

# Dupage county needs assessment



Dupage County needs assessment U O M L T H C A E T U S E N T H A T E S M S S  
A S I T Y N D U P A G E C O U N T Y H E A L T H D E P A R T M E N T Everyone, Everywhere,

Everyday Community Health Status Assessment DuPage County Health

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Table of Contents Section 1 Leading Causes of Death . . . . .

. . . . . Top Ten Leading Causes of

Death . . . . . Crude Mortality

Rate . . . . . Top Ten Leading

Causes of Death by Gender . . . . . Top Five Leading

Causes of Death by Age Group . . . . . Years of Potential Life

Lost . . . . . Demographic and

Socioeconomic Characteristics . . . . . DuPage County

Population . . . . . Birth

Statistics. . . . . Statistics.

Mortality Statistics . . . . .

Immigrant Population . . . . .

Income . . . . .

Unemployment.

Unemployment. . . . .

Poverty . . . . .

Education . . . . .

Uninsured . . . . . 1-1 1-

1 1-2 1-3 1-4 1-5 2-1 2-1 2-7 2-8 2-9 2-10 2-11 2-12 2-13 2-13 3-1 3-7 3-8 3-

22 3-23 3-24 3-25 3-25 3-28 3-29 4-1 4-1 4-7 4-8 4-12 4-13 4-14 5-1 5-1 5-4

5-7 5-7 5-10 6-1 6-1 6-2 6-3 6-6 Section 2 Section 3 Chronic Conditions . . . . .

..... Diseases of the Heart .....

..... Cancer.

Cancer. ....

Stroke.

Stroke. ....

Chronic Lower Respiratory Disease .....

Arthritis. Arthritis. ....

..... Osteoporosis. Osteoporosis. ....

..... Diabetes.

Diabetes. ....

Asthma.

Asthma. ....

EndDisease. End-Stage Renal

Disease. .... Infecti Infectious

Diseases .....

Preventable Diseases .....

Infectious Diseases .....

Transmitted Diseases .....

HIV/AIDS .....

Tuberculosis .....

Rabies .....

Section 4 Section 5 Maternal and Child Health .....

..... Infant

Deaths .....

Care .....

Factors. . . . . Low Birth Weight and Very Low Birth Weight . . . . . Adolescent Pregnancies . . . . . Activity Nutrition, Physical Activity and Obesity. . . . . Nutrition . . . . . Activity. Physical Activity. . . . . . . Obesity. Overweight and Obesity. . . . .

FORWARD. . . . . Section 6 Section 7 Environmental Health . . . . . Outdoor Air Quality . . . . . Water Quality . . . . . Waste. Toxics and Waste. . . . . Communities. Healthy Homes and Healthy Communities. . . . . Infrastructure and Surveillance . . . . . Foodborne Illness . . . . . Mental Health Conditions . . . . . Mental Disorders . . . . . Suicide . . . . . Alzheimer 's disease . . . . . Substance Abuse . . . . . Alcohol Use . . . . . Tobacco Use . . . . . Illicit Drug Use . . . . . Injury and Violence Prevention . . . . . Unintentional

Unintentional Injuries . . . . .

Accidents. Motor Vehicle Accidents. . . . .

. . . . Falls . . . . .

Drowning.

Drowning. . . . .

Deaths. Firearm Related Injuries / Deaths. . . . .

. Homicide . . . . .

Child Abuse and Neglect . . . . .

Domestic Violence . . . . . 7-1

7-1 7-3 7-4 7-6 7-6 7-8 8-1 8-1 8-3 8-5 8-6 8-7 8-10 8-12 9-1 9-1 9-2 9-3 9-4

9-5 9-6 9-7 9-9 1010-1 1010-1 1010-2 1010-2 1010-4 1010-5 10-5 101010-8

1111-1 11-1 111111-2 1111-4 1111-5 1111-6 1111-6 Section Section 8

Section 9 10 Section 10 Minority Health . . . . .

. . . . . DuPage County Population . . . . .

. . . . . DuPage County

Mortality . . . . . Ethnicity. Cause

Specific Deaths by Race and Ethnicity. . . . . Top Five

Leading Causes of Death by Race and YPLL . . . . . Motor Vehicle

Accidents, Homicides, and Suicides . . . . . Maternal and Infant

Health Issues . . . . . Infectious

Disease . . . . . Access to

Care . . . . . Income . . . . .

. . . . . Health

Insurance . . . . . Preventive

Clinical Preventive Care . . . . .

Ongoing Sources of Primary Care . . . . .

Inadequate Prenatal Care . . . . .

Sentinel Events . . . . . 11

Section 11 Introduction In order to meet State requirements for health department re-certification, Illinois Administrative Code requires that every five years, each Local Health Department must assess the health needs of its community through a systematic process known as the Illinois Project for Local Assessment of Needs (IPLAN). IPLAN is grounded in the core functions of public health and addresses public health practice standards. One of the required documents of the IPLAN process is a Community Health Status Assessment. The Community Health Status Assessment is intended to answer the question, “ What is the health status of the residents of DuPage County? ” The results of this assessment will provide the IPLAN Steering Committee with an understanding of the community’s health status and ensure that the IPLAN priorities include specific health status issues. The Community Health Status Assessment is developed through the systematic analysis of health status data from primary and secondary sources.

