

**2006 IPLAN
Community Health Assessment**

August 10, 2006

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Purpose

The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning tool based on the National Association of County and City Health Officials Assessment Protocol for Excellence in Public Health (APEXPH) model. The Illinois Department of Public Health (IDPH) has made IPLAN their tool for the certification of local health departments as delineated in 77 ILL. Adm. Code 600.

The IPLAN process is a series of planning activities, led by the certified local health department, that involves community participation in identifying the community's health problems, setting priorities and completion of the community health needs assessment and community health plan. In May of 2006, the Rock Island County Health Department (RICHD) convened a 16 member IPLAN Community Group to engage in the community health planning process.

This process requires a combination of subjective and objective observations, from data, surveys and input from community representatives based on professional expertise and life background.

There are three essential elements to IPLAN:

1. An organizational capacity assessment,
2. A community needs assessment and
3. A community health plan.

The organizational capacity assessment purpose is to assess the internal status of the local health department in order to determine needs and strengths. The results can then serve as a guide for direction in the improvement of organizational capacity.

The community needs assessment is the process of determining the community themes and strengths, identifying the forces of change in the community and reviewing pertinent health data, ultimately identifying the top health priorities of the community.

The purpose of the community health plan is to develop a five-year strategy to address selected health priorities in the community. It is intended to be a health plan that is created, embraced, and addressed by the collective efforts of the various stakeholders.

Background

County Description & Demographics

Rock Island County lies in the northwestern part of Illinois, approximately 90 miles northwest of Peoria and borders Scott County, Iowa. The Mississippi River forms the western border of the county and separates the two states of Illinois and Iowa. According to the 2000 US Census, there were 149,374 people, 60,712 households, and 39,159 families residing in the county. Most of the county's population resides in the three largest cities of Moline, Rock Island and East Moline, with the rest of the population living in small towns and unincorporated rural areas.

The racial makeup of the county was 85.5% White, 7.5% Black or African American, 0.27% Native American, 1.0% Asian American, 3.8% from other races, and 1.9% from two or more races. 8.6% of the population are of Hispanic/Latino origin.

The median income for a household in the county was \$38,608, and the median income for a family was \$47,956. Males had a median income of \$35,998 versus \$24,234 for females. The per capita income for the county was \$20,164. About 8.10% of families and 10.70% of the population were below the poverty line, including 15.70% of those under age 18 and 6.80% of those age 65 or over.

The median age in the county was 38 years. The population age groups are spread out with 23.8% under the age of 18, 10.0% from 18 to 24, 27.3% from 25 to 44, 23.8% from 45 to 64, and 15.1% who are 65 years of age or older.

There are two major health systems that provide primary medical services to residents, Genesis Health System and Trinity Health System. Additionally, the county's designated Federally Qualified Health Center, Community Health Care, has two clinics in the cities Rock Island and Moline. These clinics offer a medical and dental home for persons who could not access primary health care elsewhere in the community. Rock Island County remains on the fringe of being classified as a medically underserved area as well as on the poverty watch list.

RICHD

RICHD's main office is located in the City of Rock Island. Additionally, RICHD has two School Health LINK clinics located in the cities of Rock Island and Silvis, which provide services to school age kids. A fourth clinic is located in Moline in partnership with Community Health Care, and offers WIC (Women, Infants and Children) services.

RICHD is committed to the public health needs of Rock Island County residents and its mission to build a healthier community by *"preventing disease, prolonging life and improving health and efficiency of all Rock Island County citizens."*

The goal of Public Health is to prevent disease and promote healthy choices. Public Health is a dynamic field that must continue to respond and adapt to current health issues as well as maintain quality service to meet basic health needs. There are always new challenges as emerging diseases are discovered and the needs of populations change over time.

Services

The range of services provided by RICHD is very comprehensive. RICHD offers programs that provide or ensure vaccinations, the control of infectious diseases, safe and healthier foods, healthy mothers, babies and children, family planning, safe drinking water and the prevention of chronic diseases. STD and HIV testing, treatment and counseling are offered for both women and men. School Health LINK clinics provide health care services to keep kids healthy and able to attend school. Children are screened for vision, hearing and oral health by RICHD and receive education on various public health topics while in school. All of these activities, which are preventative in nature, represent the core of public health. Appendix A illustrates the current organization chart of RICHD.

The health department also has a critical role in community emergency response if a large-scale biological, chemical, or radiological event were to occur. RICHD's responsibility would be to receive medications, vaccines, and supplies and dispense them to the public through mass clinics. RICHD continues to test and improve its emergency preparedness plan through active participation in local, regional and state drills and exercises on smallpox, pandemic flu, nuclear release, anthrax and mass vaccination clinics. This is essential in building a competent workforce and assuring the community that the health department is prepared to deal with these types of emergencies.

Community Outreach

One of the essential public health services is to inform, educate, and empower people about health issues. By maintaining a presence at community events, RICHD has provided the residents of Rock Island County with a wide range of information, from awareness of appropriate behavior at given developmental stages in a child's life; risk factors in the transmission of HIV, other sexually transmitted diseases, and other communicable diseases; vaccination scheduling; modifiable risk factors for heart disease, cancer, and other lifestyle-related diseases; emergency preparedness and response; environmental health; and a host of other topics.

The range of activities includes attendance at health fairs; community events such as picnics, fun fairs, and commemorative events; presentations to populations at risk for a variety of health problems such as substance abusers, veterans, children and adolescents in schools, college students, seniors, and communities of color; and information disseminated by the media. As a good example of these kind of activities,

the Illinois Department of Public Health and Center for Minority Health Services Wellness on Wheels van was utilized as a venue for information, outreach, and testing services during the Black Church Week of Prayer, and will be used to provide services at the Health Expo at the city of Rock Island's Martin Luther King, Jr. Community Center, and promotion of Women's Health Week.

RICHD staff are also involved in establishing and sustaining discussion among community leaders, concerned citizens, and interested organizations facing challenges that face many segments of the population such as access to affordable, adequate healthcare; safe neighborhoods, parks, and schools; the impact of the built environment on public health; delivery of social services and assessment of needs; leadership and planning for emergency response; and provision of expert advice and guidance regarding health-related issues and undertakings.

RICHD provides input to local organizations such as the Quad City Health Initiative, the Council on Community Services, the Longview Pastors' Association, AIDS Project Quad Cities; the Western Illinois HIV/AIDS Care Consortium, Rock Island, Moline, East Moline and other municipalities, police forces, school systems, and the Rock Island County Board.

Quality Assurance

As a public agency, RICHD is subject to scrutiny by a number of governmental, professional, funding, and other regulatory agencies on an ongoing basis. Individually licensed and certified staff go through periodic review for licensure, such as Nursing and Sanitation, and clinical areas and laboratories are subject to inspection for compliance to standards, as well as ongoing monitoring of safety and efficacy.

Funding agencies require regular reports on the outcomes of many services, such as HIV Prevention, Lead screening, Family Planning, Breast and Cervical Cancer Screening and intervention, Developmental Assessment of children, WIC, Immunization, Refugee services, the Millennium Neighborhood Project, and other grant-dependent programs.

Regular meetings with managers and the entire staff provide the opportunity to evaluate performance, assess and intervene in problem areas, and quickly disseminate changes in practice and policy that affect the outcomes of services. This interaction extends to the Local Board of Health, who are informed regularly on RICHD performance and supply guidance to both the health department and the county on public health concerns.

Organizational Capacity Assessment

RICHD completed two types of internal assessments in order to gain a more comprehensive view of its organization capacity. The first assessment utilized the IDPH Learning Management System (LMS) to provide an assessment of RICHD's entire workforce public health competency. The second utilized the National Association of County and City Health Officials (NACCHO) Assessment Protocol for Excellence in Public Health (APEXPH) Organizational Capacity Assessment to evaluate the perceived current status of RICHD's capacity.

Learning Management System Assessment:

As part of ongoing efforts to assess and improve competency in public health practice, the state of Illinois has required local public health departments to participate in the LMS. This Web-based application is:

- ✓ Designed to facilitate learning and development for staff in state, local and allied health agencies throughout Illinois. The IDPH LMS provides learners with an individual training needs assessment, a topic appropriate curriculum, and a comprehensive training record.
- ✓ Based on the Core Competencies of Public Health and the Bioterrorism and Emergency Response and Readiness competencies developed through the Centers for Disease Control and Prevention (CDC).

Every RICHD employee has been required to participate in this assessment and training program. Used as a tool to accomplish an internal assessment, these data are available to inform leadership of the direction and content needed for ongoing augmentation of RICHD's abilities to provide services to the residents of Rock Island County, ensure core competencies, and guarantee adequate emergency readiness and response in all situations.

The initial assessments for RICHD were performed in October, 2004. Since that time, training and simulation exercises have focused on the indications derived from the LMS, and deficits have been addressed. Unfortunately, there are no post training evaluations available for direct comparison at this time. It is expected that when this assessment occurs again, that RICHD will demonstrate a large improvement in practice, especially in the core competencies and emergency response areas.

The following table exhibits training needs that surfaced during the original assessment:

| Competency Name | Number of workers assessed by competency | Number of workers that need training | Percent of workers that need training* |
|--|---|---|---|
| What Public Health Is | 79 | 29 | 36.7% |
| What Emergency Preparedness & Response Is | 79 | 32 | 40.5% |
| Locate emergency plan | 79 | 45 | 57.0% |
| Demonstrate communication equipment | 79 | 53 | 67.1% |
| Demonstrate role in drills | 79 | 36 | 45.6% |
| Describe public health role in emergencies | 79 | 43 | 54.4% |
| Describe functional role | 79 | 38 | 48.1% |
| Identify role in plan | 79 | 44 | 55.7% |
| Describe chain of command | 79 | 32 | 40.5% |
| Describe communication role | 79 | 44 | 55.7% |
| Recognize unusual events | 79 | 32 | 40.5% |
| Creative thinking to challenges | 79 | 33 | 41.8% |
| Identify limits and key resources | 79 | 29 | 36.7% |

**-percentage of those assessed*

A medication-delivery simulation in the form of an influenza vaccination clinic held at Horace Mann school in October, 2005 allowed RICHD to plan, train, and provide service, while allowing for process and knowledge evaluation. About 1,000 Rock Island County residents were provided with vaccinations; the entire staff was involved in the logistics and delivery of vaccine over an approximately six-hour period, with traffic assistance by the Rock Island Police Department. This simulation provided the opportunity for staff to demonstrate their knowledge of procedures, creativity in meeting challenges, recognition of and accommodation to unusual events, understanding of chain of command and functional roles, and identification of limitations and barriers to success. This activity addressed many of the competencies exhibited above.

In January, 2006, another real-time simulation of medication dispersal was undertaken. Using the Mark, a local concert and meeting venue, the simulation was based on providing medication and other services following an Anthrax exposure during a county fair. This activity built on the previous experience, adding transportation and security for medications, medical evaluation and triage, psychological and social interventions,

as well as the basic logistics of providing services and materials to potentially the entire population of the county and, possibly, adjacent areas. Evaluations by observers noted the abilities of staff to recognize their individual and departmental roles, responses to unusual or extreme occurrences, use of equipment, especially for communications, and identification of the role of public health in emergencies. Once again, barriers and limitations were identified and addressed. Overall, this activity demonstrated significant progress by RICHD staff in core competencies and emergency response.

In other areas assessed by the LMS, more focused by department and objective, RICHD personnel showed their competency:

| Competency Name | Number of workers assessed by competency | Number of workers that need training | Percent of workers that need training* |
|--|---|---|---|
| Communication and Marketing | 3 | 0 | 0.0% |
| Leadership | 3 | 0 | 0.0% |
| What Environmental Health Is | 8 | 0 | 0.0% |
| Environmental Health Risk Communication | 8 | 1 | 12.5% |
| Implement emergency plan | 3 | 0 | 0.0% |
| Activate call-down roster | 3 | 0 | 0.0% |
| Activate redundant communications | 3 | 0 | 0.0% |
| Use agency bioterrorism information plan | 3 | 0 | 0.0% |
| What Infectious Disease Preparedness Is | 10 | 1 | 10.0% |
| Participate in continuing education | 51 | 12 | 23.5% |
| Describe chain of command. | 3 | 0 | 0.0% |
| Ensure psychological support | 0 | 0 | 0.0% |
| Address training gaps | 3 | 0 | 0.0% |
| Evaluate event response | 3 | 0 | 0.0% |

The LMS also provided a breakdown of clinical and technical staff, guiding planning for future public health practice:

| Primary Roles | Total Agency Staff | Percent in Agency (*) |
|---|---------------------------|------------------------------|
| Environmental Health Staff | 5 | 6.3% |
| Other Public Health Professional Staff | 26 | 32.9% |
| Public Health Clinical Staff | 13 | 16.5% |
| Public Health Communicable Disease Staff | 5 | 6.3% |
| Public Health Leaders | 3 | 3.8% |
| Public Health Technical and Support Staff | 27 | 34.2% |

Having correct data about the distribution of staff throughout the various disciplines allows RICHD to plan for future expansion, increase focus on specific problems and events, and assess and target training needs.

APEXPH Organizational Capacity Assessment:

Another useful tool for determining health department capacity, APEXPH has been in use for more than a decade. Seventeen directors and managers for RICHD were polled via questionnaire to determine the current status of public health function.

A high level of perceived importance was indicated for eighteen areas of public health practice, within seven categories:

1. *Indicators of Authority to Operate*
 - Legal Authority
 - Intergovernmental Regulations

2. *Indicators for Community Health Assessment*
 - Planning and Development
 - Evaluation and Assurance

3. *Indicators for Public Policy Development*
 - Community Health Assessment and Planning
 - Public Policy and Public Health Issues

4. *Indicators for Assurance of Public Health Services*
 - Public Policy Implementation
 - Personal Health Services

5. Indicators for Financial Management

- Budget Development and Authorization
- Financial Planning and Financial Resource Development
- Financial Reporting and Administration
- Audit
- Documentation

6. Indicators for Personnel Management

- Policy Development and Authorization
- Personnel Administration and Reporting
- Documentation

7. Indicators for Program Management

- Organization and Structure
- Shared Resources

Strengths:

These responses from the directors and managers showed that RICHD was particularly strong in: its management capabilities for both fiscal and human resources; its ability to interface with the public in terms of assessment, delivery of services, planning, and implementation of public health policy and law; and its competence in establishing and maintaining its various programs.

The same group of directors and managers were also queried about the current status of the indicators they considered important. These results showed that all activities relevant to these indicators were adequately implemented.

Further analysis of the results revealed a few areas where the topics were of moderately high importance, but implementation was reported as low by a significant number of respondents. These included:

1. Indicators of Authority to Operate

- Legal Counsel

2. Indicators for Community Relations

- Documentation

3. Indicators for Community Health Assessment

- Mission and Role

Weaknesses:

Most RICHD managers and directors do not have regular interaction with the legal counsel except in specific instances, so they are not familiar with the full extent of implementation of this indicator. Currently, the system of reporting and recording the numbers of people and types of activities concerned with community relations is undergoing revision, to give a more informed view of what RICHD is doing in terms of outreach, and to avoid duplication of services provided by other service providers, and clarify relations with these organizations. This is expected to improve implementation of this indicator. While RICHD has a well-defined mission statement, an established process for community health assessment, and periodic, public review of its mission and role, these are not day-to-day activities of most directors and managers, and they may not be fully aware of the status of these activities. Sharing the results of community assessments, highlighting the involvement of other governmental bodies, service providers and community leaders, and promulgating this information both internally and externally will demonstrate the improved implementation of this indicator.

Community Needs Assessment

Members of the 2006 RICHD IPLAN Community Group were selected to achieve a broad representation of community involvement and knowledge, awareness of issues across age, income, education, racial and ethnic backgrounds, inner city and rural perspectives, and administrative level viewpoints as well as grassroots program/service implementation experience.

The group provides well-rounded representation for Rock Island County. Three of the members are Hispanic, one is African American, one lives in rural Rock Island County, and two reside in inner-city neighborhoods. Group members were recruited because they play an integral role in the local public health system that provides services collectively to our citizens. The IPLAN process is as meaningful to them as it is to the RICHD staff.

Members of the 2006 RICHD IPLAN Community Group include:

| | |
|--------------------------|---|
| Kimberly Bradley | City of East Moline Environmental Health |
| Nicole Carkner | Quad City Health Initiative |
| Vance DeBruine | University of Illinois Extension Service |
| Barbara Eskildsen | Western Illinois Area Agency on Aging |
| John Flaherty | Regional Office of Education |
| Wendy Fry | Representative for Rural Rock Island County |
| Keene Hart | Safe Kids Coalition |
| Connie Hayes | Community Caring Conference (churches) |
| John Kiley | United Way |
| Josie Lopez | Health Care Transportation |
| Jeffery Maurus, MD, MPH, | Board of Health, private practice physician |
| Victor Moreno | City of East Moline Police Department |
| Stella Schneckloth | Project Now |
| Mary Slutz | Trinity Parish Nurse Program |
| Tammy Uskavitch | Community Health Care |
| Gary Weinstein | Transitions Mental Health |

When the Community Group came together, they shared what they felt were *Community Themes and Strengths*. This provided an opportunity to gather thoughts, opinions, and concerns, to identify assets and characterize the local quality of life (Appendix B).

