



ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
**IDPH**  
PROTECTING HEALTH, IMPROVING LIVES



# **State Health Improvement Plan Priority Health Area Indicators**

**Version 1.0**

## Table of Contents

Acknowledgements/ About This Document .....	3
Report Card, October 2014 .....	4
1. Improve Access to Care .....	6
2. Alcohol/Tobacco.....	9
3. Use of Illicit Drugs/Misuse of Legal Drugs .....	11
4. Mental Health.....	14
5. Natural and Built Environment.....	16
6. Obesity: Nutrition & Physical Activity .....	18
7. Oral Health.....	21
8. Patient Safety & Quality .....	24
9. Unintentional Injury .....	27
10. Violence .....	29
Other Public Health System Priorities .....	31
Measure, Manage, Improve, and Sustain the Public Health System .....	31
Enhance Data and Health Information Technology .....	31
Address Social Determinants of Health and Health Disparities .....	31
Assure a Sufficient Workforce and Human Resources .....	32

## Acknowledgments

The Illinois Department of Public Health would like to thank the State Health Improvement Plan Implementation Coordination Council (SHIP ICC) for its work on the development of the priority health indicators. The Department would also like to acknowledge the MidAmerica Center for Public Health Practice at the University of Illinois at Chicago for providing staffing and other assistance to Leticia Reyes-Nash, the Department's facilitator for the SHIP ICC Process.

## About This Document

### Overview

The Illinois State Health Improvement Plan is a framework to address public health issues through an interdisciplinary approach that utilizes the strengths of the entire public health system. Pursuant to Public Act 93-0975, the 2010 State Health Improvement Plan (SHIP) includes priorities and strategies for health status and public health improvements in Illinois, with a focus on prevention.

### State Health Improvement Measures

The 2010 Illinois State Health Improvement Plan (SHIP), (effective 2010-2015) includes a vision, cross-cutting issues, and identifies 14 priorities: five public health system priorities and nine priority health concerns. The data presented in the following sections have been updated to present the most current indicators available to the Illinois Department of Public Health (IDPH).

### Use of These Measures

These indicators are primarily used to inform decisionmakers and stakeholders about progress and obstacles related to the priority health concerns outlined in the State Health Improvement Plan. The usefulness of these indicators extends far beyond the single snapshot that the 2010 SHIP represents.

First, these measures and the state's performance will inform the planning process that will result in a new 2021 SHIP (note: the new SHIP will be named to represent the target date, rather than the year published) to be published in 2016. Through examination of these measures, planners will decide which of the identified priorities require additional focus during the 2021 SHIP period (2016-2021), and where resources should be concentrated.

These measures also play an important role in regional and community-level planning. Where community level data is available, local and regional stakeholders can use these measures to set appropriate baselines and targets in their own communities. Even in the absence of comprehensive local data, these measures will help inform local and regional stakeholder decisionmaking about priorities and resource allocation.

Finally, these measures represent a work in progress. With the help of the State Health Improvement Plan Implementation Coordination Council (SHIP ICC), IDPH will publish a second, expanded set of SHIP measures prior to the release of the new 2021 SHIP in 2016. One of the priority areas of the SHIP is to "address social determinants of health and health disparities." Where available, the second set of SHIP measures will add additional stratified data reflecting areas of disparity such as race, ethnicity, age, gender, and sexual orientation for the SHIP health priority areas, as well as stratified quantitative measures for the social determinants of health. The purpose of including stratified data is to help identify health disparities across groups and aid in the strategic prioritization of public health efforts to address them.

## Report Card, October 2014

IDPH 2018 Targets Progress	
<p>■ = On track to reach target            ◆ = Progress is being made in some areas, but overall progress is limited or slow            ● = Not on track to reach target            I = Insufficient Data</p>	
<b>1. Improve Access to Care</b>	
1. Increase the percent Illinois adults with health insurance	◆
2. Increase the percent of Illinois adults that have a usual health care provider	●
3. Decrease the percent of Illinois residents unable to see doctor due to cost	◆
4. Decrease number of health professions service shortage areas in primary care	■
5. Reduce percentage of children without any health insurance coverage	I
<b>2. Alcohol/Tobacco</b>	
1. Lower the percent of adults engaging in binge drinking	◆
2. Increase percentage of former smokers who quit for a year or more	◆
3. Decrease the percent of adults smoking tobacco	◆
4. Decrease tobacco initiation among youth (12-17 years old)	■
<b>3. Use of Illicit Drugs/Misuse of Legal Drugs</b>	
1. Reduce adult illicit drug use	●
2. Reduce youth illicit drug abuse	■
3. Decrease mortality rates from illicit drug use	●
4. Decrease marijuana use among youth	●
5. Decrease use of inhalants among youth	●
<b>4. Mental Health</b>	
1. Decrease mortality due to suicide	◆
2. Increase percentage of Illinois youth receiving needed mental health treatment	◆
3. Decrease percentage of adults with 8-30 mentally unhealthy days within a 30-day period	●
<b>5. Natural and Built Environment</b>	
1. Increase percent of commuters who bicycle to work	■
2. Decrease percentage of children tested with confirmed elevated blood lead levels	■
<b>6. Obesity: Nutrition and Physical Activity</b>	
1. Decrease the percentage of obese adults	●
2. Decrease the percentage of obese adolescents	◆
3. Decrease the percentage of obese non-white children	Variable
4. Increase percentage of adults meeting standards for regular and sustained physical activity guidelines	I
5. Decrease percentage of adults eating less than three servings of fruits/vegetables each day	●
6. Increase percentage breastfeeding at six months	■
<b>7. Oral Health</b>	
1. Decrease percentage of Illinois children with tooth decay or cavities	■
2. Increase percentage of children receiving preventative visits	◆
3. Increase percentages of children with excellent or very good oral health	◆

4. Increase percentages of non-white children with excellent or very good oral health	Variable
<b>8. Patient Safety and Quality</b>	
1. Reduce the number of central-lined associated bloodstream infections	◆
2. Increase percentage of adults ages 65+ who have had a flu shot in the past year	◆
3. Decrease total number of Clostridium difficile infections (observed)	◆
4. Increase percentages of children (19-35mos.) with combined vaccine series coverage	I
5. Increase percentage of adults (aged 50+) who have ever had a sigmoidoscopy or colonoscopy)	■
<b>9. Unintentional Injury</b>	
1. Reduce mortality rates due to motor vehicle accidents	■
2. Increase the percent of observed seatbelt use	■
3. Decrease total fall deaths in elderly	◆
<b>10. Violence</b>	
1. Reduce homicide rates among persons ages 10-24 years	●
2. Reduce homicide rates among non-white persons ages 10-24 years	I
3. Reduce percentages of teens participating in physical fights	■

## 1. Improve Access to Care

Poor access to public health services and medical care are major determinants of poor health outcomes and higher health care costs.

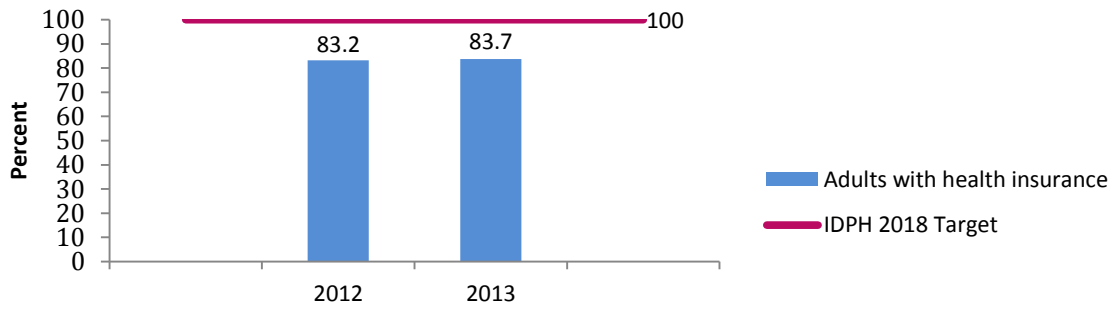
### Key Actions

- Ensure that health services meet the needs of racially and ethnically diverse groups.
- Optimize integration of prevention and primary care through reform of payment and delivery systems, such as the development of a pervasive network of patient-centered medical homes.
- Assure universal health care access and coverage.

### Targets

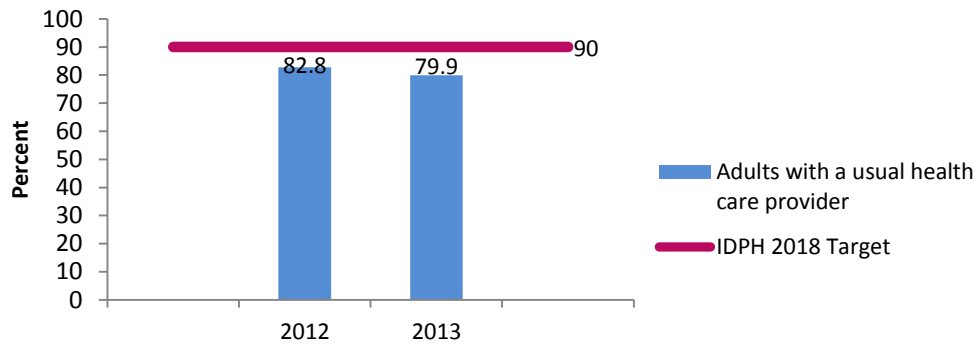
INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Increase the percent of Illinois adults with health insurance	83.2% (2012)	100%	1.1
Increase the percent of adults that have a usual health care provider	82.8% (2012)	90%	1.2
Decrease the proportion of Illinois adults unable to see doctor due to cost in the past 12 months	14.1% (2012)	10%	1.3
Decrease number of health professions service shortage areas in primary care	260 (2012)	200	1.4
Reduce percentage of children without any health insurance coverage	7% (2011-2012)	5%	1.5