The following DuPage County Health Department Community Health Status Assessment is a compilation of data from these sources. The Institute of Medicine defines a community health profile as a set of health, demographic and socioeconomic indicators which are relevant to most communities. It is intended to provide a broad strategic view of the population’s health status, and the factors that influence health in the community. The IPLAN Steering Committee will use this document to identify and support approximately ten health status issues. Methodology

The DuPage County Health Department has created this Community Health Status Assessment to identify specific health needs as part of the IPLAN process. Our intent is to develop an accurate, comprehensive picture of health status of DuPage County residents. Content areas covered focus on physical, mental and environmental health. This assessment will follow a structure similar to the U. S. Healthy People 2010 (HP 2010) document, providing the most current data available, and indicating how DuPage County compares to the HP 2010 target whenever possible.

Incidence, prevalence and trends are shown when available. Objectives without HP 2010 targets have been included where appropriate based on public health impact. Direct HP 2010 comparisons were not always available. Finding current, comparative data on specific health objectives consistently remains a challenge. Many data sources have been used in an attempt to provide accurate data for analysis. Data reliability must always be considered, as in some instances, occurrence of morbidity or mortality may be so low that a valid rate or percent cannot be calculated or, if calculated, would be meaningless.

These occurrences are noted throughout the document. Data derived in the Community Health Profile is a compilation of many sources. Frequently when discussing national health statistics or trends, direct HP 2010 text was quoted. The IPLAN Data System was a primary source for Illinois and DuPage County specific indicators, as this system contains a wealth of data on births, mortality and chronic illnesses. Illinois Department of Public Health birth and death files were frequently used as a data source, along with sources from specific DuPage County Health Department service areas.

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Other data and information sources include Access DuPage, American Cancer Society, American Heart Association, American Psychiatric Association, Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, DuPage County Environmental Committee, DuPage County Sheriff's Office, DuPage Federation on Human Services Reform, Family Shelter Services, Illinois Attorney General, Illinois Council Against Handgun Violence, Illinois Department of Children and Family Services, Illinois Department of Employment Security, Illinois Department of Public Health, Illinois Department of Transportation, Illinois Environmental Protection Agency, Illinois State Board of Education, Kaiser Commission on Medicaid and the Uninsured, Kaiser Family Foundation, National Adolescent Health Information Center, National Alliance on Mental Illness, National Cancer Institute, National Diabetes Information Clearinghouse, National Heart, Lung, and Blood Institute, National Institute of Mental Health, National Institutes of Health, National Osteoporosis Foundation, National Safety Council, National Stroke Association, National Highway Traffic Safety Administration, Safe Kids USA, SEER\*Stat (Surveillance, Epidemiology and End Results statistical software), Substance Abuse and Mental Health Services Administration, Suicide Prevention Resource Center, The Alan Guttmacher Institute, The Joint Commission on Accreditation of Healthcare Organizations, U. S Census Bureau, U. S.

Centers for Disease Control and Prevention, U. S. Department of Commerce, U. S. Department of Health and Human Services, U. S. Department of Housing and Urban Development, U. S. Department of Justice, U. S. Environmental Protection Agency, and World Health Organization. Section 1:

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Leading Causes of Death and Mortality in DuPage County A good place to begin our study of the health status of the population is by reviewing the leading causes of death in DuPage County residents. Presenting, ranking, and comparing leading causes of death data is a common method of showing mortality statistics, and is useful for illustrating the relative burden of disease-specific mortality.

The DuPage County death data presented in this section were obtained from death files provided by the Illinois Department of Public Health. In 2006, there were 5, 703 deaths in DuPage County and 102, 122 deaths in Illinois (1). Ninety-four percent of DuPage deaths were White, three percent were Asian, and two and one half percent were Black. Three percent of DuPage deaths were Hispanic. Minority Health will be addressed in Section 10 of this Community Health Profile. See Table 1. 1 for a comparison of the 2006 Top Ten Leading Causes of Death in DuPage County and Illinois (2)(3). See Table 1. 2 for the 2004 and 2005 Top Ten Leading Causes of Death in DuPage County (2). Table 1. Top Ten Leading Causes of Death in DuPage County with Illinois Comparison, 2006 DuPage County Rank Cause of Death All Causes 1 2 3 4 5 6 7 8 9 10 1 Illinois Number of Deaths 102, 122 27, 002 24, 052 5, 974 4, 725 4, 401 2, 792 1 Number of Deaths 5, 703 1, 419 1, 384 347 260 192 183 158 109 107 93 Percent of Deaths 100. 0 24. 9 24. 3 6. 1 4. 6 3. 4 3. 2 2. 8 1. 9 1. 8 1. 6 Percent of Deaths 100. 0 26 24 6 5 4 3 1 Diseases of the Heart Cancer Cerebrovascular Disease Chronic Lower Respiratory Disease Accidents Alzheimer’s Disease Pneumonia Diabetes Mellitus Nephritis and Nephrosis Septicemia 2, 794 2, 501 2, 001 3 2 2 Pneumonia is not in the top ten leading causes of death in Illinois Source: Illinois Department of Public

