



Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book

The Burden of Injury, Violence, and Suicide in Illinois, 2010-2019

August 2021

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Overview

What is the *Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book*?

The impetus for creating the *Making Illinois Safer: Injury, Violence, and Suicide Prevention Data Book (Data Book)* was to inform the partners and stakeholders during the revision of the *Making Illinois Safer: A State Strategic Plan to Prevent Injury, Violence, and Suicide*. Additionally, several partners and stakeholders expressed interest in having a centralized depository of injury, violence, and suicide data sets. Therefore, in addition to being used for the revision of the *State Strategic Plan*, injury, violence, suicide prevention partners and stakeholders are encouraged to utilize this resource in programming and policy decisions.

In the Data Book, you will find data on the leading causes of injury-related deaths, hospitalizations, and emergency department (ED) visits. Data also include the cost of injury and violence, and demographic breakdowns. Lastly, the appendix provides several additional resources, including data sources for this report, supportive publications, and a glossary.

How to Use this Plan

The Data Book will serve as, but not limited to, a:

1. Central depository of data sets of injury, violence, and suicide topics that will be accessible to injury, violence, and suicide prevention partners and stakeholders.
2. Baseline data set to measure the effectiveness of the strategies and activities to be implemented as outlined in the *Making Illinois Safer: A State Strategic Plan to Prevent Injury, Violence, and Suicide*.
3. Compiled list of injury, violence, and suicide data sources.
4. Resource for policy makers who wish to learn about the prevalence of injury, violence, and suicide in Illinois.
5. Tool for partners to use to raise awareness about the occurrence of injury, violence, and suicide in Illinois.

Areas to Expand in the Future

The original Data Book was used by attendees of the *Making Illinois Safer Strategic Planning Retreat*, June 13, 2017. This version updates data years to the most recent available (June 2021). Below is a list of some of the suggestions and recommendations for future versions:

1. Make county level or ZIP code level data available when possible so it can be utilized for community level planning purposes.

2. Include cost of injury, violence, and suicide data by location.
3. Include an implications section in the Data Book; namely, what do these numbers mean for Illinois and various communities.
4. Select injury, violence, and suicide priority areas that will be more vigorously analyzed in the Data Book.

Data Definitions

Data on the leading causes on injury-related deaths, hospitalizations, and emergency department visits are presented as age-adjusted rates per 100,000 calculated based on the U.S. 2000 standard population. Age adjusting rates is a way to make fairer comparisons between groups with different age distributions.

The Burden of Injury in Illinois-Setting the Stage

Population Size and Changes

Illinois is a large, well-populated state situated, both physically and culturally, in the center of the United States. It is currently the sixth most populous state in the nation and was home to 12,671,821 residents in 2019.¹ Chicago, the largest city in Illinois, is home to 2,693,976 people, making it the third largest city in the United States. The total population of Illinois increased 2.0% between 2000 and 2019.² The age distribution in Illinois is similar to that of the nation. Nearly 1 in 4 (22.2%) Illinois residents are under age 18 — a total of more than 2,813,100 children and adolescents. Approximately 5.9% of the total population are under age 5 (nearly 747,700 children).¹ Because it is the sixth most populous state in the country, Illinois is frequently compared to the other “Big Six” states: California, Texas, New York, Florida, and Pennsylvania. Although these states differ greatly with respect to geography and economics, the sheer number of people affected by these states’ policies warrants comparison. Together, these six states are home to 41.1% of the U.S. population. Between 2000 and 2010, the population of Illinois grew by a mere 3.3%, compared to the national average growth of 9.7%. Illinois is one of only four states with a negative growth rate in 2019. At -0.33% per year, only West Virginia lost more residents from 2010 to 2019.

Geographic Considerations

Two-thirds of the total Illinois population in 2019 resides in Cook County and the “collar counties” — the five counties flanking Cook County. The remaining Illinois population is more sparsely spread throughout 96 other counties in Illinois. Several of these counties contain smaller metropolitan areas (such as Peoria, Rockford, and Springfield).

The Illinois Injury and Violence Prevention Program has the challenge to serve a broad array of communities and needs, from highly urban and diverse Cook County, to agricultural counties bordering Iowa, Kentucky, and Wisconsin.

Education

In 2018, 88.9% of Illinois adults are high school graduates or higher and 34.1% are college graduates. However, educational achievement is not evenly distributed in the state.

Racial and Ethnic Diversity

The majority (60.8%) of the population in Illinois are non-Hispanic White persons. African Americans comprise 14.6% of the population, and Latinos account for 17.5%. Overall, Illinois' racial groups are comparable to U.S. averages. In comparison to the Big Six states, however, Illinois has the second largest non-Hispanic White population. In Cook County, only 42% of the population is non-Hispanic White, while African Americans comprise 23.8% and Latinos comprise 25.6%. Within the city of Chicago, this diversity is even more pronounced: 32.8% are non-Hispanic White, 30.1% are African American, and 29% are Latino. While Illinois is more racially homogenous than other large states, the concentration pockets of racial minorities in the Chicago area present unique challenges for delivering culturally appropriate health education, health care, and prevention programs.

Foreign Born Population

Illinois has a significant percentage of the population born outside the United States. During 2014-2018, 14% of Illinois residents were foreign-born. Foreign-born Illinoisans come primarily from Latin America, with a sizeable Asian population as well. Reflecting this large immigrant population, more than 23% of Illinoisans speak a language other than English at home, with Spanish being the most common other language. Compared to the other Big Six states, Illinois has the second fewest foreign-born and non-English speaking residents. Cook County has a higher percentage of foreign-born residents and non-English speakers than the rest of the state. More than 21.1% of Cook County residents were born outside the U.S. and 35.2% speak a language other than English at home.

Employment and Income

In 2019, 64.9% of Illinois adults were in the civilian labor force — meaning that they were working or wanted to be working. Among those in the labor force in 2019, Illinois had an unemployment rate of 4.8%, which is lower than the 2018 rate (5.5%). The majority of Illinois residents were in occupations categorized as management / professional (40.7%) or sales /office (20.3%). The education, health care, and social services industries employ 23.4% of working Illinoisans. Other industries employing substantial percentages of Illinois residents

include: manufacturing (11.8%), and natural resources, construction, and maintenance occupations (7.3%). The per capita income in Illinois in 2019 was estimated to be \$37,728, compared to a national average of \$35,672. Illinois' per capita income was higher than that of Florida, Pennsylvania, and Texas, but lower than New York and California.

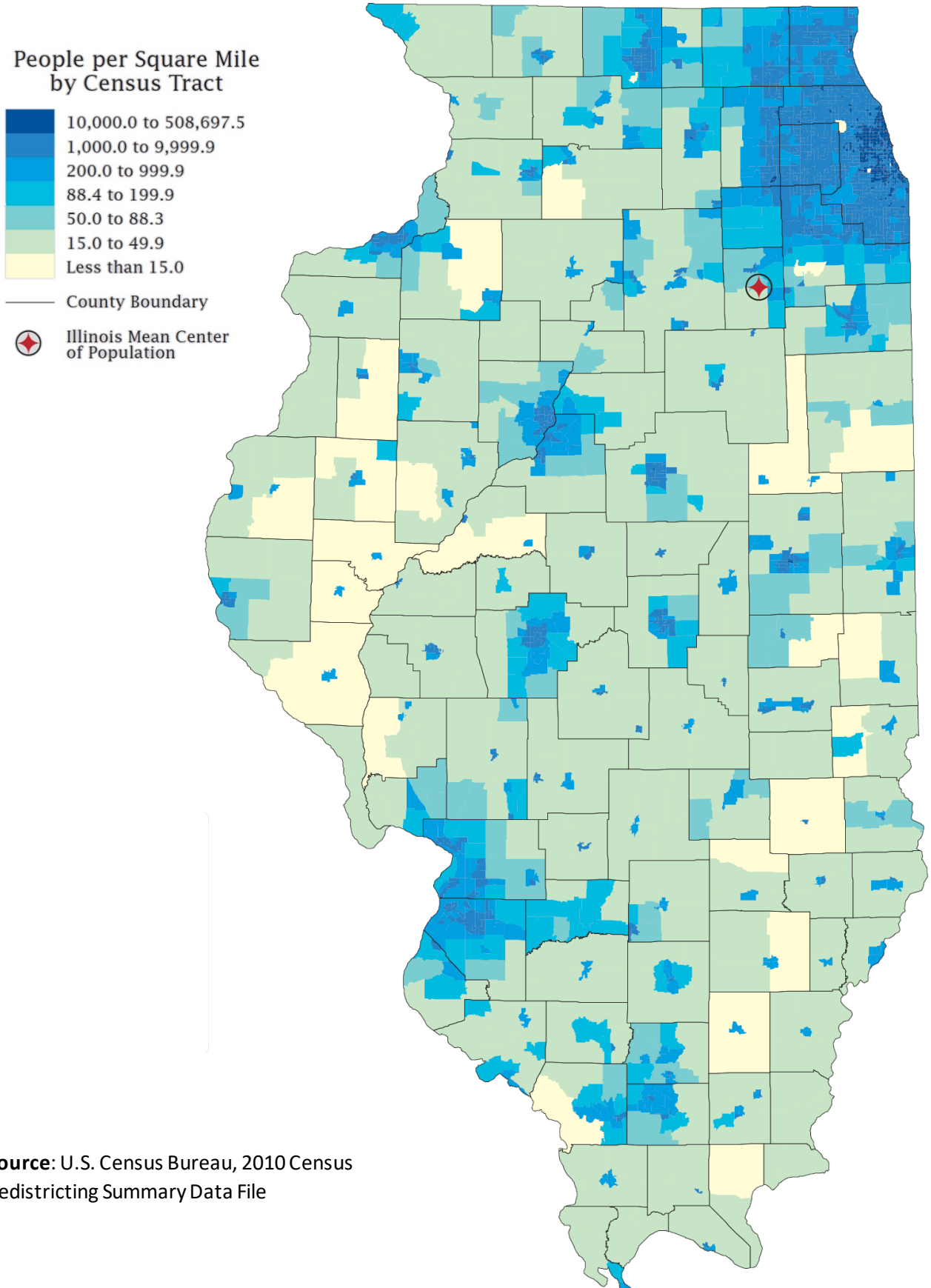
Poverty and Housing

In 2019, 11.5% of Illinoisans lived in households with incomes below the federal poverty level (FPL). Over one-sixth (15.7%) of children under 18 years old and 17.8% of children under 5 years old lived in poverty in Illinois. Poverty in Illinois is more common in Cook County, specifically in the city of Chicago. In Cook County, 18.3% of the total population and 18.1% of children lived in poverty; in Chicago, 16.4% of the total population and 22.9% of children lived in poverty. Of all Illinois households in 2019, 11.8% received food stamps and cash assistance.

Poverty is also drastically different by race/ethnicity in Illinois. Among non-Hispanic White residents, the poverty rate was 8.8%, compared to 24.2% among African Americans and 14.1% among Hispanics.

In Illinois in 2019, 66.0% of housing units were owner-occupied — the third highest of the Big Six states. About (25.6%) of families that owned their home spent more than 30% of their household income on their mortgage. For those families that rent a home, a major point of concern in Illinois is the high cost of rental housing. In 2019, 45.6% of families renting a home spent more than 30% of their income on rent. Low-income families are especially at risk for rental costs that consume large proportions of their household income.