Another task for the group was to assess the *Forces of Change* in the community. This discussion focused on identification of current or potential occurrences that could impact the health of the community and the local public health system (Appendix C).

Demographic, morbidity and mortality data were collected and assembled for review by the Community Group. The data were provided to allow ample time for individual review. The group again reviewed data with opportunity for explanation and discussion. Appendix D contains the entire data set reviewed by the IPLAN Community Group.

Data sources included:

1. IPLAN Data System
2. Behavioral Risk Factor Survey, 2001 & 2004
3. U.S Census Bureau, 2000
4. Illinois State Cancer Registry
5. Quad City Health Assessment, 2002

The Community Group reviewed the three components of Community Themes and Strengths, Health Data, and Forces of Change. In addition, they considered the following criteria:

- ✓ Issue fits within our definition of “health” or a “healthy community”
- ✓ Issue addresses an unmet need or gap in service as identified by our Community Group
- ✓ Issue affects a significant number of members of our community
- ✓ Issue is consistent with goals of Public Health
- ✓ Issue is actionable by united community efforts and results are achievable
- ✓ Local resources exist to mobilize against the issue
- ✓ Our impact on the issue will be measurable
- ✓ Action on issue will not duplicate other community services
- ✓ Issue is likely to be supported with resources by other community partners

After consideration of these aspects the group chose three health priorities upon which Rock Island County partners should focus combined efforts over the next five years.

Health Priorities

1. Obesity
2. Health Literacy
3. Lead Poisoning

RICHHD, together with many community partners then formulated goals and strategies for action to address the three priorities. This process was a combination of large group meetings, small workgroups, and individual interviews. The plan was structured to utilize existing collaboration between community partners. It will promote realistic expansion and enhancement of small efforts that will benefit the community greatly when applied on a larger, more comprehensive scope.

Community Health Plan

Interventions for the three health priority areas will be addressed in three separate ways:

1. Change in obesity incidence will require *behavioral and cultural modifications*
2. Improvement in health literacy will be largely a *systems response*
3. Reduction in lead poisoning will entail *environmental measures*

Discussions and actions on these priorities have begun within Rock Island County, and planning and intervention will be conducted by a number of community partners. At the time of submission of this IPLAN document, the community partners had not reached final agreement on some of the measurements for evaluation of change. When those decisions are made it will be possible to quantify goals and objectives.

Health Priority 1: Obesity

Definition

Obesity is the condition of having excessive accumulation of fat in the body, resulting in a body weight more than 20% above the average for height, age, sex, and body type, and an elevated risk of disability, illness, and death.

Data

According to the 2001 Behavioral Risk Factor Surveillance System (BRFSS), modifiable risks have high prevalence in Rock Island County. Obesity or overweight is reported by 58.7% of adults, and 73% do not meet recommended standards for participation in moderate physical activity.

The consequences of these factors are dire: Coronary Heart Disease is a leading cause of mortality within Rock Island County, with a rate of 242 deaths per 100,000 population, far exceeding the Healthy People 2010 goal of 166. Heart Disease is the number one cause of death in the Quad Cities area; combined categories of Heart Disease and Coronary Heart Disease were responsible for 62% of total deaths, and ranked third and fifth, respectively, in causing Years of Potential Life Lost. BRFSS findings show that 6.5% of county residents have Diabetes Mellitus (DM), a slightly higher rate than that for Illinois as a whole 6.1%. The number of undiagnosed cases of DM is undocumented, but may be as great as 30% higher than the known prevalence.

According to the 2002 Quad Cities (QC) Health Assessment, conducted by Professional Research Consultants, Inc. for the QC Health Initiative, 92% of area adults exhibit one or more cardiovascular risk factors.

Of particular interest is that the death rate from Heart Disease for Black residents 25-44 years old is twice that for Whites (10%). For ages 45-65, for both Blacks and Whites the rate is almost 30%.

Encouraging data from the BRFSS indicate that over 70% of Rock Island County residents are trying to lose weight by exercising and reducing their caloric intake, indicating a readiness by most citizens to change their behavior.

At Risk Population

Locally, as well as statewide and nationally, obesity is shown to occur in all age and socioeconomic groups. Rock Island County will target residents in all categories by increasing awareness of healthy lifestyle practices and promoting local opportunities. Media partners will assist in reaching at risk populations with key messages. Activities will be available to a wide range of ages at varied locations and times. Pilot programs for differing segments of the population will provide lessons for expansion to other parts of the community.

Assessment of Resources

RICHD has facilitated a pilot site for the Millennium Neighborhood (MN) Project. A church and the surrounding neighborhood and school have been engaged and are committed to activities that promote increased physical activity and increased fruit and vegetable consumption. RICHD staff led four MN church groups in the Women Out Walking (WOW) grant promotion. Two MN elementary schools have been recruited by RICHD to participate in the fitness and nutrition program called CATCH: Coordinated Approach to Child Health.

Rock Island County is fortunate to have two hospital systems and many community partners working on the issue of obesity. The Quad City Health Initiative (QCHI) has brought many key agencies and individuals together to address health concerns in our bi-state, bi-county metropolitan area. QCHI is well established as a unifying, action-oriented presence in the quest to address local needs and assets for the improvement of our health.

The Quad City Health Initiative is a community partnership, providing resources to:

- ✓ raise awareness
- ✓ develop projects
- ✓ foster collaboration
- ✓ develop plans and reports
- ✓ encourage advocacy
- ✓ access funding

Wellness Champions is the QCHI Project that addresses behaviors and outcomes related to obesity. There are numerous workgroups within the Wellness Champions, some of whom have accomplished their task and others that are in the process of actively pursuing events, products, and ongoing activities to seek improvement. The following community partners have representatives who are actively contributing to workgroup interventions:

- Braaten Health
- MetroLink
- Bi-State Regional Commission
- Scott County Family YMCA
- National MS Society - Greater IL Chapter
- Mississippi Valley Dietetics Association
- Genesis Health System
- Edgerton Women's Health Center
- United Way InfoLINK
- Trinity Visiting Nurse and Homemaker Association
- American Cancer Society
- City of Davenport Parks & Recreation.
- Rock Island County Regional Office of Education (RIROE)
- Rock Island County Health Department
- Community Members
- Two Rivers YMCA
- Hy-Vee Food Store
- Mercer Health & Benefits
- Trinity Regional Health System
- Girl Scouts of the Mississippi Valley
- Hope House
- Genesis Occupational Health
- Deere & Company
- Nutrition Consultant
- Palmer College of Chiropractic
- Genesis Visiting Nurse Association
- Genesis Volunteer Services
- Genesis Occupational Health
- Senior Voice
- City of Rock Island Martin Luther King, Jr. Community Center
- Carleton Life Support Systems
- Child Health Specialty Clinics
- American Heart Association
- City of Rock Island
- Community Health Care, Inc.
- Palmer College of Chiropractic
- Trinity Regional Health System

- Cleveland Insurance Group
- Mercy Medical Center, Home Care & Hospice
- Lujack's Northpark Auto Plaza
- Trinity Work Fitness
- Truman School
- School Health LINK
- Bituminous Insurance Company
- American Red Cross of the Quad Cities
- University of Illinois Extension Service, Rock Island County
- City of Moline
- Alzheimer's Association
- University of Illinois at Chicago, College of Nursing, QC Regional Program
- Iowa State University Extension Services, Scott County
- Scott County Health Department
- Body University

Strategies of the Wellness Champions

- Work with community partners to educate the community on how to make healthy choices regarding diet and exercise
- Support the collaboration, development or expansion of programs, projects and/or events focused on nutrition, exercise or screening for health risk factors

The Wellness Champions and the Executive Committee of QCHI have struggled with the task of how to quantify the goals and objectives. A discussion of the method of measurement, assessment and evaluation of interventions is ongoing. At the time of submission of the 2006 IPLAN for RICHD, a final decision had not been made.

Healthy People 2010

- Increase the proportion of people who engage regularly, preferably daily, in sustained physical activity for at least 30 minutes per day.
- Increase the prevalence of healthy weight as defined by BMI (Body Mass Index).

Goals

Long Term Goals

1. Decrease percentage of adults and children who are overweight or obese
2. Decrease percentage of adults with high blood pressure
3. Decrease percentage of adults with high cholesterol

Short Term Goals

1. Increase number of adults and children who engage in regular daily exercise
2. Increase number of adults and children who eat daily nutritious meals
3. Increase number of adults and children who receive regular screenings for health risk factors

Resources for Intervention

Staff from various RICHD programs are involved as key participants in QCHI projects since it was formed in 1999. Staff participation is supported by the RICHD Public Health Administrator who is on the Executive Committee of QCHI. The following are Wellness Champion Workgroups that collectively address obesity and related health issues:

- Media
- Speakers Bureau
- IMAX: The Human Body
- Physician Education
- Distribution
- Schools
- Directory
- Healthy Dining Guide
- Midwest Cardiovascular Research Foundation
- Moon Walk 2006
- Church-based Wellness
- Blood Pressure/Cholesterol Screenings
- Food Promotion
- Employee Health and Fitness Walk
- Nutrition Program

Objectives, Resources, Intervention, and Evaluation

The following are objectives, resources, interventions and evaluation plans of several QCHI workgroups representing the core themes of Wellness Champions as well as the variety of directions in which QCHI is directing its efforts. Funding comes from grants and corporate sponsorships, but mostly from in-kind contributions of staff time and talents, and agency materials.

1) **Media**

Objectives

- Identify and implement a process to distribute key messages to the public through the local media
- Conduct a pilot test of team messages at two or more employers

Resources

Workgroup creation of Key Messages:

- ✓ **Know It** – Know your numbers: high blood pressure and cholesterol. If high, get them treated
- ✓ **Move It** – Accumulate at least 30 minutes of activity most days of the week
- ✓ **Lose It** – Eat well balanced meals, reduce calories if you are overweight
- ✓ **Check It** – Get regular checkups
- ✓ **Chill It** – Improve your mental and spiritual health, control your stress
- ✓ **Quit It** – If you smoke, stop

Interventions

- Work with WQAD-TV and Quad City Radio Group on campaign to distribute key messages
- Display posters and employ other awareness methods at two local worksites

Evaluation

- Assess number of individuals reached by media messages
- Conduct pre and post tests with general public and with employees at worksites

2) Speakers Bureau

Objective

- Create and promote a Speakers Bureau on exercise, nutrition, and health screenings

Resources

- Speakers Bureau Guide and tracking system for speakers

Intervention

- Speakers from various agencies are available to speak on healthy lifestyle issues

Evaluation

- Number of speakers on list, requests for speakers, and individuals reached by speakers

3) Physician Education

Objective

- Work with primary care physicians to encourage patient-doctor conversations and to assist doctors in accessing tools to facilitate these conversations

Resources

- ROCK ISLAND COUNTY Medical Society
- A physician tool

Intervention

- Meet with Medical Society representatives
- Obtain endorsement of tool
- Hold group sessions with physicians

Evaluation

- Number of physicians using tool

4) **Directory**
Objective

- Develop and distribute a directory of community resources and contact information for health living

Resources

- QCHI funds, workgroup members to gather, compile, distribute

Intervention

- Distribution of directories

Evaluation

- Results from Distribution Workgroup follow up

5) **Healthy Dining Guide**
Objective

- Develop a healthy dining guide with guidelines when eating out

Resources

- Workgroup to create guide for distribution

Intervention

- Distribution of dining guides

Evaluation

- Results from Distribution Workgroup follow up

6) **Moon Walk 2006**
Objective

- Participate in Moon Walk 2006: a Tri-City walking competition with Peoria and Rockford

Resources

- Peoria and Rockford
- Recruited participants from Quad Cities

Intervention

- Organization of local teams, recruitment, promotion efforts, reports

Evaluation

- Number of participants, number of miles walked, rank among three communities

7) **Church-based Wellness**

Objective

- Encourage the development of new fitness and lifestyle programs in local churches/houses of faith

Resources

- Rock Island County Health Department has three initiatives that include church-based activities: Millennium Project, Women Out Walking (WOW) Program, and Heart Smart for Women Program. In addition, parish nurses, nursing students, and Iowa and Illinois Extension Services are resources

Interventions

- Ongoing fitness, nutrition, and screening activities at a church in the Longview neighborhood as part of Millennium Project, WOW in four churches, Heart Smart in four churches, parish nurses and extension staff promoting Longview model to other church/faith-based groups

Evaluation

- Number of churches with wellness activities, participants, individuals who increase frequency/duration of fitness activities, individuals who consume increased amounts of fruits and vegetables, and individuals who have improved health screening outcomes

8) **Blood Pressure/Cholesterol Screenings**

Objective

- Increase the number of blood pressure and cholesterol screenings available to the community by coordinating current efforts

Resource

- Development of coordinated screenings plan

Intervention

- Conduct screenings

Evaluation

- Number of individuals screened

9) **Food Promotion**

Objective

- Work with local food stores to develop healthy food promotions

Resource

- Hy-Vee food stores and dieticians

Intervention

- In-store promotions combining education, recipes, and healthy foods

Evaluation

- Track attendance at events, track sales of healthy food items

10) **Nutrition Program**

Objective

- Partner with Mississippi Valley Dietetic Association (MVDA) to deliver nutrition education

Resource

- MVDA members and their annual events

Interventions

- Workshops for professionals and for the community

Evaluation

- Track attendance at events, conduct pre and posttests relating to workshop content

11) **IMAX: The Human Body**

Objective

- Sponsor the movie and raise awareness of team messages

Resources

- IMAX Theater, Movie sponsored by Trinity and Genesis Health Systems

Intervention

- Wellness Champions to facilitate displays, activities during weekend show times, following theme of key messages

Evaluation

- Track number of people visiting display, joining in activities

12) **Distribution**

Objective

- Distribute workgroup products (directory, speakers bureau, dining guide)

Resources

- List of distribution sites, team to distribute

Intervention

- Team delivers products to distribution locations

Evaluation

- Telephone calls to contacts at distribution sites to follow up on usage

13) **School**

Objective

- Explore how the Wellness Champions can be a resource for local schools in developing wellness policies

Resources

- Workgroup members, Iowa and Illinois school contacts
- Coordinated Approach To Child Health (CATCH) and Be Choosy youth curriculums

Intervention

- Participate in local school wellness policy committees
- Implement CATCH in local elementary schools, implement Be Choosy Be Healthy in Head Start preschools

Evaluation

- Track level of implementation of youth curriculums, obtain data on participant performance/program success

Funding

Funding comes from local and state grants, QCHI member organizations' in-kind support of staff time and materials, agency or institution sponsorships, and contributions from local businesses.

Health Priority: Health Literacy

Definition

Health Literacy is the ability to read, understand, and act on health care information. Further, it is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health Literacy was chosen as a priority by the RICHD Community Group with the intention of focusing on both client communication and consumer health information. Patient communication will target individual health, and consumer information will encompass improving understanding of health-related decisions such as insurance and long term care. Literacy will be addressed to make improvements from both the provider and patient perspective.

Health care providers, creators of health education materials, and health systems bear a large part of the responsibility for having created materials, ways of communicating, and systems that are far too technical and complicated to meet the needs of the vast majority of populations they serve. Long-term educational programming can work to raise the general literacy levels of the population and to incorporate training in navigating health systems.

Data

In Rock Island County, of persons 25 years of age and older, 82.6% are high school graduates, and 17.1% report a bachelor's degree or higher education. Over 22% have less than a high school education; 8.5% speak a primary language other than English, with 3.5% reporting speaking English "less than well".

Studies have shown that two-thirds of U.S. adults age 60 and over have inadequate or marginal literacy skills, and 81% of patients age 60 and older could not read or understand basic materials such as prescription labels. Approximately half of public assistance recipients read below the fifth-grade level. Limitations in understanding and using health information are not confined to these groups, however, and health literacy issues affect all residents and providers in Rock Island County at some time.

At Risk Population

Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, people with less than a high school degree or a GED certificate, people with low income levels, non-native speakers of English, people with cognitive and physical disabilities, and people with complex medical conditions. Education, language, culture, access to resources, and age are all factors that affect a person's literacy skills.

Poor health literacy is a problem that affects people of all social classes. Patients with poor literacy skills have difficulty understanding basic medical instructions. According to the American Medical Association, they are twice as likely to be hospitalized and twice as likely to report poor health.