**Figure 1.1 Percent of Illinois adults with health insurance**



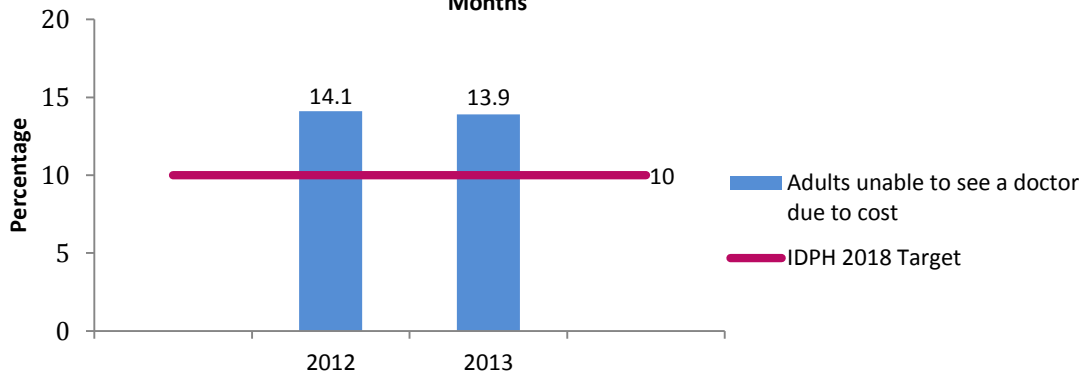
Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System 2012 and 2013. <http://app.idph.state.il.us/brfss/statedata.asp?selTopic=hlthcareuse&area=il&yr=2013&form=strata&show=freq>

**Figure 1.2: Percent of Illinois adults that have a usual health care provider**



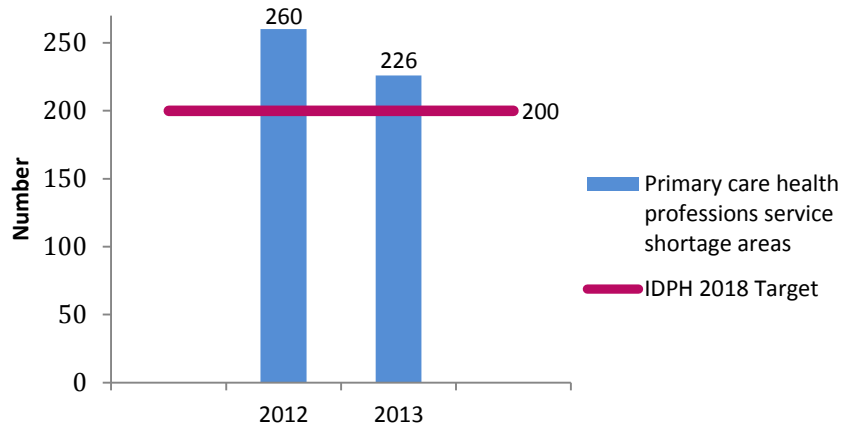
Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System 2012 and 2013. <http://app.idph.state.il.us/brfss/statedata.asp?selTopic=hlthcareuse&area=il&yr=2013&form=strata&show=freq>

**Figure 1.3: Percentage of Illinois Adults Unable to see a Doctor due to Cost in the Past 12 Months**



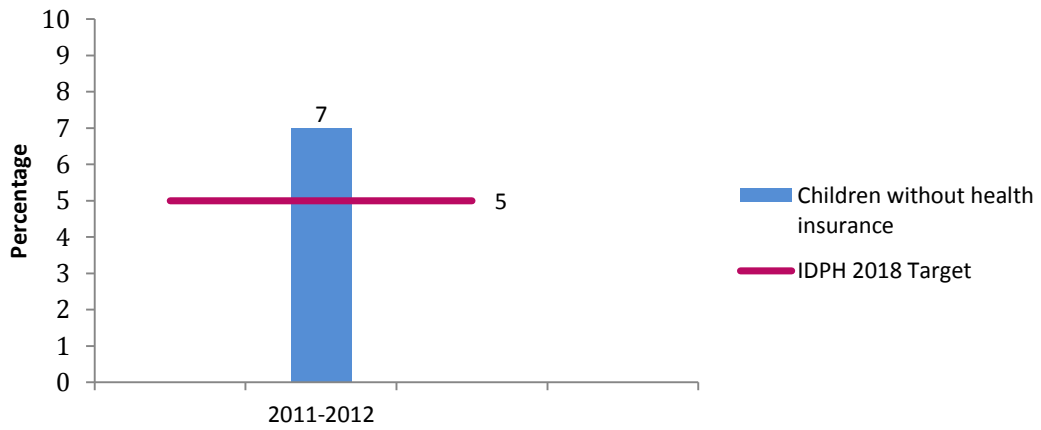
Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System (BRFSS) extracted October 15, 2014. <http://app.idph.state.il.us/brfss/statedata.asp>

**Figure 1.4: Number of primary care health professions service shortage areas in Illinois**



Source: Trust for America's Health Illinois Key Health Data  
[http://healthyamericans.org/states/?stateil+IL#section=1, year=2014,code=hpsprimary,](http://healthyamericans.org/states/?stateil+IL#section=1, year=2014,code=hpsprimary)

**Figure 1.5: Percentage of Illinois Children Without Health Insurance**



Source: The Henry J. Kaiser Family Foundation. State Health Facts, accessed October 15, 2014.  
<http://kff.org/other/state-indicator/children-0-18/>



## 2. Alcohol/Tobacco

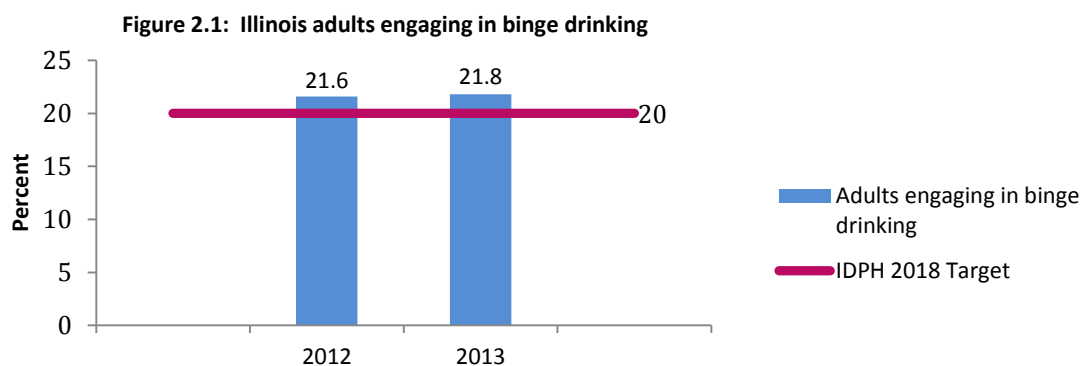
Tobacco use causes chronic diseases, including lung, oral, laryngeal, and esophageal cancers, and chronic obstructive pulmonary disease (COPD), as well as diseases in non-smokers through exposure to secondhand smoke. Similarly, excessive alcohol use, either in the form of heavy drinking or binge drinking can lead to increased risk of health problems, such as liver disease or unintentional injuries. Alcohol or tobacco initiation and use by youth are of particular concern given their addictive properties and long-term health effects.

### Key Actions

- Decrease tobacco and excessive alcohol use by adults, and prevent alcohol use and tobacco initiation among youth.

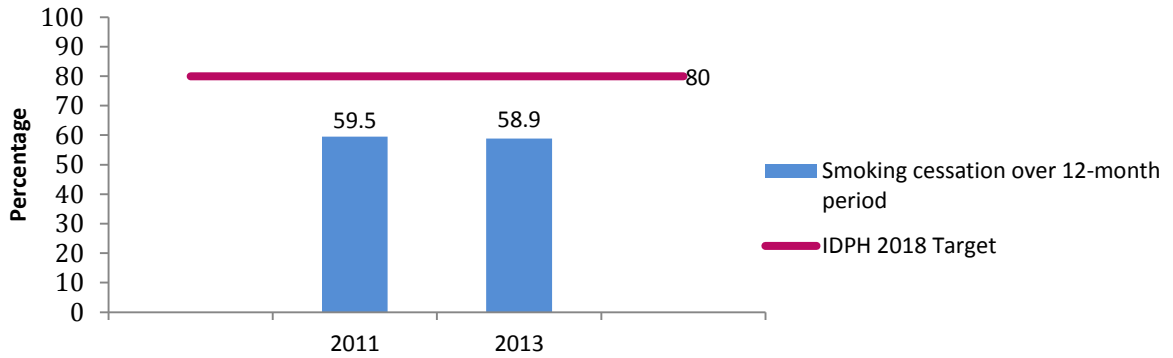
### Targets

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Lower the percent of adults engaging in binge drinking	21.6% (2012)	20%	2.1
Increase percentage of former smokers who quit for a year or more	59.5% (2011)	80%	2.2
Decrease the percent of smoking tobacco use among adults	18.0% (2012)	12%	2.3
Lower tobacco initiation among youth (12-17 years old)	6.4% (2006-2007)	5%	2.4



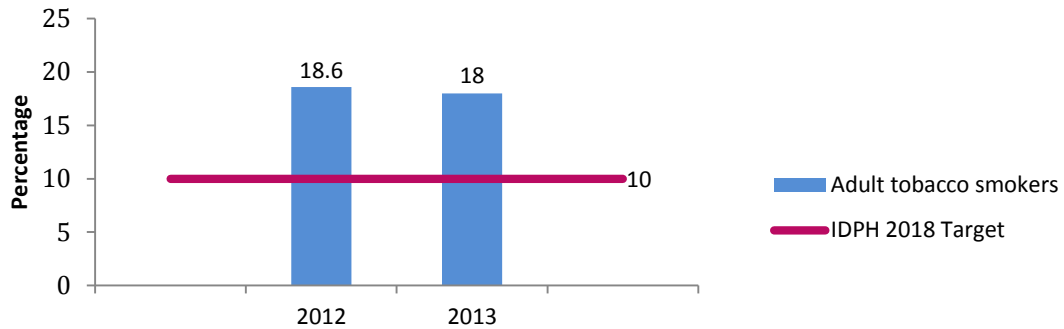
Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System (BRFSS) extracted October 15, 2014. <http://app.idph.state.il.us/brfss/statedata.asp>