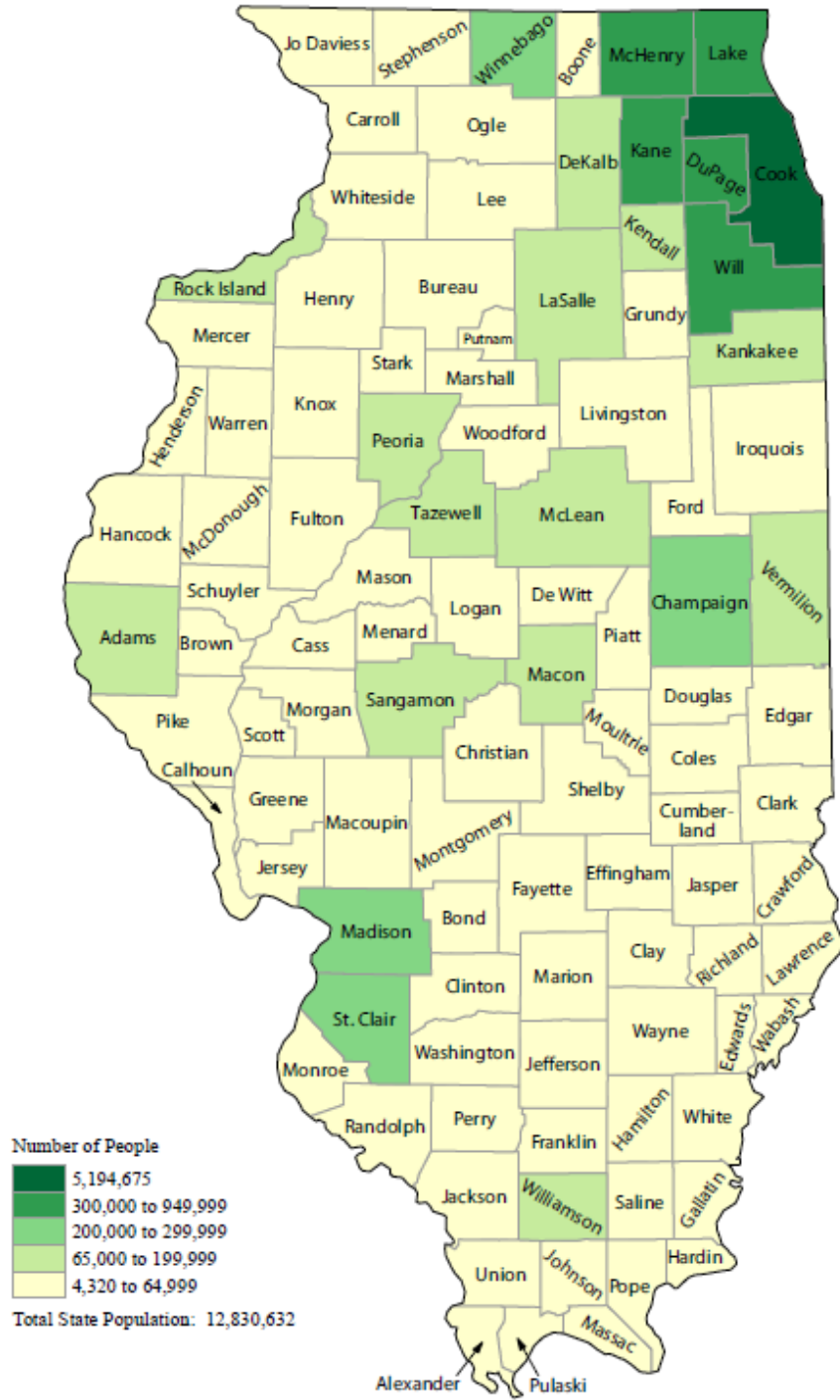
Map 1: Illinois Population Density, Persons per Square Mile, 2010



Source: U.S. Census Bureau, 2010 Census Redistricting Summary Data File

Map 2: Illinois Population Size by County, 2010

ILLINOIS - 2010 Census Results Total Population by County



Source: U.S. Census Bureau, 2010 Census Redistricting Data Summary File
For more information visit www.census.gov.



The Leading Causes of Death Nationally by Age Group

Accidents (unintentional injuries) are the leading cause of death for six age groups encompassing ages 1 through 44 years. Unintentional injury, suicide, and homicide are among the top five causes of death for age groups from age 10 to 44 years.

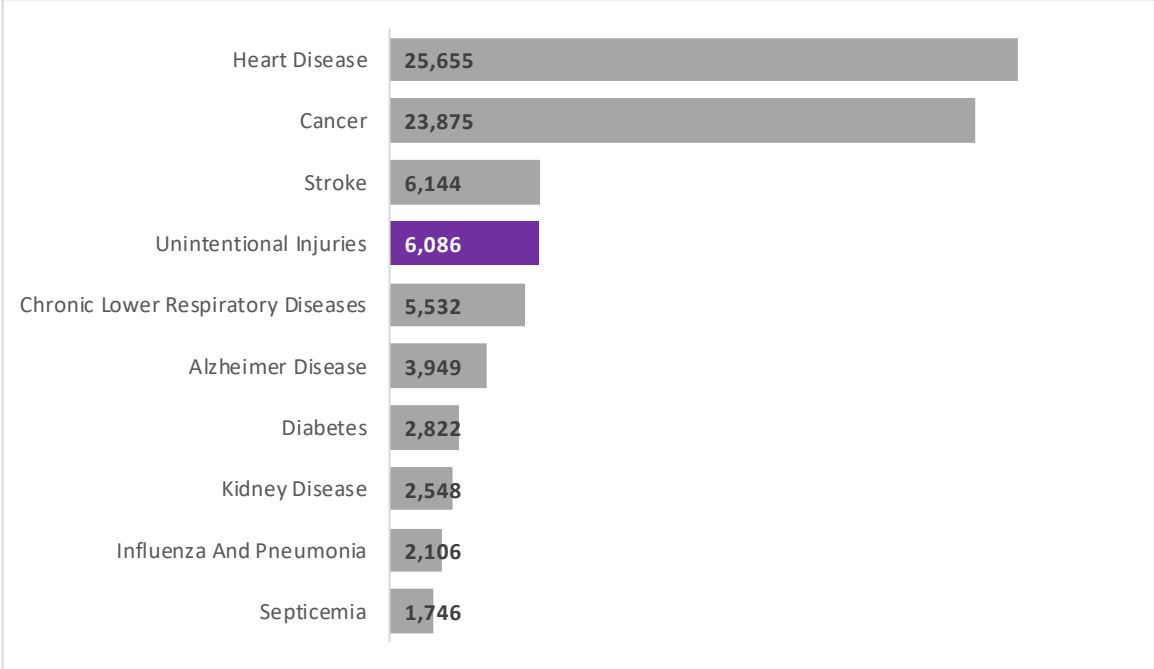
10 Leading Causes of Death, United States 2019, All Races, Both Sexes											
Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,301	Unintentional Injury 1,149	Unintentional Injury 714	Unintentional Injury 778	Unintentional Injury 11,755	Unintentional Injury 24,516	Unintentional Injury 24,070	Malignant Neoplasms 35,587	Malignant Neoplasms 111,765	Heart Disease 531,583	Heart Disease 659,041
2	Short Gestation 3,445	Congenital Anomalies 416	Malignant Neoplasms 371	Suicide 534	Suicide 5,954	Suicide 8,059	Malignant Neoplasms 10,695	Heart Disease 31,138	Heart Disease 80,837	Malignant Neoplasms 435,462	Malignant Neoplasms 599,601
3	Unintentional Injury 1,268	Malignant Neoplasms 285	Congenital Anomalies 192	Malignant Neoplasms 404	Homicide 4,774	Homicide 5,341	Heart Disease 10,499	Unintentional Injury 23,359	Unintentional Injury 24,892	Chronic Low. Respiratory Disease 133,246	Unintentional Injury 173,040
4	SIDS 1,248	Homicide 284	Homicide 155	Homicide 191	Malignant Neoplasms 1,388	Malignant Neoplasms 3,577	Suicide 7,525	Liver Disease 8,098	Chronic Low. Respiratory Disease 18,743	Cerebro-vascular 129,193	Chronic Low. Respiratory Disease 158,979
5	Maternal Pregnancy Comp. 1,245	Heart Disease 133	Heart Disease 91	Congenital Anomalies 189	Heart Disease 872	Heart Disease 3,495	Homicide 3,446	Suicide 8,012	Diabetes Mellitus 15,508	Alzheimer's Disease 120,090	Cerebro-vascular 150,005
6	Placenta Cord Membranes 742	Influenza & Pneumonia 122	Chronic Low. Respiratory Disease 69	Heart Disease 87	Congenital Anomalies 390	Liver Disease 1,112	Liver Disease 3,417	Diabetes Mellitus 6,348	Liver Disease 14,385	Diabetes Mellitus 62,397	Alzheimer's Disease 121,499
7	Bacterial Sepsis 603	Perinatal Period 57	Influenza & Pneumonia 52	Chronic Low. Respiratory Disease 81	Diabetes Mellitus 248	Diabetes Mellitus 887	Diabetes Mellitus 2,228	Cerebro-vascular 5,153	Cerebro-vascular 12,931	Unintentional Injury 60,527	Diabetes Mellitus 87,647
8	Respiratory Distress 424	Septicemia 53	Cerebro-vascular 37	Influenza & Pneumonia 71	Influenza & Pneumonia 175	Cerebro-vascular 585	Cerebro-vascular 1,741	Chronic Low. Respiratory Disease 3,592	Suicide 8,238	Nephritis 42,230	Nephritis 51,565
9	Circulatory System Disease 406	Cerebro-vascular 52	Septicemia 36	Cerebro-vascular 48	Chronic Low. Respiratory Disease 168	Complicated Pregnancy 532	Influenza & Pneumonia 951	Nephritis 2,269	Nephritis 5,857	Influenza & Pneumonia 40,399	Influenza & Pneumonia 49,783
10	Necrotizing Enterocolitis 354	Benign Neoplasms 49	Benign Neoplasms 31	Benign Neoplasms 35	Cerebro-vascular 158	HIV 486	Septicemia 812	Septicemia 2,176	Septicemia 5,672	Parkinson's Disease 34,435	Suicide 47,511

WISQARSTM - Produced by: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

The Leading Causes of Death in Illinois

Unintentional injuries were the fourth highest cause of death for all ages in Illinois in 2019.



Note: Total deaths in Illinois in 2019 = 108,937.

Data Source: Illinois Department of Public Health, Center for Health Statistics, Vital Statistics, 2019

Cost of Injury and Violence in Illinois

WISQARS™ provides cost estimates for injury deaths (including violent deaths) and nonfatal injuries where the patient was treated and released from a hospital or emergency department (ED). Cost of injury reports include the following information: medical costs (e.g., treatment and rehabilitation); work loss costs (e.g., lost wages, benefits, and self-reported household services); and combined costs (medical plus work loss). The following tables are based on Illinois specific data for 2017 and 2018 and are adjusted to 2010 prices based on national averages.

Table 1. Cost of Fatalities, Illinois, 2017

Intent	Cases	Medical Cost	Work Loss Cost	Combined Cost
Unintentional	6,019	\$91,035,000	\$5,723,525,000	\$5,814,561,000
Suicide	1,474	\$5,419,000	\$1,736,185,000	\$1,741,604,000
Homicide	1,120	\$11,469,000	\$1,837,220,000	\$1,848,689,000
Undetermined	141	\$1,283,000	\$173,084,000	\$174,367,000
Legal Intervention	10	\$122,000	\$17,269,000	\$17,391,000
Total	8,764	\$109,328,000	\$9,487,283,000	\$9,596,611,000

Fatality Definitions. Unintentional Injuries: drowning, falls, fire-related, motor vehicle, poisoning, and traumatic brain injury; Legal Intervention: injuries inflicted by police or other law enforcement agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, and performing other legal actions.

Table 2. Cost of Injury Emergency Department (ED) Visits, Illinois, 2018

Intent	Cases	Medical Cost	Work Loss Cost	Combined Cost
Unintentional	432,510	\$1,116,278,000	\$1,751,528,000	\$2,867,805,000
Other Assault	46,028	\$135,850,000	\$206,087,000	\$341,937,000
Self-Harm	10,640	\$41,053,000	\$13,415,000	\$54,468,000
Total	489,178	\$1,293,180,000	\$1,971,030,000	\$3,264,211,000

ED Definition. Unintentional Injuries: drowning, falls, fire-related, motor vehicle, poisoning, and traumatic brain injury. Other Assault: fire arm injuries and assault injuries. Self-Harm: suicide attempts.

Table 3. Cost of Injury Hospitalizations, Illinois, 2018

Intent	Cases	Medical Cost	Work Loss Cost	Combined Cost
Unintentional	51,237	\$2,004,270,000	\$3,641,569,000	\$5,645,838,000
Other Assault	2,923	\$95,218,000	\$406,808,000	\$502,026,000
Self-Harm	4,387	\$54,404,000	\$101,198,000	\$155,602,000
Total	58,547	\$2,153,891,000	\$4,149,575,000	\$6,303,466,000

Hospitalization Definition. Unintentional Injuries: drowning, falls, fire-related, motor vehicle, poisoning and traumatic brain injury. Other Assault: fire arm injuries and assault injuries. Self-Harm: suicide attempts.

