	14.60%	26
	65+	3,627	83.50%	123	310	7.10%	15	406	9.40%	11
	Total	16,667	71.30%	274	4,848	20.70%	82	1,852	7.90%	44
RACIAL CATEGORIES	white	16,290	71.90%	271	4,610	20.30%	81	1,757	7.80%	42
	non-white	*	*	3	*	*	1	*	*	2
	Total	16,667	71.30%	274	4,848	20.70%	82	1,852	7.90%	44
SEX OF RESPONDENT	Male	9,283	79.50%	111	1,714	14.70%	20	677	5.80%	14
	Female	7,383	63.10%	163	3,135	26.80%	62	1,175	10.00%	30
	Total	16,667	71.30%	274	4,848	20.70%	82	1,852	7.90%	44
INCOME LEVEL	< \$15,000	*	*	17	*	*	9	*	*	8
	\$15-35,000	3,110	63.20%	71	1,195	24.30%	19	619	12.60%	17
	\$35-50,000	3,272	87.60%	55	283	7.60%	9	179	4.80%	6
	> \$50,000	7,556	70.70%	103	2,674	25.00%	40	452	4.20%	7
	Total	14,858	69.90%	246	4,749	22.40%	77	1,635	7.70%	38
EDUCATION LEVEL	< high school graduate	*	*	23	*	*	4	*	*	5
	high school graduate	6,928	74.90%	115	1,711	18.50%	31	610	6.60%	17
	> high school graduate	8,150	68.30%	135	2,963	24.80%	47	827	6.90%	22
	Total	16,639	71.30%	273	4,848	20.80%	82	1,852	7.90%	44
EMPLOYMENT STATUS	employed	11,170	71.90%	144	3,441	22.20%	53	920	5.90%	17
	out of work	*	*	4	*	*		*	*	3
	homemaker/student	*	*	30	*	*	9	*	*	6
	retired/unable to work	2,953	70.80%	96	738	17.70%	20	483	11.60%	18
	Total	16,667	71.30%	274	4,848	20.70%	82	1,852	7.90%	44
ARE YOU HISPANIC OR LATINO	Yes	*	*	4	*	*	1	*	*	
	No	16,107	71.40%	266	4,610	20.40%	81	1,852	8.20%	44
	Total	16,503	71.10%	270	4,848	20.90%	82	1,852	8.00%	44
	married	11,181	73.50%	164	2,988	19.60%	50	1,049	6.90%	20
	widowed	1,210	73.80%	56	184	11.30%	10	244	14.90%	9

MARITAL STATUS	divorced/separated	1,008	54.00%	28	432	23.10%	12	427	22.90%	12
	never married	*	*	19	*	*	9	*	*	2
	member of unmarried couple	*	*	6	*	*	1	*	*	1
	Total	16,524	71.10%	273	4,848	20.90%	82	1,852	8.00%	44
IDPH, ICHS, 4th Round Logan County BRFS Unwt counts of 5 or less or row totals of 50 or less do not meet standards of reliability.										

IMMUNIZATIONS

4th Round BRFS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
12 MO: HAVE YOU HAD A FLU SHOT	Yes	9,943	42.30%	± 8.0%	199
	No	13,540	57.70%	± 8.0%	204
Total		23,483	100.00%		403
EVER: HAVE YOU HAD A PNEUMONIA SHOT	Yes	6,082	27.90%	± 6.4%	159
	No	15,699	72.10%	± 6.4%	228
Total		21,780	100.00%		387
10 YEARS: HAVE YOU HAD A TETANUS SHOT	Yes	16,942	75.00%	± 6.0%	251
	No	5,642	25.00%	± 6.0%	133
Total		22,585	100.00%		384
IDPH, ICHS, 4th Round County BRFS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

INJURY CONTROL

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
12 MO: PHYSICALLY HURT BY SOMEONE	Yes	2,231	9.50%	± 6.6%	14
	No	21,184	90.50%	± 6.6%	388
Total		23,415	100.00%		402
HOUSEHOLD PREPARED FOR EMERGENCY	Well prepared	6,970	29.90%	± 7.3%	134
	Somewhat prepared	14,429	61.90%	± 7.8%	233
	Not prepared at all	1,915	8.20%	± 4.8%	33
Total		23,313	100.00%		400
HOUSEHOLD HAS BATTERY POWERED RADIO	Yes	20,034	85.80%	± 4.4%	320
	No	3,328	14.20%	± 4.4%	80
Total		23,362	100.00%		400
HOUSEHOLD HAS FLASHLIGHT, BATTERIES	Yes	22,992	98.10%	± 1.9%	390
	No	448	1.90%	± 1.9%	11
Total		23,439	100.00%		401
RISK FOR INJURY DUE TO NOT USING SEATBELT	Not at risk	18,418	78.40%	± 6.5%	316
	At risk	5,065	21.60%	± 6.5%	87
Total		23,483	100.00%		403
WORKING SMOKE DETECTOR ON EACH FLOOR	Yes	21,955	93.80%	± 3.3%	374
	No	1,439	6.20%	± 3.3%	27
Total		23,395	100.00%		401
DOES CHILD AGED 4 TO 8 USE BOOSTER SEAT	Yes	*	*	*	27
	No	*	*	*	5
Total					32

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

Fruit/Vegetable Servings Per Day

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
TOTAL SERVINGS FRUITS/VEGETABLES PER DAY	0-2 servings/day	13,925	59.40%	± 7.5%	207
	3-4 servings/day	6,179	26.40%	± 6.4%	121
	5 or more servings/day	3,322	14.20%	± 4.6%	72
Total		23,427	100.00%		400

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

ORAL HEALTH

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
LAST DENTAL VISIT	<= 1 year	15,606	67.00%	± 7.4%	269
	1-2 years	2,099	9.00%	± 3.8%	41
	> 2 years/never	5,591	24.00%	± 6.9%	90
Total		23,297	100.00%		400
DO YOU HAVE INSURANCE THAT COVERS DENTAL	Yes	14,979	63.80%	± 7.6%	241
	No	8,491	36.20%	± 7.6%	161
Total		23,470	100.00%		402
LAST TIME TEETH CLEANED	within one year	14,238	60.70%	± 7.6%	238
	more than one year or never	9,231	39.30%	± 7.6%	164
Total		23,468	100.00%		402
WHY NO DENTAL VISIT PAST YEAR	fear, apprehension	901	11.60%	± 7.8%	15
	cost	*	*	*	29
	no reason to go	*	*	*	73
	other reasons	965	12.50%	± 9.1%	13
Total		7,741	100.00%		130

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

PHYSICAL ACTIVITY

4th Round BRFs Logan County Adults	Count	Col %	Confidence Interval %	Unweighted Count
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REGULAR & SUSTAINED PHYSICAL ACTIVITY GUIDELINES	meets or exceeds standard	11,771	50.10%	± 8.0%	182
	does not meet standard	9,302	39.60%	± 8.0%	165
	inactive	2,410	10.30%	± 4.4%	56
Total		23,483	100.00%		403
WORK ACTIVITY	mostly sit/stand	9,939	42.60%	± 8.0%	155
	mostly walk	3,797	16.30%	± 6.4%	47
	mostly heavy labor	4,783	20.50%	± 7.2%	44
	other	*	*	*	1
	not employed	4,540	19.50%	± 4.5%	154
Total		23,333	100.00%		401
PHYSICAL ACTIVITY BEHAVIOR	reg exercise 6+ mos	7,826	33.40%	± 7.8%	129
	reg exercise <6 mos	1,459	6.20%	± 3.1%	31
	some exercise	8,852	37.80%	± 7.8%	146
	no exercise with intent	2,214	9.40%	± 4.4%	38
	no exercise, no intent	3,091	13.20%	± 5.3%	57
Total		23,442	100.00%		401
MEETS MODERATE ACTIVITY STANDARD 5 x WK x 30 MIN	Yes	9,697	42.10%	± 8.0%	154
	No	13,361	57.90%	± 8.0%	237
Total		23,059	100.00%		391
MEETS VIGOROUS ACTIVITY STANDARD 3 x WK x 20 MIN	Yes	5,880	25.30%	± 7.0%	84
	No	17,407	74.70%	± 7.0%	313
Total		23,287	100.00%		397
IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

PROSTATE CANCER SCREENING

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
EVER HAD PSA TEST (MEN AGES 40+)	Yes	*	*	*	81
	No	*	*	*	36
Total					117
HAD DIGITAL RECTAL EXAM (MEN AGES 40+)	Yes	5,476	77.80%	± 10.6%	97
	No	1,562	22.20%	± 10.6%	21
Total		7,038	100.00%		118

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability

QUALITY OF LIFE

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
ACTIVITIES LIMITED BY HEALTH PROBLEMS	Yes	4,789	20.40%	± 6.2%	98
	No	18,664	79.60%	± 6.2%	304
Total		23,453	100.00%		402
NEED SPECIAL EQUIPMENT DUE TO HEALTH	Yes	1,476	6.30%	± 2.5%	53
	No	21,993	93.70%	± 2.5%	349
Total		23,469	100.00%		402
DAYS PAST MONTH DEPRESSED, SAD, or BLUE	none	13,547	58.30%	± 7.9%	220
	1 or 2 days	5,915	25.40%	± 6.9%	98
	more than 2 days	3,789	16.30%	± 5.7%	81
Total		23,251	100.00%		399
FREQUENCY OF SOCIAL/EMOTIONAL SUPPORT	always/usually	19,499	83.20%	± 5.4%	324
	sometimes	1,790	7.60%	± 3.1%	42
	rarely/never	2,137	9.10%	± 4.7%	34
Total		23,425	100.00%		400
HOW SATISFIED ARE YOU WITH YOUR LIFE	Very satisfied	11,766	50.70%	± 8.1%	184
	Satisfied	10,788	46.50%	± 8.0%	194
	Dissatisfied	596	2.60%	± 1.7%	16
	Very dissatisfied	*	*	*	4
Total		23,225	100.00%		398

IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.