**Figure 2.2: Percentage of Smoking Cessation over a 12-Month Period**



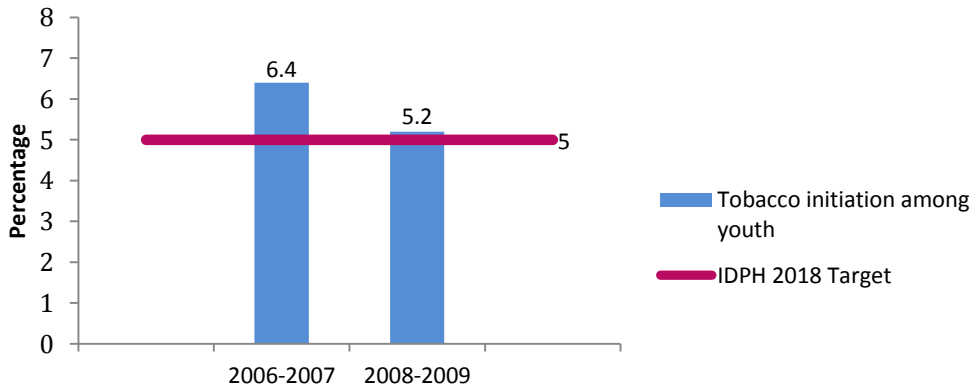
Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System 2011 and 2013.  
<http://app.idph.state.il.us/brfss/statedata.asp?selTopic=tobacco&area=il&yr=2013&form=strata&show=freq>

**Figure 2.3: Percentage of Illinois Adults Smoking Tobacco**



Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System 2011 and 2013.  
<http://app.idph.state.il.us/brfss/statedata.asp?selTopic=tobacco&area=il&yr=2013&form=strata&show=freq>

**Figure 2.4: Tobacco Initiation Among Illinois Youth (12-17 years old) by Percent**



Source: Centers for Disease Control and Prevention (CDC), Smoking and Tobacco Use, State data, accessed October 14, 2014.  
[http://www.cdc.gov/tobacco/data\\_statistics/state\\_data/state\\_highlights/2012/states/illinois/index.ht](http://www.cdc.gov/tobacco/data_statistics/state_data/state_highlights/2012/states/illinois/index.ht)

### 3. Use of Illicit Drugs/Misuse of Legal Drugs

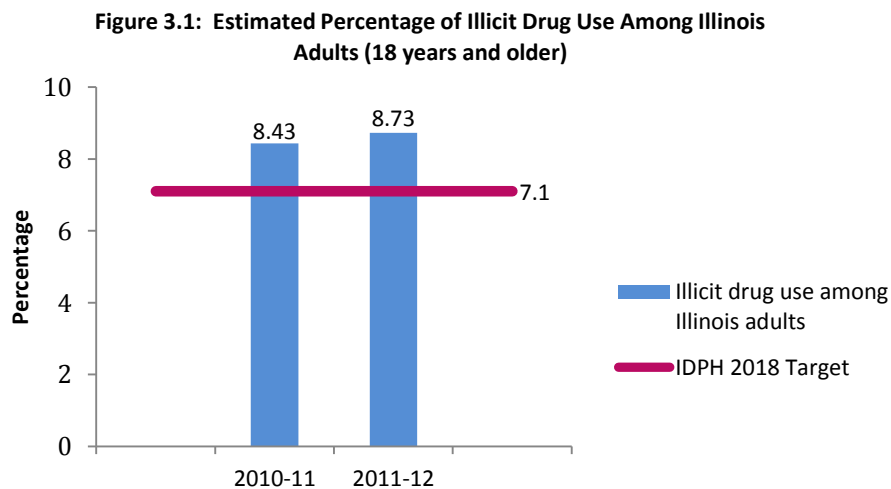
The use of illicit drugs can cause harm to both the individuals through increased risk of injury, disease, and death and to communities through increasing injuries and decreasing community safety. Non-medical use of over-the-counter and prescription drugs is high, particularly among youth. Misuse of legal drugs can also pose as a health threat, particularly among the elderly who may be using many prescriptions that interact and cause unintentional injury.

#### Key Actions:

- Decrease the use of illegal drugs among adults and adolescents.
- Decrease the unintentional and intentional misuse of legal drugs.

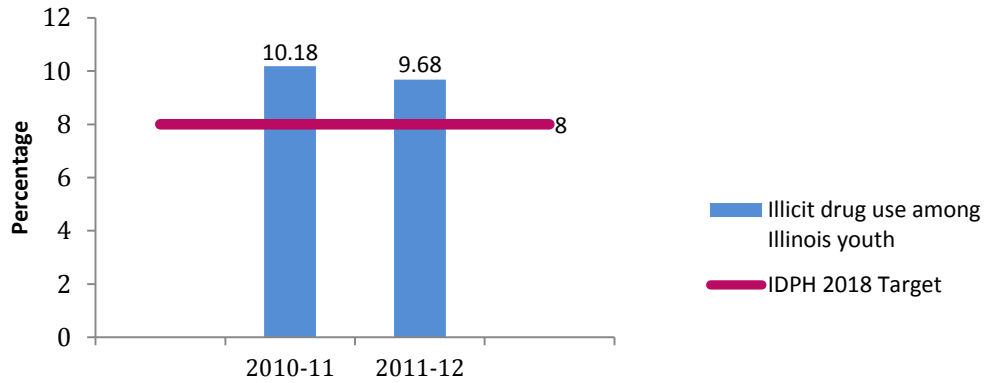
#### Targets

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce adult illicit drug use,	8.43% (2010-2011)	7.1%	3.1
Reduce youth illicit drug use, Aged 12-17	10.18% (2010-2011)	8.0%	3.2
Decrease mortality rates from illicit drug use	10.5% (2010)	9.5%	3.3
Decrease marijuana use in youth	38.4% (2011)	30%	3.4
Decrease use of inhalants in youth	9.8% (2011)	7%	3.5



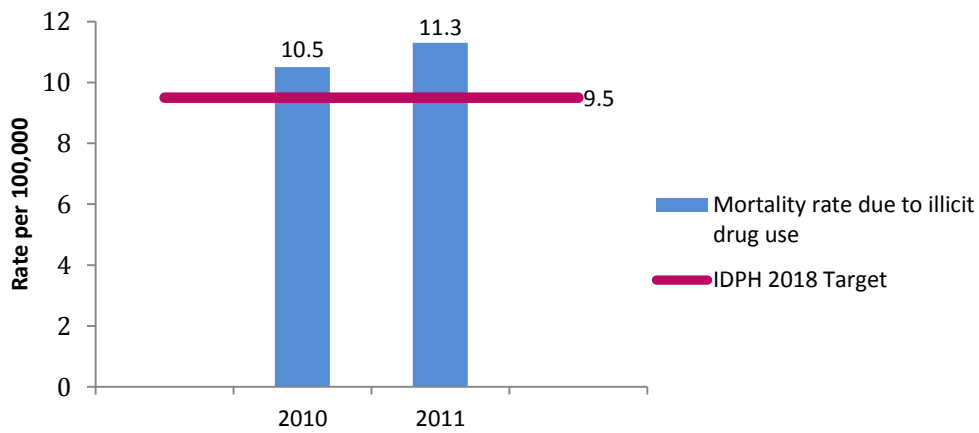
Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2010, 2011, and 2012 (2010 Data - Revised March 2012).

**Figure 3.2: Estimated Percentage of Illicit Drug Use Among Illinois Youth (12-17 years)**



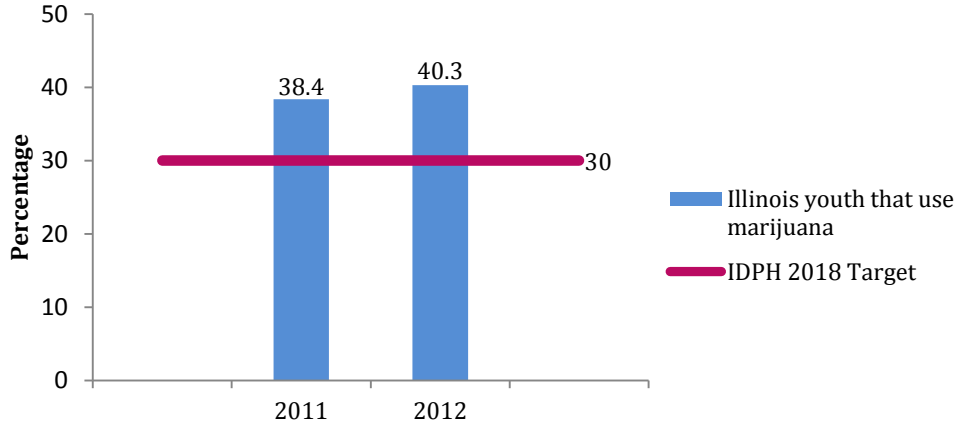
Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2009, 2010, and 2011 (2009 and 2010 Data - Revised March 2012).  
<http://samhsa.gov/data/NSDUH/2k11State/NSDUHsae2011/ChangeTabs/NSDUHsaeChangeTabs2011.pdf>