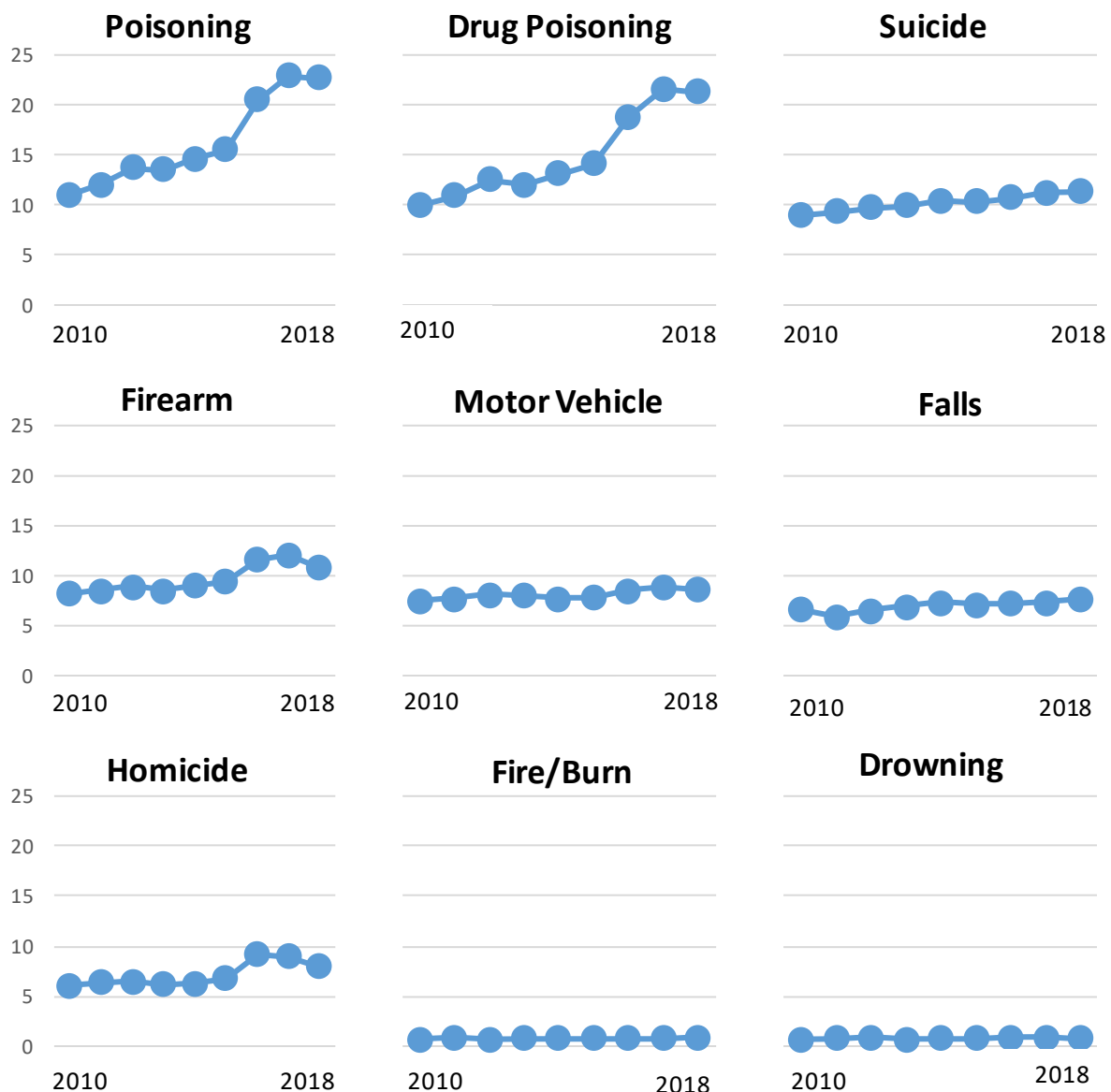
Tables 1-3 Data Sources: Centers for Disease Control and Prevention WISQARS™; NCHS Vital Statistics System for numbers of deaths. IDPH HDD for ED and hospitalization visits. Pacific Institute for Research and Evaluation (PIRE), Calverton, MD for unit cost estimates. Accessed February 2021.

* Cost estimates based on 20 or fewer deaths are considered unstable. Estimates based on more than 20 deaths may also be unstable due to high relative variability of case-level costs. Interpret unstable estimates with caution.

Leading Causes of Injury Deaths in Illinois

Among the approximate 9,000 annual deaths due to injury in Illinois, the leading causes are poisonings, traumatic brain injury (TBI), and suicides. TBI is not included in the figures below as it was not included in the Centers for Disease Control and Prevention (CDC) WISQARS system. However, based on Illinois hospital discharge data, the age-adjusted rate for TBI was higher than suicide in 2017 and 2018.

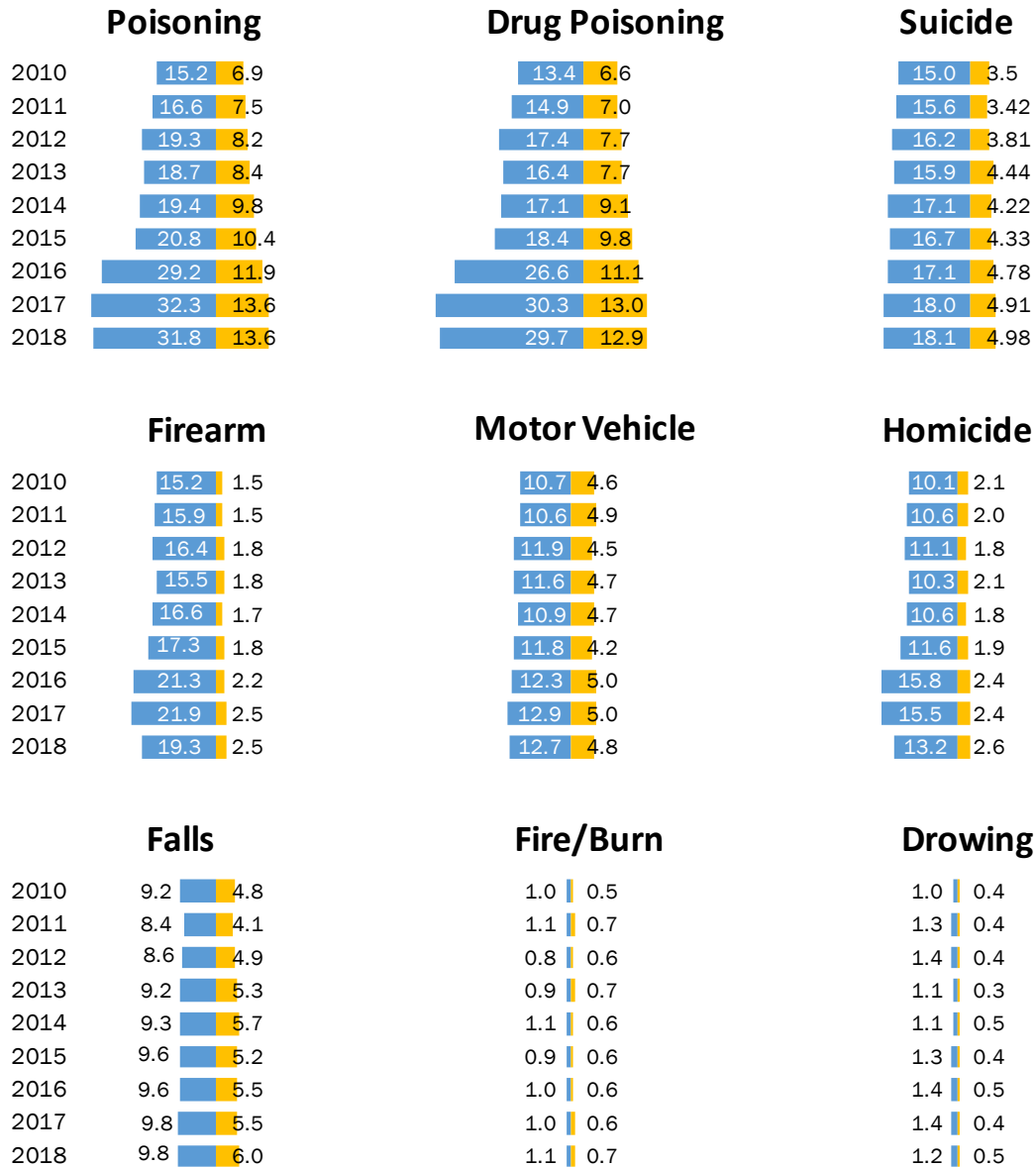
Figure 1: Age-Adjusted (AA) Rate per 100,000 of Injury Deaths, Illinois, 2010-2018



Data Source: CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System); Accessed September 2020. **Note:** See Appendix A. Injury Mortality Data for detailed data.

For each type of injury death, males experience higher mortality rates than females. Mortality rates have increased for both genders from 2010 to 2018 among most injury types.

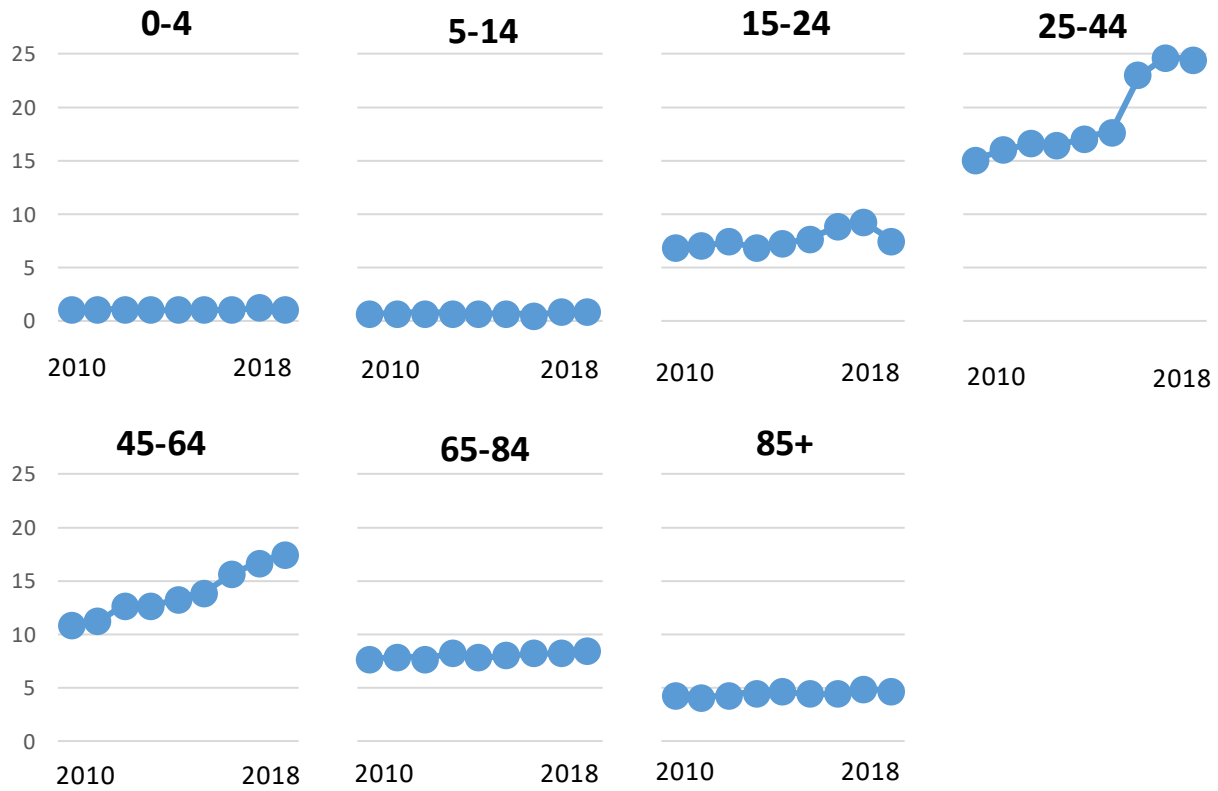
Figure 2: AA Rate per 100,000 of Injury Death Type by Males and Females, Illinois, 2010-2018



Data Source: CDC WISQARS™; Accessed September 2020.
Note: See Appendix A. Injury Mortality Data for detailed data.

The highest injury mortality rates are seen in the 25-44 year old age group, followed by the 45-64 year old age group. Mortality rates in these groups have increased in the past nine years.