TOBACCO

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
SMOKING STATUS	smoker	4,684	19.90%	± 5.5%	84
	former smoker	6,028	25.70%	± 6.5%	114
	non-smoker	12,771	54.40%	± 7.8%	205
Total		23,483	100.00%		403
AGE STARTED SMOKING REGULARLY	< age 18	5,322	50.60%	± 10.1%	102
	age 18 or older	5,203	49.40%	± 10.1%	94
Total		10,525	100.00%		196
RULES FOR SMOKING IN HOME	Smoking is not allowed anywhere inside your home	17,598	74.90%	± 6.1%	272
	Smoking is allowed in some places or at some time	1,138	4.80%	± 3.1%	26
	Smoking is allowed anywhere inside the home	997	4.20%	± 2.6%	21
	There are no rules about smoking inside the home	3,749	16.00%	± 5.0%	84
Total		23,483	100.00%		403
WORK: SMOKING POLICY FOR WORK AREAS	Not allowed in any public areas	11,813	65.20%	± 9.7%	178
	Allowed in some public areas	3,954	21.80%	± 8.1%	43
	Allowed in all public areas	*	*	*	3
	No official policy	2,132	11.80%	± 7.7%	18
Total		18,127	100.00%		242
WORK: SMOKING POLICY FOR PUBLIC AREAS	Not allowed in any public areas	12,872	71.70%	± 1.8%	181
	Allowed in some public areas	2,831	15.80%	± 6.9%	35
	Allowed in all public areas	*	*	*	1
	No official policy	2,231	12.40%	± 8.1%	17
Total		17,948	100.00%		234

SHOULD RESTAURANTS ALLOW SMOKING	All areas	432	1.80%	± 1.8%	9
	Some areas	7,700	32.90%	± 7.1%	147
	Not allowed at all	15,264	65.20%	± 7.2%	243
Total		23,396	100.00%		399
EVER: SMOKELESS TOBACCO	Yes, chewing Tobacco	3,238	13.80%	± 6.6%	29
	Yes, snuff	819	3.50%	± 3.2%	10
	Yes, both	1,476	6.30%	± 5.1%	15
	No, neither	17,950	76.40%	± 7.6%	349
Total		23,483	100.00%		403
IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

WEIGHT CONTROL

4th Round BRFSS Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
OBESITY	underweight/normal	7,672	33.70%	± 7.8%	134
	overweight	8,165	35.90%	± 7.9%	130
	obese	6,909	30.40%	± 7.2%	126
Total		22,747	100.00%		390
ADVISED ABOUT WEIGHT	Yes	3,224	13.70%	± 4.7%	77
	No	20,259	86.30%	± 4.7%	326
Total		23,483	100.00%		403
ARE YOU NOW TRYING TO LOSE WEIGHT	Yes	10,185	43.40%	± 7.9%	174
	No	13,298	56.60%	± 7.9%	229
Total		23,483	100.00%		403
NOW TRYING TO MAINTAIN CURRENT WEIGHT	Yes	8,837	66.50%	± 10.4%	158
	No	4,461	33.50%	± 10.4%	71
Total		13,298	100.00%		229
IDPH, ICHS, 4th Round County BRFSS Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					

WOMEN'S HEALTH

4th Round BRFs Logan County Adults		Count	Col %	Confidence Interval %	Unweighted Count
EVER: HAD A MAMMOGRAM	Yes	8,330	70.70%	± 10.3%	216
	No	3,453	29.30%	± 10.3%	41
Total		11,783	100.00%		257
HAD MAMMOGRAM (women 40 and older)	Yes	7,361	95.00%	± 3.5%	207
	No	389	5.00%	± 3.5%	14
Total		7,750	100.00%		221
LAST MAMMOGRAM	<= 1 year	5,117	61.40%	± 10.9%	152
	> 1 year	3,213	38.60%	± 10.9%	64
Total		8,330	100.00%		216
LAST MAMMOGRAM (women 40 and older)	<= 1 year	4,902	66.60%	± 10.1%	147
	> 1 year	2,459	33.40%	± 10.1%	60
Total		7,361	100.00%		207
EVER: HAD A PAP SMEAR	Yes	11,318	96.10%	± 3.8%	248
	No	465	3.90%	± 3.8%	9
Total		11,783	100.00%		257
LAST PAP SMEAR	<= 1 year	8,286	73.30%	± 8.4%	162
	> 1 year	3,019	26.70%	± 8.4%	85
Total		11,305	100.00%		247
EVER: HAD A CLINICAL BREAST EXAM	Yes	10,512	89.20%	± 8.5%	235
	No	1,271	10.80%	± 8.5%	22
Total		11,783	100.00%		257
LAST CLINICAL BREAST EXAM	<= 1 year	9,235	88.50%	± 6.0%	197
	> 1 year	1,200	11.50%	± 6.0%	36
Total		10,435	100.00%		233
EVER: HAD OSTEOPOROSIS SCREENING	Yes	4,962	25.00%	± 6.5%	123
	No	14,861	75.00%	± 6.5%	222
Total		19,823	100.00%	100.00%	345
IDPH, ICHS, 4th Round County BRFs Unweighted counts of 5 or less or confidence intervals of 12.5% or more do not meet standards of reliability.					



Healthy Smile Healthy Growth 2008-2009

An Assessment of Oral Health Status
and Body Mass Index Among Illinois
Third-Grade Children



Healthy Smile Healthy Growth Partners

The Illinois Department of Public Health wishes to thank the Illinois State Board of Education, Chicago Community Oral Health Forum, IFLOSS Coalition, Healthy Smile Healthy Growth grantees/screeners, Association of State and Territorial Dental Directors (ASTDD), and especially, participating schools, parents and children. Without our partners, this valuable opportunity would not have been possible. For more information or additional copies of this report, please contact the Illinois Department of Public Health, Division of Oral Health, at 217-785-4899 or www.idph.state.il.us. Support for this project was provided by the Sprague Institute and ASTDD.



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Introduction

According to the 2000 U.S. Surgeon General's report on oral health, tooth decay is the most common chronic disease affecting children in our country. This first ever national oral health report confirms that far too many children and adults suffer from oral disease. In response to this report, Illinois developed a state oral health plan designed to improve the oral health of its residents. The plan specifically calls upon the Illinois Department of Public Health (Department) to routinely collect data on dental decay and presence of dental sealants in children. Previously, two statewide oral health assessments have been completed of Illinois schoolchildren: Project Smile was conducted in 1993-1994; and the first Healthy Smile Healthy Growth (HSHG) in 2003-2004.

As we begin to collect data on a routine basis, we can better understand if programs and activities undertaken by the Department and by Illinois communities are making a difference in improving the oral health status of our children. Knowing the oral health status of children also enables us to better identify areas of need in the state and target programs that can improve oral health.

In addition, the increasing number of overweight children in the United States continues to concern parents, teachers and policymakers. The Office of Health Promotion, Division of Oral Health, and the Physical Activity and Nutrition Section of the Division of Chronic Disease Prevention and Control collaborated to not only gather oral health data, but also to measure the height and weight of third-grade children.

As a result, two very important health issues affecting children were brought to the forefront. This partnership allowed pooling of resources to raise awareness that oral health and general health go hand in hand. One of the common risk factors for obesity and tooth decay in children is poor nutrition. In addition, many schools reported that they chose to participate in the assessment based on an interest in either one or the other health issue and may not have participated had it just been a survey on obesity only or dental decay only. This allowed for an excellent response rate and strengthened the validity of the findings.

Methods

The survey method used to collect the data is based on the Basic Screening Survey (BSS) developed by the Association of State and Territorial Dental Directors (ASTDD - www.astdd.org). Because surveying every student in the state is impractical, a sample of the population being studied was selected. A good sample is scientifically selected and gives each eligible student a known probability of being chosen. This is referred to as probability sampling.

The Healthy Smile Healthy Growth school sampling was proportional to student enrollment and was based on sampling criteria specific to schools (urban/rural, total enrollment in the third grade, and free and reduced lunch eligibility). This school sampling method allows the results to be generalized to all third-grade children across the state. Assistance in sample selection was provided by ASTDD consultant, Mike Manz, D.D.S., M.P.H.. Notices from the Department were sent through Robert E. Schiller, state superintendent of education to district superintendents encouraging participation by the schools. Eighty-seven of the 100 schools selected in the sample participated in the survey.

The selected schools were located in 30 counties. In collaboration with local health departments representing these 30 counties, dentists and hygienists were identified to assist in the collection of data. The Department, ASTDD, and Chicago Community Oral Health Forum provided grant funding, training and technical assistance to the local communities to ensure that data collection was conducted in a consistent and uniform manner. Screener training was conducted during the fall of 2008. Grantees were trained on how to collaborate with local school districts, oral health and obesity data collection, and reporting paperwork. (Appendix 1 shows participating counties.)

ASTDD BSS protocols were utilized to collect oral health data. U.S. Centers for Disease Control and Prevention (CDC) body mass index (BMI) protocols were followed for obtaining height and weight measurements. Materials were provided by the Department including scales and stadiometers. Template letters encouraging principal, teacher and superintendent support were provided to the local health departments. Consent forms (available in both English and Spanish) were provided by the Department to all grantees. A positive consent from a parent or guardian was required for a child to participate in the screening. Incentives included a toothbrush, toothpaste and dental floss.

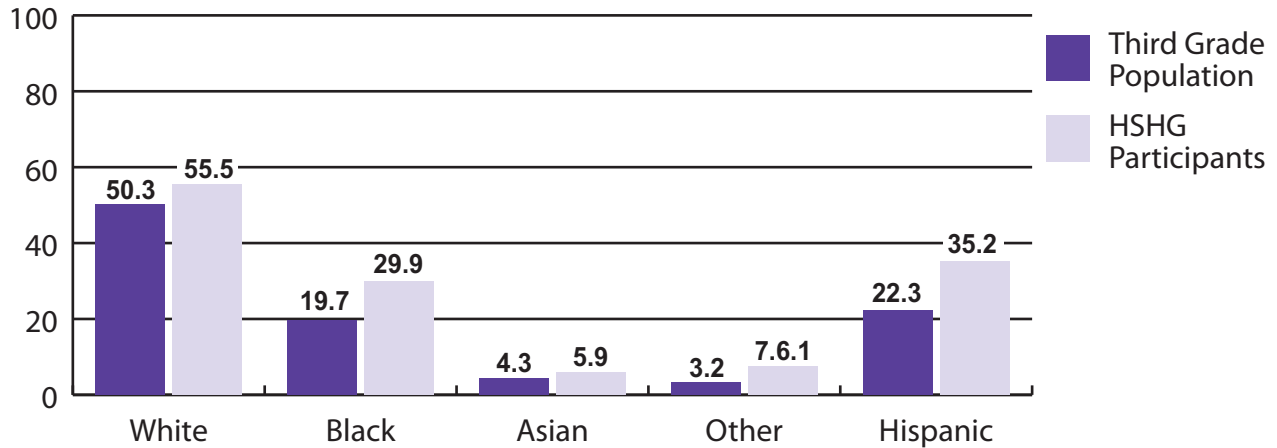
Results

Healthy Smile Healthy Growth data was collected during November 2008 through May 2009. Of the 7,063 children eligible, 3,696 positive consent forms were returned. Data was collected on scannable sheets, returned to DOH, and scanned into a database for analysis. Data were analyzed by the IFLOSS Coalition's oral health epidemiologist together with ASTDD consultant Dr. Mike Manz. Data elements collected on the consent form and the screening form (Appendix 2) included: (1) child's date of birth; (2) participation in the free and reduced meal program (Y/N); (3) dental insurance (Y/N); (4) gender, race and ethnicity; (5) dental cavity experience; (6) untreated cavities; (7) treatment urgency; (8) sealants; (9) height; and (10) weight.