**Figure 3.3: Mortality rates due to illicit drug use**



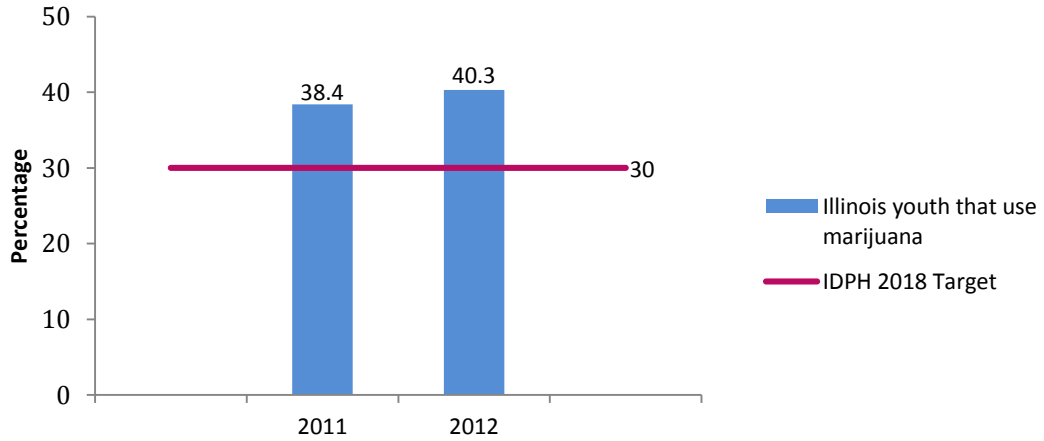
Source: Centers for Disease Control and Prevention (CDC), WONDER online database, extracted October 14, 2014 <http://wonder.cdc.gov/mortSQL.html>

**Figure 3.4: Percentage of Illinois Youth that Use Marijuana**



Source: Centers for Disease Control and Prevention (CDC). Youth Online: High School YRBS, accessed October 15, 2014. <http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=IL>

**Figure 3.5: Percentage of Illinois Youth that Use Marijuana**



Source: Centers for Disease Control and Prevention (CDC). Youth Online: High School YRBS, accessed October 15, 2014. <http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=IL>

## 4. Mental Health

There is a clear connection between mental and physical health. Mental health is fundamentally important to overall health and wellbeing. Mental disorders affect nearly one in five Americans in any given year. Mental disorders are illnesses that, when left untreated, can be just as serious and disabling as physical diseases, such as cancer and heart disease.

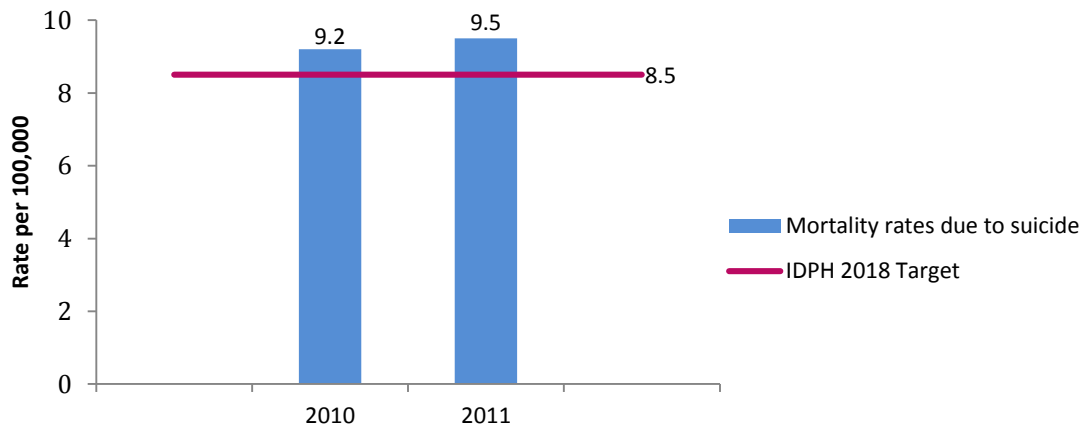
### Key Actions:

- Prevent mental illness and intervene early with those at risk of mental health issues.
- Increase treatment of mental health issues in the most appropriate setting.

### Targets

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Decrease mortality rates due to suicide	9.2% (2010)	8.5%	4.1
Increase percentage of Illinois youth receiving needed mental health treatment in last 12 months	53.0% (2010)	70%	4.2
Decrease percentage of adults with 8-30 mentally unhealthy days within a 30-day period	14.4% (2012)	12%	4.3

Figure 4.1: Mortality rates due to suicide



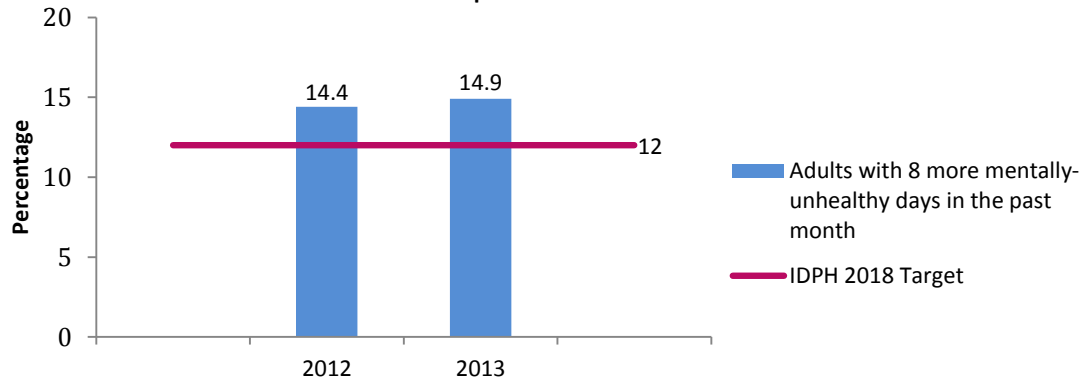
Source: Centers for Disease Control and Prevention (CDC), WONDER online database, extracted October 14, 2014.  
<http://wonder.cdc.gov/mortSQL.htm>

**Figure 4.2: Percentage of Illinois Youth Receiving Mental Health Treatment or Counseling in the Past 12 months**



Source: Data Resource Center for Child & Adolescent Health, extracted on October 14, 2014, <http://www.childhealthdata.org/browse/survey>

**Figure 4.3: Percentage of Illinois adults with 8 or more mentally-unhealthy days in the past month**



Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System 2011 and 2013. <http://app.idph.state.il.us/brfss/statedata.asp?selTopic=hlthstatus&area=il&yr=2013&form=strata&show=freq>

## 5. Natural and Built Environment

The natural and built environment can impact health both through exposure to pollutants, diseases, and toxins and by limiting or enhancing healthy lifestyles, such as walking and exercise.

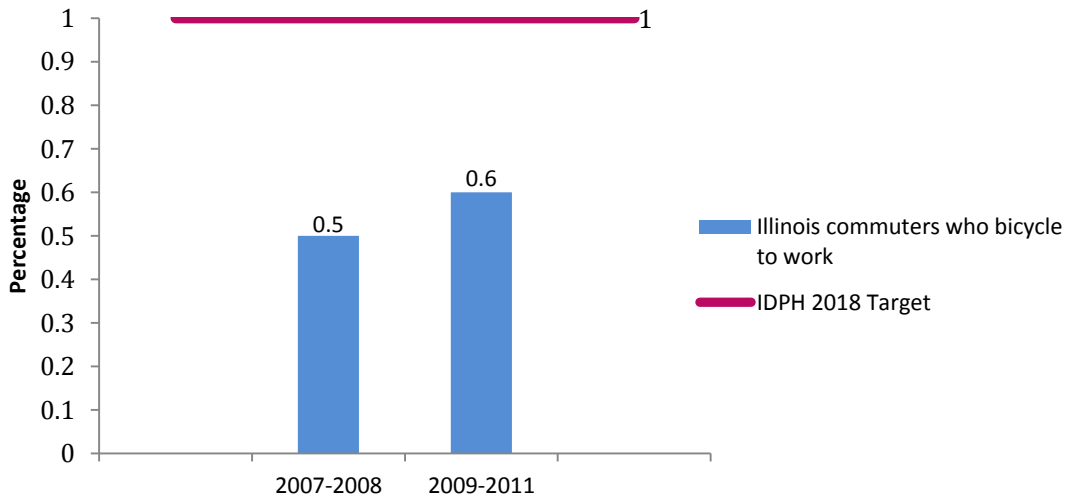
### Key Actions:

- Reduce outdoor and indoor environmental exposure to pollutants and infectious diseases.
- Improve the built environment to reduce pollution and promote healthy lifestyles.