Figure 3: AA Rate per 100,000 of Injury Deaths by Age Group, Illinois, 2010-2018



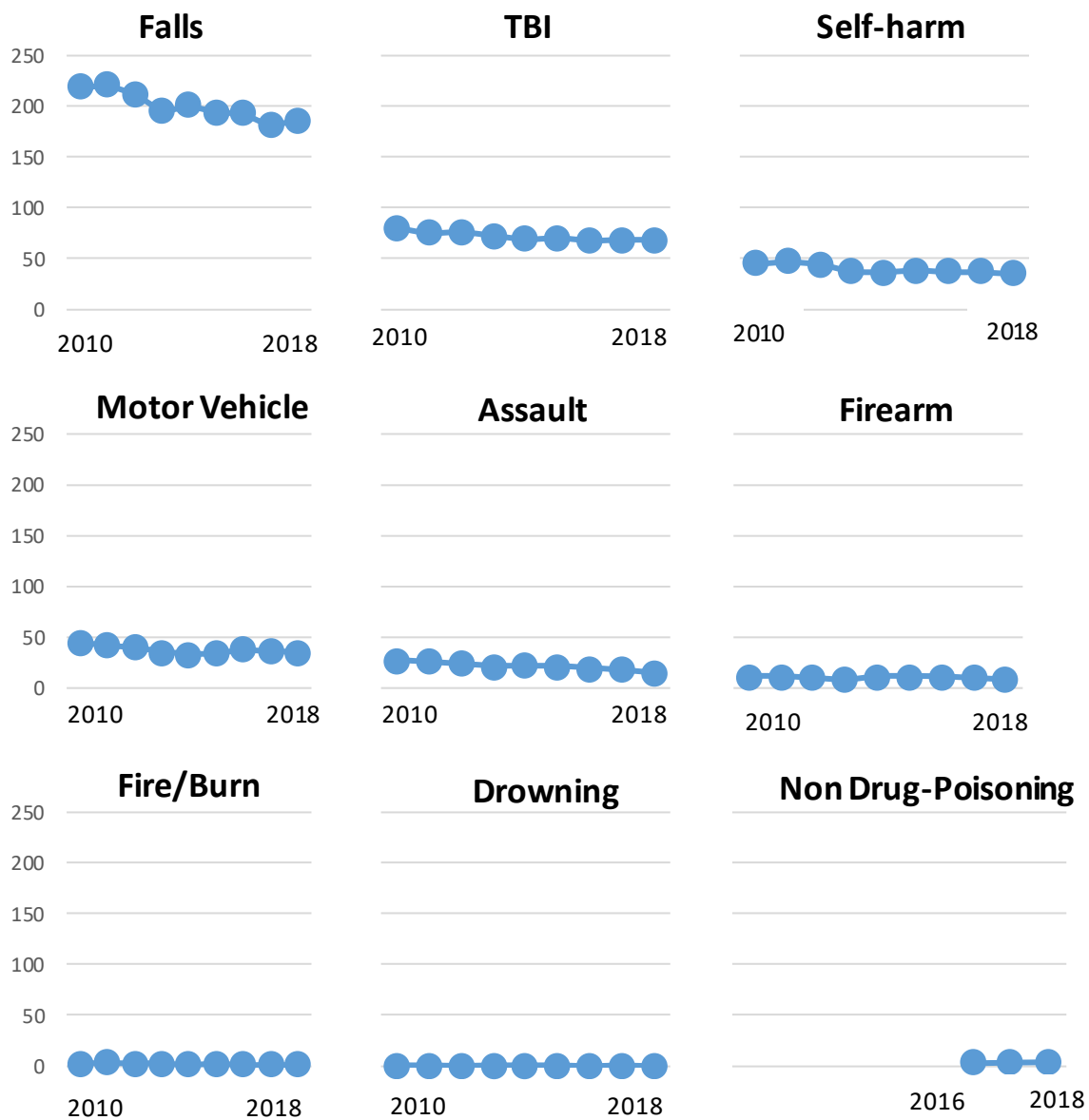
Data Source: CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System); Accessed October 2020.

Note: See Appendix A. Injury Mortality Data for detailed data.

Leading Causes of Injury Hospitalizations in Illinois

Among the 58,000 injury hospitalizations that occur annually in Illinois, the leading causes include unintentional falls, TBIs, and self-harm.

Figure 4: AA Rate per 100,000 of Injury Hospitalizations, Illinois, 2010-2018



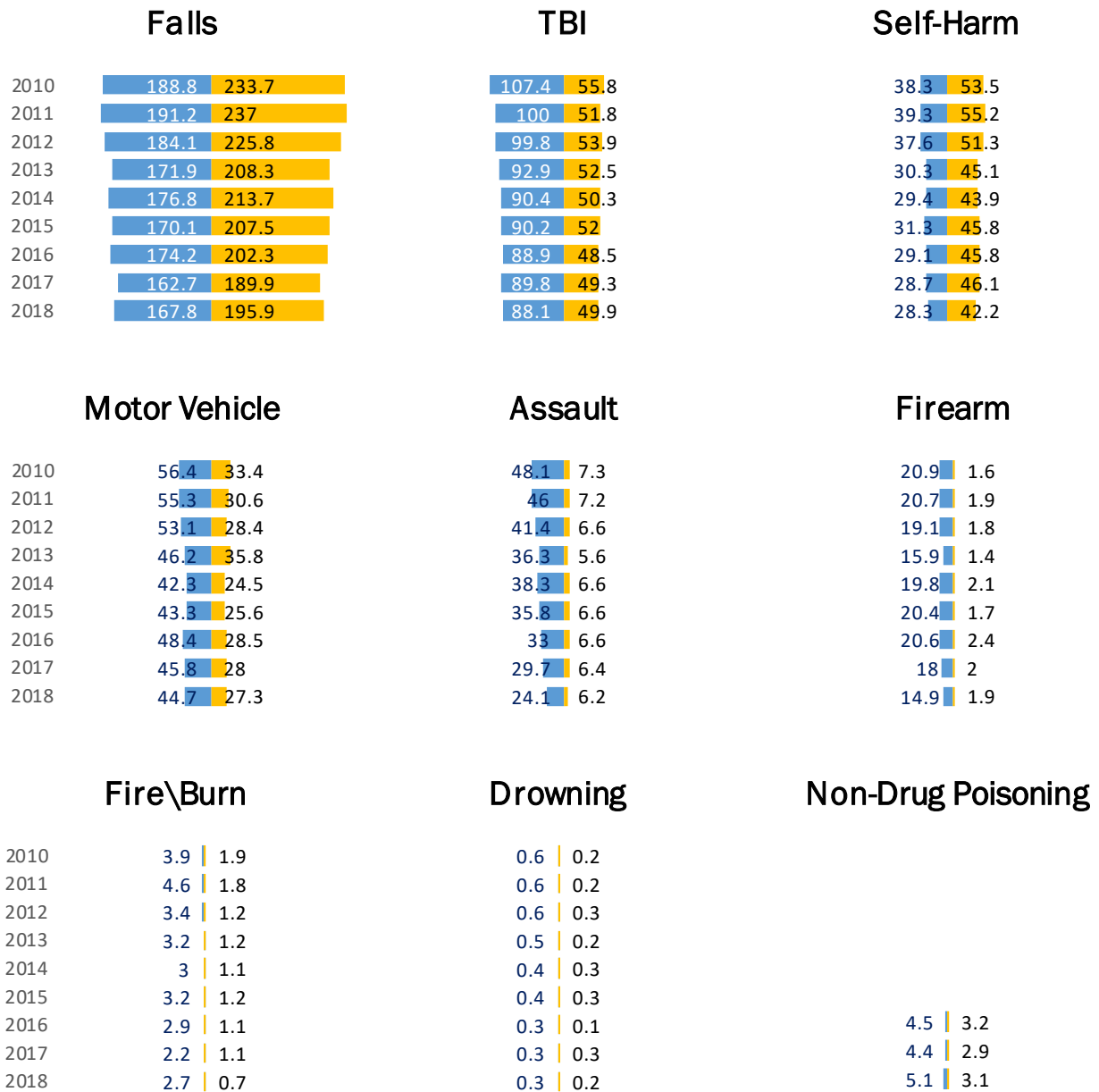
Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018.

Note: Self-harm was referred to as suicide attempt prior to 2016. See Appendix B. Injury Hospitalization Data for detailed data.

Females have higher rates of fall-related and self-harm hospitalizations compared to males. Males have a higher rate of TBI, motor vehicle, assault, and firearm-related hospitalizations compared to females.

Figure 5: AA Rate of Injury Hospitalization Type by Males and Females, Illinois, 2010-2018



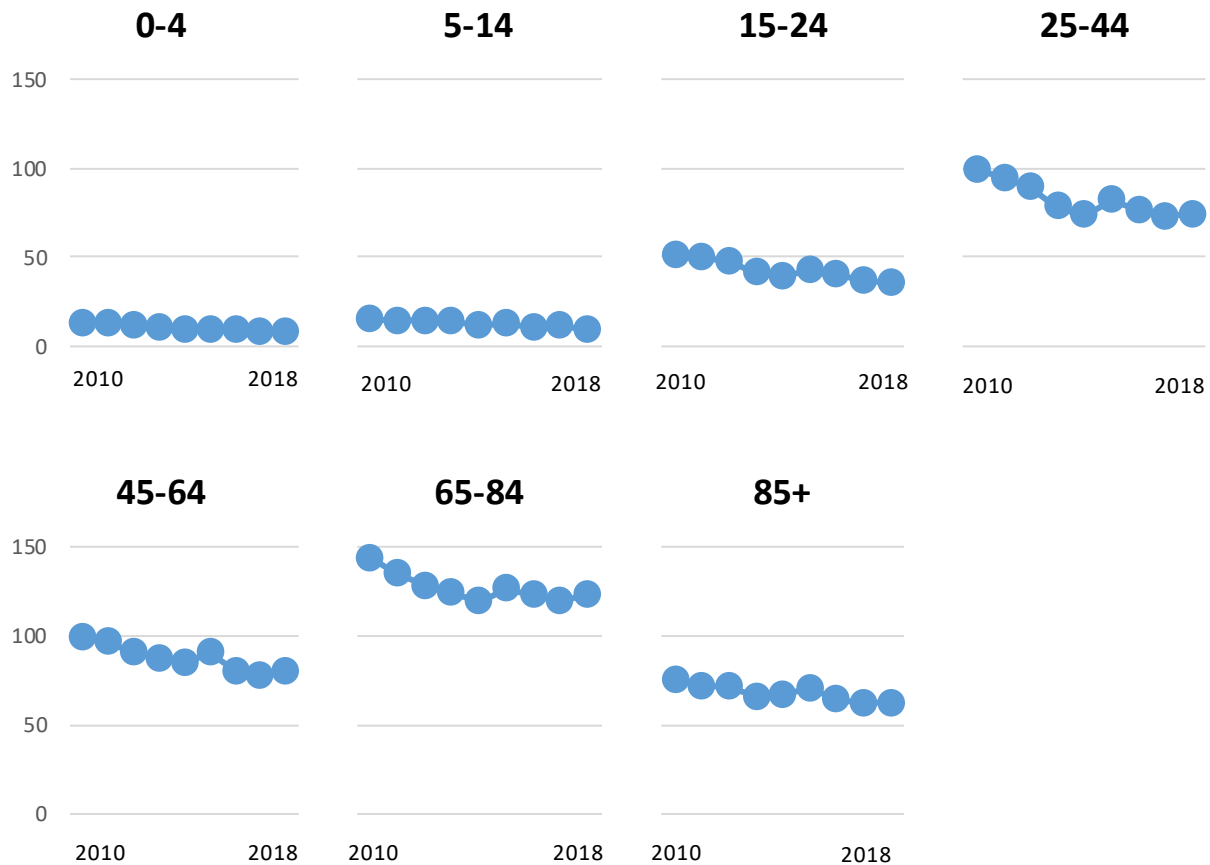
Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018.

Note: Self-harm was referred to as suicide attempt prior to 2016. See Appendix B. Injury Hospitalization Data for detailed data.

The highest injury hospitalization rates are seen in the 65–84-year-old age group, followed by the 25- 44 and 45–64-year-old age groups. There has been a decline in hospitalizations for most age groups in the past nine years.