Healthy Smile Healthy Growth utilized the National School Health's Free/Reduced Meal Program as a marker of socioeconomic status (SES). Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those between 130 percent and 185 percent of the poverty level are eligible for reduced-price meals. Healthy Smile Healthy Growth collected race and ethnicity to help identify health disparities. (Note: Free/reduced meal eligibility, race/ethnicity, and dental insurance status were self-reported by parents.)

Healthy Smile Healthy Growth data was analyzed by urbanicity. Illinois counties were categorized by urbanicity into collar, urban, rural, Chicago and Cook (Appendix 3). A total of 3,696 children were screened, 49 percent male and 51 percent female. Fifty-seven percent of the survey children were enrolled in the Free/Reduced Meal Program and 75.7 percent reported having dental insurance (private and public). The following is the breakdown of the race and ethnicity distribution: 55.5 percent were white; 29.9 percent were black; 6 percent were Asian; 7.5 percent were other; 35.2 percent were Hispanic and 64.8 percent were non-Hispanic.

Racial and Ethnic Distribution Among Third Grade Children Compared with Healthy Smile Healthy Growth Participants, 2008-2009

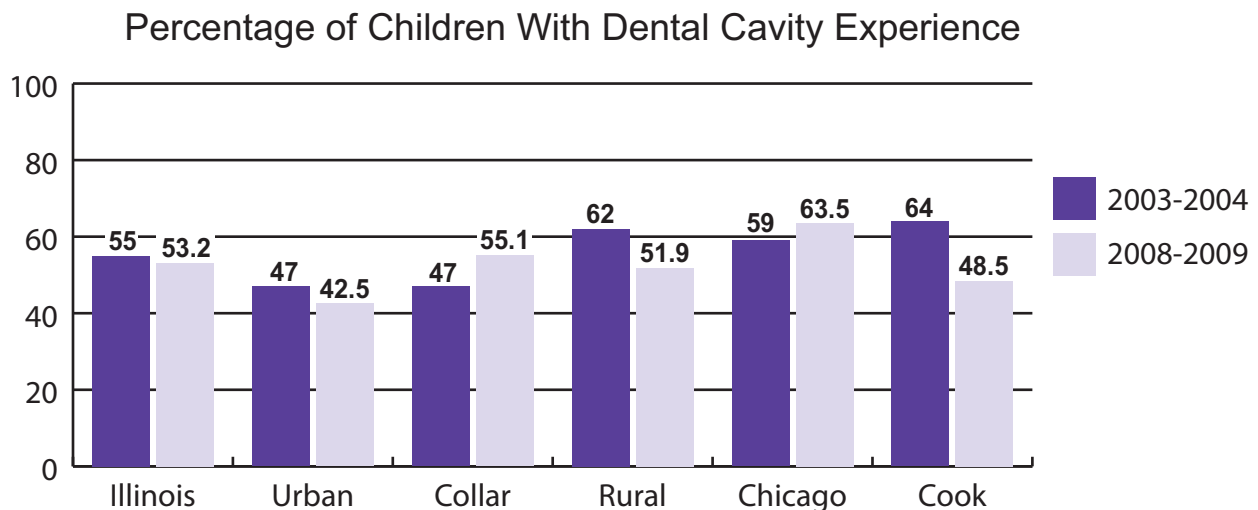


Note: The racial/ethnic distribution data for third grade children comes from the Illinois State Board of Education and they collect race and ethnicity together. In HSHG, race and ethnicity were collected separately.

Oral Health Data Results

Dental Cavity Experience

- 53.2 percent of third-graders screened had experienced dental cavities.



Compared to 2003-2004 statewide, we have made little improvement in terms of dental cavities experience. Collar counties and Chicago numbers are even higher than what they were five years ago.

The Healthy People 2010 objective is to reduce the proportion of children with dental cavity experience to 42 percent.

Why is this important?

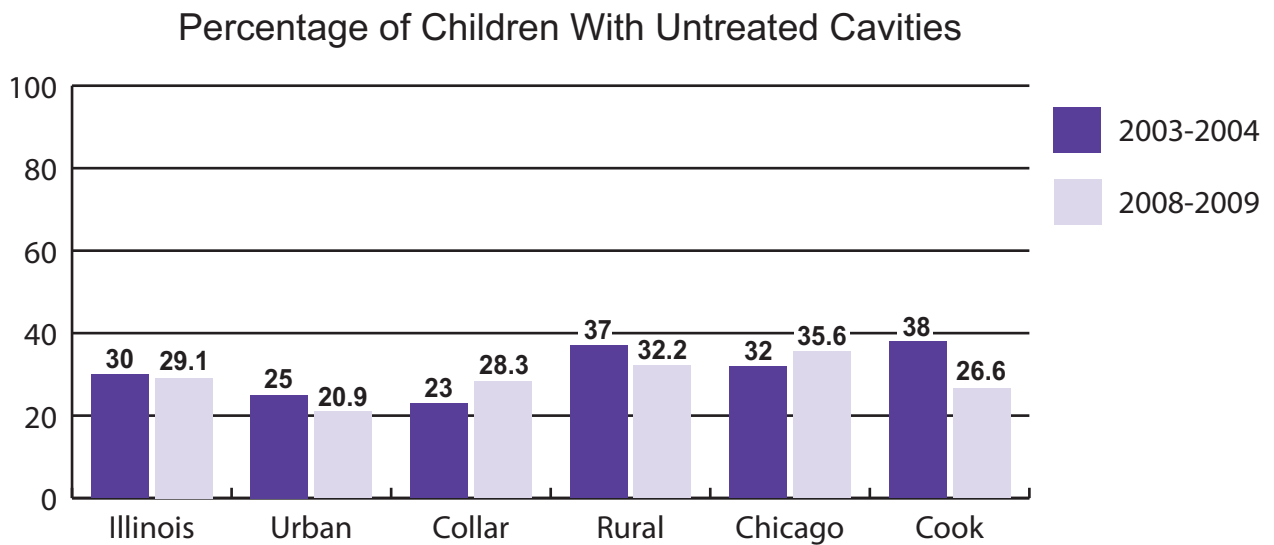
Children who have dental decay at an early age are more likely to have dental problems through their lives. Dental cavities are a preventable disease. The combination of factors that cause cavities can greatly be reduced through a variety of interventions. Factors include the transmissible nature of the bacteria that cause decay, diets that include carbohydrates and sugar that fuel bacteria, poor oral hygiene, lack of dental visits and lack of adequate exposure to fluorides. Given that dental disease can be avoided almost entirely, the fact that 53 percent of Illinois third-grade children have suffered the damaging effects of decay presents a public health challenge.

Where do we focus?

Although community water fluoridation and dental sealants have greatly reduced dental cavities over the years, more emphasis needs to be on prevention in the early years. Illinois needs to invest heavily into interventions to prevent dental cavities among children younger than 8 years old.

Untreated Cavities and Treatment Urgency

- 29.1 percent of third-graders screened had untreated cavities.



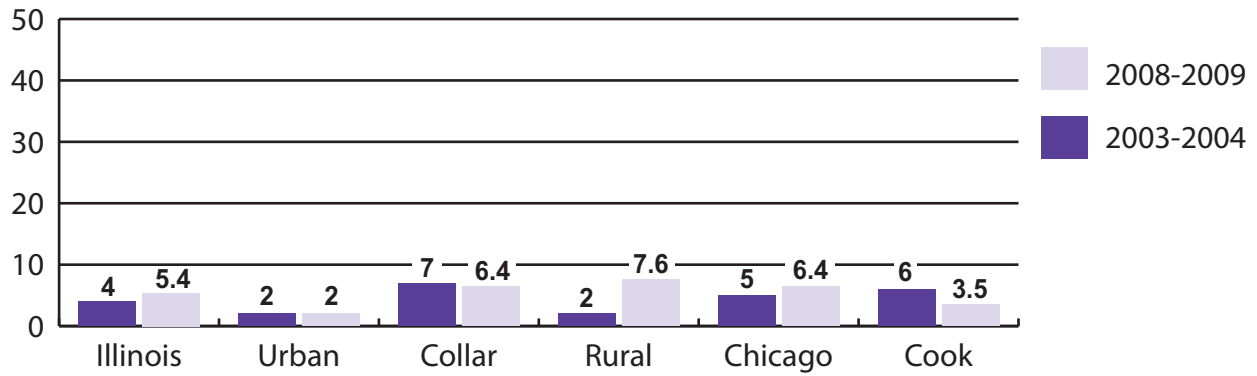
Untreated cavities (unmet need) seems to have improved in urban and rural counties and suburban Cook but Chicago and collar counties have higher rates of untreated cavities.

The Healthy People 2010 objective is to reduce the proportion of children with untreated dental cavities to 21 percent.

- 5.4 percent of third-graders required urgent treatment.

These children had signs or symptoms of pain, infection, swelling, or tissue ulceration.

Percentage of Children With Untreated Cavities



Urgent treatment need has gone up statewide. Rural counties and Chicago demonstrate higher rates compared to five years ago.

Why is this important?