### Targets

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
With utilization of bike pathways, increase the percent of commuters who bicycle to work	0.5% (2007-2008)	1.0%	5.1
Decrease percentage of children tested with confirmed blood lead levels of greater than 10 µg/dl	2.231% (2008)	1.5%	5.2

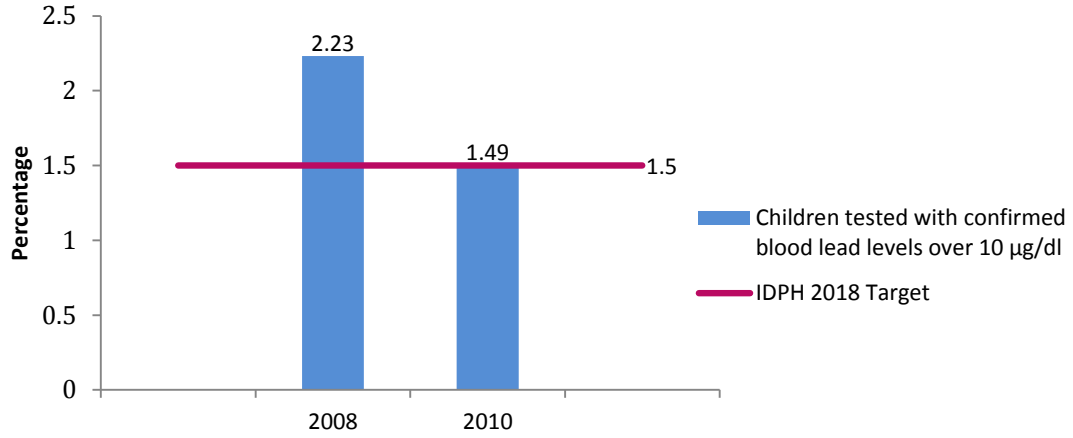
Figure 5.1: Percentage of Illinois Commuters who Bicycle to Work



Source: Alliance for Biking and Walking. The Alliance Benchmarking Report.  
<http://www.bikewalkalliance.org/resources/benchmarking>



**Figure 5.2: Percentage of Illinois Children Tested with Confirmed Blood Lead Levels of Greater Than 10 µg/dl**



Source: Centers for Disease Control and Prevention (CDC). Youth Online: High School YRBS, accessed October 15, 2014. <http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=IL>

## 6. Obesity: Nutrition & Physical Activity

Obesity, sedentary lifestyle, and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. Obesity has reached an alarming rate in Illinois, with 62 percent of adults overweight; 21 percent of children are obese, the fourth worst rate in the nation.

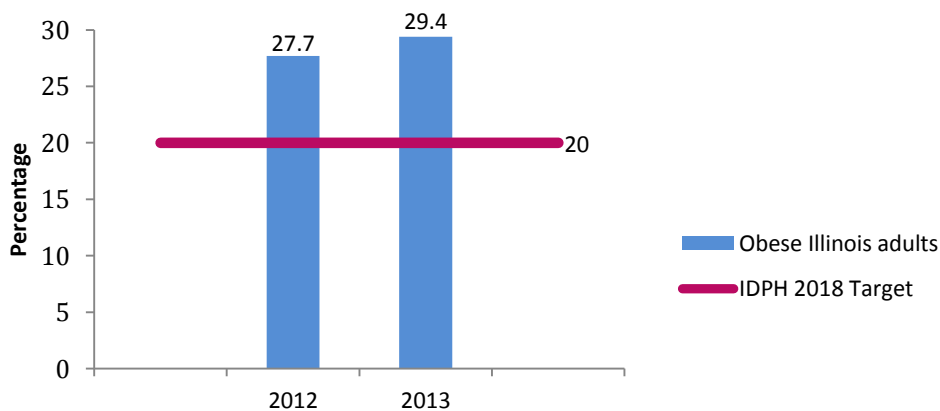
### Key Actions:

- Increase physical activity through implementation of individual, family, environmental, and policy initiatives..
- Improve nutrition through implementation of individual, family, environmental, and policy initiatives.

### Targets

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Decrease the percentage of obese Illinois adults	27.7% (2012)	20%	6.1
Decrease the obesity rates in children	20.7 (2007)	15%	6.2
Decrease percentages of non-white obese/ overweight children	Variable (2007)	15%	6.3
Increase percentage of adults meeting standards for regular and sustained physical activity guidelines	44.1% (2013)	50%	6.4
Decrease percentage of adults eating less than three servings of fruits/ vegetables each day	42.1% (2007)	35%	6.5
Increase breastfeeding rates at six months	36.0% (2010)	50%	6.6

Figure 6.1: Percentage of obese Illinois adults



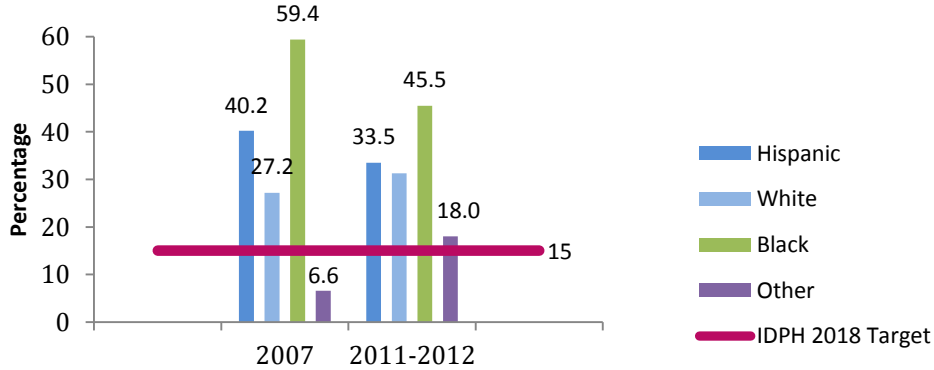
Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System 2011 and 2013.  
<http://app.idph.state.il.us/brfss/statedata.asp?selTopic=weightcontrol&area=il&yr=2013&form=strata>

**Figure 6.2: Obesity Rates Among Illinois Children**



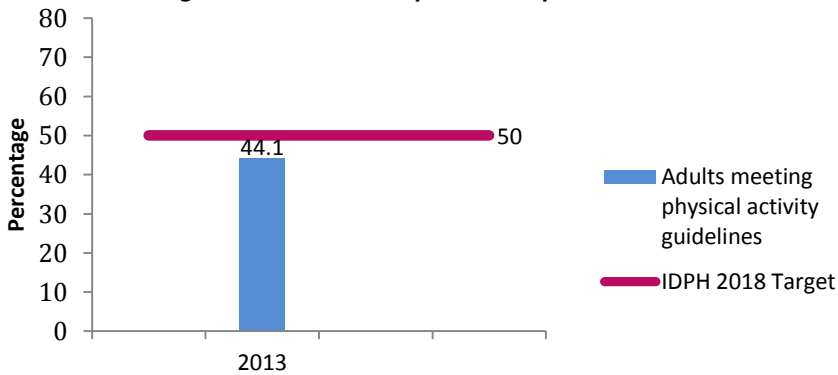
Source: Data Source Center for Child and Adolescent Health. Browse the Data/Browse by Survey. Extracted October 15, 2014. <http://www.childhealthdata.org/browse/survey>

**Figure 6.3: Obesity Among Illinois Children by Race and Ethnicity**



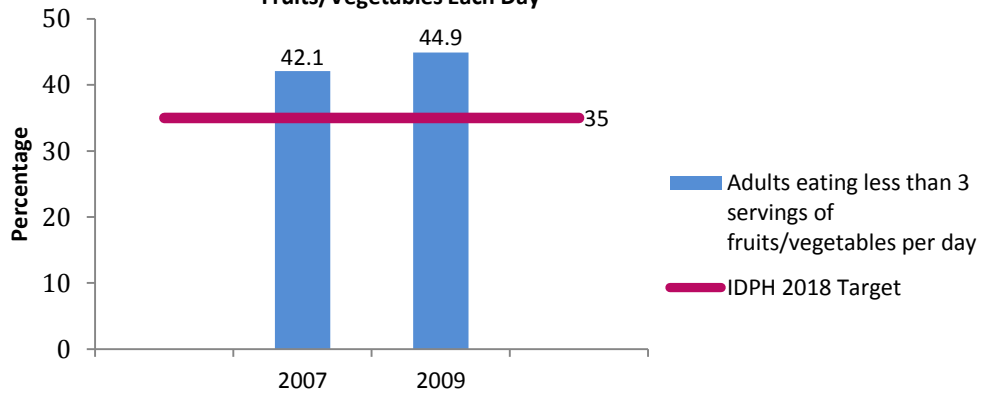
Source: Data Source Center for Child and Adolescent Health. Browse the Data/Browse by Survey.

**Figure 6.4: Percentage of Illinois Adults Meeting Standards for Regular and Sustained Physical Activity Guidelines**



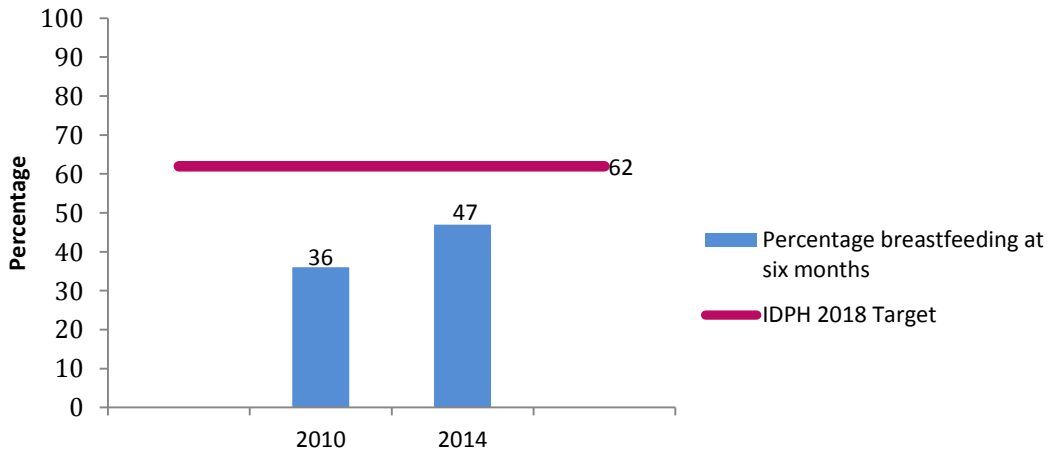
Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) 2013.

**Figure 6.5: Percent of Illinois Adults Eating Less Than Three Servings of Fruits/Vegetables Each Day**



Source: Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System (BRFSS) accessed October 15, 2014. <http://app.idph.state.il.us/brfss/default.asp>

**Figure 6.6: Percentage Breastfeeding at Six Months**



Source: Centers for Disease Control and Prevention Breastfeeding Report Card, 2010. 2014.

## 7. Oral Health

Oral health is important to overall health. Poor oral health is a risk factor for chronic diseases such as heart disease and diabetes.