Figure 6: AA Rate per 100,000 of Injury Hospitalizations by Age Group, Illinois, 2010-2018



Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

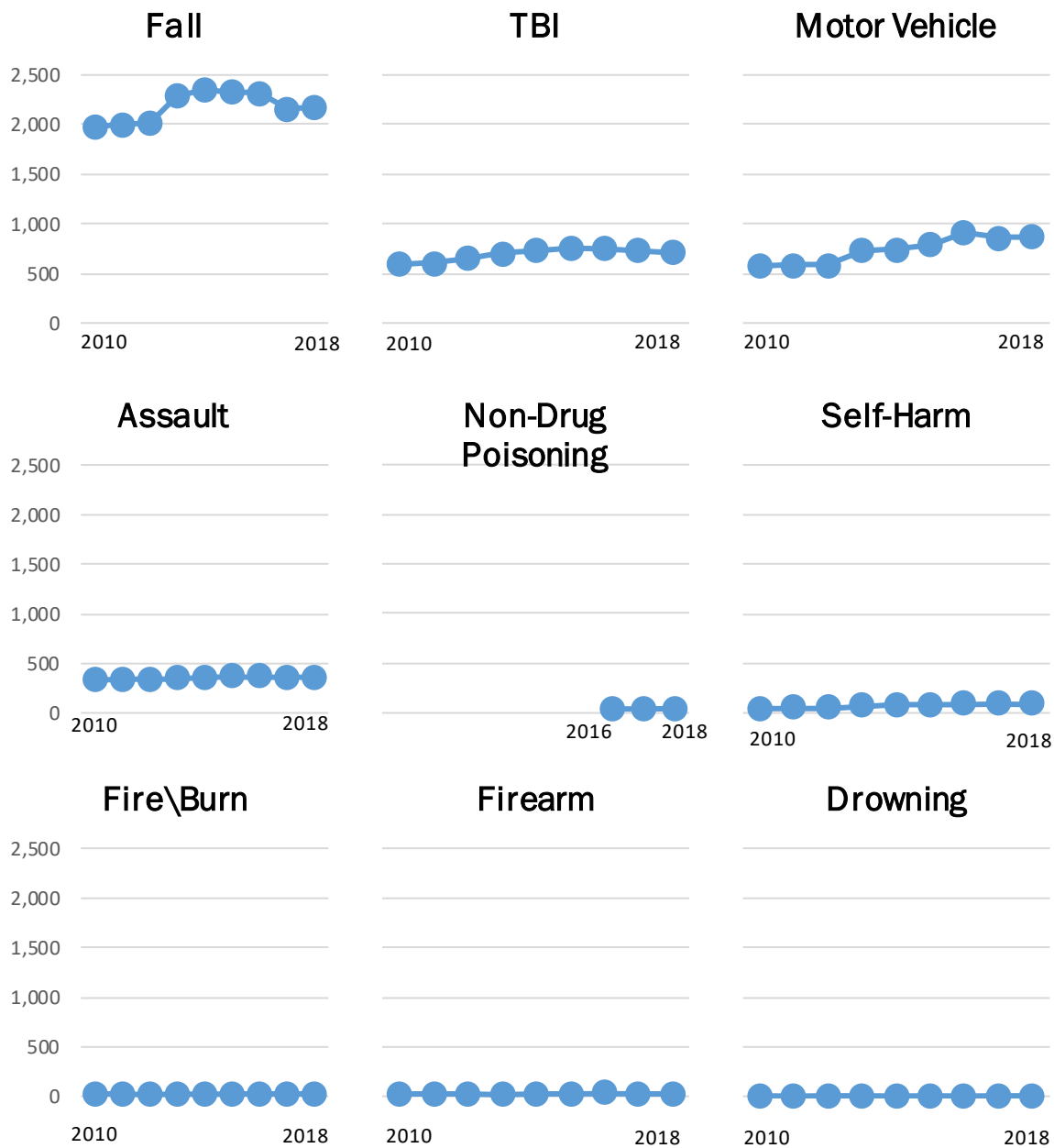
Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018.

Note: See Appendix B. Injury Hospitalization Data for detailed data.

Leading Causes of Injury Emergency Department (ED) Visits

Among the 1 million injury ED visits that occur annually in Illinois, the leading causes include unintentional falls, TBI, and motor vehicle crashes – all increased since 2010.

Figure 7: AA Rate per 100,000 of Injury ED Visits, Illinois, 2010-2018



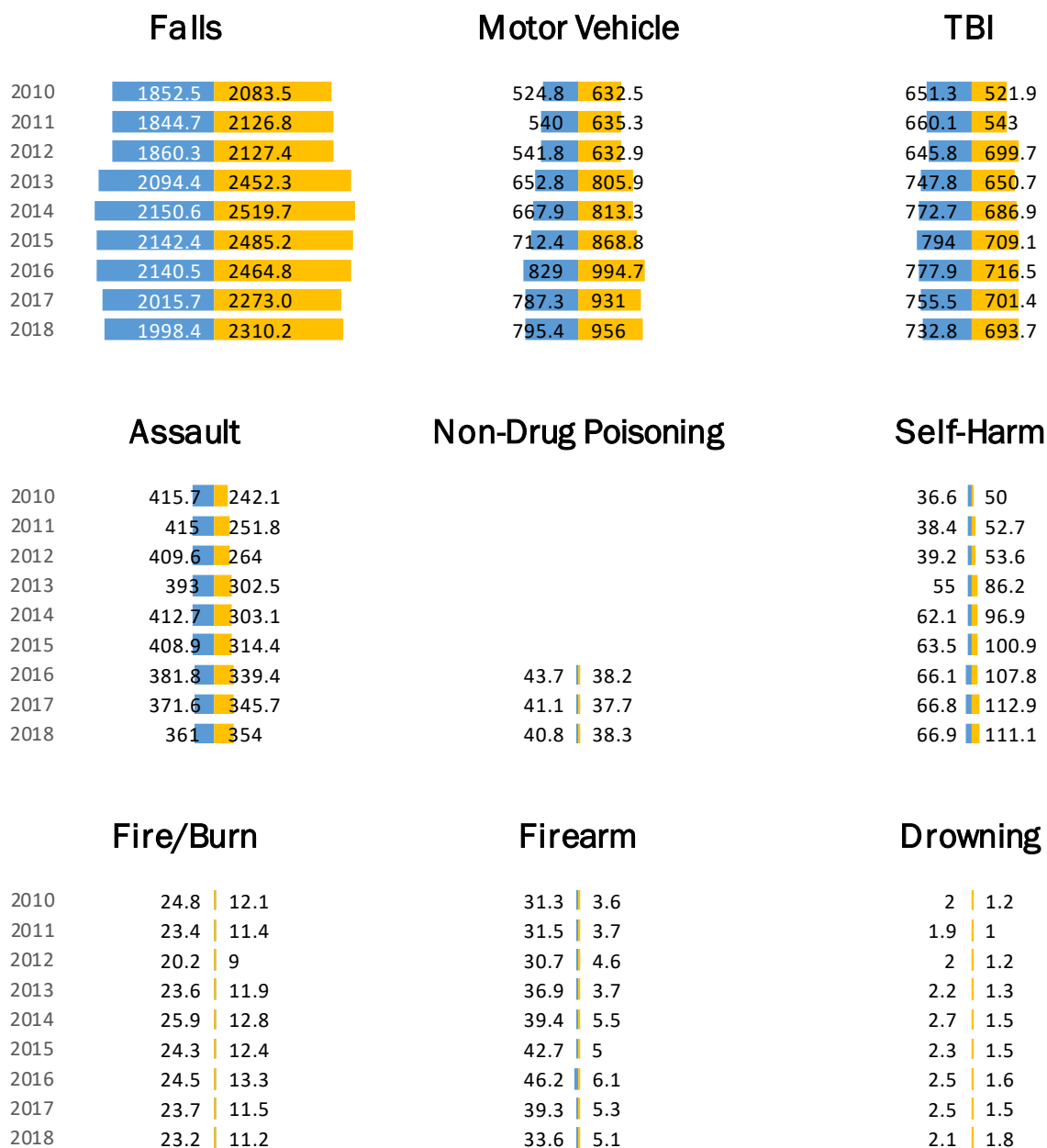
Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018.

Note: Self-harm was referred to as suicide attempt prior to 2016. See Appendix C. Injury Emergency Department Data for detailed data.

Females have higher rates of fall-related, motor vehicle, and suicide ED visits compared to males. Males have a higher rate of TBI, firearm, and fire-related ED visits compared to females.

Figure 8: AA Rate of Injury ED Visits Type by Males and Females, Illinois, 2010-2018



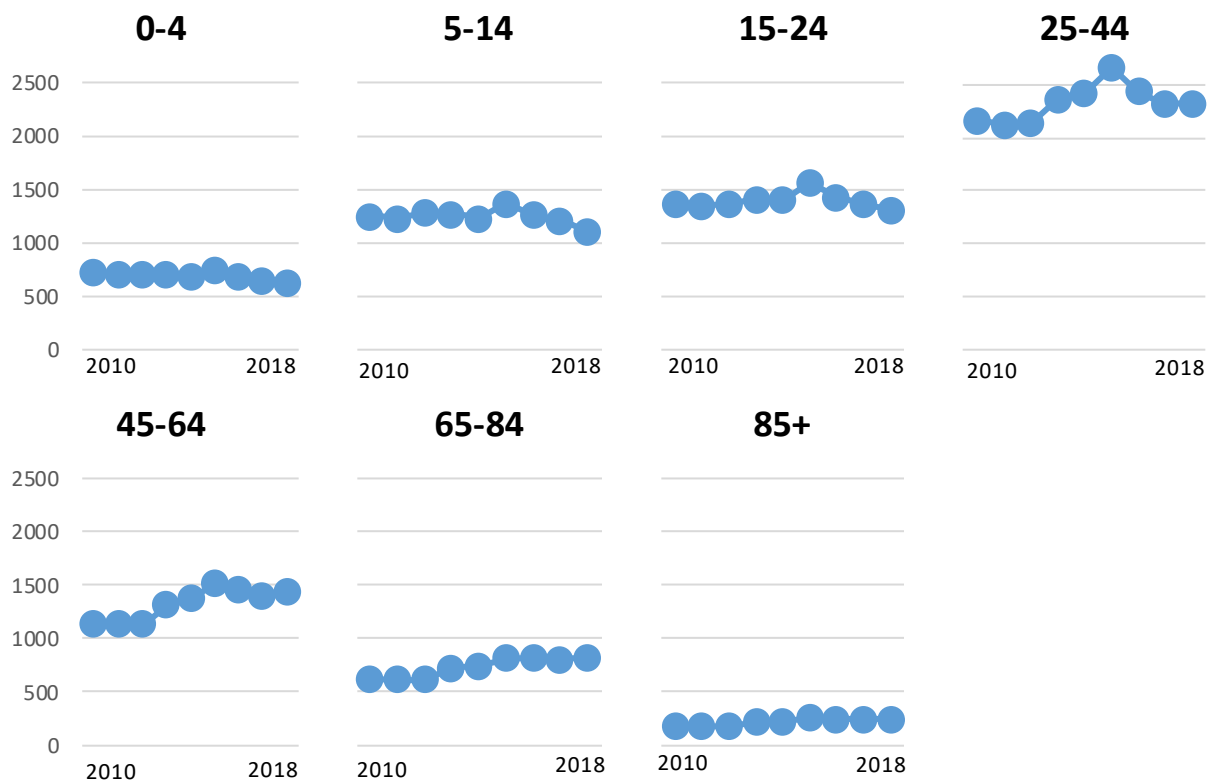
Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Note: See Appendix C. Injury Emergency Department Data for detailed data.

The highest ED visit rates are seen in the 25-44-year-old age group. There has been an increase in ED visit rates for age groups 25-44, 45-64, and 85 years and older in the past nine years.