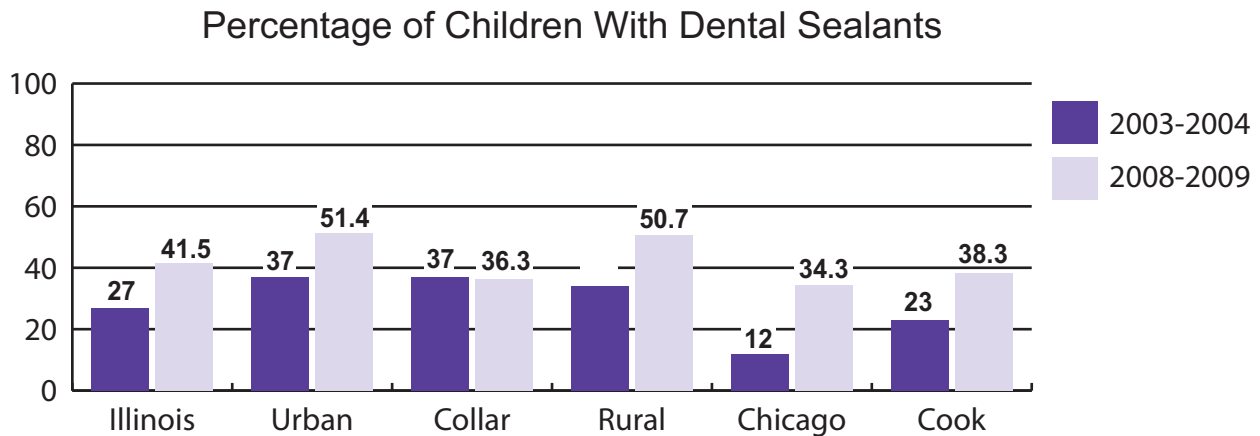
Poor oral health can affect learning. According to the National Maternal and Child Health Resource Center, 51 million school hours per year are lost because of dental-related illness. Children experiencing pain are distracted and unable to concentrate on schoolwork. Children who take a test while they have a toothache do not score as well as children who are undistracted by pain. Early tooth loss caused by cavities can result in failure to thrive, speech problems and reduced self-esteem. Also, children are often unable to verbalize dental pain. Teachers may mistake their behavior for something other than a dental problem.

Where do we focus?

The Healthy Smile Healthy Growth data shows that children in rural areas have a higher percentage of untreated decay and treatment urgency. This may be due in part to the collar and urban areas having more facilities to provide care. Safety net dental clinics provide oral care to underserved populations in Illinois. There are only 120 safety net dental clinics operating at this time of which 38 are in rural counties. More are needed, especially in the rural areas of the state.

Dental Sealants

- 41.5 percent of third-graders screened had at least one sealant placed on their permanent molar.



We have made significant improvement in sealant rates, much must be attributed to the statewide sealant program. Chicago adopted the program in 2002 and has seen significant improvement. In urban and rural areas, we have accomplished the Healthy People 2010 objectives where sealant programs are embraced by the community.

The Healthy People 2010 objective is to increase the proportion of children receiving sealants to 50 percent.

Why is this important?

Dental sealants are thin plastic coatings applied to the chewing surfaces of molars that prevent dental decay. Sealants have been shown to be a valuable evidenced-based public health measure.

Sealants also have been proven cost-effective. According to the National Maternal and Child Oral Health Resource Center’s fact sheet titled “Preventing Tooth Decay and Saving Teeth With Dental Sealants,” the 1999 average cost of applying one dental sealant was \$27, compared to the average cost of filling that same tooth at \$73.77. If all children and adolescents receive appropriate amounts of fluoride and have dental sealants applied to susceptible tooth surfaces, most tooth decay could be prevented.

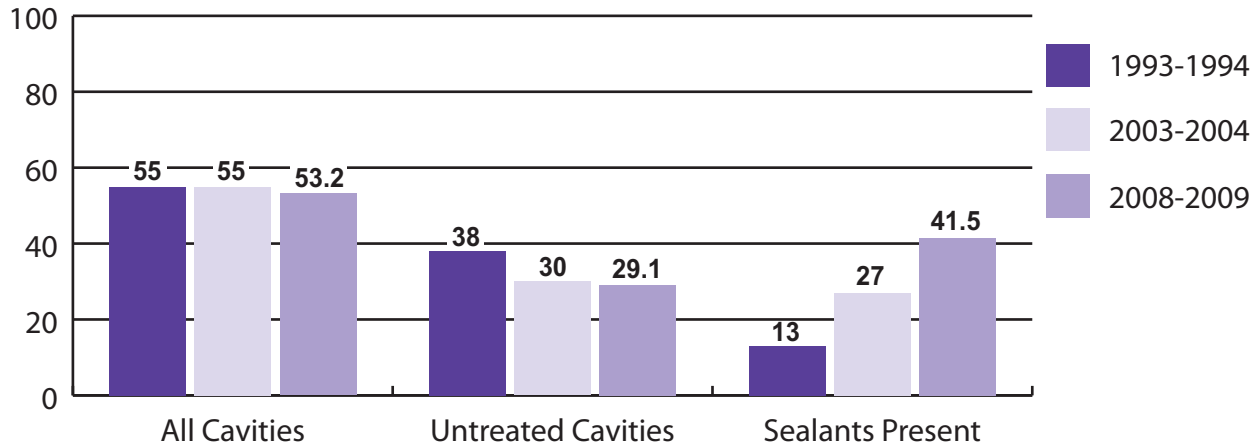
Where do we focus?

The CDC’s Task Force on Community Preventive Services conducted a systematic review on school-based dental sealant programs and issued a strong recommendation that sealant programs be part of comprehensive oral health improvement activities. Sealants decrease tooth decay in children ages 6 to 17 years by 60 percent. By focusing on prevention, sealants can help children avoid the need for extensive and costly treatment.

The Department’s Dental Sealant Grant Program (Appendix 4) assists communities with implementing school-based dental sealant programs targeting children at high risk for dental decay. The program is designed to

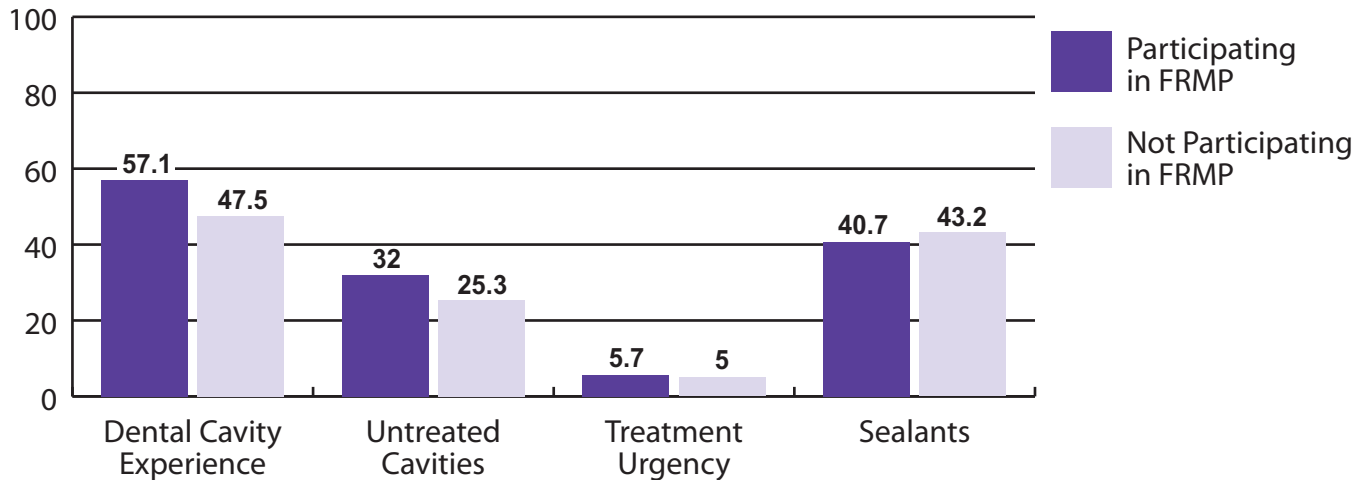
reduce oral disease in schoolchildren. The school-based Dental Sealant Grant Program is one possible reason for the increase in dental sealants. The program began operating in Illinois schools in 1987, and in 1992 became widespread throughout the state.

1993-1994 vs. 2003-2004 vs. 2008-2009

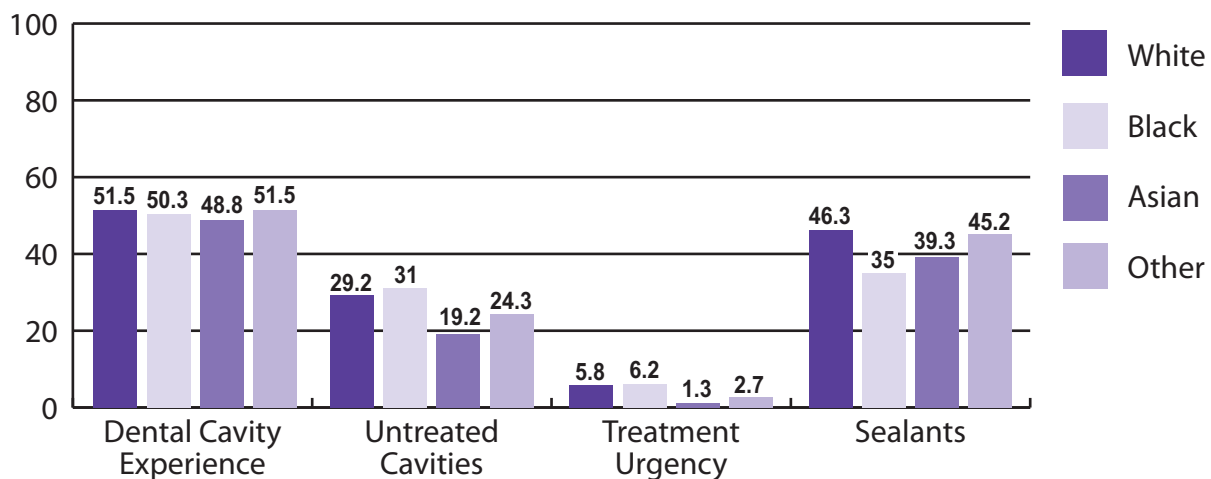


Socioeconomic Status (SES) and Race/Ethnicity

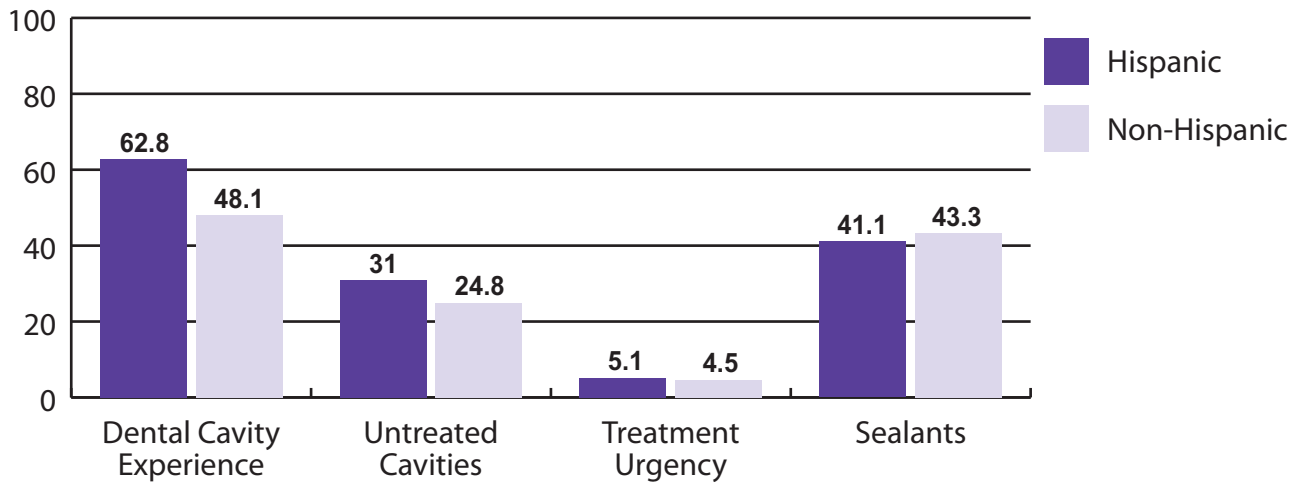
Percentage of Children by Free and Reduced Meal Program (FRMP) Participation and Oral Health Status, 2008-2009