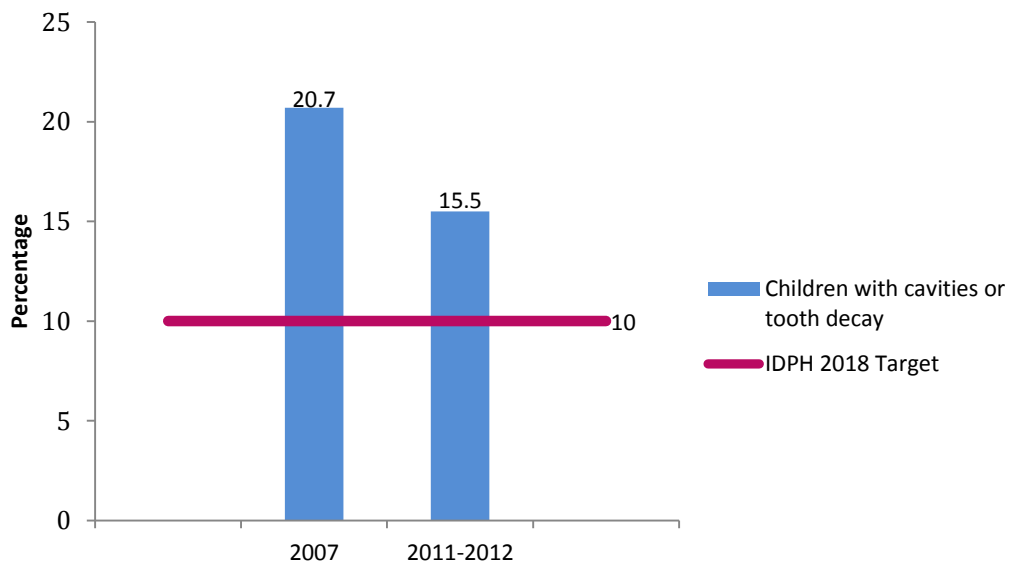
### Key Actions:

- Increase access to preventive oral health services.
- Increase screening and treatment for oral cancers and other oral health related conditions.

### Targets

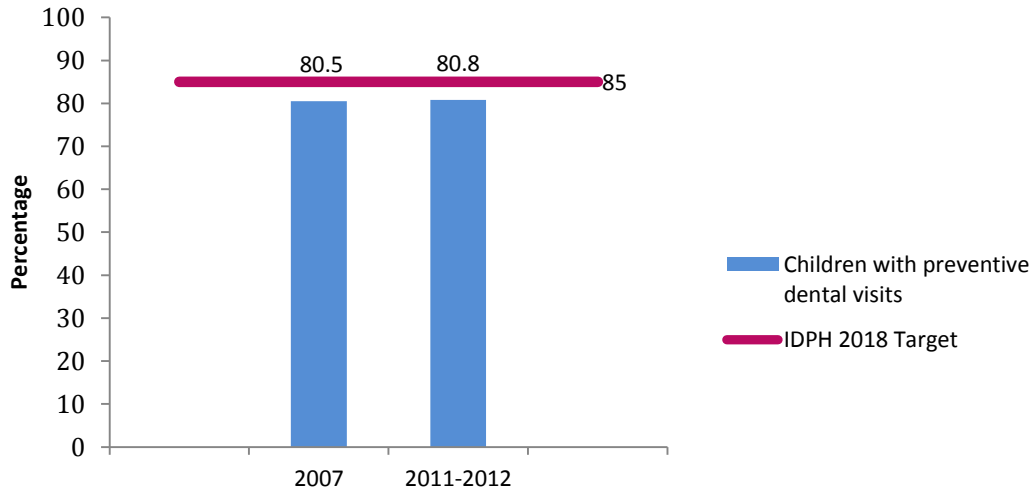
INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Decrease percentage of Illinois children (1-17 years old) with tooth decay or cavities	20.7% (2007)	10%	7.1
Increase percentage of children preventative dental visits	80.5% (2007)	85%	7.2
Increase percentages of children with excellent or very good oral health	71.1% (2007)	80%	7.3
Increase percentages of non-white children with excellent or very good oral health	Various (2007)	80%	7.4

**Figure 7.1: Percentage of Illinois Children (1-17 years old) with Tooth Decay or Cavities**



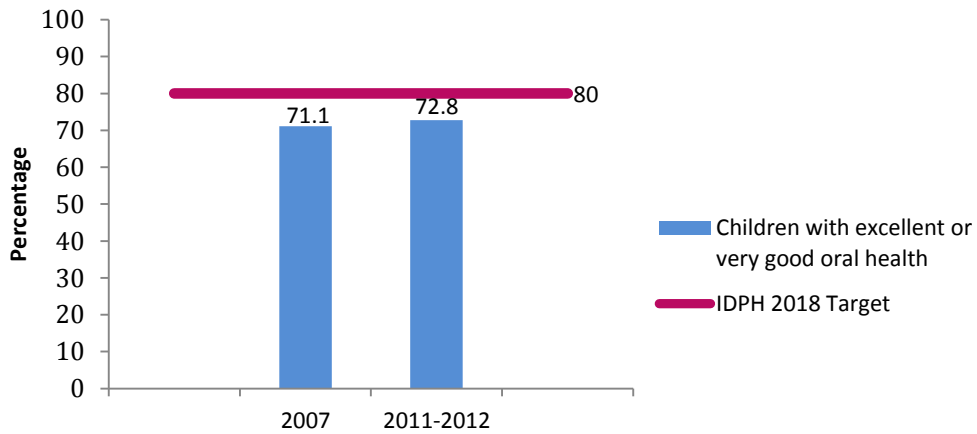
Source: Data Source Center for Child and Adolescent Health. Browse the Data/Browse by Survey. Extracted October 15, 2014. <http://www.childhealthdata.org/browse/survey>

**Figure 7.2: Percent of Illinois Children with Preventive Dental Visits**



Source: Data Source Center for Child and Adolescent Health. Browse the Data/Browse by Survey. Extracted October 15, 2014. <http://www.childhealthdata.org/browse/survey>

**Figure 7.3: Percent of Illinois Children with Excellent or Very Good Oral Health**



Source: Data Source Center for Child and Adolescent Health. Browse the Data/Browse by Survey. Extracted October 15, 2014. <http://www.childhealthdata.org/browse/survey>

**Figure 7.4: Percent of Illinois Children (1-17 Years Old) with Excellent or Very Good Oral Health by Race and Ethnicity**



Source: Data Source Center for Child and Adolescent Health. Browse the Data/Browse by Survey. Extracted October 15, 2014. <http://www.childhealthdata.org/browse/survey>

## 8. Patient Safety & Quality

Patient injury in the health care system is preventable.

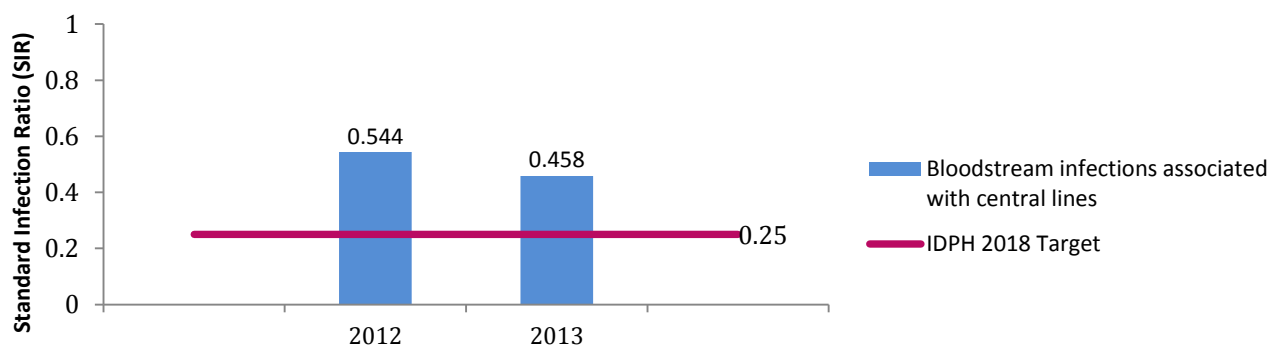
### Key Actions:

- Engage the health care system in implementing processes that promote safety and reduce unintended harm.

### Targets

INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce the number of central-line associated bloodstream infections	0.544 SIR (2012)	0.25 SIR	8.1
Increase percentage of adults ages 65+ who have had a flu shot in the past year	52.5% (2012)	70%	8.2
Decrease total number <i>Clostridium difficile</i> Infections (observed)	4,620 (2012)	4,000	8.3
Increase percentage of children (19-35 mos.) with combined vaccine series coverage	66.8% (2013)	75%	8.4
Increase percentage of adults (aged 50+) who have ever had a sigmoidoscopy or colonoscopy	61.7% (2010)	70%	8.5

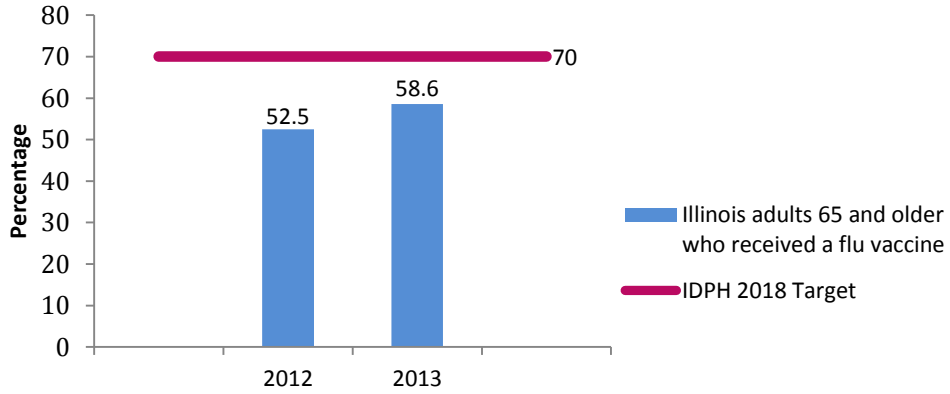
Figure 8.1 Bloodstream Infections Associated with Central Lines