In the U.S., members of communities of color are more likely to have difficulties communicating with their healthcare providers than white residents, and it is reported that up to 20 % of Spanish-speaking Latinos do not seek medical advice due to language barriers. Asians and Hispanics often report difficulties understanding written information from doctors' offices and instructions on prescription bottles. Up to 40 % of African-Americans may have problems reading.

Health care providers often do not feel they have adequate clinic time to incorporate measures that would address low literacy. It is a challenge for providers to create a "shame-free environment" where low-literate patients can seek help without feeling stigmatized. While people at all literacy levels prefer simple, attractive materials, the reality is that materials are in many cases not user-friendly.

Assessment of Resources

RICHD has a strong relationship with the Rock Island County Medical Society. The Executive Director of the Medical Society is an effective liaison with ability and resources to facilitate cooperative ventures with area physicians.

Quad City Health Initiative (QCHI) has a membership that represents health, social service and business entities. There are 75 individuals from 52 organizations in the Quad Cities that are involved in QCHI Wellness Champions (WC) alone. A focus group of WC has conducted preliminary discussions on the subject of enhanced communication between physicians and patients to promote healthy lifestyle messages. A Health Literacy campaign is a natural fit as part of that focus.

In addition, many coalitions on health and social service issues are active in Rock Island County. These coalitions have members, structure, and activities that are conducive to participation in a health literacy campaign tailored to their various health issues.

The RICHD has numerous programs which address improved communication from both the client and the professional perspective. RICHD staff are from several disciplines, such as nursing, nutrition, environmental health, and health education, and each has the potential for unique contributions to improved literacy. There are several staff with the ability to interpret for Spanish-speaking clients, and RICHD has access to translators at local colleges and agencies.

Healthy People 2010

- Increase the proportion of communication programs that incorporate appropriate evaluation activities and other components recognized as contributing to quality and effectiveness.

Goals

1. Improve quality of communication from health care providers, educational materials, and health systems.
2. Improve skills of patients/consumers with regard to ability to act on health care information and directions.

Objectives

- By December 31, 2007, 20 sessions will be held for nurses, certified medical assistants, pharmacists and physical/respiratory therapists and physicians to promote integration of health literacy measures at their worksites.
- By December 31, 2007, 50% of medical facilities will have a health literacy component in place as a part of employee orientation.
- By December 31, 2007, a video promoting health literacy will be distributed to medical providers for viewing by all staff.
- By December 31, 2007, 50% of Rock Island County medical providers will be implementing health literacy measures in offices and exam rooms throughout their facilities.
- By March 1, 2008, a media campaign with the health literacy theme will be initiated on one local television station and by one radio group.
- By March 1, 2008, a display on health literacy will be created for exhibit to general public at health fairs.

Interventions

- Convene a workgroup to research and develop health literacy concepts and materials for promotion to local providers.
- Schedule and conduct sessions for nurses, certified medical assistants, pharmacists, physical therapists and physicians. The sessions will include skill building and materials.
- Create and distribute packets for use in employee orientation.
- Form review committees to assess printed materials, and follow up with recommendations for adjustments in reading level and/or layout.
- Purchase training videos and design distribution system.
- Engage local media to create campaign for television and radio.
- Construct display to be used at health fairs and other events.
- Train multiple agency representatives in health literacy issues to advocate the message and utilize the display when opportunities occur.

Funding

- Planning and implementation of health literacy measures will be largely funded by in-kind dollars. Representatives from agencies and from the community of clients will build the initiative (research, planning, presentations, material review, creation and use of display). It will be staff throughout these agencies that will be incorporating improved health literacy measures into the culture of their facility/service delivery.
- Funding for training sessions will be requested from the Medical Society and Quad City Health Initiative.
- Funding for videos, posters, the display and pamphlets has been requested and received from the Great Plains Physicians Group. Additional funding will be sought from the Day, Rausch and Moline Foundations.
- Funding for the media campaign will be requested as a donation from the television and radio stations.

Evaluation

The following interventions will be assessed for the level of attendance and/or participation:

- Number of training sessions for physicians, nurses, certified medical assistants, physical/respiratory therapists and pharmacists
- Percentage of health facilities with an employee orientation component on health literacy.
- Percentage of providers implementing literacy measures for clients
- Creation and implementation of media campaign
- Creation and implementation of public awareness display on literacy

Health Priority: Lead Poisoning

Definition

Lead is highly toxic to humans. Exposure to it can be dangerous, especially for children who are age six or younger. Lead has been mined for thousands of years, and in the past, was used in many common items found in or around homes, including paint, gasoline, water pipes, and food cans.

Data

IDPH has designated Rock Island County as a “high risk” area for potential childhood lead poisoning. The cities of Moline and Rock Island are high-risk zip codes within the county. In Moline and Rock Island, 94% of the housing was built prior to 1980, and 57% was built before 1978, the year lead paint was banned. The condition of the housing stock is a strong indicator for the presence of lead hazards. It is estimated that approximately 78% of the housing stock in the targeted area is in need of repairs.

There are two factors recognized as increasing the risk of lead poisoning. Poverty is considered a key factor in determining risk for lead poisoning. Limited household income is often associated with poor childhood nutrition. Housing that is substandard and in need of repair can increase the likelihood that lead will be present. In Moline and Rock Island 37.5% of households earn below 80% of the Area Median Income.

RICHD provides blood screening for lead poisoning for pregnant women and for children under the age of 6. Of the county's 13,246 children under age six, 27% have been tested for lead poisoning with a prevalence rate of approximately 10%. Children in low- income households (Medicaid-eligible) were found to have a higher prevalence rate of 14%. Of the 2,283 blood tests completed in Rock Island County in 2003, results for 347 (15.1%) were elevated. 71% were identified in children under age six in the cities of Rock Island and Moline.

At Risk Population

Lead is poisonous because it interferes with some of the body's basic functions. Lead enters the body through the mouth or nose. It remains in the bloodstream for a few weeks, and then is absorbed into the bones, where it can collect for a lifetime. Lead can affect anyone, but children age six and younger face special hazards. In part, this is because the bodies of children in this age group develop rapidly. It is also because young children often demonstrate hand/mouth activity. It is important to know that even exposure to low levels of lead can permanently affect children.

Exposure to low levels of lead can cause

- ✓ Nervous system and kidney damage
- ✓ Learning disabilities, attention deficit disorder, and decreased intelligence
- ✓ Speech, language, and behavior problems
- ✓ Poor muscle coordination
- ✓ Decreased muscle and bone growth
- ✓ Hearing damage

Less commonly, exposure to high levels of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death. Lead poisoning can only be diagnosed by blood tests. Sometimes no symptoms occur, and often, symptoms are the same as those of more common illnesses. Lead poisoning in pregnant women can affect the fetus. Lead can be released into the bones, brain and other organs of the fetus, causing lasting damage.

Children under age six are at highest risk of lead poisoning. Other risk factors are poverty and being a member of a minority population. Living in Illinois is a risk factor because Illinois has the highest number of children with blood lead levels above 10 ug/dL in the United States. According to IDPH's 2002 list of top ten counties with the highest prevalence rates outside of Cook, St. Clair, Peoria, Sangamon, and Winnebago Counties, Rock Island ranked 6th.

Assessment of Resources

- RICHD and School Health LINK, Inc. coordinate lead poisoning reduction activities in Rock Island County.

A Rock Island County Lead Advisory Board has been formed to foster collaboration and enhance efforts. Members include:

- City of Rock Island
- Healthy Families, Child Abuse Council
- City of Moline
- City of East Moline
- Project NOW Community Action Agency
- Community Health Care
- Rock Island County Health Department
- School Health LINK
- Wells School
- Illinois Department of Children and Family Services
- Rock Island Economic Growth & Development
- Rock Island/Milan School District Head Start Program

The following receive Housing and Urban Development (HUD) grant funds to implement lead reduction activities:

- City of Rock Island
- City of Moline
- Rock Island Economic Growth Corporation
- Project NOW Community Action Agency
- Rock Island County Health Department

The following unfunded partners are included in the HUD plan. These partners will educate and refer families to one of the funded agencies:

- Churches United
- Neighborhood Partners & Floreciente Center
- Rock Island/Milan and Project Now Head Start Programs

The **Illinois Lead Elimination Advisory Committee** provides guidance for local lead response. Members are from the following:

- Knox County Health Department
- Winnebago County Health Department
- Illinois Department of Human Services
- Children's Memorial Hospital, Chicago, IL
- IL Department of Commerce and Economic Opportunity
- Environmental Lead Poisoning Prevention
- Cook County Department of Public Health
- Environmental Lead Program
- Chicago Department of Public Health
- IL Department of Public Health
- Peoria City/County Health Department
- IL Maternal & Child Health Coalition
- IL Environmental Council
- IL Department of Professional Regulation and Finance
- Peoria City-County Lake Family Health Center
- IL Poison Center Region 3-A
- SIU School of Medicine
- Rock Island County Health Department
- Henry County Health Department
- IL Department of Public Aid
- IL Association of Realtors
- East St. Louis, IL
- US Environmental Protection Agency
- Springfield Department of Public Health
- Office of the Illinois Attorney General

Strategies of the Illinois Childhood Lead Elimination Advisory Council

1. Improve awareness of childhood lead poisoning
2. Make lead-safe housing a priority in Illinois
3. Provide a mechanism to allow the public to make lead-safe housing choices
4. Be more aggressive in interventions against unsafe housing
5. Improve regulatory tools and compliance efforts against housing containing lead
6. Simplify and improve screening practices for at-risk children
7. Focus screening efforts on areas of highest concern
8. Identify children in rural areas at risk for lead poisoning
9. Provide better data analysis and an effective framework for the evaluation of long and short-term outcomes for the implementation of the strategic plan

Strategies of the Rock Island County Lead Advisory Group

1. Utilize community resources to get information about lead poisoning to Rock Island County residents by offering information in a variety of avenues.
2. Contact media outlets to feature stories on lead poisoning and continually return to the issue to spread awareness.
3. Educate parents of school-aged children who may also have younger children about the problems lead poisoning can cause in young children and ways to prevent further poisoning.
4. Increase daycare providers' and babysitters' knowledge of lead poisoning risks and hazards.
5. Distribute and display information in high traffic areas that will reach a large number of parents and community stakeholders.
6. Increase lead education and awareness efforts to young homebuyers and those who have not yet started a family.
7. Work with area organizations to create and distribute information about inexpensive prevention techniques and possible funding for lead abatement.
8. Establish relationships with landlord and tenant organizations in Rock Island County to promote lead education to both groups.
9. Encourage stores to provide more information and train their employees to offer correct abatement advice.
10. Work with area physicians and clinics to stress the importance of screening for lead poisoning and the legal requirements regarding screening.

Healthy People 2010

- Reduce the prevalence of blood lead levels exceeding 10ug/dL in children six and under.

Goals

1. Reduce lead hazards in Rock Island County.
2. Reduce the number of children and pregnant women with an Elevated Blood Level (EBL).
3. Increase opportunities for family and community education.

Objectives:

- By 2008, increase the number of homes in Rock Island County that are lead hazard-free by 140.
- By 2008, reduce the number of children and pregnant women with EBL by 10%.
- By 2008, increase annual incidences of community presentations and education by 6 per year.

Interventions planned for implementation by members of the Rock Island County Lead Advisory Group:

- Increase parent and family awareness of lead poisoning and its health effects.
- Involve the media to "localize" the lead poisoning problem and spread awareness throughout Rock Island County.
- Utilize area schools and school nurses to direct lead poisoning information to parents that may have younger children.
- Establish relationships with area daycare providers and daycare licensing associations.
- Establish relationships with area businesses and community resources to increase lead poisoning awareness.
- Increase the number of people preparing their homes to be lead-safe prior to starting a family.
- Increase resources available to families who cannot afford full abatement of lead in their home.
- Increase realtor and homebuyer awareness of the Real Estate Disclosure Law.
- Increase the information available to landlords and tenants concerning their rights and responsibilities regarding lead.
- Increase the amount of lead information available at area hardware stores.
- Increase the number of lead screenings in children between the ages of 6 months to 6 years.
- Decrease the number of homes with lead hazards in Rock Island and Moline.

Evaluation

- Collect and analyze data to determine incidence of EBL
- Analyze the impact of education activities with pre and post tests
- Collect data on the number of education activities
- Track interactions with community agencies
- Evaluate progress toward Rock Island County Lead Advisory Group Strategic Plan goals

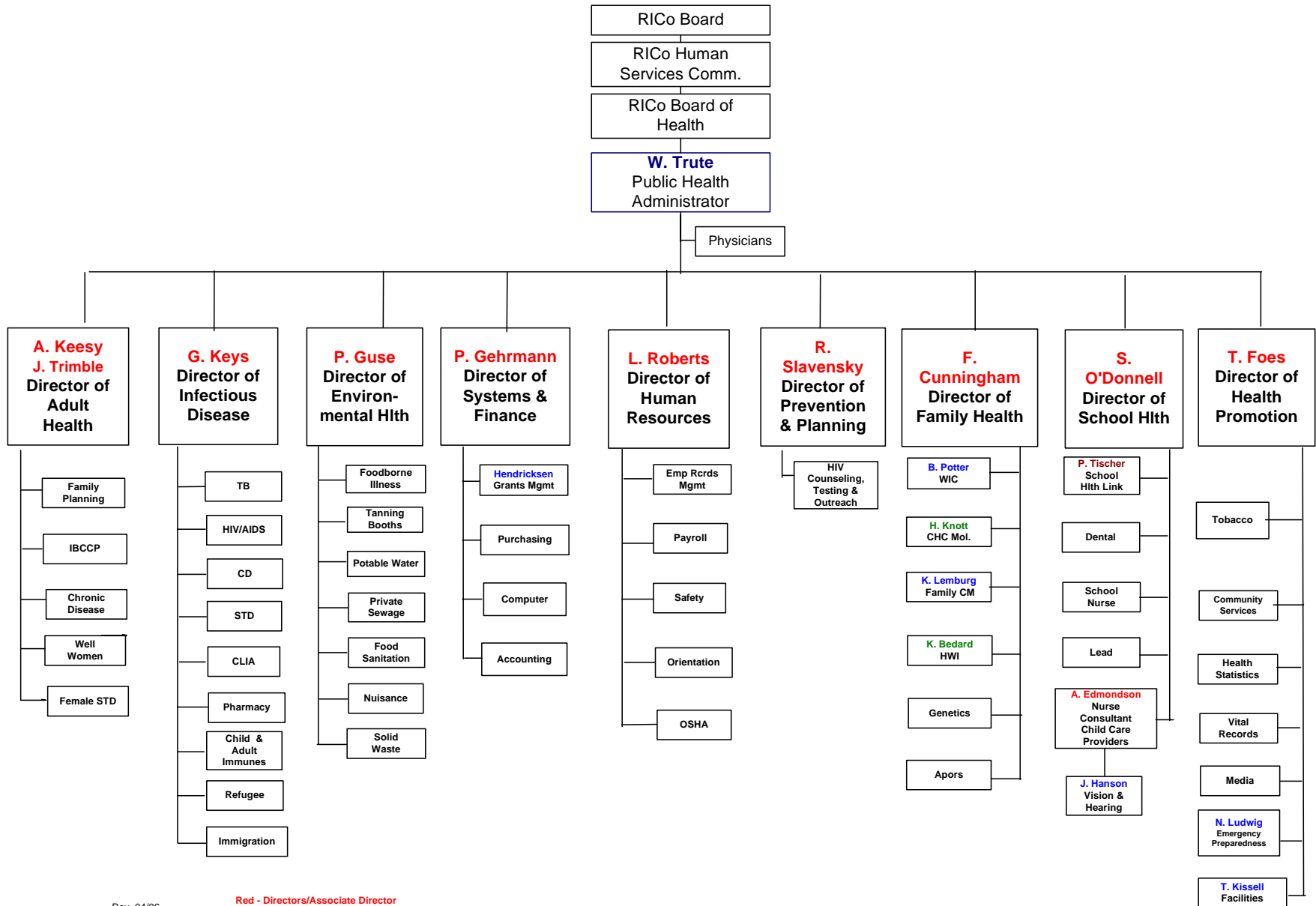
Funding Sources for Interventions

- Housing and Urban Development (HUD)
- Lead Elimination Grant
- Childhood Lead Poisoning Prevention Grant
- Reimbursement from IL Medicaid
- Private Pay
- Additional funding from community grants to secure sustainability

Board of Health Approval

The Rock Island County Board of Health unanimously approved the 2006 IPLAN at its board meeting on August 3, 2006. Please refer to the last page of the board minutes attached as Appendix E.