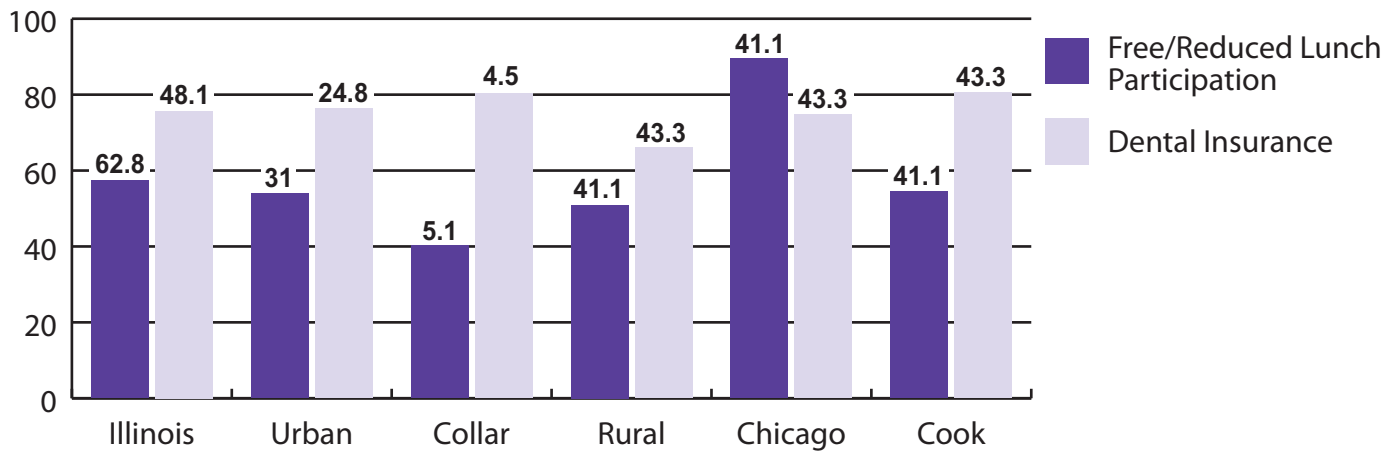
Percentage of Children by Race and Oral Health Status



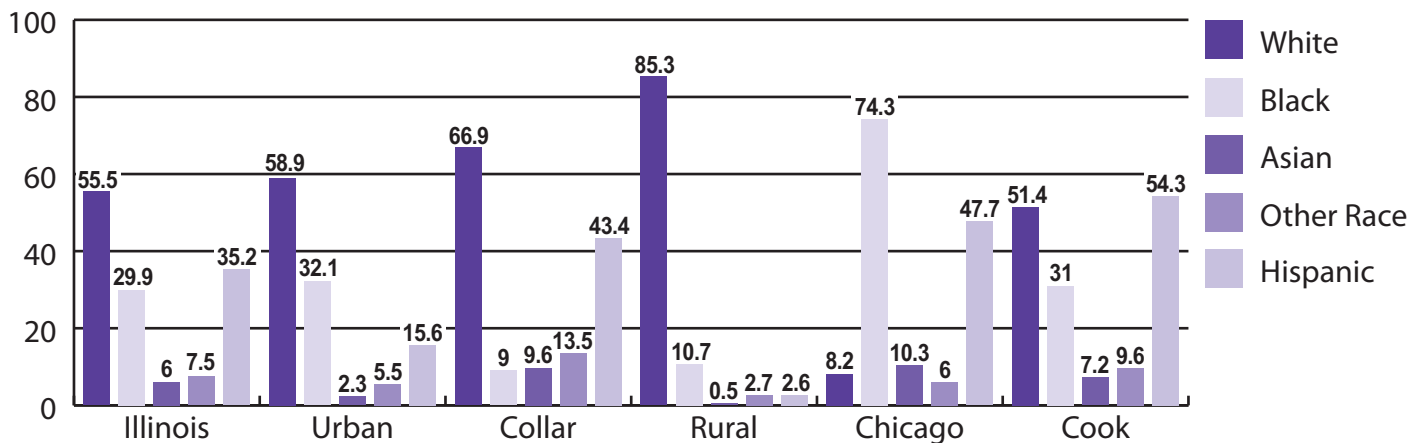
Percentage of Children by Ethnicity and Oral Health Status



Free and Reduced Lunch Participation and Dental Insurance Status Among HSHG Participants by Urbanicity



Race and Ethnicity Distribution Among HSHG Participants by Urbanicity



Why is this important?

Healthy Smile Healthy Growth results revealed disparities among various groups of children. Healthy Smile Healthy Growth used enrollment in the Free and Reduced Meal Program as a reliable indicator of SES. Like

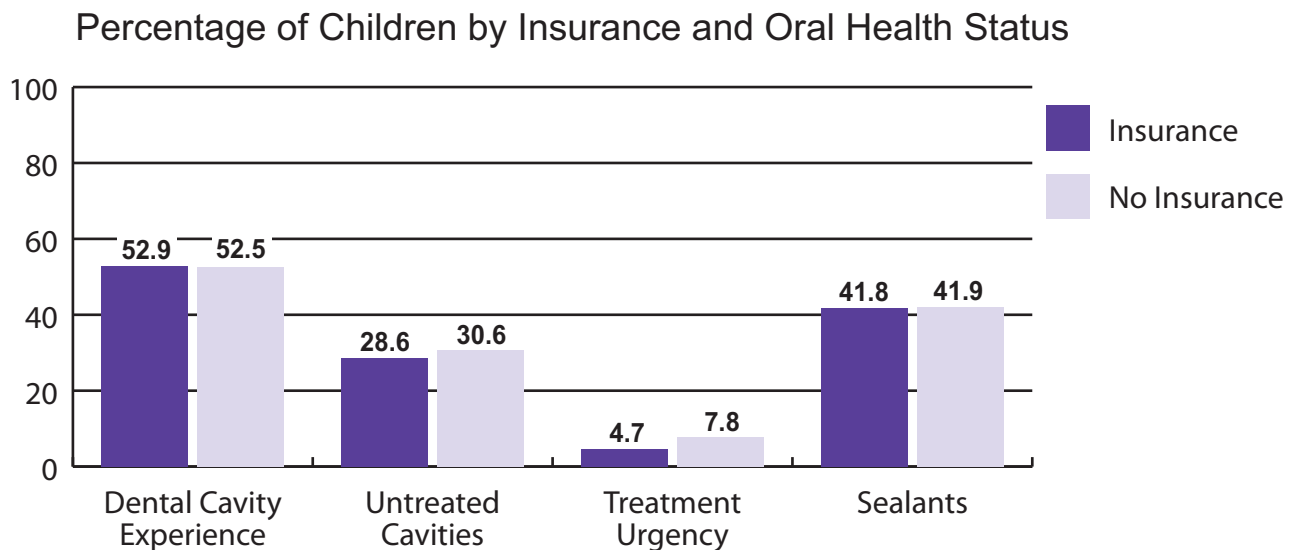
many other health problems, children in low SES families are vulnerable to oral health problems for a variety of reasons. Their nutrition may be poor, oral hygiene inadequate, and most have problems accessing care. They are at greater risk for experiencing more extensive and severe forms of oral disease, thus increasing the chances of complications of untreated disease. Healthy Smile Healthy Growth found more dental decay, more untreated disease and fewer sealants in children from low-income homes.

Where do we focus?

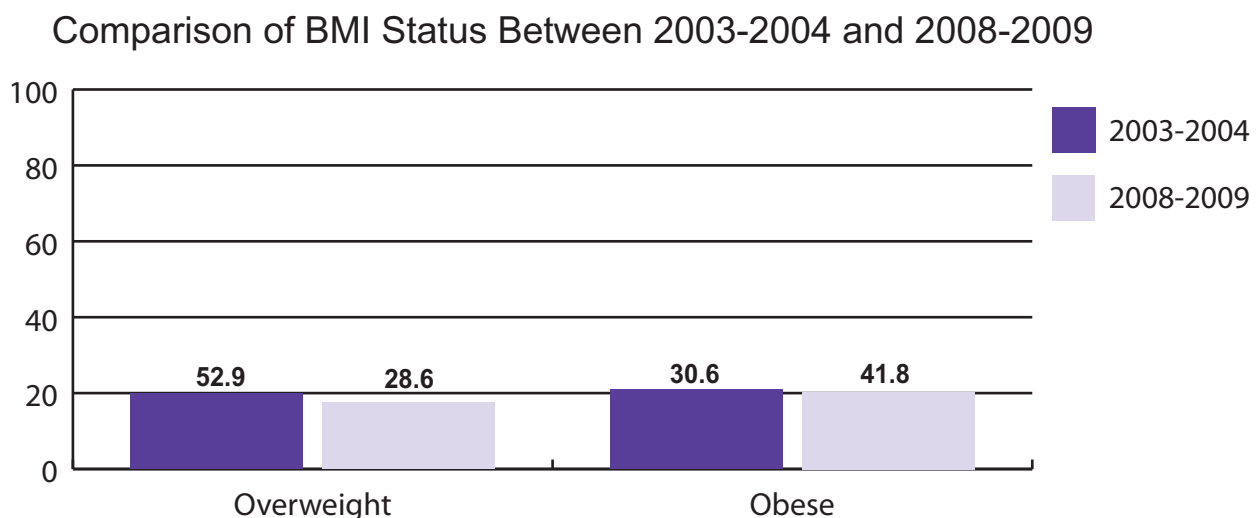
Ultimately, removing known barriers between people and oral health services is a priority. Many statewide efforts should, and are being undertaken, to reduce disparities and include expanding the scope of Medicaid oral health services, expanding funding for school-based dental sealant programs, and increasing the variety of races and ethnic groups represented in the oral health care field.