Source: [http://www.healthcarereportcard.illinois.gov/files/pdf/2013\\_CLABSI\\_Summary\\_Report\\_fnl.pdf](http://www.healthcarereportcard.illinois.gov/files/pdf/2013_CLABSI_Summary_Report_fnl.pdf)

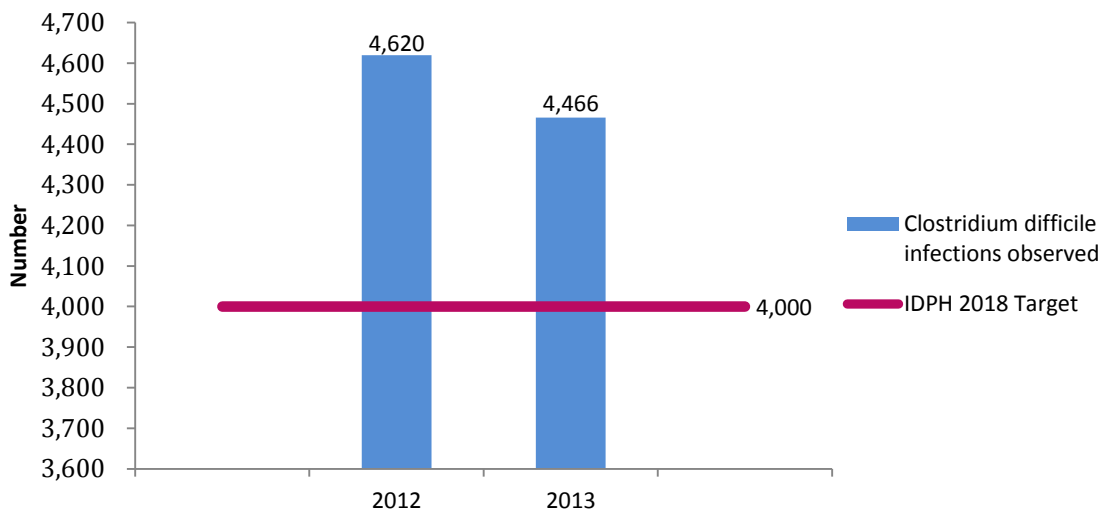


**Figure 8.2: Percentage of Illinois Adults 65 and Older who have had a Flu Vaccine in the past year**



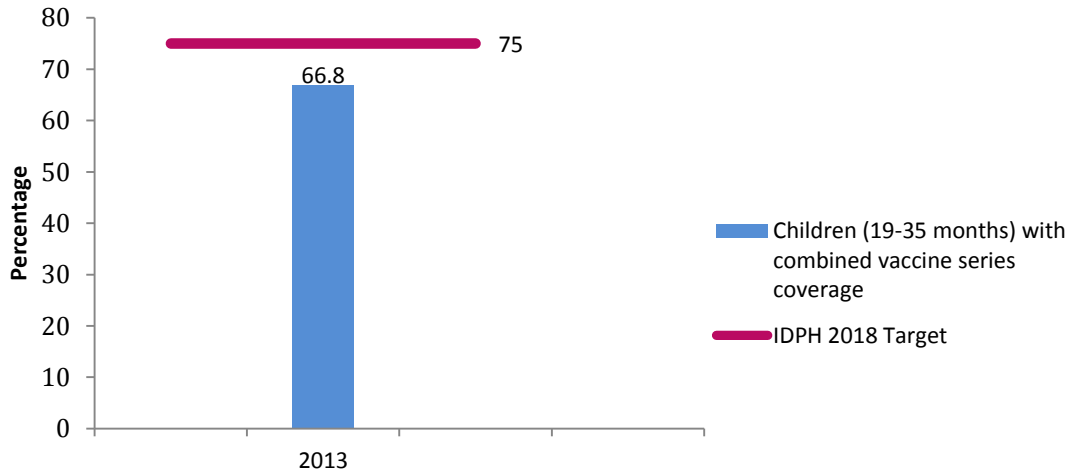
Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) 2013.

**Figure 8.3: Number of Clostridium Difficile Infections Observed**



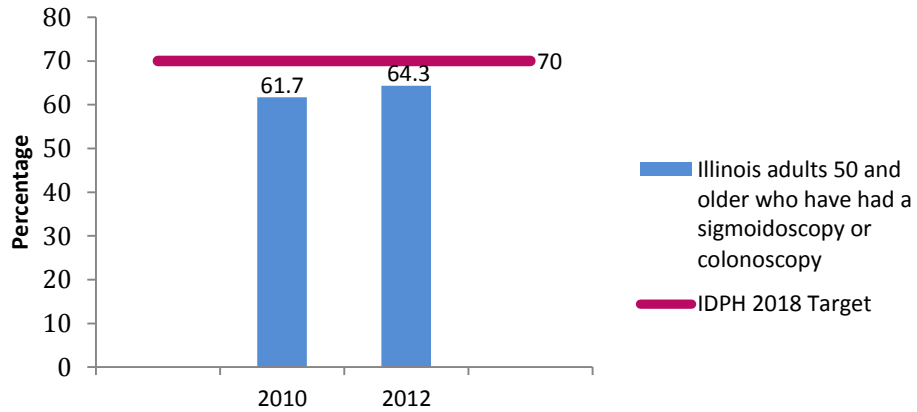
Source: [http://www.healthcarereportcard.illinois.gov/files/pdf/C\\_diff\\_IL\\_acute\\_hosp\\_NHSN\\_2012\\_final.pdf](http://www.healthcarereportcard.illinois.gov/files/pdf/C_diff_IL_acute_hosp_NHSN_2012_final.pdf)

**Figure 8.4: Percentage of Children (19-35 months) with Combined Vaccine Series Coverage**



Source: Centers for Disease Control and Prevention (CDC). Morbidity and Mortality Weekly Report (MMWR) 2014. National, State and Selected Local Area Vaccination Coverage Among Children Aged 19-35 Months - United States, 2013. August 29, 2014/63(34);741-748.

**Figure 8.5: Percentage of Illinois Adults 50 Years of Age and Older Who Have Ever Had a Sigmoidoscopy or Colonoscopy**



Source: Illinois Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) 2013.

## 9. Unintentional Injury

The leading cause of death among those under 35 years of age is unintentional injuries. Unintentional injury is preventable.

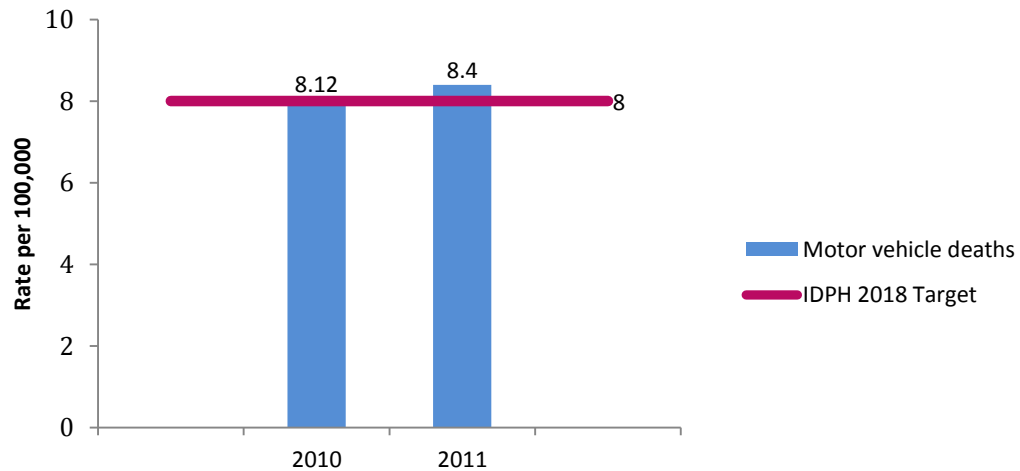
### Key Actions:

- Promote personal safety devices and safe habits at work, in the home, and for automobiles, motorcycles, and bicycles. Identify mechanisms through which injury can be prevented.