Rock Island County Health Department Organizational Chart



Rev. 04/06

Red - Directors/Associate Director
 Blue - Supervisor
 Green - Union Supervisor
 Brown - Office Manager

Community Themes

The following is a summary of Rock Island County health issues discussed by the Community Group at one of the IPLAN meetings:

Need for Health Insurance

- women are having babies without insurance
- many people are underinsured
- many county residents have jobs that do not provide insurance
- it is becoming unaffordable for employers to offer health insurance to employees
- people do not understand insurance and how to work through the process

Obesity

- high incidence of childhood and adult obesity
- lack of physical activity
- high incidence of diabetes
- all ages should watch less TV, engage in increased physical activity
- structured activities would help (for kids: boys and girls clubs)

Mental Health

- many law enforcement incidents have a mental health aspect to them
- there is a lack of mental health services, a lack of funding for them, and it is often unaffordable for those that do exist
- the mental health needs of many are not addressed until a crisis occurs
- there is a need for mental health care for elderly and homebound
- culture clashes cause gang activity – youth need access to counseling to deal with cultural issues

Senior Health

- transportation is a problem for seniors, particularly the homebound and rural
- it is difficult for them to pay for prescription drugs
- access to care can be a problem for some
- understanding medical directions, communication and comprehension can be poor
- gambling addiction is on the rise, and the boats market to seniors

Safety

- there should be more signs to slow traffic for children playing
- if people felt safe in their neighborhoods they might exercise more

Environmental Health

- too many animals in homes can be problematic for some
- there are multiple health threats from hoarding
- lead poisoning is a high risk in our county
- there is an ongoing challenge dealing with imported candies with lead wrappers
- when methamphetamine labs are discovered in homes, thorough cleaning must occur

Sexual Health

- affordable STD testing and education is needed
- teen pregnancy results in numerous financial and health consequences
- sexual activity such as oral sex is causing disease and is occurring at younger ages

Substance Abuse

- there is significant alcoholism in the Hispanic community, and a lack of interpreters at intervention programs
- tobacco smoking needs to be reduced
- there is a perception that pot smoking is not harmful

Dental Health

- many cannot afford dental care and are uninsured
- poor dental care can lead to other health problems (pneumonia, heart disease)

Threads woven throughout the discussion and additional factors

- there is a mental health component to most of the issues brought forth
- there are 41 languages spoken within our county
- family culture is changing, with two parents working, and less time available to spend with children
- many choices and behaviors are controllable, and consequences are not always recognized
- barriers such as time, cost, and safety affect behaviors
- today's society has a high level of stress, people don't recognize or admit they need help

At a subsequent meeting, the Community Group reviewed previous discussion and added or expanded thoughts on Community Themes:

Senior Health Issues

- information on prescriptions and financial assistance is not reaching seniors, including information on availability of Circuit Breakers program, and availability of drug programs through pharmaceutical companies
- the volume of seniors will be increasing proportionally in coming years

- seniors tend not to use the city bus even though transportation is a problem, but there are programs to teach seniors how to use the bus system

Health Literacy

- there is potential to misuse medicine
- insurance literacy falls into this category too – people do not understand it well
- poor literacy contributes to people not getting any insurance or not getting the correct type or amount of insurance

Use of Health Care System

- many people only go to the doctor when they are sick
- many do not seek regular exams or preventive care
- some employers give incentives for employees who get preventive care
- there is overuse of emergency rooms

Safety/Injury Prevention

- leading causes of death in children 0-14 are auto, bike, and pedestrian incidents
- helmets and proper vehicle restraints could greatly reduce the numbers
- parents need to be role models for kids (wear helmets, use seat belts)
- farm safety does not receive as much attention, but is a significant issue

Emergency Preparedness

- disaster/emergency preparedness planning has come a long way, needs to continue
- public will need to be educated, volunteers recruited, and drills held to improve our readiness
- communication equipment and systems have improved between law enforcement and other partners

Other Health Issues

- consumption of alcohol by minors is a problem, although minors do not feel weekend drinking is dangerous
- Latino population purchases medication from Mexico; Rx may be diluted, stockpiling occurs, drugs are shared and/or dosages altered to save money
- allergies seem to be more prevalent than in past, and sometimes antibiotics are misused as a result
- mold could potentially be contributing to asthma rates, but there are no funds for cleanup
- availability of mental health services for parents, parenting and child care training, and a mentoring program would be valuable

Community Strengths

In addition to review of data and discussion of areas needing attention, the Community Group identified assets to be enjoyed and utilized in Rock Island County:

- Diversity of the residents
- Size of our community
- Improvements in parks and bike paths
- Commitment by community partners to contribute to changes
- Volunteers
- Good will and generosity of businesses
- Media as a positive partner
- Faith-based community
- Access to higher education
- Quad City Health Initiative
- Student Health LINK
- University of Illinois Extension
- 4 - H
- Rock Island County Health Department
- Hospitality
- High number of classes offered for English as a Second Language (ESL)
- High quality law enforcement and fire departments

Forces of Change

The following are occurrences within the culture, business climate, and families of Rock Island County that could affect the health of the community:

- there is potential for loss of jobs and benefits due to Arsenal and other large employer changes
- the number of dentists is declining due to retirements
- key female leaders and practitioners are away from the workforce for childbearing and other family responsibilities
- medications are overused in general
- parents are moving around to find better schools as a result of “No Child left Behind” scores
- government programs and schools are expected to do more with less money, and are expected to implement mandated programs with no extra funding
- payment from Medicaid is very slow, and some agencies must borrow money to make payroll until reimbursements are received
- some physicians may refuse to see patients due to slow or absent reimbursement
- malpractice insurance is so high that many doctors are leaving the state
- the increasing size of the aging population will be a challenge in many ways, and changes in Medicaid/Medicare will affect senior programs
- gambling addiction is on the rise, and there is an unhealthy atmosphere on the gambling boats (drinking and smoking/secondhand smoke)
- decreased number of police officers is a problem due to funding changes and/or reductions
- the growing minority population is a positive – a diverse community is desirable
- local technology capacity is a positive and can be used for health enhancement (medication or appointment reminders, etc)
- cell phones can provide a safety net
- volunteers can fill gaps left by decreased funding
- if Roe V. Wade is reversed, there may be an increase in unwanted children, and associated issues
- “rationing ” of health care could become a trend – it is occurring elsewhere in the United States
- both local hospital systems are increasing their Hospice services
 - celebrities can be effective in raising awareness of health issues

Rock Island County Demographics

| | | |
|--|----------------|----------------|
| TOTAL POPULATION | 149,374 | 100.0 |
| GENDER | Number | Percent |
| Male | 72,545 | 48.6 |
| Female | 76,829 | 51.4 |
| AGE | Number | Percent |
| Under 5 years | 9,486 | 6.4 |
| 5 to 9 years | 9,598 | 6.4 |
| 10 to 14 years | 10,160 | 6.8 |
| 15 to 19 years | 10,993 | 7.4 |
| 20 to 24 years | 10,185 | 6.8 |
| 25 to 34 years | 18,395 | 12.3 |
| 35 to 44 years | 22,372 | 15.0 |
| 45 to 54 years | 21,069 | 14.1 |
| 55 to 59 years | 7,975 | 5.3 |
| 60 to 64 years | 6,577 | 4.4 |
| 65 to 74 years | 11,372 | 7.6 |
| 75 to 84 years | 8,181 | 5.5 |
| 85 years and over | 3,011 | 2.0 |
| RACE | Number | Percent |
| One race | 146,593 | 98.1 |
| White | 127,742 | 85.5 |
| Black or African American | 11,260 | 7.5 |
| American Indian and Alaska Native | 410 | 0.3 |
| Asian | 1,524 | 1.0 |
| Asian Indian | 655 | 0.4 |
| Chinese | 149 | 0.1 |
| Filipino | 134 | 0.1 |
| Japanese | 63 | 0.0 |
| Korean | 127 | 0.1 |
| Vietnamese | 213 | 0.1 |
| Other Asian | 183 | 0.1 |
| Native Hawaiian and Other Pacific Islander | 45 | 0.0 |
| Native Hawaiian | 6 | 0.0 |
| Guamanian or Chamorro | 4 | 0.0 |
| Samoan | 16 | 0.0 |
| Other Pacific Islander | 19 | 0.0 |
| Some other race | 5,612 | 3.8 |
| Two or more races | 2,781 | 1.9 |

| HISPANIC OR LATINO | Number | Percent |
|----------------------------------|---------------|----------------|
| Hispanic or Latino (of any race) | 12,791 | 8.6 |
| Mexican | 11,145 | 7.5 |
| Puerto Rican | 191 | 0.1 |
| Cuban | 59 | 0.0 |
| Other Hispanic or Latino | 1,396 | 0.9 |

| NATIVITY AND PLACE OF BIRTH | Number | Percent |
|------------------------------------|---------------|----------------|
| Native | 142,488 | 95.4 |
| Born in United States | 141,851 | 95.0 |
| State of residence | 97,419 | 65.2 |
| Different state | 44,432 | 29.7 |
| Born outside United States | 637 | 0.4 |
| Foreign born | 6,886 | 4.6 |
| Entered 1990 to March 2000 | 3,059 | 2.0 |
| Naturalized citizen | 2,873 | 1.9 |
| Not a citizen | 4,013 | 2.7 |

| LANGUAGE SPOKEN AT HOME | Number | Percent |
|-------------------------------------|----------------|----------------|
| Population 5 years and over | 139,859 | 100.0 |
| English only | 128,092 | 91.6 |
| Language other than English | 11,767 | 8.4 |
| Speak English less than 'very well | 4,939 | 3.5 |
| Spanish | 8,335 | 6.0 |
| Speak English less than "very well" | 3,973 | 2.8 |
| Other Indo-European languages | 2,350 | 1.7 |
| Speak English less than "very well" | 627 | 0.4 |
| Asian and Pacific Island languages | 947 | 0.7 |
| Speak English less than "very well" | 302 | 0.2 |

| EDUCATIONAL ATTAINMENT (highest level) | Number | Percent |
|---|---------------|----------------|
| Population 18 to 24 years | 14,983 | 100.0 |
| Less than high school graduate | 3,344 | 22.3 |
| High school graduate (incl. equivalency) | 4,437 | 29.6 |
| Some college or associate degree | 6,329 | 42.2 |
| Bachelor's degree or higher | 873 | 5.8 |
| Population 25 years and over | 98,865 | 100.0 |
| Less than 5th grade | 1,017 | 1.0 |
| 5th to 8th grade | 4,139 | 4.2 |
| 9th to 12th grade, no diploma | 12,082 | 12.2 |
| High school graduate (incl. equivalency) | 33,656 | 34.0 |
| Some college credit, less than 1 year | 9,419 | 9.5 |
| 1 or more years of college, no degree | 15,067 | 15.2 |
| | | |
| Associate degree | 6,596 | 6.7 |
| Bachelor's degree | 11,348 | 11.5 |
| Master's degree | 3,596 | 3.6 |
| Professional degree | 1,390 | 1.4 |
| Doctorate degree | 555 | 0.6 |
| | | |
| Percent high school graduate or higher | | 82.6 |
| Percent bachelor's degree or higher | | 17.1 |

| MARITAL STATUS | Number | Percent |
|-------------------------------------|----------------|----------------|
| Population 15 years and over | 119,975 | 100.0 |
| Never married | 30,137 | 25.1 |
| Separated | 1,612 | 1.3 |
| Widowed | 9,434 | 7.9 |
| Divorced | 14,501 | 12.1 |

| EMPLOYMENT STATUS | Number | Percent |
|--------------------------------------|----------------|----------------|
| Population 16 years and over | 118,209 | 100.0 |
| In labor force | 76,299 | 64.5 |
| Civilian labor force | 76,234 | 64.5 |
| Employed | 71,446 | 60.4 |
| Unemployed | 4,788 | 4.1 |
| Armed Forces | 65 | 0.1 |
| Not in labor force | 41,910 | 35.5 |
| All parents in family in labor force | 7,469 | 68.6 |

| INCOME IN 1999 | Number | Percent |
|--|---------------|----------------|
| Households | 60,686 | 100.0 |
| Less than \$10,000 | 5,339 | 8.8 |
| \$10,000 to \$14,999 | 4,291 | 7.1 |
| \$15,000 to \$24,999 | 9,235 | 15.2 |
| \$25,000 to \$34,999 | 8,766 | 14.4 |
| \$35,000 to \$49,999 | 10,590 | 17.5 |
| \$50,000 to \$74,999 | 12,002 | 19.8 |
| \$75,000 to \$99,999 | 5,841 | 9.6 |
| \$100,000 to \$149,999 | 3,312 | 5.5 |
| \$150,000 to \$199,999 | 661 | 1.1 |
| \$200,000 or more | 649 | 1.1 |
| Median household income (dollars) | 38,608 | - - |
| Families | 39,394 | 100.0 |
| Less than \$10,000 | 2,063 | 5.2 |
| \$10,000 to \$14,999 | 1,653 | 4.2 |
| \$15,000 to \$24,999 | 4,344 | 11.0 |
| \$25,000 to \$34,999 | 5,001 | 12.7 |
| \$35,000 to \$49,999 | 7,563 | 19.2 |
| \$50,000 to \$74,999 | 9,846 | 25.0 |
| \$75,000 to \$99,999 | 4,964 | 12.6 |
| \$100,000 to \$149,999 | 2,846 | 7.2 |
| \$150,000 to \$199,999 | 580 | 1.5 |
| \$200,000 or more | 534 | 1.4 |
| Median family income (dollars) | 47,956 | - - |
| Per capita income (dollars) | 20,164 | - - |
| <i>Median earnings (dollars):</i> | | |
| Male full-time, year-round workers | 35,998 | - - |
| Female full-time, year-round workers | 24,234 | - - |

| HOUSEHOLDS | Number | Percent |
|--|---------------|----------------|
| Total households | 60,712 | 100.0 |
| Family households (families) | 39,162 | 64.5 |
| With own children under 18 years | 17,575 | 28.9 |
| Married-couple family | 29,826 | 49.1 |
| With own children under 18 years | 11,786 | 19.4 |
| Female householder, no husband present | 7,054 | 11.6 |
| With own children under 18 years | 4,540 | 7.5 |
| Non-family households | 21,550 | 35.5 |
| Householder living alone | 18,328 | 30.2 |
| Householder 65 years and over | 7,609 | 12.5 |

| | | |
|---|--------|------|
| Households with individuals under 18 years | 19,256 | 31.7 |
| Households with individuals 65 years and over | 16,087 | 26.5 |

| HOUSEHOLDS (continued) | Number | Percent |
|--|---------------|----------------|
| Owner-occupied housing units | 42,303 | 100.0 |
| Family households | 30,697 | 72.6 |
| Householder 15 to 64 years | 23,963 | 56.6 |
| Householder 65 years and over | 6,734 | 15.9 |
| Married-couple family | 25,660 | 60.7 |
| Male householder, no wife present | 1,464 | 3.5 |
| Female householder, no husband present | 3,573 | 8.4 |
| Non-family households | 11,606 | 27.4 |
| Householder 15 to 64 years | 6,495 | 15.4 |
| Householder 65 years and over | 5,111 | 12.1 |
| Male householder | 4,817 | 11.4 |
| Living alone | 3,918 | 9.3 |
| 65 years and over | 1,160 | 2.7 |
| Not living alone | 899 | 2.1 |
| Female householder | 6,789 | 16.0 |
| Living alone | 6,159 | 14.6 |
| 65 years and over | 3,773 | 8.9 |
| Not living alone | 630 | 1.5 |
| Renter-occupied housing units | 18,409 | 100.0 |
| Family households | 8,465 | 46.0 |
| Householder 15 to 64 years | 7,806 | 42.4 |
| Householder 65 years and over | 659 | 3.6 |
| Married-couple family | 4,166 | 22.6 |
| Male householder, no wife present | 818 | 4.4 |
| Female householder, no husband present | 3,481 | 18.9 |
| Non-family households | 9,944 | 54.0 |
| Householder 15 to 64 years | 7,214 | 39.2 |
| Householder 65 years and over | 2,730 | 14.8 |
| Male householder | 4,723 | 25.7 |
| Living alone | 3,711 | 20.2 |
| 65 years and over | 574 | 3.1 |
| Not living alone | 1,012 | 5.5 |
| Female householder | 5,221 | 28.4 |
| Living alone | 4,540 | 24.7 |
| 65 years and over | 2,102 | 11.4 |
| Not living alone | 681 | 3.7 |
| | | |
| | | |

| HOUSEHOLD POPULATION | Number | Percent |
|---|----------------|----------------|
| Population in occupied housing units | 144,729 | 100.0 |
| Owner-occupied housing units | 105,459 | 72.9 |
| Renter-occupied housing units | 39,270 | 27.1 |

| POVERTY STATUS IN 1999 (below poverty level) | Number | Percent |
|---|---------------|----------------|
| Families | 3,210 | 8.1 |
| With related children under 18 years | 2,614 | 13.8 |
| With related children under 5 years | 1,566 | 21.1 |
| Families with female householder, no husband present | 2,011 | 29.1 |
| With related children under 18 years | 1,847 | 37.8 |
| With related children under 5 years | 1,112 | 56.5 |
| Individuals | 15,523 | 10.7 |
| 18 years and over | 9,900 | 9.0 |
| 65 years and over | 1,456 | 6.8 |
| Related children under 18 years | 5,423 | 15.7 |
| Related children 5 to 17 years | 3,355 | 13.3 |
| Unrelated individuals 15 years and over | 5,104 | 18.5 |
| POPULATION ENROLLED IN MEDICAID 2001 | Number | Percent |
| All Age Groups | 19,596 | 13.2 |
| Under 21 Years | 11,271 | 7.5 |
| Black | 3,241 | 2.2 |
| White | 7,754 | 5.2 |
| Other | 276 | 0.2 |
| POPULATION RECEIVING SOCIAL SECURITY 2003 | Number | Percent |
| Total Recipients Retirement Benefits | 20,830 | 13.9 |
| Total Recipients Disability Benefits | 3,710 | 2.5 |
| POPULATION RECEIVING MEDICARE 2003 | Number | Percent |
| Aged | 22,237 | 14.9 |
| Disabled | 3,096 | 2.1 |
| Aged and Disabled | 25,333 | 17.0 |
| POPULATION RECEIVING FOOD STAMPS 1993 | Number | Percent |
| Total Recipients | 14,834 | 9.9 |

| STATUS OF THE NON-INSTITUTIONAL POPULATION | Number | Percent |
|---|---------------|----------------|
| Population 5 to 15 years | 21,618 | 100.0 |
| With a disability | 1,196 | 5.5 |
| Sensory | 212 | 1.0 |
| Physical | 198 | 0.9 |
| Mental | 1,022 | 4.7 |
| Self-care | 157 | 0.7 |
| Population 16 to 64 years | 94,069 | 100.0 |
| With a disability | 14,844 | 15.8 |
| Sensory | 1,996 | 2.1 |
| Physical | 5,251 | 5.6 |
| Mental | 3,222 | 3.4 |
| Self-care | 1,321 | 1.4 |
| Going outside the home | 4,091 | 4.3 |
| Employment disability | 9,133 | 9.7 |
| Population 65 years and over | 21,416 | 100.0 |
| With a disability | 8,251 | 38.5 |
| Sensory | 2,728 | 12.7 |
| Physical | 5,572 | 26.0 |
| Mental | 1,780 | 8.3 |
| Self-care | 1,568 | 7.3 |
| Going outside the home | 3,544 | 16.5 |

Please Note:

Except where specific data is indicated as 100% for particular categories, percentages represent the fraction of the county population as a whole.