Insurance Status

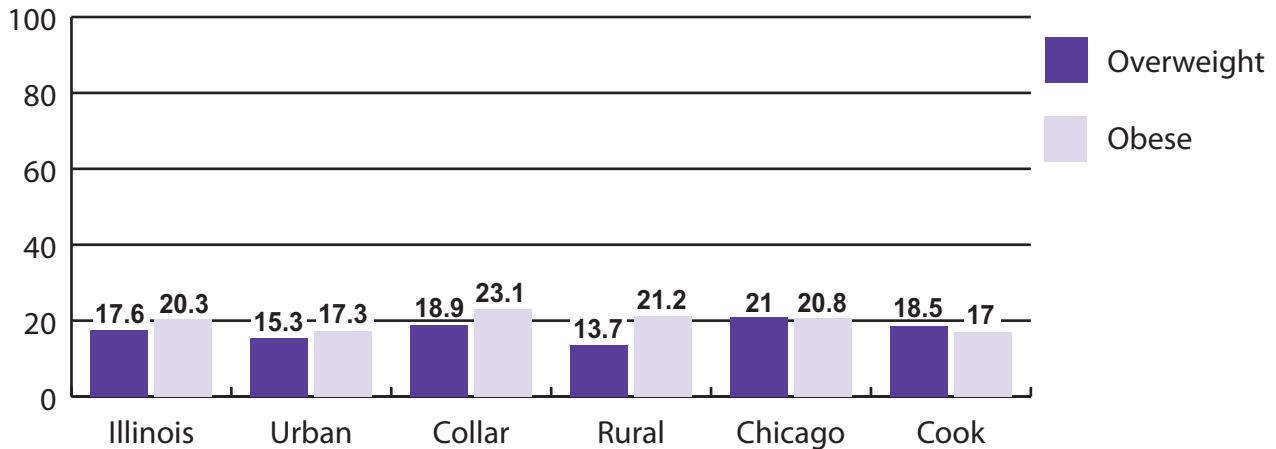
The insurance question is self-reported and does not differentiate between public and private insurance, hence the discrepancies are less noticeable.



Body Mass Index (BMI) Status



BMI Status by Urbanicity, 2008-2009



Note: The Department uses the CDC classifications for obesity. The categories are the same in 2008-09 as in 2003-04, but the names have changed.

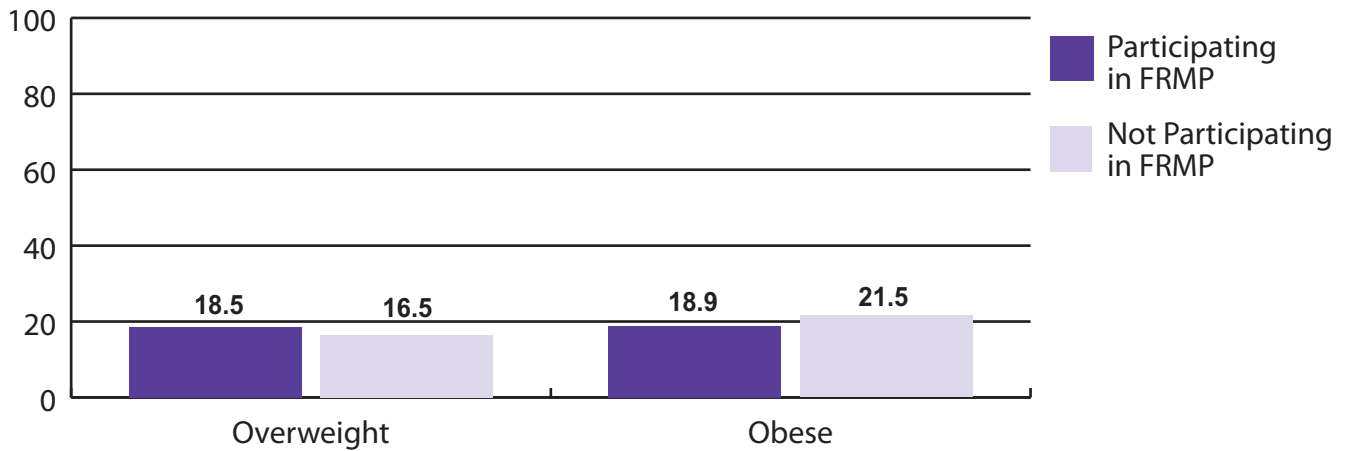
2003-2004		2008-2009	
Overweight	BMI of \geq 95th percentile	Obese	BMI of \geq 95th percentile
At Risk of overweight	BMI of 85th - < 95th percentile	Overweight	BMI of 85th - < 95th percentile
Underweight	BMI of < 5th percentile	Underweight	BMI of < 5th percentile

Because children grow rapidly and boys and girls grow at different rates, children BMI charts are based on age and gender. BMI for age is used only for children. The Supplemental Women, Infants and Children Program (WIC) collects BMI for children ages 5 and younger. Several other research projects have collected BMI for children. Currently, there is not a statewide surveillance system to collect BMI for all children. BMI data for all Illinois children is sparse. For children, sex and age-specific BMI charts have been developed; these charts use BMI to assess a child's risk for being overweight relative to other children of the same age and gender. The BMI percentile for a child tells how that child's BMI compares to the reference population of thousands of children on which the BMI chart is based.

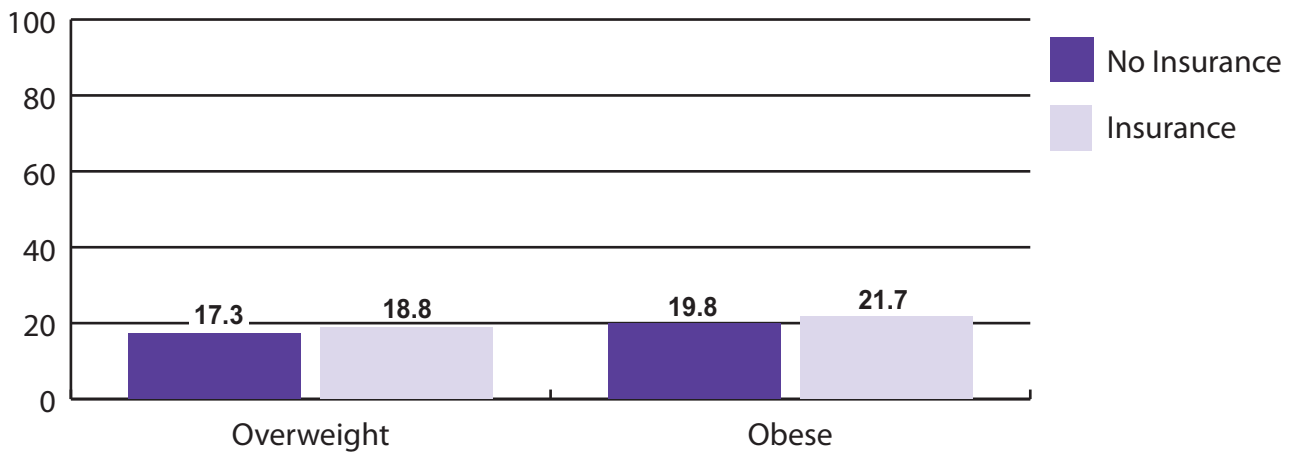
Children are classified as underweight, normal, overweight or obese. For example, if a boy is 8 years old and his BMI falls at the 60th percentile, that means 40 percent of 8-year-old boys have a higher BMI and 60 percent have a lower BMI than that child. Children with a BMI at or above the 95th percentile in the charts are considered obese. Children in the 85th percentile are considered overweight. It is considered inappropriate to label a child "obese" because this word tends to negatively stigmatize a child and has been associated with poor response to the problem. Judgment should be exercised when choosing how to inform the family. Using more neutral terms such as *weight*, *excess weight*, *body mass index*, *BMI*, or *risk for diabetes and heart disease* can reduce the risk of stigmatization or harm to self-esteem.

The Department's Nutrition and Physical Activity Program to Prevent Overweight and Obesity will use the data to assist in designing nutrition and physical activity, evidence-based strategies and programs to promote the adoption of healthy lifestyle behavior to prevent obesity and type 2 diabetes and other chronic diseases in children and families.

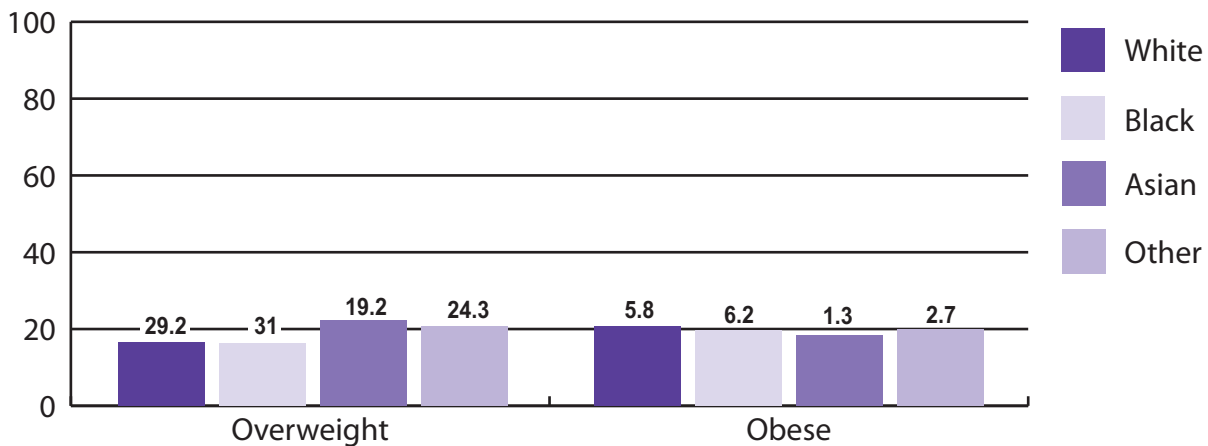
BMI Status by Free and Reduced Meal Program (FRMP) Participation, 2008-2009