### Targets

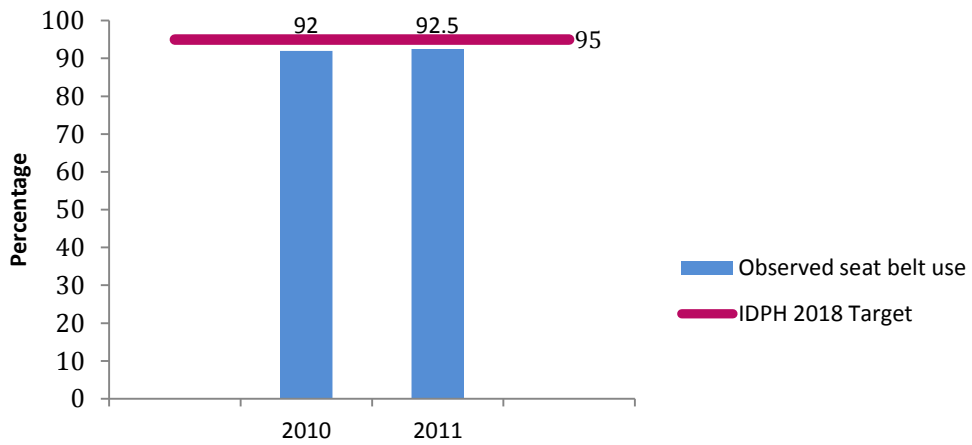
INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce mortality rates due to motor vehicle accidents	8.2 (2010)	8 per 100,000	9.1
Increase the percent of observed seatbelt use	92% (2010)	95%	9.2
Decrease total fall deaths in elderly (per 100,000)	44.3 per 100,000 (2010)	30 per 100,000	9.3

Figure 9.1: Mortality rates due to motor vehicle accidents



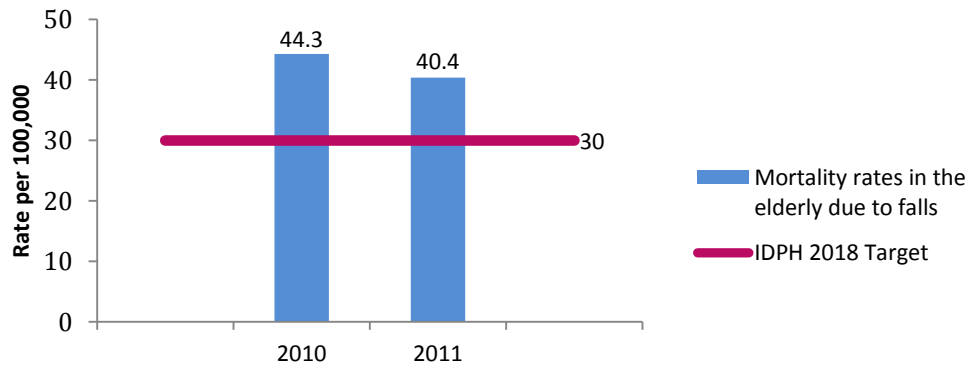
Source: Centers for Disease Control and Prevention (CDC), WISQARS online database, Fatal Injury Reports, 1999-2011, for National, Regional and States (RESTRICTED), extracted October 14, 2014 on overall motor vehicle deaths.

**Figure 9.2 Percentage of Observed Seat Belt Use**



Source: Centers for Disease Control and Prevention (CDC), Prevention Status Report, 2013, Illinois, Motor Vehicle Injuries, accessed October 14, 2014. <http://www.cdc.gov/psr/motorvehicle/2013/IL-mvi.pdf>

**Figure 9.3: Mortality Rates in the Elderly Due to Falls**



Source: Centers for Disease Control and Prevention (CDC), WONDER online database, extracted October 14, 2014. <http://wonder.cdc.gov/mortsql.html>

## 10. Violence

Violence is a health concern, as both a source of injury and mortality. Particularly for children exposed to violence, it is a risk factor for chronic disease and substance abuse in adulthood. Lack of safety in communities is a social determinant associated with an array of health issues.

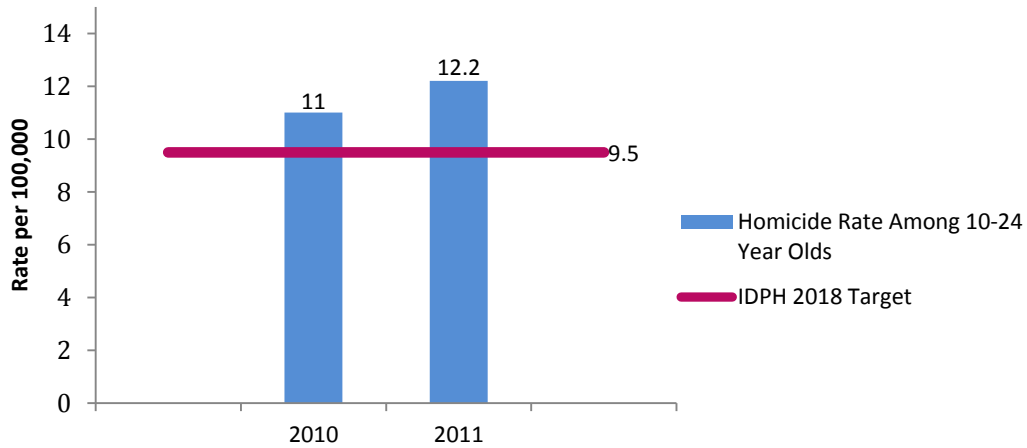
### Key Actions:

- Increase protective factors for safe and peaceful families and communities.
- Reduce risk factors and implementation early interventions.
- Collaboratively implement evidence-based violence prevention strategies.

### Targets

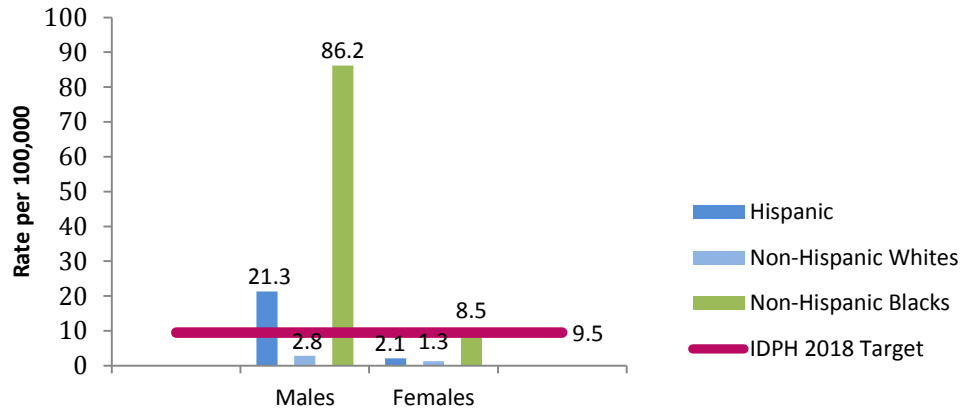
INDICATOR	BASELINE	2018 IDPH TARGET	Figure
Reduce Homicide Rates Ages 10-24 Years	11.0 (2010)	9.5	10.1
Reduce Homicide Rates Among Non-White Persons Ages 10-24 Years	Variable (2006)	9.5	10.2
Reduce Percentages of Teens Participating in Physical Fights	33% (2009)	25%	10.3

Figure 10.1: Homicide Rates Among Illinois 10-24 Year Olds



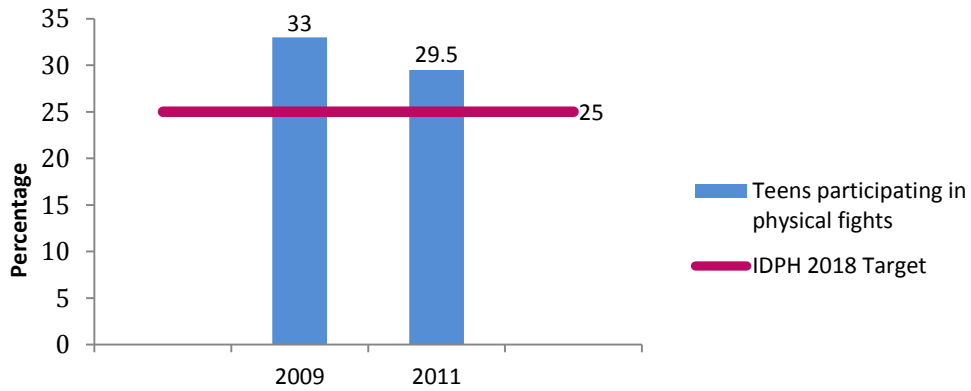
Source: Centers for Disease Control and Prevention (CDC), WONDER online database, extracted October 15, 2014. <http://wonder.cdc.gov/mortSQL.html>; Illinois Department of Public Health, Center for Health Statistics, 2014

**Figure 10.2: Homicide Rates Among Illinois 10-24 Year Olds by Race and Ethnicity**



Source: Centers for Disease Control and Prevention (CDC), WONDER online database, extracted October 15, 2014. <http://wonder.cdc.gov/mortSQL.html>. Illinois Department of Public Health Center for Health Statistics, 2014.

**Figure 10.3: Percentage of Illinois Teens Participating in Physical Fights**



Source: Health Indicator Warehouse, Indicators/Data, accessed October 15, 2014. [http://www.healthindicators.gov/Indicators/Physical-fighting-teens-percent\\_1052/Profile/ClassicData](http://www.healthindicators.gov/Indicators/Physical-fighting-teens-percent_1052/Profile/ClassicData)

## Other Public Health System Priorities

In addition to the nine priority health concerns and improving access to health services, the SHIP outlines four additional broad public health system priorities. Key actions related to those priorities are outlined below.

### Measure, Manage, Improve, and Sustain the Public Health System

#### Key Actions

- Actively work to engage and align the work of public health system stakeholders.
- Promote coordination and integration of programs, policies, and initiatives.
- Convene public health system leadership to implement the SHIP and monitor results.
- Provide adequate resources to assure that the public health system can protect and promote the health of Illinois residents.
- Accreditation of Local Health Departments
- Alignment of Community Health Needs Assessments between hospitals and health departments
- Completion of 1115 Waiver

### Enhance Data and Health Information Technology

#### Key Actions

- Effectively use the data that is currently collected.
- Develop effective, reliable, secure, and interoperable information systems for collecting, sharing, disseminating, and exchanging of health information.
- Access to data sets in IDPH's IQuery
- Increase Health Information Exchange (HIE) participation
- Utilize stage 2 Certification meaningfully
- Expand syndromic surveillance

### Address Social Determinants of Health and Health Disparities

#### Key Actions

- Improve the social determinants that underlie health disparities.
- Work to reduce health disparities.
- Increase individual and institutional capacity to reduce health disparities.

## Assure a Sufficient Workforce and Human Resources

### Key Actions

- Assess and plan for future workforce needs, including addressing already identified shortages of health care providers such as physicians and nurses.
- Provide training and education to the current and future professional, paraprofessional, nonprofessional workforce.
- Implement strategies to assure workforce diversity and cultural/linguistic/health literacy effectiveness.
- Implement strategies to increase use of community health workers
- Implement strategies to increase and improve graduate health profession education