Figure 9: AA Rate per 100,000 of Injury ED Visits by Age Group, Illinois, 2010-2018



Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

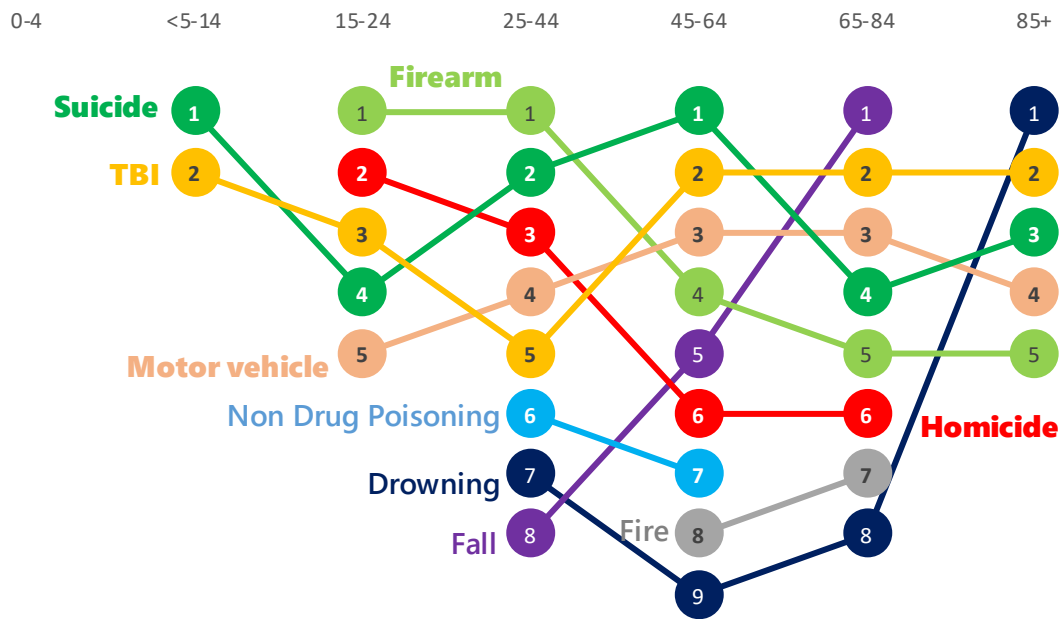
Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Note: See Appendix C. Injury Emergency Department Data for detailed data.

Leading Causes of Injury of Morbidity and Mortality by Age Groups

The leading causes of death due to injury changes across the lifespan. TBI and suicide are the only injury types that are in the top five for each age group. Firearm is the leading cause of death in the middle age groups. Falls and drowning are the leading cause of death among older adults.

Figure 10: Leading Injury Death* Types among Age Groups, Illinois, 2018



Legend

Homicide	Non Drug Poisoning
TBI	Drowning
Motor Vehicle	Falls
Firearm	Fire
Suicide	

* Based on a ranking of the age-specific rate per 100,000.

Data Source: Illinois Department of Public Health, Center for Health Statistics, Vital Statistics, 2018

Note: See Appendix A. Injury Mortality Data for detailed data.

The leading causes of hospitalizations due to injury change across the lifespan. Falls are the leading cause of hospitalization for youth under age 15 and for adults 45 and older. Suicide is the leading cause of hospitalization for people between ages 15 to 44 years, followed by motor vehicle crashes.

Figure 4. Rate of Injury Hospitalizations by Age-Group, Illinois, 2018²

	Falls	MVC	TBI	Poisoning	Assault	Suicide	Firearm	Fire
0-4	2.0	0.3	2.1	0.2	0.9	-	-	-
<5-14	2.1	1.2	1.5	0.1	0.3	1.6	0.2	0.1
15-24	2.2	6.3	5.5	0.4	3.9	10.7	3.6	0.2
25-44	10.8	12.1	11.2	1.7	7.0	13.3	4.1	0.5
45-64	29.4	9.0	12.6	1.3	2.5	8.0	0.4	0.5
65-84	87.8	6.0	20.9	0.3	0.5	1.5	0.1	0.3
85+	51.6	0.9	9.4	0.1	0.1	0.2	-	-

-Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality, Hospital Discharge Dataset, 2018

Note: Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

Note: See Appendix B. Injury Hospitalization Data for detailed data.

The leading causes of ED visits due to injury remain fairly constant across the lifespan. Falls are the leading cause of ED visits in all age groups but 15-24 age group, where motor vehicle crashes are the leading cause of ED visits.

Figure 5. Rate of Injury ED visits by Age-Group, Illinois, 2018²

	Falls	MVC	TBI	Poisoning	Assault	Suicide	Firearm	Fire
0-4	239.5	23.4	10.3	7.2	6.3	0.1	0.1	1.4
<5-14	303.0	58.2	37.1	3.2	26.6	11.3	0.5	1.3
15-24	183.3	206.3	51.4	6.5	102.1	38.4	8.8	2.7
25-44	406.2	350.6	53.8	12.8	165	27.8	8.6	6.4
45-64	415.7	179.3	31.5	7.5	51.2	9.8	1.3	3.8
65-84	444.6	52.1	19.9	2.1	5.1	1.1	0.2	1.4
85+	177.2	4.6	6.2	0.3	0.5	0.1	-	0.5

-Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality, Hospital Discharge Dataset, 2018

Note: Data presented are based on previously submitted CDC data that mixed injury type and intent. Therefore, the rates presented are not based on de-duplicated counts. For example, a case may be counted as a suicide and a firearm and included in both rates.

Note: See Appendix C. Injury Emergency Department Data for detailed data.

CDC Injury and Violence Priority Topics

The IDPH Office of Health Promotion, Division of Chronic Disease Prevention and Control, was awarded funding from the CDC between August 1, 2016 - July 31, 2021 to implement core strategies in four focus areas prioritized by the national Core State Violence and Injury Prevention Program (Core SVIPP). The overall purpose of Core SVIPP is to 1) decrease and prevent injury and violence-related morbidity and mortality and 2) increase sustainability of injury prevention programs and practices.

Seven Overarching Strategies

- Strategy 1: Educate health department leaders and policymakers about public health approaches to injury and violence prevention (IVP).
- Strategy 2: Engage, coordinate, and leverage other internal and external partners and Injury Control Research Centers (ICRC) (or other injury research institutes).
- Strategy 3: Enhance the statewide IVP plan and logic model for four focus areas.
- Strategy 4: Implement three strategies for four focus areas; one must address shared risk and protective factors across two focus areas.
 - *Child Abuse and Neglect*
 - *Intimate Partner Violence/Sexual Violence*
 - *Motor Vehicle*
 - *Traumatic Brain Injury in children and young adults*
- Strategy 5: Develop evaluation plan reflecting process and outcome measures.
- Strategy 6: Disseminate surveillance and evaluation information to stakeholders and use data to inform continuous quality improvements.
- Strategy 7: Enhance surveillance systems to capture IVP data.

The following section details the required CDC performance measures for the four focus areas.

Traumatic Brain Injury (TBI)

TBI is a serious public health problem in the United States. Each year, TBIs contribute to a substantial number of deaths and cases of permanent disability. According to CDC, there were, in 2014, approximately 2.87 million TBI-related emergency department visits, hospitalizations, and deaths in the U.S. A TBI is caused by a bump, blow, or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from “mild,” (i.e., a brief change in mental status or consciousness) to “severe,” (i.e., an extended period of unconsciousness or amnesia after the injury).

<https://www.cdc.gov/traumaticbraininjury/basics.html>

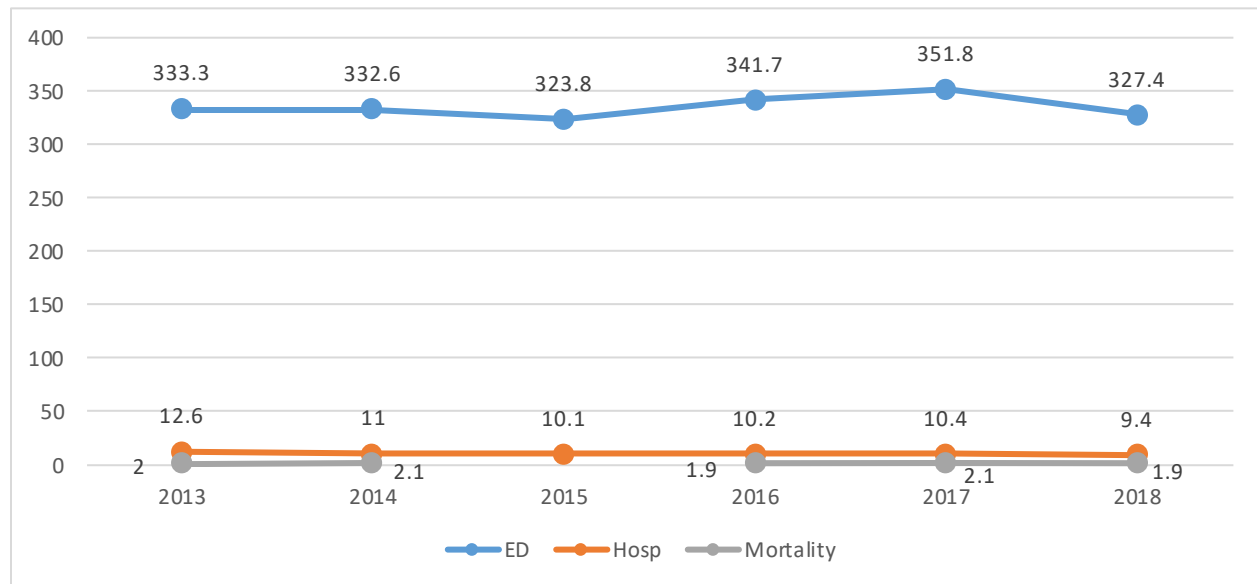
CDC Performance Measures

Topic	Year	Case Count
TBI-related Deaths in Children 0-24	2018	229
TBI-related Hospitalizations for Children 0-24	2018	1,070
TBI-related ED Visits for Children 0-24	2018	11,365

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2018; Center for Health Statistics, Vital Statistics, 2018

Additional Measures

Rate of TBI-Related Fatalities, Hospitalizations, and ED Visits among Illinois <25 Years of Age, 2013-2018



Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2013-2018; Center for Health Statistics, Vital Statistics, 2013-2018

Motor Vehicle (MV) Crashes

Reducing motor vehicle crash (MVC) deaths was one of the great public health achievements of the 20th century for the United States. However, more than 32,000 people are still killed, and 2 million are injured each year from motor vehicle crashes. In 2013, the U.S. crash death rate was more than twice the average of other high-income countries. In the U.S., front seat belt use was lower than in most other comparison countries. Furthermore, 1 in 3 crash deaths in the U.S. involved drunk driving, and almost 1 in 3 involved speeding. Lower death rates in other high-income countries and a high percentage of risk factors in the U.S. suggest that we can make more progress in reducing crash deaths. <https://www.cdc.gov/vitalsigns/motor-vehicle-safety/>

CDC Performance Measures

Topic	Year	Case Count
MV Traffic Fatalities	2018	1,151
Fatalities of MVC-related TBIs in Young Adults 15-24	2018	61
MV Traffic Hospitalizations	2018	4,766
Hospitalization visit MVC-related TBIs in Young Adults 15-24	2015	346
MV Traffic ED Visits	2018	49,741
ED visit MVC-related TBIs in Young Adults 15-24	2015	3,644

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2015, 2018; Center for Health Statistics, Vital Statistics, 2018

Topic	2015	2016	2017	2018
Rate of MV Fatalities per 100 million vehicle miles traveled	0.95	1.00	1.01	0.96
All Unrestrained MV Fatalities (count)	254	268	265	245
Number of Alcohol-related MV Fatalities	309	336	357	309

Data Source: Fatality Analysis Reporting System, 2015 – 2018

At Risk for Drinking and Driving				
Year	Count	Percent	95% CI	
2014	174,283	1.9%	1.4-2.5%	
2016	205,874	2.2%	1.7-2.8%	
2018	204,910	3.8%	3.1%-4.7%	

Data Source: Illinois Department of Public Health, Center for Health Statistics, BRFSS, 2014, 2016, 2018

Illinois YRBS Seatbelt Use: Never or Rarely Wore a Seat Belt				
Year	Count	Percent	95% CI	
2013	3,224	6.8%	5.5-8.5%	
2015	3,245	6.3%	4.9-8.0%	
2019	3,081	6.2%	5.1-7.5%	