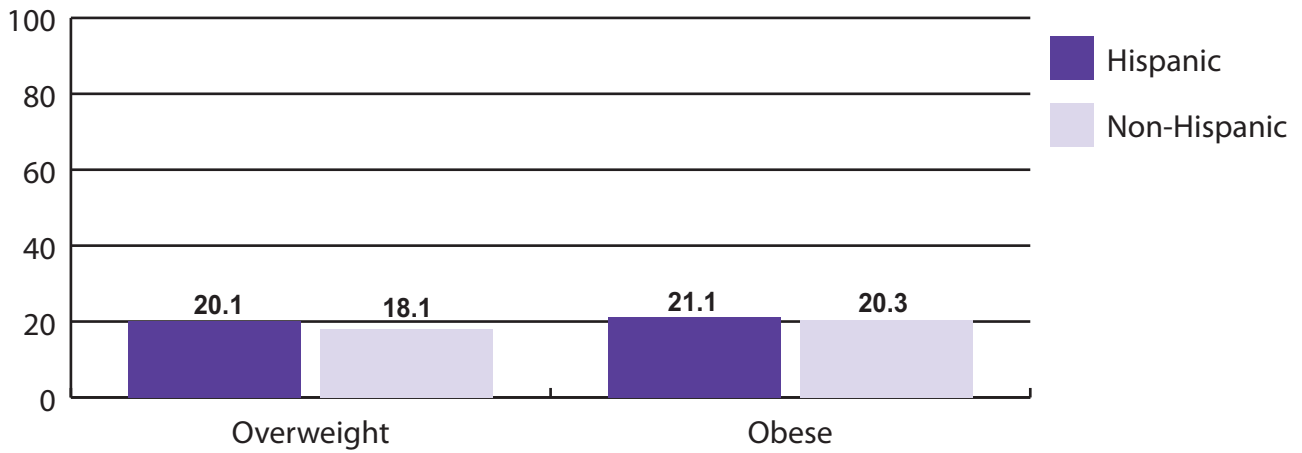
BMI Status by Insurance Status, 2008-2009



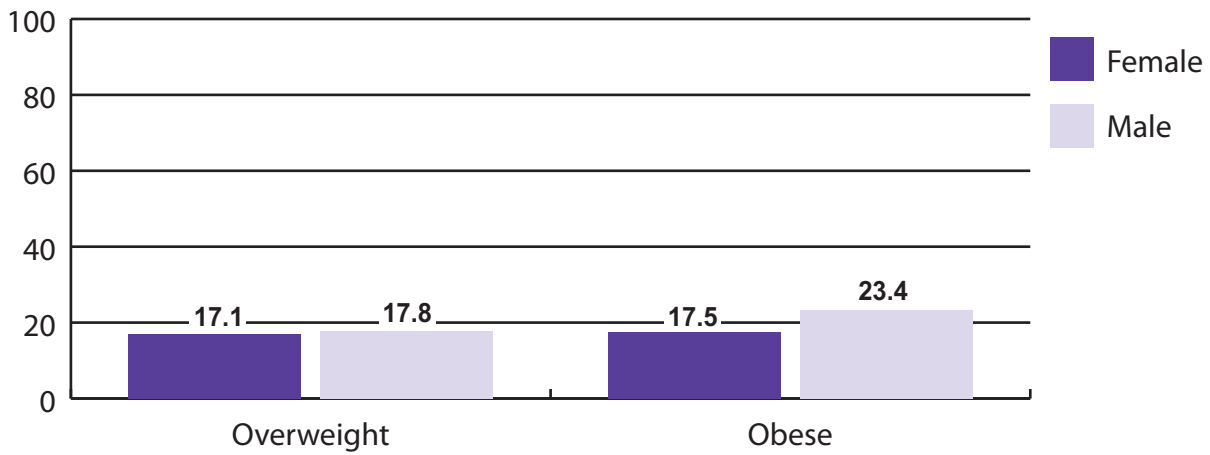
BMI Status by Race, 2008-2009



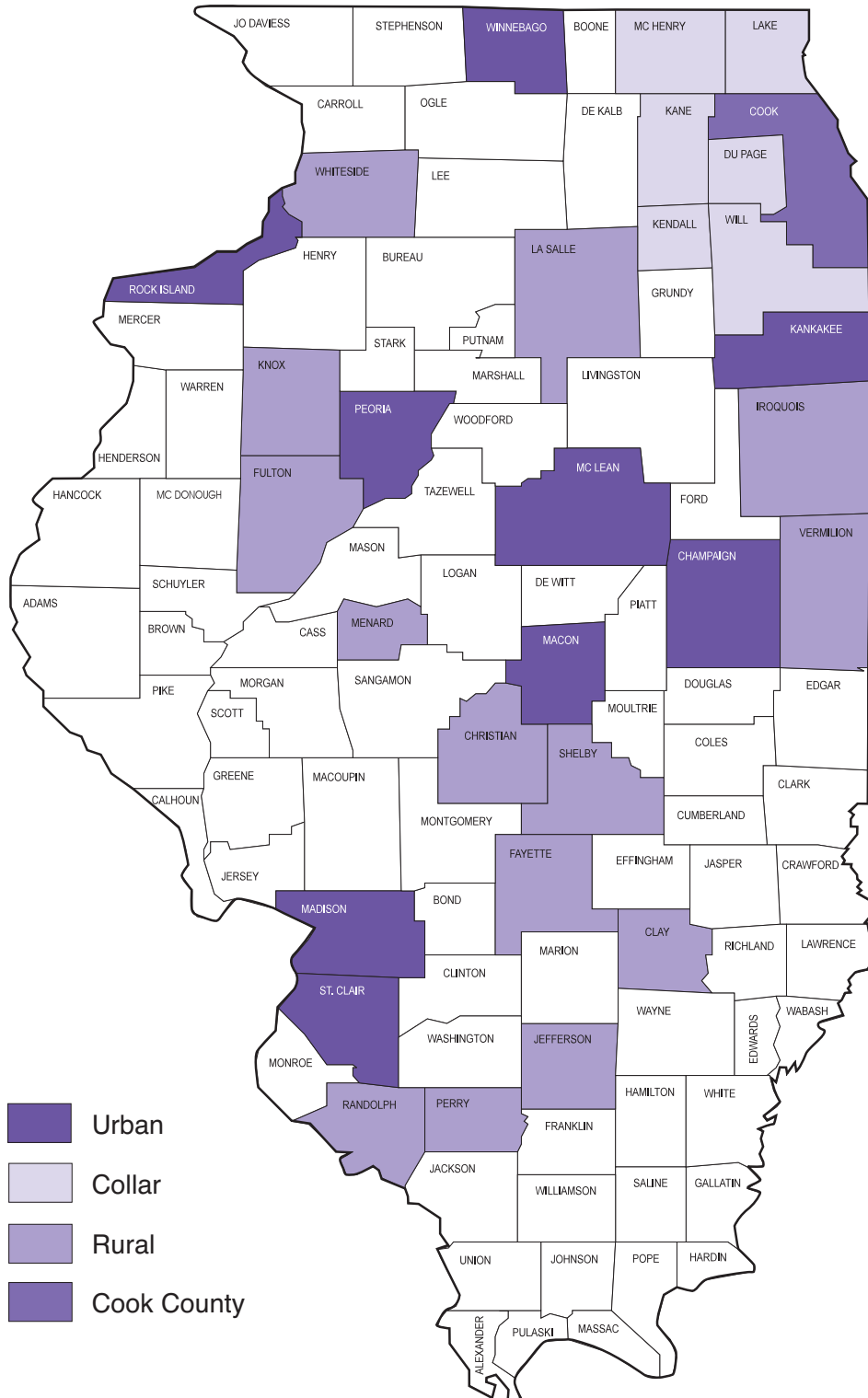
BMI Status by Ethnicity, 2008-2009



BMI Status by Gender, 2008-2009



Counties Participating in Healthy Smile/Healthy Growth (FY2009)



Healthy Smiles Healthy Growth 2008-2009

CONSENT

PARENT: Please complete the consent portion (top portion) of this form and return the entire form to your child's teacher tomorrow.

Child's Name _____

Child's Date of Birth / /

Yes No I give permission for my child to have his/her teeth looked at and height and weight checked.

Yes No My child is eligible for the Free and Reduced Meals Program.

Yes No My child has dental insurance.

Gender: Male Female

Race (check one):

American Indian / Alaskan Native

Asian

Black / African American

Native Hawaiian / Pacific Islander

White

Other

Ethnicity: Hispanic Non-Hispanic

Signature of Parent or Guardian _____

Date _____

SCREENING (For Office Use)