Behavioral Risk Factor Surveillance Survey, Round 2

| DEMOGRAPHICS | | 2001 | | 2004 | |
|---------------------------|------------------------|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| AGE GROUPS | 18-24 | 13,492 | 12.1% | 15,251 | 13.5% |
| | 25-44 | 39,991 | 36.0% | 38,250 | 33.9% |
| | 45-64 | 35,496 | 32.0% | 37,585 | 33.4% |
| | 65+ | 22,080 | 19.9% | 21,592 | 19.2% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| RACIAL CATEGORIES | white | 99,826 | 89.9% | 106,491 | 94.5% |
| | non-white | 11,233 | 10.1% | 6,187 | 5.5% |
| Total | | 111,059 | 100.0% | 111,678 | 100.0% |
| SEX OF RESPONDENT | male | 51,590 | 46.5% | 54,284 | 48.2% |
| | female | 59,469 | 53.5% | 58,394 | 51.8% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| HOUSEHOLD INCOME | < \$15,000 | 11,732 | 12.2% | 7,103 | 7.8% |
| | \$15-35,000 | 35,692 | 37.0% | 26,079 | 28.6% |
| | \$35-50,000 | 17,854 | 18.5% | 13,018 | 14.3% |
| | > \$50,000 | 31,279 | 32.4% | 44,989 | 49.3% |
| Total | | 96,557 | 100.0% | 91,190 | 100.0% |
| EDUCATION LEVEL | < HS graduate | 11,037 | 9.9% | 11,114 | 9.9% |
| | HS graduate | 39,715 | 35.8% | 33,205 | 29.5% |
| | > HS graduate | 60,307 | 54.3% | 68,359 | 60.7% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| EMPLOYMENT STATUS | employed | 65,950 | 59.5% | 77,298 | 68.6% |
| | out of work | 4,011 | 3.6% | 2,233 | 2.0% |
| | homemaker/student | 13,768 | 12.4% | 7,654 | 6.8% |
| | retired/unable to work | 27,037 | 24.4% | 25,494 | 22.6% |
| Total | | 110,765 | 100.0% | 112,678 | 100.0% |

| DEMOGRAPHICS (continued) | | 2001 | | 2004 | |
|--------------------------------|----------------------------|--------------|--------------|--------------|--------------|
| 2001 Rock Island County Adults | | Count | Col % | Count | Col % |
| HISPANIC OR LATINO | yes | 3,529 | 3.2% | 4,966 | 4.4% |
| | no | 107,530 | 96.8% | 107,598 | 95.6% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| MARITAL STATUS | married | 66,832 | 60.2% | 69,627 | 61.8% |
| | widowed | 9,260 | 8.3% | 8,430 | 7.5% |
| | divorced/separated | 13,935 | 12.5% | 10,641 | 9.5% |
| | never married | 18,564 | 16.7% | 21,920 | 19.5% |
| | member of unmarried couple | 2,469 | 2.2% | 1,971 | 1.8% |
| Total | | 111,059 | 100.0% | 112,588 | 100.0% |
| HOUSEHOLD TYPE | 1 adult/0 children | 15,804 | 14.2% | 15,731 | 14.0% |
| | 1 adult with children | 6,027 | 5.4% | 3,471 | 3.1% |
| | > 1 adult/0 children | 54,156 | 48.8% | 57,561 | 51.1% |
| | > 1 adult with children | 35,072 | 31.6% | 35,809 | 31.8% |
| Total | | 111,059 | 100.0% | 112,572 | 100.0% |

| ALCOHOL | | 2001 | | 2004 | |
|--------------------------------------|-------------|--------------|--------------|--------------|--------------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| AT RISK FOR ACUTE/ BINGE DRINKING | at risk | 18,930 | 17.3% | 19,744 | 17.6% |
| | not at risk | 90,769 | 82.7% | 92,207 | 82.4% |
| Total | | 109,699 | 100.0% | 111,952 | 100.0% |
| AT RISK FOR CHRONIC DRINKING | at risk | 3,777 | 3.5% | -- | -- |
| | not at risk | 105,308 | 96.5% | -- | -- |
| Total | | 109,084 | 100.0% | -- | -- |

| ARTHRITIS | | 2001 | | 2004 | |
|---|-------------|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| ARTHRITIS DIAGNOSED BY DOCTOR | diagnosed | 28,892 | 26.1% | 31,737 | 28.4% |
| | undiagnosed | 81,898 | 73.9% | 80,160 | 71.6% |
| Total | | 110,790 | 100.0% | 111,897 | 100.0% |
| CHRONIC JOINT SYMPTOMS | yes | 30,447 | 27.4% | 18,507 | 16.5% |
| | no | 80,612 | 72.6% | 93,390 | 83.5% |
| Total | | 111,059 | 100.0% | 111,897 | 100.0% |
| CHRONIC JOINT SYMPTOMS AND/OR ARTHRITIS DIAGNOSIS | yes | 42,450 | 38.2% | 50,244 | 44.9% |
| | no | 68,609 | 61.8% | 61,653 | 55.1% |
| Total | | 111,059 | 100.0% | 111,897 | 100.0% |

| ASTHMA | | 2001 | | 2004 | |
|----------------------------------|-----|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| TOLD BY DOCTOR HAD ASTHMA | yes | 16,196 | 14.6% | 13,523 | 12.0% |
| | no | 94,558 | 85.4% | 98,927 | 88.0% |
| Total | | 110,753 | 100.0% | 112,450 | 100.0% |
| HAD ASTHMA ATTACK LAST 12 MONTHS | yes | 6,365 | 40.2% | 5,724 | 42.8% |
| | no | 9,484 | 59.8% | 7,653 | 57.2% |
| Total | | 15,850 | 100.0% | 13,376 | 100.0% |

| CARDIOVASCULAR | | 2001 | | 2004 | |
|---|-----------|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| TOLD BP HIGH | yes | 27,889 | 25.1% | 30,541 | 27.2% |
| | no | 83,170 | 74.9% | 81,909 | 72.8% |
| Total | | 111,059 | 100.0% | 112,450 | 100.0% |
| TAKING MEDICATION FOR HIGH BLOOD PRESSURE | yes | 21,958 | 79.6% | 25,240 | 82.6% |
| | no | 5,625 | 20.4% | 5,302 | 17.4% |
| Total | | 27,583 | 100.0% | 30,541 | 100.0% |
| TOLD CHOLESTEROL HIGH | yes | 33,151 | 36.5% | 34,904 | 35.1% |
| | no | 57,751 | 63.5% | 64,431 | 64.9% |
| Total | | 90,903 | 100.0% | 99,335 | 100.0% |
| LAST CHOLESTEROL TEST | <= 1 year | 79,220 | 86.9% | 81,313 | 74.9% |
| | > 1 year | 11,988 | 13.1% | 14,272 | 13.1% |
| | Never | -- | -- | 13,009 | 12.0% |
| Total | | 91,208 | 100.0% | 108,595 | 100.0% |

| COLORECTAL CANCER SCREENING | | 2001 | | 2004 | |
|--|-----------|--------|--------|--------|--------|
| 2001 Rock Island County Adults | | Count | Col % | Count | Col % |
| HAD SIGMOIDOSCOPY EXAM (age 50 and older) | yes | 22,754 | 47.4% | -- | -- |
| | no | 25,228 | 52.6% | -- | -- |
| Total | | 47,981 | 100.0% | -- | -- |
| LAST SIGMOIDOSCOPY EXAM (age 50 and older) | <= 1 year | 11,027 | 57.5% | 27,001 | 56.0% |
| | > 1 year | 8,145 | 42.5% | 21,226 | 44.0% |
| Total | | 19,171 | 100.0% | 48,227 | 100.0% |
| HAD BLOOD STOOL TEST (age 50 and older) | yes | 26,607 | 55.7% | -- | -- |
| | no | 21,204 | 44.3% | -- | -- |
| Total | | 47,810 | 100.0% | -- | -- |
| LAST BLOOD STOOL TEST (age 50 and older) | <= 1 year | 21,574 | 81.5% | 31,180 | 65.3% |

| | | | | | |
|--------------|----------|--------|--------|--------|--------|
| | > 1 year | 4,900 | 18.5% | 16,537 | 34.7% |
| Total | | 26,474 | 100.0% | 47,718 | 100.0% |

| DIABETES | | 2001 | | 2004 | |
|---------------------------|-------------------|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| DIABETES | yes | 7,269 | 6.5% | 8,461 | 7.5% |
| | no | 103,790 | 93.5% | 103,884 | 92.5% |
| Total | | 111,059 | 100.0% | 112,344 | 100.0% |
| AGE TOLD DIABETIC | < 50 years old | 1,851 | 26.4% | --- | --- |
| | 50 years or older | 5,150 | 73.6% | --- | --- |
| Total | | 7,002 | 100.0% | --- | --- |

| HIV/AIDS/STD | | 2001 | | 2004 | |
|--|---------|--------|--------|--------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| RISKY SEXUAL ACTIVITY | yes | 1,740 | 2.0% | --- | --- |
| | no | 85,064 | 98.0% | --- | --- |
| Total | | 86,804 | 100.0% | --- | --- |
| HAD TEST FOR HIV [EXCEPT FOR BLOOD DONATION, 2001] | yes | 24,026 | 27.2% | 27,173 | 30.1% |
| | no | 64,149 | 72.8% | 62,966 | 69.9% |
| Total | | 88,175 | 100.0% | 90,140 | 100.0% |
| WHERE HAD HIV TEST | public | 12,175 | 51.6% | --- | --- |
| | private | 10,709 | 45.4% | --- | --- |
| | home | 487 | --- | --- | --- |
| | other | 218 | --- | --- | --- |
| Total | | 23,587 | 100.0% | --- | --- |
| WHY HAD HIV TEST | routine | 20,780 | 88.1% | --- | --- |
| | problem | 1,920 | 8.1% | --- | --- |
| | other | 874 | --- | --- | --- |
| Total | | 23,574 | 100.0% | --- | --- |

| HIV/AIDS/STD (continued) | | 2001 | | 2004 | |
|--|--------------------------------|--------|--------|--------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| WHERE GET STD INFORMATION | broadcast media | 29,801 | 34.3% | -- -- | -- -- |
| | medical/health professional | 12,355 | 14.2% | -- -- | -- -- |
| | none | 17,122 | 19.7% | -- -- | -- -- |
| | other source | 27,710 | 31.9% | -- -- | -- -- |
| Total | | 86,989 | 100.0% | -- -- | -- -- |
| 5 YEARS: BEEN TREATED FOR AN STD | yes | -- -- | -- -- | 2,825 | 3.1% |
| | no | -- -- | -- -- | 88,133 | 96.9% |
| Total | | -- -- | -- -- | 90,957 | 100.0% |

| HEALTH CARE UTILIZATION | | 2001 | | 2004 | |
|--|-----|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| HAVE A HEALTH PLAN | yes | 98,791 | 89.0% | 98,202 | 88.0% |
| | no | 12,268 | 11.0% | 13,435 | 12.0% |
| Total | | 111,059 | 100.0% | 111,637 | 100.0% |
| HAVE USUAL PERSON AS HEALTH CARE PROVIDER | yes | 86,734 | 78.1% | 101,976 | 90.5% |
| | no | 24,325 | 21.9% | 10,702 | 9.5% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| AVOIDED DOCTOR DUE TO COST (2004 last 12 months) | yes | 8,953 | 8.1% | 9,149 | 8.1% |
| | no | 102,106 | 91.9% | 103,408 | 91.9% |
| Total | | 111,059 | 100.0% | 112,558 | 100.0% |

| HEALTH DEPARTMENT AWARENESS | | | | |
|----------------------------------|-----|--|---------|--------|
| 2001 Rock Island County Adults | | | Count | Col % |
| HAVE COUNTY HEALTH DEPARTMENT | yes | | 103,209 | 98.3% |
| | no | | 1,733 | 1.7% |
| Total | | | 104,942 | 100.0% |

| HEALTH DEPARTMENT AWARENESS (continued) | | | |
|--|-----------------------|--------------|--------------|
| 2001 Rock Island County Adults | | Count | Col % |
| HAD SERVICE AT CHD | yes | 30,145 | 29.9% |
| | no | 70,667 | 70.1% |
| Total | | 100,813 | 100.0% |
| NAME A HEALTH DEPARTMENT SERVICE | maternal/child health | 19,248 | 34.5% |
| | communicable disease | 24,705 | 44.2% |
| | chronic disease | 3,257 | 5.8% |
| | other service | 8,626 | 15.4% |
| Total | | 55,836 | 100.0% |

| HEALTH STATUS | | 2001 | | 2004 | |
|---|-------------------------|--------------|--------------|--------------|--------------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| GENERAL HEALTH | excellent/ very good | 56,837 | 51.2% | 57,014 | 50.6% |
| | good/fair | 50,734 | 45.7% | 53,971 | 47.9% |
| | poor | 3,379 | 3.0% | 1,692 | 1.5% |
| Total | | 110,950 | 100.0% | 112,678 | 100.0% |
| DAYS MENTAL HEALTH NOT GOOD | none | 78,405 | 71.1% | 78,471 | 70.0% |
| | 1-7 days | 20,413 | 18.5% | 24,163 | 21.6% |
| | 8-30 | 11,500 | 10.4% | 9,454 | 8.4% |
| Total | | 110,317 | 100.0% | 112,089 | 100.0% |
| DAYS PHYSICAL HEALTH NOT GOOD | none | 71,661 | 65.0% | 76,505 | 68.4% |
| | 1-7 days | 25,564 | 23.2% | 24,934 | 22.3% |
| | 8-30 | 12,974 | 11.8% | 10,477 | 9.4% |
| Total | | 110,200 | 100.0% | 111,916 | 100.0% |
| DAYS HEALTH KEPT FROM DOING USUAL ACTIVITIES | none | 36,211 | 66.3% | 39,941 | 64.4% |
| | 1-7 days | 13,538 | 24.8% | 12,618 | 23.9% |
| | 8-30 | 4,883 | 8.9% | 6,129 | 11.6% |

| | | | | |
|--------------|--------|--------|--------|--------|
| Total | 54,632 | 100.0% | 52,688 | 100.0% |
|--------------|--------|--------|--------|--------|