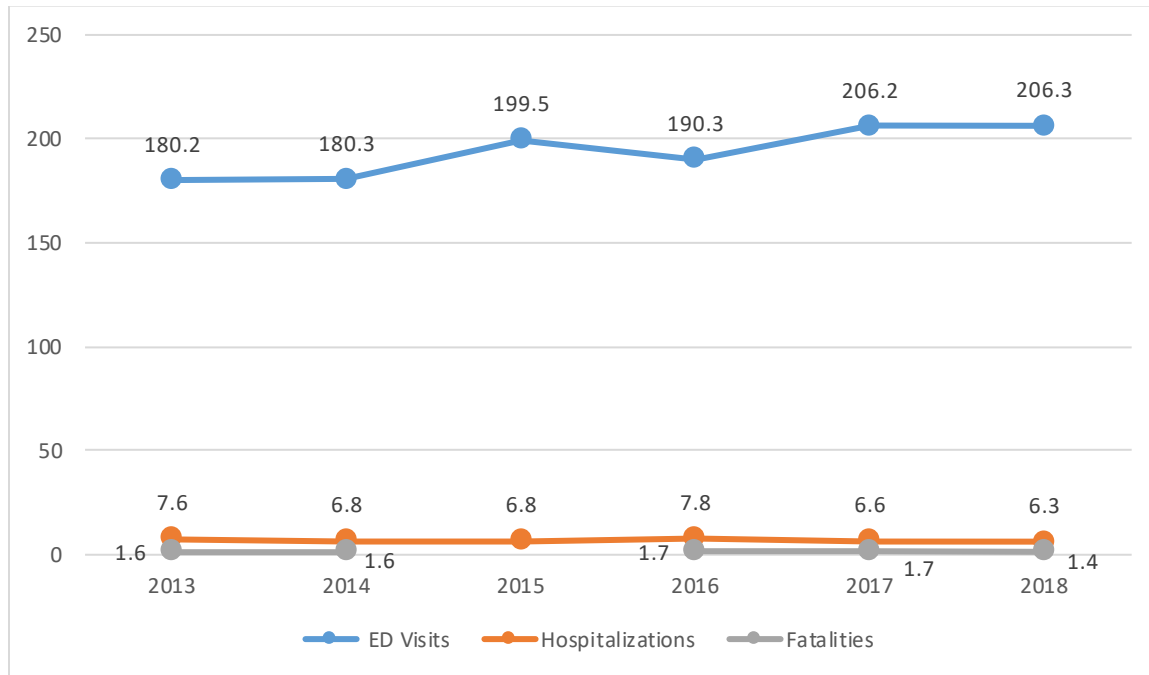
Data Source: Centers for Disease Control and Prevention, YRBSS, 2013, 2015, 2019

Illinois BRFSS Seatbelt Use: Always/Nearly Always			
Year	Count	Percent	95% CI
2014	9,299,775	95.4%	94.6 - 96.3%
2015	9,056,220	94.7%	93.8 - 95.6%
2016	9,338,695	95.5%	94.6 - 96.3%
2017	8,979,525	95.4%	94.6 - 96.2%
2018	9,432,273	94.3%	93.5 - 95.2%

Data Source: Illinois Department of Public Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS), 2014-2018

Additional Measures

Rate of Motor Vehicle Crash Fatalities, Hospitalizations, and ED Visits among 15 to 24 Years Old, Illinois, 2013-2018



Federal Fiscal Year 2015 data (10/1/14-9/30/15) used for the 2015 data point.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2013-2018; Center for Health Statistics, Vital Statistics, 2013-2018

Child Abuse and Neglect

Child maltreatment includes all types of abuse and neglect of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, or teacher). There are four common types of maltreatment: Physical Abuse, Sexual Abuse, Emotional Abuse, and Neglect.

National statistics:

- There were 678,000 victims of child abuse and neglect reported to child protective services (CPS) in 2018.
- The youngest children are the most vulnerable with more than 26% of children in their first year of life experiencing victimization.
- CPS reports may underestimate the true occurrence of abuse and neglect. A non-CPS study estimated that 1 in 4 children experience some form of child abuse or neglect in their lifetimes.
- About 1,770 children died from abuse or neglect in 2018.

<https://www.cdc.gov/violenceprevention/childmaltreatment/>

CDC Performance Measures

Topic	Year	Case Count
Number of fatalities of children 5 and under from injury and violence.	2018	122
Number of total child fatalities from maltreatment.	2016	37
Number of children receiving referrals alleging child abuse and neglect.	2019	86,705
Number of child victims for whom the state determined at least one maltreatment was substantiated.	2019	37,767

Data Source: Vital Statistics, 2018, U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, 2016-2019

Additional Measures

Child Death Statistics, Illinois, 2016-2018	2016	2017	2018
Child Deaths Due to Prematurity	526	455	496
Child Deaths Due to Illness	488	461	473
Child Deaths Due to Suffocation	97	120	113
Child Deaths Due to Firearms	106	109	90
Child Deaths with Undetermined Cause of Death	85	69	78
Child Deaths Due to Vehicular Accidents	82	90	45
Child Deaths Due to Drowning	24	24	28
Child Death Due to Injuries	28	41	24
Child Deaths Due to Fire	18	13	23
Child Deaths Due to Poisoning/Overdose	13	14	12

Data Source: Illinois Department of Child and Family Services, annual report on child deaths that occurred in calendar year 2018.

Sexual Violence (SV) and Intimate Partner Violence (IPV)

SV is a significant problem in the United States. SV refers to sexual activity when consent is not obtained or not given freely. Anyone can experience SV, but most victims are female. The person responsible for the violence is typically male and usually someone known to the victim. The person can be, but is not limited to, a friend, coworker, neighbor, or family member. The ultimate goal is to stop SV before it begins.

<https://www.cdc.gov/violenceprevention/sexualviolence/>

IPV is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>

CDC Performance Measures

Topic	Year	Percent	95% CI
% of adolescents reporting that someone they were dating physically hurt them on purpose (physical dating violence) ¹	2017	10.7	8.8 - 13.0
	2019	7.4	6.2 - 8.8
% of adolescents reporting they have ever been forced to have sexual intercourse ¹	2017	10.6	8.7 - 13.0
	2019	10.7	9.3 - 12.3
% of adolescents who report that someone they were dating forced them to do sexual things in the last 12 months (sexual dating violence) ¹	2017	7.8	5.8 - 10.5
	2019	6.9	5.8 - 8.3
% of children that have witnessed domestic violence, according to caregiver report ²	2011/2012	5.7	4.2-7.2

Data Source: ¹Centers for Disease Control and Prevention, Youth Risk Behavioral Surveillance Survey (BRBSS), 2011-2019; ² National Survey of Children's Health

Note: Population estimates for the YRBSS data not available. An estimated 174,430 children have witnessed domestic violence according to the caregiver report.

Additional Measures

Prevalence of Rape and Violence by Gender, Illinois, 2010-2012	%	95% CI	Estimated Count of Persons Affected
Lifetime Prevalence of Rape by Any Perpetrator - Women	17.5	13.5–22.4	878,000
Lifetime Prevalence of Sexual Violence Other Than Rape by Any Perpetrator - Women	50.3	40.8-59.8	922,000
Lifetime Prevalence of Stalking Victimization by Any Perpetrator - Women	13.5	10.0-17.9	676,000
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner - Women	41.5	35.7-47.5	2,080,000
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner - Men	25.9	21.0-31.6	1,224,000

Note: The ‘Lifetime Prevalence of Sexual Violence Other Than Rape by Any Perpetrator- Men’ Estimate is not reported; relative standard error > 30% or cell size ≤ 20.

Data Source: CDC, National Intimate Partner and Sexual Violence Survey (NISVS), 2010-2012

Interpersonal Conflict, Violence, and Delinquency

The majority of eighth, 10th, and 12th graders responded they have not experienced any dating violence in 2014, 2016, and 2018. In addition, between 12% and 37% of these students in compulsory schooling have not begun to date in the specified years. The majority of Illinois youths (most higher graders) never get into physical fight and those (most less graders) who did, have been in a fight 1-2 times.

Additional Measures

Percentage of Illinois youth who have been slapped, kicked, punched, hit, or threatened in a dating relationship, 2014-2018

	8th			10th			12th		
	2014	2016	2018	2014	2016	2018	2014	2016	2018
Have Not Begun to Date	30%	37%	37%	21%	21%	22%	12%	15%	12%
Yes	5%	4%	5%	7%	5%	5%	8%	6%	6%
No	60%	56%	54%	70%	71%	71%	77%	76%	80%
Not Sure	4%	3%	4%	3%	3%	3%	3%	2%	3%

Data source: Illinois Youth Survey, 2018 Frequency Report

Percentage of Illinois youth who have been in a physical fight, 2014-2018

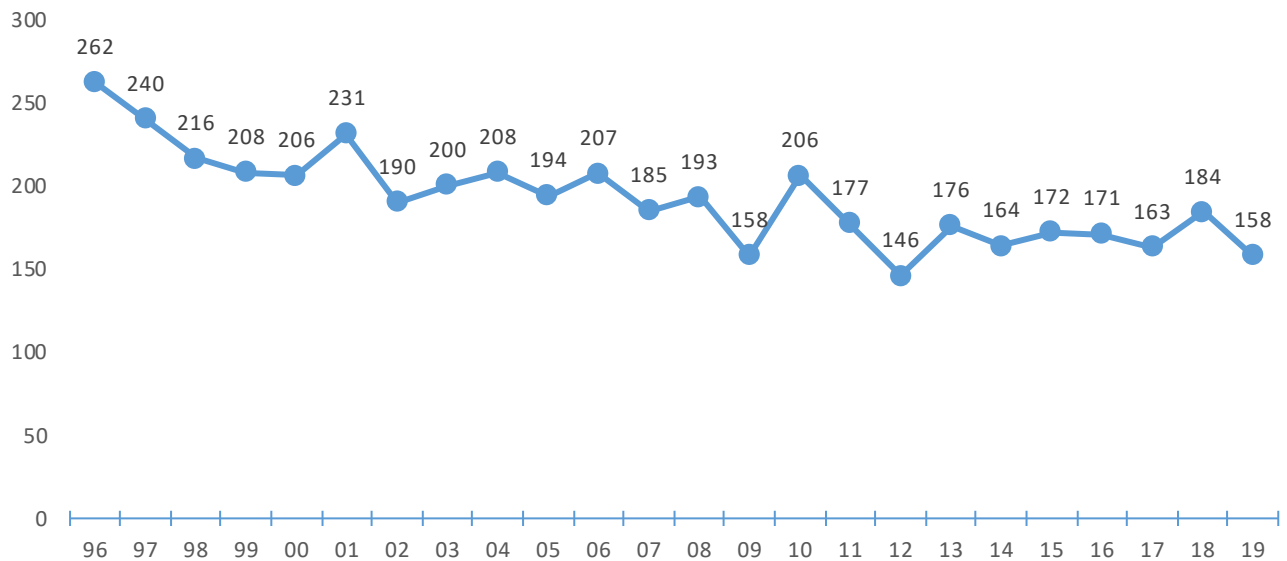
	8th			10th			12th		
	2014	2016	2018	2014	2016	2018	2014	2016	2018
1-2 times	22%	21%	21%	16%	15%	14%	14%	12%	10%
3-5 times	6%	4%	5%	4%	3%	3%	3%	2%	2%
6+ times	3%	3%	4%	3%	2%	1%	2%	2%	1%
Never	69%	71%	70%	78%	81%	82%	81%	84%	87%

Data source: Illinois Youth Survey, 2018 Frequency Report

Occupational Injury

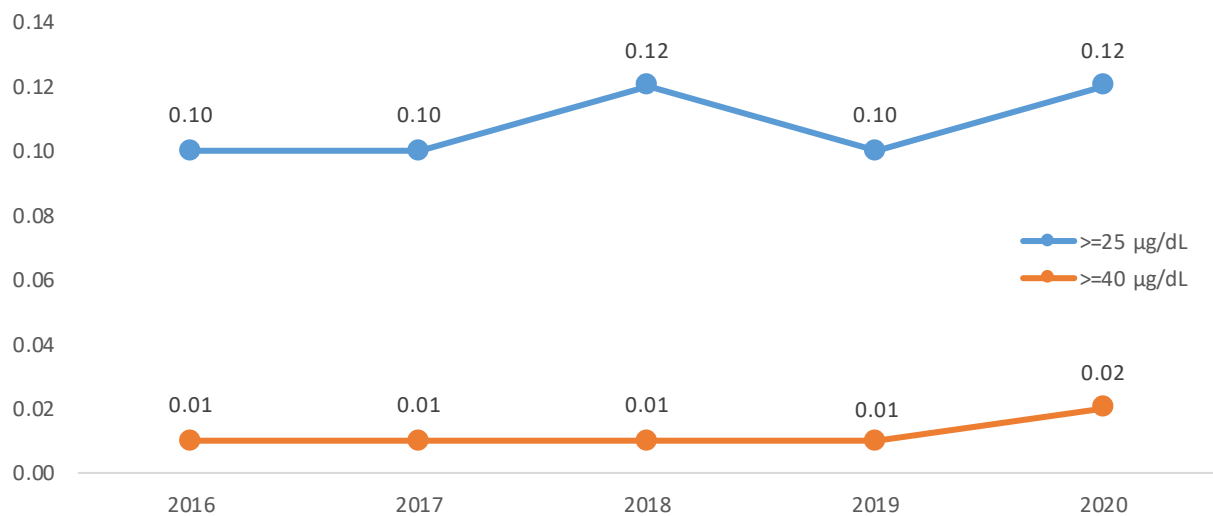
Occupational injuries affect the well-being, productivity, and the lives of hundreds of individuals each year. Fatalities have declined over the last 20 years. Deaths at work occur when there is an uncontrolled hazard. By law, uncontrolled hazards must be cited, fined, and remediated.