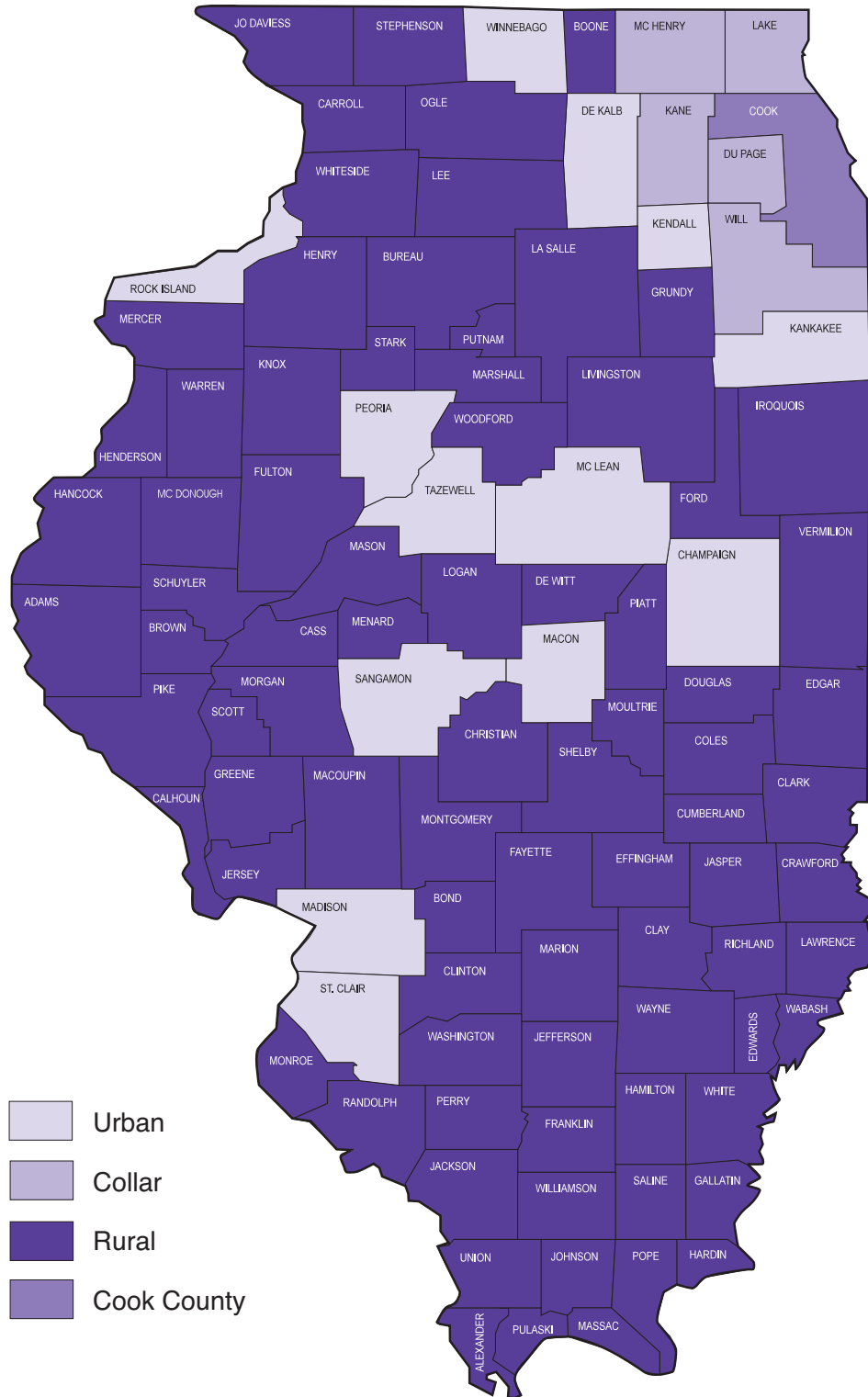
Survey Date (mm/dd/yyyy) <u> </u> / <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	School ID <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Student ID (001-999) <u> </u> <u> </u> <u> </u>
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Caries Experience: <input type="radio"/> Yes <input type="radio"/> No	A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars AND/OR a cavitated lesion. Include both treated and untreated decay.
Cavitated Lesion: (Untreated Decay) <input type="radio"/> Yes <input type="radio"/> No	At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
Sealants: <input type="radio"/> Yes <input type="radio"/> No	1st permanent molars only.
Treatment Urgency <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2	Code 0 = No obvious problem. (No problems observed.) Code 1 = Early dental care is needed. (Cavitated lesion without accompanying signs or symptoms. Suspicious white or red soft tissue areas.) Code 2 = Immediate dental care is needed. (Signs or symptoms that include pain, infection, or swelling.)

Height (in) <u> </u> <u> </u> <u> </u> . <u> </u> <u> </u>	Round to nearest quarter inch.
Weight (lbs.) <u> </u> <u> </u> <u> </u> <u> </u> . <u> </u>	Round to nearest tenth of a pound (000.0).



County Urbanicity

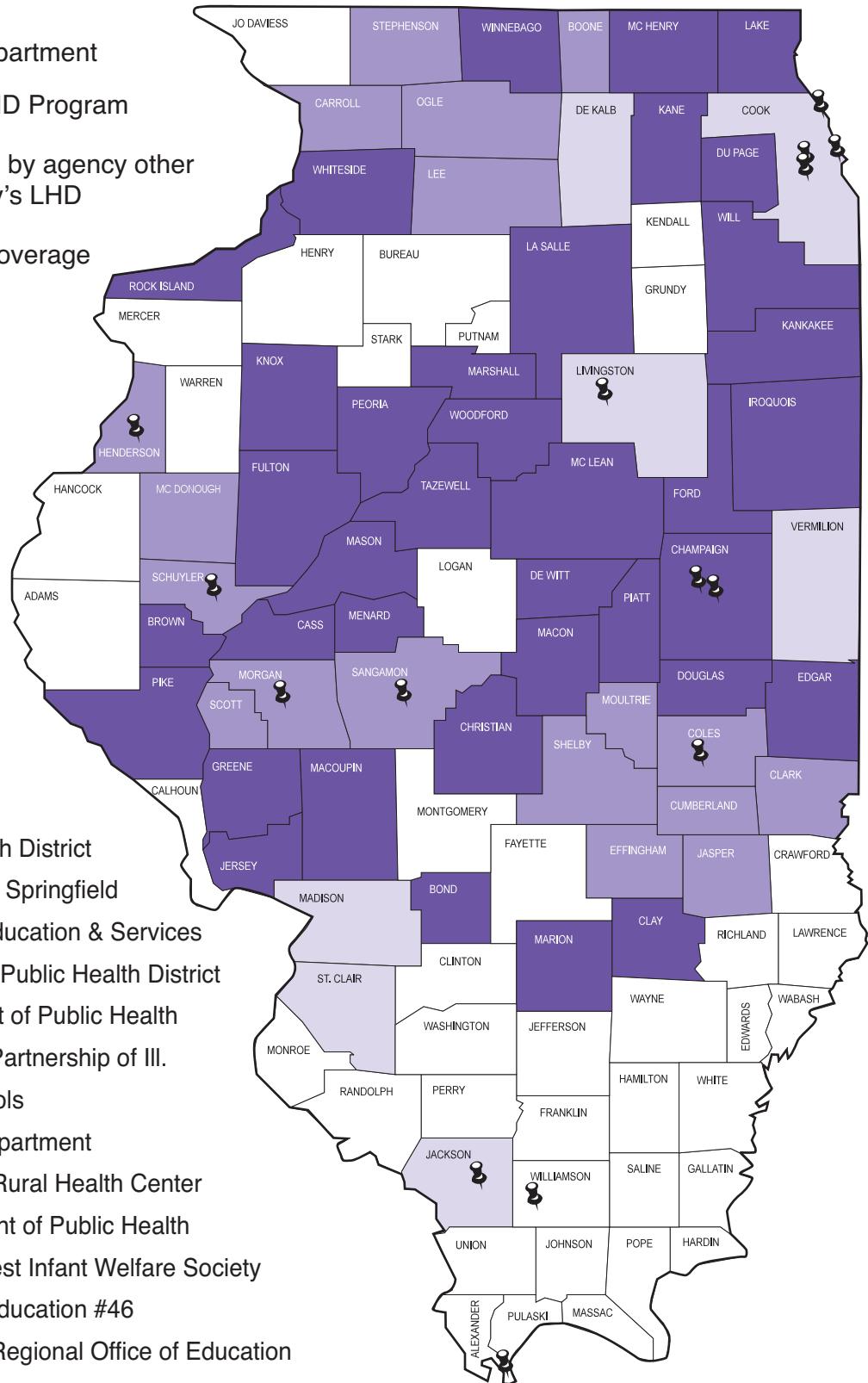


FY09 Dental Sealant Program Grantees

FY09 Grantees

LHD = Local health department

- County wide LHD Program
- County covered by agency other than that county's LHD
- Partial county coverage



AGENCY

- Berwyn Public Health District
- Catholic Charities of Springfield
- Central Ill. Dental Education & Services
- Champaign-Urbana Public Health District
- Chicago Department of Public Health
- Community Health Partnership of Ill.
- Cornell Public Schools
- Evanston Health Department
- Henderson County Rural Health Center
- Oak Park Department of Public Health
- Oak Park River Forest Infant Welfare Society
- Regional Office of Education #46
- Sangamon County Regional Office of Education
- Schuyler/Industry County Unit District
- Southern Illinois University - Carbondale

Last Revised 2/17/2009

Appendix 5

Definitions

Dental Cavity Experience: A filling that has been placed in a tooth indicates evidence of a cavity having occurred at some point in the child's life. Screeners also used extraction of baby teeth or having a permanent first molar missing as criteria for evidence of past dental decay. (Dental cavities also can be called decay or caries.)

Unfilled Cavity: An untreated cavity was recorded if the screener could readily observe loss of ½ mm of tooth structure at the enamel surface and/or dark brown color of the walls of cavity.

Treatment Urgency: Immediate dental care is needed. Signs or symptoms include pain, infection or swelling.

Obese	BMI of ≥95th percentile
Overweight	BMI of 85th - <95th percentile
Underweight	BMI of <5th percentile

Healthy People 2010 are the nation's health objectives designed to identify the most significant preventable threats to health. Measurable benchmarks have been set to reduce these threats.

- Reduce proportion of children with dental decay experience to 42 percent.
- Reduce proportion of children with untreated dental decay to 21 percent.
- Increase the proportion of children receiving sealants to 50 percent.
- Reduce the proportion of children who are overweight or obese to 5 percent.

Appendix 6

Healthy People 2010 National Health Objectives

Healthy People 2010 (HP 2010) is a nationwide comprehensive disease prevention and health promotion guideline for addressing health priorities. HP 2010 actually builds on initiatives that have been pursued over the past two decades. The HP 2010 agenda has two overarching goals: 1) to increase quality and years of healthy life; and 2) to eliminate health disparities. In addition, each health priority also has its own specific goals. The document provides health objectives that enable states, communities and various organizations to work together to improve health. By comparing state findings to HP 2010, we can measure trends over time and evaluate our successes in achieving the above goals as they relate to oral health. Below is the list of HP 2010 oral health objectives:

Goal: Prevent and control oral and craniofacial diseases, conditions, and injuries and improve access to related services.

Number	Objective Short Title
21-1	Dental decay experience
21-2	Untreated dental decay
21-3	No permanent tooth loss
21-4	Complete tooth loss
21-5	Periodontal diseases
21-6	Early detection of oral and pharyngeal cancers
21-7	Annual examinations for oral and pharyngeal cancers
21-8	Dental sealants
21-9	Community water fluoridation
21-10	Use of oral health care system
21-11	Use of oral health care system by residents in long-term care facilities
21-12	Dental services for low-income children
21-13	School-based health centers with oral health component
21-14	Health centers with oral health service components
21-15	Referral for cleft lip or palate
21-16	Oral and craniofacial state-based surveillance system
21-17	Tribal, state and local dental programs

Appendix 7

Acronyms

ASTDD – Association of State and Territorial Dental Directors

BMI – Body Mass Index

BSS – Basic Screening Survey

CDC – U.S. Centers for Disease Control and Prevention

DOH – Division of Oral Health

HP 2010 – Healthy People 2010 – National Health Objectives

SES – Socioeconomic Status