| IMMUNIZATIONS | | 2001 | | 2004 | |
|---------------------------------------|-----|-------------|--------|-------------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| HAD FLU SHOT PAST 12 MONTHS | yes | 40,706 | 36.8% | 48,751 | 43.4% |
| | no | 70,008 | 63.2% | 63,465 | 56.6% |
| Total | | 110,713 | 100.0% | 112,215 | 100.0% |
| EVER HAD PNEUMONIA VACCINATION | yes | 26,957 | 25.2% | 32,478 | 31.0% |
| | no | 79,995 | 74.8% | 72,223 | 69.0% |
| Total | | 106,952 | 100.0% | 104,702 | 100.0% |

| INJURY CONTROL | | 2001 | | 2004 | |
|---|-------------|-------------|--------|-------------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| ANY FIREARMS KEPT IN OR AROUND HOME | yes | 25,853 | 24.2% | 30,119 | 27.2% |
| | no | 81,121 | 75.8% | 80,745 | 72.8% |
| Total | | 106,974 | 100.0% | 110,864 | 100.0% |
| RISK FOR INJURY DUE TO NOT USING SEATBELTS | Not at risk | -- -- | -- -- | 95,120 | 84.4% |
| | At risk | -- -- | -- -- | 17,558 | 15.6% |
| Total | | -- -- | -- -- | 112,678 | 100.0% |
| WORKING SMOKE DETECTORS ON EACH FLOOR | yes | -- -- | -- -- | 104,950 | 94.0% |
| | no | -- -- | -- -- | 6,750 | 6.0% |
| Total | | 106,974 | 100.0% | 110,864 | 100.0% |

| NUTRITION | | 2001 | | 2004 | |
|--|-----------|-------------|--------|-------------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| SERVINGS OF FRUITS/VEGETABLES PER DAY | < 3 | 41,589 | 37.6% | 61,505 | 55.3% |
| | 3-4 | 43,484 | 39.4% | 34,781 | 31.3% |
| | 5 or more | 25,409 | 23.0% | 14,940 | 13.4% |
| Total | | 110,483 | 100.0% | 111,226 | 100.0% |
| TAKE VITAMINS OR SUPPLEMENTS | yes | 56,328 | 50.7% | -- -- | -- -- |
| | no | 54,731 | 49.3% | -- -- | -- -- |

| | | | | | |
|--------------------------------------|------------|---------|--------|-------|-------|
| Total | | 111,059 | 100.0% | -- -- | -- -- |
| TAKE VITAMINS WITH FOLIC ACID | yes | 27,586 | 74.0% | -- -- | -- -- |
| | no | 9,714 | 26.0% | -- -- | -- -- |
| Total | | 37,300 | 100.0% | | |

| ORAL HEALTH | | 2001 | | 2004 | |
|----------------------------------|------------------------------------|--------------|--------------|--------------|--------------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| LAST DENTAL VISIT | <= 1 year | 80,286 | 72.6% | 85,139 | 75.6% |
| | 1-2 years | 9,589 | 8.7% | 13,256 | 11.8% |
| | > 2 years/never | 20,786 | 18.8% | 14,177 | 12.6% |
| Total | | 110,662 | 100.0% | 112,572 | 100.0% |
| HAVE DENTAL INSURANCE | yes | 70,015 | 63.6% | 69,030 | 61.3% |
| | no | 40,036 | 36.4% | 43,542 | 38.7% |
| Total | | 110,051 | 100.0% | 112,572 | 100.0% |
| LAST TIME TEETH CLEANED | Within one year | -- -- | -- -- | 79,719 | 70.8% |
| | More than one year or never | -- -- | -- -- | 32,853 | 29.2% |
| Total | | -- -- | -- -- | 112,572 | 100.0% |
| ORAL CANCER SCREENING | yes | -- -- | -- -- | 56,348 | 52.0% |
| | no | -- -- | -- -- | 51,964 | 48.0% |
| Total | | -- -- | -- -- | 108,312 | 100.0% |

| PHYSICAL ACTIVITY | | 2001 | | 2004 | |
|----------------------------------|-------------------------------------|--------------|--------------|--------------|--------------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| TYPE OF WORK ACTIVITY | sitting or standing | 44,476 | 68.8% | 53,789 | 64.8% |
| | walking | 11,265 | 17.4% | 16,884 | 20.3% |
| | heavy physical labor or work | 8,918 | 13.8% | 12,379 | 14.9% |
| Total | | 64,658 | 100.0% | 83,052 | 100.0% |
| RECOMMENDED | meets or exceeds | 44,559 | 40.1% | 53,894 | 47.8% |

| | | | | | |
|---|----------------------|--------------|--------------|--------------|--------------|
| LEVEL PHYSICAL ACTIVITY | does not meet | 48,827 | 44.0% | 43,484 | 38.6% |
| | inactive | 17,673 | 15.9% | 15,301 | 13.6% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| MEETS MODERATE ACTIVITY STANDARD 5 x WK x 30 MIN | yes | 29,987 | 27.0% | 39,802 | 37.0% |
| | no | 81,072 | 73.0% | 67,638 | 63.0% |
| Total | | 111,059 | 100.0% | 107,441 | 100.0% |
| PHYSICAL ACTIVITY (continued) | | 2001 | | 2004 | |
| Rock Island County Adults | | Count | Col % | Count | Col % |
| MEETS VIGOROUS ACTIVITY STANDARD 3 x WK x 20 MIN | yes | 27,417 | 24.7% | 26,155 | 23.8% |
| | no | 83,642 | 75.3% | 83,566 | 76.2% |
| Total | | 111,059 | 100.0% | 109,721 | 100.0% |

| PROSTATE CANCER SCREENING | | 2001 | | 2004 | |
|--|---------------------|--------------|--------------|--------------|--------------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| EVER HAD PSA TEST (men age 40 and older) | yes | 19,796 | 61.0% | 25,108 | 76.4% |
| | no | 12,666 | 39.0% | 7,769 | 23.6% |
| Total | | 32,462 | 100.0% | 32,878 | 100.0% |
| LAST PSA TEST (men age 40 and older) | <= 1 year | 16,418 | 83.6% | -- -- | -- -- |
| | > 1 year | 3,225 | 16.4% | -- -- | -- -- |
| Total | | 19,643 | 100.0% | -- -- | -- -- |
| EVER HAD DIGITAL RECTAL EXAM (age 40 and older) | yes | 25,543 | 77.2% | 29,865 | 89.7% |
| | no | 7,540 | 22.8% | 3,425 | 10.3% |
| Total | | 33,083 | 100.0% | 33,290 | 100.0% |
| LAST RECTAL EXAM (age 40 and older) | <= 1 year | 20,385 | 79.8% | -- -- | -- -- |
| | > 1 year | 5,158 | 20.2% | -- -- | -- -- |
| Total | | 25,543 | 100.0% | -- -- | -- -- |

| QUALITY OF LIFE | | 2001 | | 2004 | |
|-----------------------------|-----|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| ACTIVITIES LIMITED | yes | 17,038 | 15.4% | 18,326 | 16.3% |
| | no | 93,716 | 84.6% | 94,179 | 83.7% |
| Total | | 110,753 | 100.0% | 112,504 | 100.0% |
| NEED HELP WITH ROUTINE CARE | yes | 3,494 | 20.5% | 3,287 | 18.0% |
| | no | 13,543 | 79.5% | 14,933 | 82.0% |
| Total | | 17,038 | 100.0% | 18,220 | 100.0% |

| QUALITY OF LIFE (continued) | | 2001 | | 2004 | |
|---|----------------------------|---------|--------|---------|--------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| MAJOR IMPAIRMENT OR PROBLEM | bone/joint/walking problem | 8,437 | 49.5% | --- | --- |
| | cardiovascular problem | 2,857 | 16.8% | --- | --- |
| | other problem | 5,743 | 33.7% | --- | --- |
| Total | | 17,038 | 100.0% | --- | --- |
| DAYS PAST MONTH DEPRESSED, SAD, or BLUE | none | 62,878 | 57.0% | 71,828 | 64.6% |
| | 1 or 2 days | 19,130 | 17.4% | 20,429 | 18.4% |
| | more than 2 days | 28,210 | 25.6% | 18,922 | 17.0% |
| Total | | 110,218 | 100.0% | 111,180 | 100.0% |

| TOBACCO | | 2001 | | 2004 | |
|--------------------------------|---------------|---------|--------|---------|--------|
| 2001 Rock Island County Adults | | Count | Col % | Count | Col % |
| SMOKING STATUS | smoker | 31,554 | 28.5% | 20,544 | 18.3% |
| | former smoker | 28,291 | 25.5% | 30,327 | 27.0% |
| | non-smoker | 50,909 | 46.0% | 61,660 | 54.8% |
| Total | | 110,753 | 100.0% | 112,531 | 100.0% |
| TOLD TO STOP | yes | 19,684 | 62.4% | --- | --- |

| | | | | | |
|--|------------|---------|--------|--------|--------|
| SMOKING | no | 11,870 | 37.6% | -- -- | --- |
| Total | | 31,554 | 100.0% | --- | --- |
| TRIED TO STOP SMOKING IN THE LAST 12 MONTHS | yes | --- | --- | 12,024 | 58.5% |
| | no | --- | --- | 8,520 | 41.5% |
| | | --- | --- | 20,544 | 100.0% |
| USE SMOKELESS TOBACCO | yes | 3,252 | 2.9% | --- | --- |
| | no | 107,807 | 97.1% | --- | --- |
| Total | | 111,059 | 100.0% | --- | --- |

| WEIGHT CONTROL | | 2001 | | 2004 | |
|--|----------------------------|--------------|--------------|--------------|--------------|
| Rock Island County Adults | | Count | Col % | Count | Col % |
| OBESITY | underweight/ normal | 43,847 | 41.2% | 40,717 | 37.8% |
| | overweight | 39,274 | 36.9% | 40,534 | 37.6% |
| | obese | 23,178 | 21.8% | 26,424 | 24.5% |
| Total | | 106,299 | 100.0% | 107,675 | 100.0% |
| ADVISED ABOUT WEIGHT | yes | 16,019 | 14.4% | 24,346 | 21.6% |
| | no | 95,040 | 85.6% | 88,332 | 78.4% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |
| TRYING TO LOSE/ MAINTAIN WEIGHT | yes | 82,638 | 74.4% | 52,041 | 46.2% |
| | no | 28,421 | 25.6% | 60,637 | 53.8% |
| Total | | 111,059 | 100.0% | 112,678 | 100.0% |

| WOMEN'S HEALTH | | 2001 | | 2004 | |
|--------------------------------------|--|--------------|--------------|--------------|--------------|
| 2001 Rock Island County Women | | Count | Col % | Count | Col % |

| | | | | | |
|--|---------------------|--------|--------|--------|--------|
| HAD MAMMOGRAM (women age 40 and older) | yes | 34,747 | 91.0% | 35,580 | 96.0% |
| | no | 3,431 | 9.0% | 1,470 | 4.0% |
| Total | | 38,178 | 100.0% | 37,051 | 100.0% |
| LAST MAMMOGRAM (women age 40 and older) | <= 1 year | 29,470 | 85.8% | 35,519 | 89.2% |
| | > 1 year | 4,879 | 14.2% | 4,289 | 10.8% |
| Total | | 34,349 | 100.0% | 39,807 | 100.0% |
| HAD PAP SMEAR | yes | 55,238 | 93.1% | 57,341 | 98.2% |
| | no | 4,099 | 6.9% | 1,053 | 1.8% |
| Total | | 59,337 | 100.0% | 58,394 | 100.0% |
| LAST PAP TEST | <= 1 year | 43,929 | 79.7% | 46,614 | 82.0% |
| | > 1 year | 11,176 | 20.3% | 10,264 | 18.0% |
| Total | | 55,105 | 100.0% | 56,878 | 100.0% |
| HAD CLINICAL BREAST EXAM | yes | 53,727 | 90.3% | -- -- | -- -- |
| | no | 5,742 | 9.7% | -- -- | -- -- |
| Total | | 59,469 | 100.0% | -- -- | -- -- |
| LAST CLINICAL BREAST EXAM | <= 1 year | 49,027 | 91.3% | -- -- | -- -- |
| | > 1 year | 4,700 | 8.7% | -- -- | -- -- |
| Total | | 53,727 | 100.0% | -- -- | -- -- |

IPLAN DATA SET

1.01 POPULATION BY AGE AND GENDER

YEAR: 2000

ROCK ISLAND

| Age Group | Female | Male | Total | (%) |
|------------------|---------------|---------------|----------------|----------------|
| < 1 Year | 38 | 952 | 1,890 | (1.3) |
| 1-4 Years | 3,740 | 3,856 | 7,596 | (5.1) |
| 5-14 Years | 9,675 | 10,083 | 19,758 | (13.2) |
| 15-24 Years | 10,581 | 10,597 | 21,178 | (14.2) |
| 25-44 Years | 20,311 | 20,456 | 40,767 | (27.3) |
| 45-64 Years | 18,061 | 17,560 | 35,621 | (23.8) |
| 65 + Years | 13,523 | 9,041 | 22,564 | (15.1) |
| Totals | 76,829 | 72,545 | 149,374 | (100.0) |

RACE*

Number Percent

| | | |
|-----------------------------------|---------|------|
| One race | 146,593 | 98.1 |
| White | 127,742 | 85.5 |
| Black or African American | 11,260 | 7.5 |
| American Indian and Alaska Native | 410 | 0.3 |

| | | |
|--|-------|------|
| Asian | 1,524 | 1.0 |
| Asian Indian | 655 | 0.4 |
| Chinese | 149 | 0.1 |
| Filipino | 134 | 0.1 |
| Japanese | 63 | 0.0 |
| Korean | 127 | 0.1 |
| Vietnamese | 213 | 0.1 |
| Other Asian | 183 | 0.1 |
| Native Hawaiian and Other Pacific Islander | 45 | 0.0 |
| Native Hawaiian | 6 | 0.0 |
| Guamanian or Chamorro | 4 | 0.0 |
| Samoan | 16 | 0.0 |
| Other Pacific Islander | 19 | 0.0 |
| Some other race | 5,612 | 3.8 |
| Two or more races | 2,78 | 11.9 |

Race alone or in combination with one or more other races

| | | |
|--|---------|------|
| White | 130,273 | 87.2 |
| Black or African American | 12,41 | 98.3 |
| American Indian and Alaska Native | 994 | 0.7 |
| Asian | 1,881 | 1.3 |
| Native Hawaiian and Other Pacific Islander | 83 | 0.1 |
| Some other race | 6,670 | 4.5 |

| | | |
|------------------------------------|-----------------------|------|
| HISPANIC OR LATINO AND RACE | Number Percent | |
| Hispanic or Latino (of any race) | 12,791 | 8.6 |
| Mexican | 11,145 | 7.5 |
| Puerto Rican | 191 | 0.1 |
| Cuban | 59 | 0.0 |
| Other Hispanic or Latino | 1,396 | 0.9 |
| Not Hispanic or Latino | 136,583 | 91.4 |
| White alone | 121,705 | 81.5 |

| | | | | | | |
|------------------------------|---------------------------|-------|---------------------|-------|-----------------------|-------|
| Employment Status* | Both Sexes Percent | | Male Percent | | Female Percent | |
| Population 16 years and over | 118,209 | 100.0 | 56,578 | 100.0 | 61,631 | 100.0 |
| In labor force | 76,299 | 64.5 | 39,373 | 69.6 | 36,926 | 59.9 |
| Employed | 71,446 | 60.4 | 36,670 | 64.8 | 34,776 | 56.4 |
| Unemployed | 4,788 | 4.1 | 2,648 | 4.7 | 2,140 | 3.5 |
| Not in labor force | 41,910 | 35.5 | 17,205 | 30.4 | 24,705 | 40.1 |

1.05 POPULATION 25+ WHO ARE NON-HIGH SCHOOL GRADUATES

| YEAR: 1990 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|-----------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| Total | 22.7 | 21,882 | 23.9 | 1,735,789 | 24.8 | N/A |
| Black | 37.7 | 1,977 | 34.9 | 326,954 | N/A | N/A |
| White | 21.1 | 19,043 | 20.3 | 1,241,998 | N/A | N/A |

1.06 HIGH SCHOOL DROP-OUTS

| YEAR: 1997 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|--------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| Total | 7.1 | 560 | 6.8 | 37,375 | N/A | N/A |
| Black | 16.8 | 114 | 13.3 | 13,992 | N/A | N/A |
| White | 6.3 | 442 | 5.3 | 22,699 | N/A | N/A |
| Other | 3.4 | 4 | 3.4 | 684 | N/A | N/A |

1.07 POPULATION IN POVERTY

| YEAR: 1990 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------|-------------|--------|----------|-----------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| Total | 13.2 | 19,073 | 11.9 | 1,326,731 | 13.1 | N/A |
| Black | 40.2 | 3,914 | 31.1 | 508,129 | 29.5 | N/A |
| White | 10.7 | 13,982 | 7.8 | 679,107 | N/A | N/A |
| Children < 18 | 19.0 | 7,027 | 16.8 | 485,706 | 17.9 | N/A |
| Poverty < 185 | 27.6 | 39,954 | 24.5 | 2,725,577 | N/A | N/A |
| Poverty < 200 | 31.0 | 44,798 | 27.1 | 3,014,960 | N/A | N/A |