Health (2) (3) 1-1 Table 1. Top Ten Leading Causes of Death, DuPage County, 2004-2005

Year	2004	Percent of 2005 DuPage Total Deaths	2005	DuPage Deaths	Deaths
All Causes	5,444	100.0	5,761		
Diseases of the Heart	1,326	24.4	1,455		
Cancer	1,395	25.6	1,440		
Cerebrovascular Disease	385	7.1	388		
Chronic Lower Respiratory Disease	252	4.6	274		
Accidents	208	3.8	181		
Pneumonia	137	2.5	177		
Alzheimer's Disease	166	3.0	179		
Nephritis and Nephrosis	116	2.1	138		
Diabetes Mellitus	119	2.2	116		
Septicemia	102	1.9	89		

Source: Illinois Department of Public Health (2) Percent of Total Deaths 100.0 25.3 25.0 6.7 4.8 3.1 3.1 3.1 2.4 2.0 1.5

Since 1908, Diseases of the Heart has been the first or second leading cause of death in the United States (4).

Since 1921, Diseases of the Heart has remained the number one cause of death (4). While DuPage County historical mortality data dating back to 1921 is unavailable, one can extrapolate national patterns to County mortality. The increase in 2004 total Cancer can be seen as an anomaly. The transposition between Diseases of the Heart and Cancer in 2004 should be monitored.

Crude Mortality Rate Table 1.3 Crude Mortality Rate, DuPage County and Illinois, 2000-2006

Year	DuPage County	Illinois
2000	617.1	855.8
2001	620.6	840.1
2002	616.1	842.9
2003	615.6	829.2
2004	586.3	805.0
2005	618.0	812.1
2006	611.3	795.8

Source: Illinois Department of Public Health (2) 1-2

Crude Mortality Rate in DuPage County and Illinois 2000 – 2006

Rate per 100,000 Population	1,000	800	600	400	200	0
2000	2000	2001	2002	2003	2004	2005
2006	Year	DuPage County	Graph 1.1	Source: Illinois Department of Public Health (2)	As can be seen from Graph 1.1, between	<a href="https://assignbuster.com/dupage-county-needs-assessment/">https://assignbuster.com/dupage-county-needs-assessment/</a>

2000 and 2006 the DuPage County and Illinois mortality rates remained relatively stable. The DuPage County crude death rate ranges from 586 deaths per 100, 000 population to 620 deaths per 100, 000 population. The Illinois mortality rate is higher and has a greater range than DuPage County. It ranges from 796 deaths per 100, 000 population to 843 deaths per 100, 000 population (2). Top Ten Leading Causes of Death by Gender Table 1.

Gender	Rank	Cause	Number
Male	1	Cancer	681
Male	2	Heart Disease	661
Male	3	Accidents	130
Male	4	Cerebrovascular Disease (CVD)	128
Male	5	Chronic Obstructive Pulmonary Disease (COPD)	99
Male	6	Pneumonitis	81
Male	7	Diabetes	51
Male	8	Septicemia	43
Male	9	Alzheimer	44
Male	10	Nephritis	47
Female	1	Heart Disease	703
Female	2	Cancer	758
Female	3	Accidents	219
Female	4	Cerebrovascular Disease (CVD)	161
Female	5	Chronic Obstructive Pulmonary Disease (COPD)	139
Female	6	Pneumonitis	77
Female	7	Diabetes	62
Female	8	Septicemia	60
Female	9	Alzheimer	58
Female	10	Nephritis	50

Source: Illinois Department of Public Health (2) Number 758 703 219 161 139 77 62 60 58 50 1-3 Gender Differences The 2006 top ten leading causes of death are the same for oth males and females, though the ranking of causes varies by gender. The first and second cause of death for males is Cancer, followed by Heart Disease. This order is reversed for females. Accidents (Unintentional Injuries) are the third leading cause of death for males, but the seventh leading cause for women. This category includes motor vehicle accidents and any other unintentional injury death that occurs as a result of a fall, drowning, firearm or other accidental cause. In DuPage County, the number of male Accident deaths is more than twice the number of female Accident deaths, which is attributed primarily to higher numbers of male motor vehicle deaths.

This discrepancy between male and female accident deaths is a trend that is also seen nationally (5). CVD and COPD are the fourth and fifth leading causes for males, but the third and fourth causes for women. Alzheimer's disease is the fifth leading cause for women, but the ninth cause for men. Pneumonitis is the sixth leading cause of death for both males and females. Diabetes was the ninth leading cause of death for females and the seventh in males. Nephritis was the eighth leading cause of death in both females and males and Septicemia was the tenth leading cause of death for both genders. Top Five Leading Causes of Death by Age Groups Table 1. 5 Five Leading Causes of Death by Age Group in DuPage County, 2006 Rank