1.11 POPULATION ENROLLED IN MEDICAID

| YEAR: 2000 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|----------------|-------------|--------|----------|-----------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| All Age Groups | 13.2 | 19,596 | 12.6 | 1,570,257 | N/A | N/A |
| Under 21 Years | **.* | 11,271 | **.* | 907,011 | N/A | N/A |
| Black | **.* | 3,241 | **.* | 499,381 | N/A | N/A |
| White | **.* | 7,754 | **.* | 370,272 | N/A | N/A |
| Other | **.* | 276 | **.* | 37,358 | N/A | N/A |

2.02.02 LEADING CAUSES OF MORTALITY, ICD-10

| YEAR: 2001 | ROCK ISLAND | | ILLINOIS | |
|----------------|-------------|-------|----------|--------|
| CAUSE | DEATHS | TOTAL | CAUSE | DEATHS |
| | PERCENT | | TOTAL | |
| | | | PERCENT | |
| Asian/PI Total | 1 | | 1,101 | |

| | | | | | |
|-----------------------------|-----|--------|-----------------------------|--------|----|
| Malignant Neoplasms | 1 | 100 | Diseases of Heart | 314 | 29 |
| Lung Cancer @ | 1 | 100 | Malignant Neoplasms | 282 | 26 |
| | | | Coronary Heart Disease @ | 267 | 24 |
| | | | Cerebrovascular Diseases | 92 | 8 |
| | | | Lung Cancer @ | 49 | 4 |
| | | | Diabetes Mellitus | 48 | 4 |
| | | | Accidents | 45 | 4 |
| | | | Colo-rectal Cancer @ | 40 | 4 |
| | | | Influenza and Pneumonia | 34 | 3 |
| | | | Lymph & Hemato Cancer @ | 29 | 3 |
| Black Total | 74 | 16,217 | | | |
| Malignant Neoplasms | 22 | 30 | Diseases of Heart | 4,397 | 27 |
| Diseases of Heart | 20 | 27 | Malignant Neoplasms | 3,676 | 23 |
| Coronary Heart Disease @ | 15 | 20 | Coronary Heart Disease @ | 3,302 | 20 |
| Lung Cancer @ | 9 | 12 | Lung Cancer @ | 969 | 6 |
| Cerebrovascular Diseases | 7 | 9 | Cerebrovascular Diseases | 963 | 6 |
| Accidents | 4 | 5 | Accidents | 731 | 5 |
| Motor Vehicle Accidents @ | 3 | 4 | Homicide | 640 | 4 |
| Diabetes Mellitus | 3 | 4 | Diabetes Mellitus | 576 | 4 |
| Female Breast Cancer @ | 3 | 4 | Firearms | 539 | 3 |
| Chronic Lower Resp. Disease | 2 | 3 | Septicemia | 520 | 3 |
| White Total | | 1,347 | | 87,472 | |
| Diseases of Heart | 427 | 32 | Diseases of Heart | 26,101 | 30 |
| Malignant Neoplasms | 316 | 23 | Malignant Neoplasms | 20,701 | 24 |
| Coronary Heart Disease @ | 277 | 21 | Coronary Heart Disease @ | 19,642 | 22 |
| Cerebrovascular Diseases | 91 | 7 | Cerebrovascular Diseases | 6,138 | 7 |
| Lung Cancer @ | 91 | 7 | Lung Cancer @ | 5,735 | 7 |
| Chronic Lower Resp. Disease | 71 | 5 | Chronic Lower Resp. Disease | 4,278 | 5 |
| Accidents | 40 | 3 | Accidents | 3,245 | 4 |

| YEAR: 2001 | ROCK ISLAND | | CAUSE | ILLINOIS | |
|--------------------------|--------------------|----------------|--------------------------|-----------------|----------------|
| CAUSE | DEATHS | TOTAL | CAUSE | DEATHS | TOTAL |
| | | PERCENT | | | PERCENT |
| Diabetes Mellitus | 39 | 3 | Diabetes Mellitus | 2,458 | 3 |
| Influenza and Pneumonia | 37 | 3 | Colo-rectal Cancer @ | 2,282 | 3 |
| Lymph & Hemato Cancer @ | 32 | 2 | Influenza and Pneumonia | 2,252 | 3 |
| Other Total | 2 | | | | 68 |
| Diseases of Heart | 1 | 50 | Diseases of Heart | 15 | 22 |
| Malignant Neoplasms | 1 | 50 | Malignant Neoplasms | 15 | 22 |
| Colo-rectal Cancer @ | 1 | 50 | Coronary Heart Disease @ | 12 | 18 |
| Coronary Heart Disease @ | 1 | 50 | Lung Cancer @ | 7 | 10 |
| | | | Accidents | 6 | 9 |
| | | | Diabetes Mellitus | 3 | 4 |
| | | | Congenital Malformations | 3 | 4 |

| | | | | | |
|-----------------------------|-------|----|-----------------------------|---------|----|
| | | | Lymph & Hemato Cancer @ | 3 | 4 |
| | | | Cerebrovascular Diseases | 2 | 3 |
| | | | Motor Vehicle Accidents @ | 2 | 3 |
| Total for All Races | 1,424 | | | 104,858 | |
| Diseases of Heart | 448 | 31 | Diseases of Heart | 30,827 | 29 |
| Malignant Neoplasms | 340 | 24 | Malignant Neoplasms | 24,674 | 24 |
| Coronary Heart Disease @ | 293 | 21 | Coronary Heart Disease @ | 23,223 | 22 |
| Lung Cancer @ | 101 | 7 | Cerebrovascular Diseases | 7,195 | 7 |
| Cerebrovascular Diseases | 98 | 7 | Lung Cancer @ | 6,760 | 6 |
| Chronic Lower Resp. Disease | 73 | 5 | Chronic Lower Resp. Disease | 4,756 | 5 |
| Accidents | 44 | 3 | Accidents | 4,027 | 4 |
| Diabetes Mellitus | 42 | 3 | Diabetes Mellitus | 3,085 | 3 |
| Influenza and Pneumonia | 38 | 3 | Colo-rectal Cancer @ | 2,723 | 3 |
| Lymph & Hemato Cancer @ | 34 | 2 | Influenza and Pneumonia | 2,648 | 3 |

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

YEAR: 2001

| CAUSE | ROCK ISLAND DEATHS | CAUSE | ILLINOIS DEATHS |
|----------|-----------------------|---------------------------|--------------------|
| Asian/PI | | Malignant Neoplasms | 1,564 |
| | | Perinatal Conditions | 1,167 |
| | | Accidents | 1,064 |
| | | Diseases of Heart | 955 |
| | | Motor Vehicle Accidents @ | 764 |
| | | Congenital Malformations | 748 |
| | | Coronary Heart Disease @ | 701 |
| | | Suicide | 616 |
| | | Lymph & Hemato Cancer @ | 298 |

| YEAR: 2001 | ROCK ISLAND | CAUSE | ILLINOIS |
|---------------------------|--------------------|---------------------------|-----------------|
| CAUSE | DEATHS | CAUSE | DEATHS |
| Black | | | |
| Accidents | 64 | Homicide | 22,089 |
| Motor Vehicle Accidents @ | 133 | Diseases of Heart | 18,722 |
| Coronary Heart Disease @ | 78 | Firearms | 18,409 |
| Diseases of Heart | 78 | Accidents | 18,213 |
| Malignant Neoplasms | 71 | Perinatal Conditions | 16,739 |
| Perinatal Conditions | 64 | Malignant Neoplasms | 15,653 |
| Influenza and Pneumonia | 44 | Coronary Heart Disease @ | 11,073 |
| Firearms | 30 | HIV Disease | 7,684 |
| Suicide | 30 | Motor Vehicle Accidents @ | 6,306 |
| Cerebrovascular Diseases | 27 | Congenital Malformations | 3,867 |
| White | | | |
| Malignant Neoplasms | 896 | Accidents | 61,265 |
| Accidents | 728 | Malignant Neoplasms | 58,713 |
| Diseases of Heart | 649 | Diseases of Heart | 41,813 |
| Motor Vehicle Accidents @ | 417 | Perinatal Conditions | 29,716 |
| Coronary Heart Disease @ | 395 | Motor Vehicle Accidents @ | 29,491 |
| Suicide | 371 | Coronary Heart Disease @ | 27,746 |
| Firearms | 270 | Suicide | 17,726 |
| Perinatal Conditions | 194 | Firearms | 15,667 |
| Female Breast Cancer @ | 184 | Congenital Malformations | 13,059 |
| Cirrhosis of Liver | 167 | Homicide | 12,889 |
| Other | | | |
| | | Congenital Malformations | 194 |
| | | Accidents | 188 |
| | | Malignant Neoplasms | 133 |
| | | Motor Vehicle Accidents @ | 116 |
| | | Lymph & Hemato Cancer @ | 89 |
| | | Diseases of Heart | 76 |
| | | Coronary Heart Disease @ | 69 |
| | | Perinatal Conditions | 64 |
| | | Suicide | 61 |
| | | Influenza and Pneumonia | 54 |
| Total for All Races | | | |
| Malignant Neoplasms | 967 | Accidents | 80,731 |
| Accidents | 893 | Malignant Neoplasms | 75,999 |
| Diseases of Heart | 727 | Diseases of Heart | 61,568 |
| Motor Vehicle Accidents @ | 550 | Perinatal Conditions | 47,689 |
| Coronary Heart Disease @ | 474 | Coronary Heart Disease @ | 39,589 |
| Suicide | 401 | Motor Vehicle Accidents @ | 36,679 |
| Firearms | 301 | Homicide | 35,179 |

| | | | |
|----------------------|--------------------|--------------------------|-----------------|
| Perinatal Conditions | 259 | Firearms | 34,289 |
| YEAR: 2001 | ROCK ISLAND | | ILLINOIS |
| CAUSE | DEATHS | CAUSE | DEATHS |
| Lung Cancer @ | 175 | Suicide | 21,079 |
| Cirrhosis of Liver | 167 | Congenital Malformations | 18,311 |

2.08 MEDICAID ENROLLEES TO MEDICAID PHYSICIAN VENDORS RATIO

| | | | | |
|-------------------|--------------------|-----------------|-------------|-------------|
| YEAR: 2002 | ROCK ISLAND | Illinois | U.S. | YEAR |
| Total | 78.6:1 | 82.3:1 | N/A | 2010 |
| | | | | N/A |

3.01 LIVE BIRTHS

| | | | | | | |
|-------------------|--------------------|---------------|-----------------|---------------|-------------|-------------|
| YEAR: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
| | Percent | Number | Percent | Number | | 2010 |
| Total | | 1,957 | | 180,555 | N/A | N/A |
| Asian/PI | 2.1 | 41 | 4.6 | 8,364 | N/A | N/A |
| Black | 12.4 | 242 | 17.6 | 31,793 | N/A | N/A |
| White | 85.1 | 1,665 | 77.5 | 139,896 | N/A | N/A |
| Other | 0.5 | 9 | 0.3 | 502 | N/A | N/A |

3.03 LOW BIRTH WEIGHT

| | | | | | | |
|-----------------------------------|--------------------|---------------|-----------------|---------------|-------------|-------------|
| YEAR: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
| | Percent | Number | Percent | Number | | 2010 |
| LOW BIRTHWEIGHT (<2,500 gms) | | | | | | |
| Total | 8.3 | 162 | 8.2 | 14,769 | N/A | 5.0 |
| Asian/PI | 7.3 | 3 | 8.4 | 705 | N/A | 5.0 |
| Black | 14.5 | 35 | 14.3 | 4,558 | N/A | 5.0 |
| White | 7.4 | 124 | 6.8 | 9,458 | N/A | 5.0 |
| VERY LOW BIRTHWEIGHT (<1,500 gms) | | | | | | |
| Total | 1.7 | 33 | 1.7 | 3,019 | N/A | 0.9 |
| Asian/PI | **.* | 0 | 1.4 | 120 | N/A | 0.9 |
| Black | 3.3 | 8 | 3.5 | 1,122 | N/A | 0.9 |
| White | 1.5 | 25 | 1.3 | 1,773 | N/A | 0.9 |

3.04 MOTHERS WHO SMOKE DURING PREGNANCY

| | | | | | | |
|-------------------|--------------------|---------------|-----------------|---------------|-------------|-------------|
| YEAR: 2000 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
| | Percent | Number | Percent | Number | | 2010 |
| Total | 18.3 | 359 | 10.0 | 18,046 | N/A | 1 |
| Black | 15.7 | 381 | 2.6 | 3,994 | N/A | 1 |
| White | 19.0 | 317 | 9.9 | 13,911 | N/A | 1 |

| | | | | | | |
|-------|-----|---|-----|-----|-----|---|
| Other | 8.0 | 4 | 1.6 | 141 | N/A | 1 |
|-------|-----|---|-----|-----|-----|---|

3.05 MOTHERS WHO DRINK DURING PREGNANCY

| YEAR: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|--------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| Total | 0.2 | 4 | 0.4 | 753 | N/A | 6 |
| Black | 0.8 | 2 | 0.8 | 267 | N/A | 6 |
| White | 0.1 | 2 | 0.3 | 478 | N/A | 6 |
| Other | **.* | 0 | 0.1 | 8 | N/A | 6 |

3.07 MOTHERS BEGIN PRENATAL IN 1ST TRIMESTER

| YEAR: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|---------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| Total | 85.5 | 1,674 | 82.8 | 149,495 | N/A | 90 |
| Asian/PI | 87.8 | 36 | 82.9 | 6,932 | N/A | 90 |
| Black | 71.5 | 173 | 72.0 | 22,876 | N/A | 90 |
| White | 87.6 | 1,459 | 85.3 | 119,286 | N/A | 90 |
| Other | 66.7 | 6 | 79.9 | 401 | N/A | 90 |

3.08 INFANTS POSITIVE FOR COCAINE

(Incidence rates per 10,000 live births)

| YEAR: 97-01 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|-------------|---------------|---------------|---------------|---------------|------|------|
| | RateAvg#/Year | RateAvg#/Year | RateAvg#/Year | RateAvg#/Year | | 2010 |
| Total | 36.5 | 7.2 | 44.5 | 813.2 | N/A | 0 |
| Lower CI | 25.6 | 43.1 | | | N/A | N/A |
| Upper CI | 50.6 | 45.8 | | | N/A | N/A |

Note: 5-year average rate and average number per year. CI=Confidence Interval

3.11 TEEN BIRTH RATE

(Rates per 1,000 females)

| YEAR: 2000 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------|-------------|--------|----------|--------|------|------|
| | Percent | Number | Percent | Number | | 2010 |
| Total | 10.8 | 86 | 10.8 | 7,548 | N/A | N/A |
| Ages 10 to 14 | ***.* | 2 | 0.9 | 392 | N/A | N/A |
| Ages 15 to 17 | 27.9 | 84 | 27.7 | 7,156 | 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: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Percent | Number | Percent | Number | | |
| Total | 3.7 | 72 | 3.5 | 6,408 | N/A | N/A |
| Asian/PI | 2.4 | 1 | 0.4 | 31 | N/A | N/A |
| Black | 11.6 | 28 | 8.7 | 2,771 | N/A | N/A |
| White | 2.5 | 42 | 2.6 | 3,588 | N/A | N/A |

3.15 MEDICAID DELIVERIES

| YEAR: 21993 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|------|--------------|
| | Percent | Number | Percent | Number | | |
| Total | 45.8 | 973 | 35.9 | 68,504 | N/A | N/A |

4.01.02 CORONARY HEART DISEASE MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|---------------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 166 |
| Crude | 197.6 | 293 | 186.1 | 23,223 | N/A | N/A |
| Premature(<65) | 42.9 | 54 | 37.4 | 4,105 | N/A | N/A |

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

4.02.02 CEREBROVASCULAR DISEASES MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|---------------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 48 |
| Crude | 66.1 | 98 | 57.6 | 7,195 | N/A | N/A |
| Premature(<65) | 8.7 | 11 | 7.3 | 801 | N/A | N/A |

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

4.03.02 CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|---------------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 3 |
| Crude | 10.1 | 15 | 8.8 | 1,101 | N/A | N/A |
| Premature(<65) | 9.5 | 12 | 6.1 | 666 | N/A | N/A |

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

4.04.02 BREAST CANCER (FEMALE) MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 22.3 |
| Crude | ***.* | 31 | 28.8 | 1,836 | N/A | N/A |
| Premature(<65) | ***.* | 18 | 13.7 | 749 | N/A | N/A |

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

4.05.02 LUNG CANCER MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 44.9 |
| Crude | 68.1 | 101 | 54.2 | 6,760 | N/A | N/A |
| Premature(<65) | 19.0 | 24 | 17.3 | 1,904 | N/A | N/A |

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

4.06.02 COLORECTAL CANCER MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 13.9 |
| Crude | 21.6 | 32 | 21.8 | 2,723 | N/A | N/A |
| Premature(<65) | ***.* | 7 | 6.0 | 661 | N/A | N/A |

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

4.07.02 CERVICAL CANCER (FEMALE) MORTALITY RATES, ICD-10

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 2 |
| Crude | ***.* | 2 | 2.9 | 183 | N/A | N/A |
| Premature(<65) | ***.* | 2 | 2.4 | 132 | N/A | N/A |

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

4.08.02 PROSTATE CANCER (MALE) MORTALITY RATES, ICD-10
(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 28.8 |
| Crude | ***.* | 15 | 22.8 | 1,396 | N/A | N/A |
| Premature(<65) | ***.* | 0 | 2.0 | 109 | N/A | N/A |

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

4.10 ALCOHOL DEPENDENCE SYNDROME HOSPITALIZATION RATES
(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Ages 15-44 | **.* | 182 | **.* | 3,120 | N/A | N/A |
| Ages 45-64 | **.* | 69 | **.* | 2,006 | N/A | N/A |

4.11 TOTAL PSYCHOSES HOSPITALIZATION RATES
(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Ages 15-44 | **.* | 589 | **.* | 53,526 | N/A | N/A |
| Ages 45-64 | **.* | 241 | **.* | 23,672 | N/A | N/A |

4.12 DIABETES HOSPITALIZATION RATES
(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total | 153.7 | 228 | 174.2 | 21,746 | N/A | N/A |
| Ages 1-14 | **.* | 8 | **.* | 957 | N/A | N/A |
| Ages 15-64 | **.* | 142 | **.* | 12,968 | N/A | N/A |

4.13 OVERWEIGHT, SMOKERS, SEDENTARY LIFESTYLES

| YEAR: 1998 | ROCK ISLAND | Illinois | U.S. | YEAR |
|----------------------|-------------|----------|------|------|
| | Percent | | | 2010 |
| Obesity | 20.9 | 19.5 | N/A | N/A |
| Sedentary Life Style | 22.5 | 27.2 | N/A | 20 |
| Smoking | 25.5 | 22.7 | N/A | 12 |

4.14.01 BREAST CANCER AGE-ADJUSTED INCIDENCE RATE

(5-year average age-adjusted rate and 5-year number)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|-------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 122.8 | 563 | 133.3 | 43,087 | 137.1 | N/A |
| Black | 75.6 | 16 | 121.9 | 5,052 | 120.8 | N/A |
| White | 121.0 | 524 | 134.3 | 36,683 | 142.0 | N/A |

Note: Rates are per 100,000, age-adjusted to 2000 US standard.

If number < 15, no rates calculated.

4.14.02 COLORECTAL CANCER AGE-ADJUSTED INCIDENCE RATE

(5-year average age-adjusted rate and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | | | | | | |
| Female | 50.5 | 256 | 51.6 | 17,938 | 47.4 | N/A |
| Male | 65.6 | 233 | 72.1 | 17,430 | 65.4 | N/A |
| Black | | | | | | |
| Female | **.* | 7 | 59.2 | 2,295 | 55.3 | N/A |
| Male | **.* | 8 | 75.9 | 1,992 | 71.5 | N/A |
| White | | | | | | |
| Female | 50.2 | 243 | 50.3 | 15,245 | 47.0 | N/A |
| Male | 64.8 | 220 | 71.3 | 14,993 | 65.3 | N/A |

Note: Rates are per 100,000, age-adjusted to 2000 US standard.

If number < 15, no rates calculated.

4.14.03 CERVICAL CANCER AGE-ADJUSTED INCIDENCE RATE

(5-year average age-adjusted rate and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 14.7 | 59 | 11.4 | 3,590 | 8.7 | N/A |
| Black | **.* | 4 | 18.1 | 800 | 12.7 | N/A |
| White | 14.3 | 53 | 10.2 | 2,631 | 8.0 | N/A |

Note: Rates are per 100,000, age-adjusted to 2000 US standard.

If number < 15, no rates calculated.

4.14.04 LUNG CANCER AGE-ADJUSTED INCIDENCE RATE

(5-year average age-adjusted rate and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|-------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | | | | | | |
| Female | 56.8 | 278 | 54.6 | 18,202 | 51.6 | N/A |
| Male | 105.9 | 388 | 99.3 | 24,623 | 85.0 | N/A |
| Black | | | | | | |
| Female | **.* | 12 | 60.2 | 2,410 | 55.4 | N/A |
| Male | 147.3 | 22 | 133.4 | 3,654 | 123.6 | N/A |
| White | | | | | | |
| Female | 56.2 | 263 | 54.4 | 15,577 | 53.6 | N/A |
| Male | 103.6 | 361 | 95.7 | 20,583 | 83.5 | N/A |

Note: Rates are per 100,000, age-adjusted to 2000 US standard.
If number < 15, no rates calculated.

4.14.05 PROSTATE CANCER AGE-ADJUSTED INCIDENCE RATE

(5-year average age-adjusted rate and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|-------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 193.3 | 708 | 156.8 | 38,866 | 172.8 | N/A |
| Black | 222.6 | 34 | 227.2 | 5,937 | 276.8 | N/A |
| White | 179.9 | 629 | 145.4 | 31,354 | 167.5 | N/A |

Note: Rates are per 100,000, age-adjusted to 2000 US standard.
If number < 15, no rates calculated.

4.14.06 PERCENT DIAGNOSED IN SITU BREAST CANCER (FEMALE)

(Percent and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 16.2 | 105 | 16.8 | 8,243 | 18.3 | N/A |
| Black | 16.7 | 3 | 14.5 | 795 | 19.1 | N/A |
| White | 16.3 | 99 | 16.7 | 6,991 | 17.9 | N/A |

4.14.10 CHILDHOOD CANCER AGE-ADJUSTED INCIDENCE RATE

(5-year average age-adjusted rate and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------|-------------|--------|----------|--------|-------|--------------|
| | Rate | Number | Rate | Number | | |
| Ages 0 – 14 | 160.0 | 24 | 140.8 | 1,902 | 146.4 | N/A |

Note: Rates are per 1,000,000, age-adjusted to 2000 US standard.

5.01 SYPHILIS INCIDENCE RATES

(Rates per 100,000)

| YEAR: 2000 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | **.* | 1 | 3.3 | 412 | N/A | 0.2 |
| Asian/PI | **.* | 0 | **.* | N/A | N/A | 0.2 |
| Black | **.* | 0 | 16.1 | 311 | N/A | 0.2 |
| White | **.* | N/A | 0.7 | 70 | N/A | 0.2 |
| Other | **.* | 0 | 32.1 | 14 | N/A | 0.2 |

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

5.02 GONORRHEA INCIDENCE RATES

(Rates per 100,000)

| YEAR: 2000 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 113.8 | 170 | 199.8 | 24,812 | N/A | 19 |
| Asian/PI | **.* | 0 | 7.2 | 33 | N/A | 19 |
| Black | 789.5 | 96 | 917.0 | 17,733 | N/A | 19 |
| White | 29.6 | 40 | 23.8 | 2,371 | N/A | 19 |
| Other | **.* | 0 | 586.3 | 256 | N/A | 19 |

Adolescents:

| | | | | | | |
|------------|------|----|------|-------|-----|-----|
| Ages 15-19 | **.* | 56 | **.* | 5,963 | N/A | N/A |
|------------|------|----|------|-------|-----|-----|

Women:

| | | | | | | |
|------------|------|----|------|--------|-----|-----|
| Ages 15-44 | **.* | 98 | **.* | 11,420 | N/A | N/A |
|------------|------|----|------|--------|-----|-----|

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

5.03 CHLAMYDIA INCIDENCE RATES

(Rates per 100,000)

| YEAR: 2000 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 422.4 | 631 | 324.9 | 40,350 | N/A | N/A |
| Asian/PI | **.* | N/A | 53.7 | 247 | N/A | N/A |
| Black | 1,595.5 | 1941 | 145.6 | 22,154 | N/A | N/A |
| White | 255.6 | 345 | 99.5 | 9,936 | N/A | N/A |
| Other | **.* | N/A | 2,427.9 | 1,060 | N/A | N/A |

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

5.04 AIDS INCIDENCE RATES

(Rates per 100,000)

| YEAR: 1998 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|---|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| AIDS Cases | 6.7 | 10 | 10.4 | 1,255 | N/A | 1.0 |
| By Mode of Transmission: (in thousands) | | | | | | |
| Total Cases | | 10 | | 1,255 | N/A | N/A |
| Men Who Have Sex With Men (MSM) | | | | | | |
| | | 6 | | 485 | N/A | 3.4 |
| Injection Drug Use (IDU) | | N/A | | 364 | N/A | 9.0 |
| MWHSWM/IDU | | 0 | | 76 | N/A | 1.6 |
| Hemophilia | | 0 | | | N/A | N/A |
| Heterosexual Contact | | N/A | | 189 | N/A | N/A |
| Blood Transfusion | | 0 | | 14 | N/A | N/A |
| Perinatal | | 0 | | 14 | N/A | N/A |
| Other/Not Reported | | N/A | | 110 | N/A | N/A |

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

5.05 HIV INFECTION INCIDENCE RATES

| YEAR: 1998 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|--|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| HIV Infections | 8.0 | 12 | 14.6 | 1,761 | N/A | N/A |
| HIV Infection in Childbearing Women | | | | | | |
| | **.* | 0 | **.* | 0 | N/A | N/A |
| (Prevalence rate, per 1,000 live births) | | | | | | |
| HIV by Transmission Mode: (in thousands) | | | | | | |
| Total Cases | | 12 | | 1,761 | N/A | N/A |
| Men Who Have Sex With Men (MSM) | | | | | | |
| | | N/A | | 234 | N/A | N/A |
| Injection Drug Use (IDU) | | N/A | | 381 | N/A | N/A |
| Transfusion | | 0 | | 57 | N/A | N/A |
| Hemophilia | | 0 | | 2 | N/A | N/A |
| Heterosexual Contact | | N/A | | 314 | N/A | N/A |
| Perinatal | | N/A | | 23 | N/A | N/A |
| Not Reported/Unknown | | N/A | | 750 | N/A | N/A |

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

5.06 BASIC SERIES VACCINATIONS

| YEAR: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|--------------|-------------|--|----------|--|------|--------------|
| | Percent | | Percent | | | |
| Basic Series | 50.0 | | 57.8 | | N/A | 0 |

5.08 FOODBORNE PATHOGENS INFECTION RATES

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Salmonella | 9.4 | 14 | 11.1 | 1,383 | N/A | 6.8 |
| Campylobacter | 10.8 | 16 | 10.1 | 1,265 | N/A | 12.3 |
| Listeria monocytogenes | **.* | 0 | 0.2 | 24 | N/A | 0.25 |

5.09 VACCINE PREVENTABLE DISEASES

| YEAR: 2002 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--|----------|--|------|--------------|
| | Number | | Number | | | |
| Total | 2 | | 254 | | N/A | N/A |
| Diphtheria | 0 | | 0 | | N/A | 0 |
| Pertussis | 2 | | 232 | | N/A | 2,000 |
| Tetanus | 0 | | 1 | | N/A | 0 |
| Measles | 0 | | 1 | | N/A | 0 |
| Mumps | 0 | | 18 | | N/A | 0 |
| Rubella | 0 | | 2 | | N/A | 0 |
| Polio | 0 | | 0 | | N/A | 0 |

5.10 HEPATITIS B INCIDENCE RATES

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | **.* | 5 | 1.7 | 218 | N/A | N/A |

5.11 TUBERCULOSIS INCIDENCE RATES

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | **.* | 3 | 5.6 | 703 | N/A | 1.0 |

6.03.02 MOTOR VEHICLE ACCIDENTS MORTALITY RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|---------------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 9.2 |
| Crude | 12.1 | 18 | 12.5 | 1,559 | N/A | N/A |
| Premature(<65) | 11.1 | 14 | 11.7 | 1,289 | N/A | N/A |

6.04.02 HOMICIDE RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | ***.* | | ***.* | | N/A | 3 |
| Crude | ***.* | 5 | 8.5 | 1,064 | N/A | N/A |
| Premature(<65) | ***.* | 5 | 9.3 | 1,019 | N/A | N/A |

6.05.02 SUICIDE RATES, ICD-10

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|---------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Total: Age-Adjusted | | ***.* | | ***.* | N/A | 5 |
| Crude | 14.8 | 22 | 9.1 | 1,131 | N/A | N/A |
| Premature(<65) | 14.3 | 18 | 8.5 | 929 | N/A | N/A |

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

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|-------------------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Hip Fracture (Ages 65+) | 771.6 | 172 | 734.8 | 10,985 | N/A | N/A |
| Head Injury | 49.9 | 74 | 65.9 | 8,223 | N/A | 45.0 |
| Spinal Cord | **.* | 1 | 3.8 | 471 | N/A | 2.4 |

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

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|------------|-------------|--------|----------|--------|------|-------|
| | Rate | Number | Rate | Number | | 2010 |
| Ages 65+ | 771.6 | 172 | 734.8 | 10,985 | N/A | N/A |
| Females | **.* | 132 | 931.1 | 8,337 | N/A | 416.0 |
| Males | **.* | 40 | 441.6 | 2,648 | N/A | 474.0 |

6.06.02 NON-FATAL HEAD INJURY HOSPITALIZATION RATES

(Rates per 100,000)

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| Total | 49.9 | 74 | 65.9 | 8,223 | N/A | 45.0 |
| Females | **.* | 29 | 43.0 | 2,742 | N/A | 45.0 |
| Males | **.* | 45 | 89.7 | 5,481 | N/A | 45.0 |
| Ages < 15 | **.* | 6 | **.* | 958 | N/A | N/A |
| Ages 15-24 | **.* | 6 | **.* | 1,484 | N/A | N/A |
| Ages 25-64 | **.* | 23 | **.* | 3,458 | N/A | N/A |
| Ages < 65 | 27.8 | 35 | 25.1 | 2,323 | N/A | N/A |

6.08 OCCUPATIONAL DISEASES/INJURIES * - hospitalizations only

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|----------------------------|-------------|--|----------|--|------|--------------|
| | Number | | Number | | | |
| Cancer | 5 | | 147 | | N/A | N/A |
| Injuries* | 0 | | 0 | | N/A | N/A |
| Occupational Lung Disease* | 0 | | 0 | | N/A | N/A |

7.01 SENTINEL EVENTS

| YEAR: 2001 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|-------------------------------------|-------------|--|----------|--------|------|--------------|
| | Number | | Number | | | |
| Infants (0-1) | | | | | | |
| Hospitalization for Dehydration | | | 11 | 958 | N/A | N/A |
| Children (1-17) | | | | | | |
| Hospitalization for Rheumatic Fever | | | 0 | 29 | N/A | N/A |
| Children (1-14) | | | | | | |
| Hospitalization for Asthma | | | 57 | 6,599 | N/A | N/A |
| Adults (>=18) | | | | | | |
| Tuberculosis | | | 3 | 647 | N/A | N/A |
| Hosp. for Uncontrolled Hypertension | | | 88 | 13,469 | N/A | N/A |

7.02 SENTINEL EVENTS - CANCER

(5-year average age-adjusted rate and 5-year number)

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR 2010 |
|---------------|-------------|--------|----------|--------|------|--------------|
| | Rate | Number | Rate | Number | | |
| in situ | | | | | | |
| Breast Cancer | 24.3 | 105 | 26.3 | 8,243 | 30.4 | N/A |
| Black | 0.0 | 3 | 19.2 | 795 | 27.6 | N/A |
| White | 24.6 | 99 | 26.7 | 6,991 | 31.0 | N/A |

| YEAR: 96-00 | ROCK ISLAND | | Illinois | | U.S. | YEAR |
|-----------------|-------------|--------|----------|--------|------|------|
| | Rate | Number | Rate | Number | | 2010 |
| Late | | | | | | |
| Cervical Cancer | 6.8 | 28 | 4.5 | 1,432 | 3.4 | N/A |
| Black | 0.0 | 3 | 8.3 | 360 | 5.6 | N/A |
| White | 6.3 | 24 | 3.9 | 1,015 | 3.0 | N/A |

Note: Rates are per 100,000, age-adjusted to 2000 US standard.
 If number < 15, no rates calculated.

Data Source (except where otherwise noted): For 1990 data: U. S. Census Bureau and MARS (Modified Age-Race-Sex tabulation); for intercensal years after 1990: U. S. Census Bureau and the Illinois Center for Health Statistics; for 2000 data: 2000 decennial census, U.S. Census Bureau.

Citations:

Illinois Department of Public Health, Illinois Center for Health Statistics. (1995).
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Contact: Illinois Department of Public Health (IDPH) Illinois Center for Health Statistics:
 (217) 785-1064

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