Count of Occupational Fatalities, Illinois, 1996-2019



Data Source: Illinois Center for Injury Prevention, 1996-2019

Incidence Rates of Workers Aged 16 and Older with Blood Lead Levels Greater Than 25 µg/dL and Greater Than 40 µg/dL, Illinois, 2016-2020



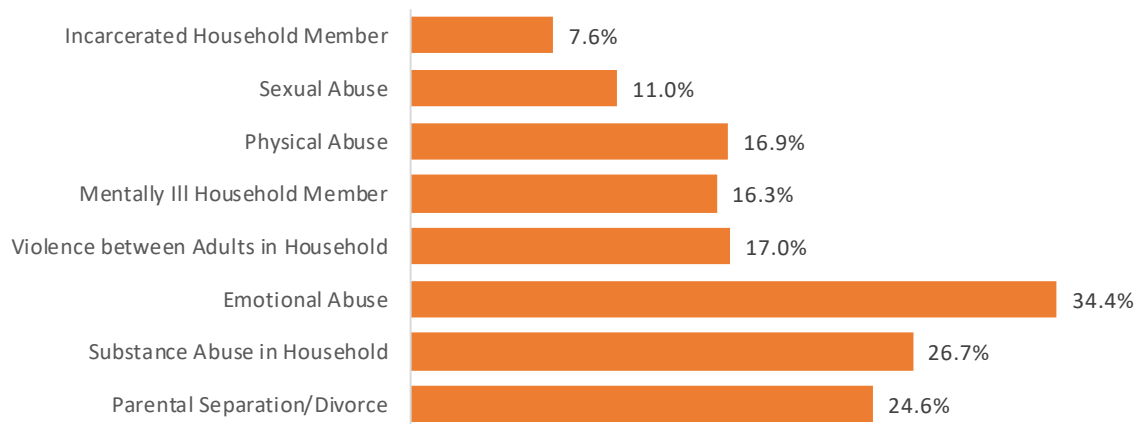
Data Source: Illinois Center for Injury Prevention, 2016-2020

Prevalence of Adverse Childhood Experiences (ACEs)

According to CDC, adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). Examples of ACEs include, but not limited to, experiencing violence in the home or community, witnessing violence in the home or community, or having a family member attempt or die by suicide <https://www.cdc.gov/violenceprevention/aces/>.

Emotional abuse (34.4%) and substance abuse in the household (26.7%), including alcohol and prescription and illicit drugs, and parental separated/divorced (24.6%) were the most common ACEs reported by Illinoisans.

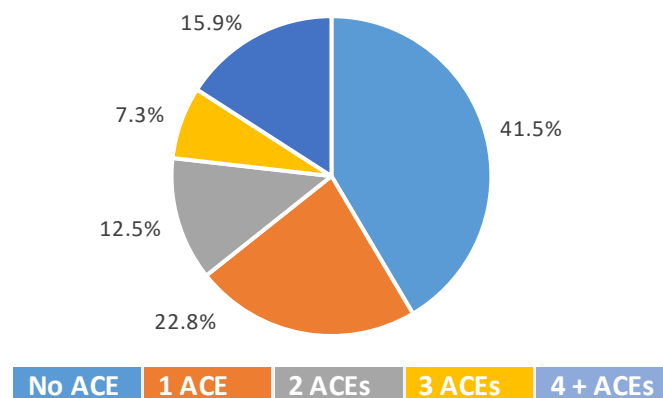
Figure 1 : Prevalence of Adverse Childhood Experiences (ACEs) by Category



Data source: Illinois Department of Public Health, 2017

In 2017, about 60% of Illinois adults report having experienced at least one ACE. About 35% of Illinois adults report experiencing multiple ACEs.

Figure 2: Prevalence of Adverse Childhood Experiences (ACEs) Score among Respondents Reporting zero or more ACEs, 2017



Data source: Illinois Department of Public Health, 2017

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Appendix A. Injury Mortality Data

Age-Adjusted Rate per 100,000 of Injury Deaths, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
All intents poisoning	11.02	12.01	13.69	13.51	14.57	15.54	20.52	22.86	22.66
All intents drug poisoning	9.98	10.91	12.51	12.02	13.07	14.06	18.83	21.61	21.24
Suicides mechanism	8.96	9.26	9.74	9.91	10.43	10.28	10.68	11.21	11.31
All intents firearm	8.19	8.55	8.98	8.53	9.04	9.39	11.59	12.07	10.78
All intents motor vehicle	7.51	7.69	8.1	8.01	7.73	7.86	8.49	8.86	8.67
Unintentional fall	6.59	5.93	6.58	6.95	7.31	7.14	7.26	7.32	7.66
Intent: homicide	6.1	6.34	6.48	6.2	6.23	6.8	9.17	8.98	7.98
Unintentional fire/burn	0.72	0.88	0.69	0.81	0.8	0.73	0.77	0.78	0.87
Unintentional drowning	0.69	0.81	0.86	0.71	0.79	0.82	0.91	0.87	0.82

Data Source: CDC WISQARS™; Accessed September 2020

Adjusted Rate per 100,000 of Injury Deaths in Females, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional drowning	0.35	0.36	0.37	0.31	0.45	0.36	0.49	0.38	0.45
Unintentional fall	4.77	4.13	4.96	5.31	5.72	5.2	5.49	5.45	5.96
Unintentional fire/burn	0.51	0.71	0.6	0.74	0.56	0.58	0.57	0.62	0.66
All intents firearm	1.45	1.48	1.82	1.83	1.7	1.75	2.16	2.45	2.49
Intent: homicide	2.05	1.99	1.81	2.06	1.77	1.89	2.42	2.39	2.63
All intents motor vehicle	4.63	4.94	4.47	4.69	4.73	4.18	4.96	5.04	4.79
All intents poisoning	6.94	7.46	8.15	8.39	9.83	10.34	11.93	13.6	13.61
All intents drug poisoning	6.59	7.0	7.69	7.66	9.08	9.75	11.14	12.99	12.88
Suicides mechanism	3.5	3.42	3.81	4.44	4.22	4.32	4.78	4.91	4.98

Data Source: CDC WISQARS™; Accessed September 2020

Adjusted Rate per 100,000 of Injury Deaths in Males, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional drowning	1.04	1.27	1.37	1.12	1.14	1.32	1.36	1.39	1.19
Unintentional fall	9.17	8.4	8.59	9.26	9.37	9.68	9.56	9.8	9.81
Unintentional fire/burn	0.97	1.07	0.82	0.9	1.09	0.92	0.99	0.96	1.11
All intents firearm	15.23	15.89	16.45	15.49	16.67	17.3	21.25	21.93	19.34
Intent: homicide	10.06	10.62	11.11	10.27	10.65	11.63	15.79	15.47	13.24
All intents motor vehicle	10.65	10.58	11.94	11.56	10.89	11.77	12.25	12.9	12.69
All intents poisoning	15.19	16.62	19.34	18.72	19.43	20.81	29.19	32.25	31.81
All intents drug poisoning	13.42	14.86	17.38	16.42	17.12	18.43	26.58	30.3	29.68
Suicides mechanism	14.96	15.56	16.24	15.88	17.12	16.68	17.06	17.98	18.07

Data Source: CDC WISQARS™; Accessed September 2020

Adjusted Rate per 100,000 of Injury Deaths by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	1.11	1.14	1.09	1.04	1.08	1.04	1.09	1.22	1.11
5-14	0.69	0.75	0.73	0.77	0.65	0.75	0.53	0.87	0.82
15-24	6.94	7.03	7.47	6.89	7.25	7.72	8.86	9.20	7.49
25-44	15.17	16.04	16.67	16.42	17.07	17.72	23.01	24.64	24.55
45-64	10.80	11.27	12.72	12.65	13.28	13.87	15.57	16.66	17.51
65-84	7.60	7.88	7.69	8.21	7.83	8.08	8.26	8.24	8.54
85+	4.22	4.03	4.35	4.50	4.59	4.48	4.44	4.83	4.70

Data Source: CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System); Accessed October 2020

Adjusted Rate per 100,000 of Injury Death Type by Age Group, Illinois, 2017-2018

	All Injuries		Drowning		Falls		Fire/Burn		Firearm		Homicides	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
0-4	1.2	*	0.1	0.1	*	*	*	0.1	*	*	0.3	0.2
5-14	0.9	*	0.1	0.1	*	*	*	0.1	0.1	0.1	0.1	0.1
15-24	9.0	0.1	0.2	0.1	0.1	0.1	*	*	3.8	2.8	3.3	2.5
25-44	24.4	0.7	0.2	0.2	0.4	0.2	0.2	0.1	5.2	4.8	4.1	3.9
45-64	16.8	0.6	0.3	0.2	0.9	1.1	0.2	0.2	1.7	1.9	1.0	1.0
65-84	8.6	0.1	0.2	0.1	3.0	3.3	0.2	0.2	1.0	0.9	0.1	0.2
85+	4.8	*	*	*	2.8	3.0	0.1	0.1	0.2	0.2	*	*

Data Source: CDC WISQARS™ (Web-based Injury Statistics Query and Reporting System); Accessed October 2020

Adjusted Rate per 100,000 of Injury Death Type by Age Group, Illinois, 2017-2018

	Motor Vehicle		Poisonings		Drug Poisonings		Suicides		TBI	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
0-4	0.1	0.1	*	*	*	*	*	*	0.3	0.2
5-14	0.2	0.2	*	*	*	*	0.2	0.2	0.3	0.2
15-24	1.7	1.4	0.2	0.1	*	*	1.7	1.4	1.6	1.6
25-44	3.3	3.4	0.4	0.7	*	*	4.4	4.6	3.6	3.2
45-64	2.1	2.1	0.5	0.6	*	*	3.2	3.7	2.7	2.9
65-84	1.2	1.4	0.2	0.1	*	*	1.4	1.3	3.2	3.4
85+	0.3	0.2	*	*	*	*	0.2	0.2	1.6	1.7

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Center for Health Statistics, Vital Statistics, 2017-2018

Adjusted Rate per 100,000 of TBI Deaths, Illinois, 2017-2018

	All	Males	Females
2017	13.2	21.3	6.1
2018	13.0	20.4	6.4

Data Source: Illinois Department of Public Health, Center for Health Statistics, Vital Statistics, 2017-2018

Appendix B. Injury Hospitalization Data

Age-Adjusted Rate per 100,000 of Injury Hospitalizations, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
All Injuries	499.4	478.3	458.0	426.8	409.8	407.2	404.5	389.4	394.0
Unintentional fall-related	218.7	220.7	211.8	195.4	201.1	194.4	192.7	180.6	185.9
Traumatic brain injury	80.5	75.1	76.1	72.0	69.7	70.5	62.2	63.6	63.2
Poisoning	79.1	80.7	77.4	66.8	64.0	67.6	3.8	3.7	4.1
Suicides attempts	45.8	47.2	44.4	37.6	36.6	38.5	37.3	37.3	35.1
Motor vehicle traffic	44.8	42.8	40.5	35.9	33.3	34.3	38.4	36.8	35.9
Assault	27.7	26.7	24.1	21.1	22.5	21.2	19.9	18.1	15.2
Firearm	11.3	11.4	10.5	8.7	11.0	11.1	11.6	10.1	8.5
Unintentional fire/burn	2.8	3.2	2.3	2.2	2.0	2.2	2.0	1.6	1.7
Unintentional drowning	0.4	0.4	0.5	0.3	0.4	0.4	0.2	0.3	0.2

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Injury Hospitalizations in Females, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional fall-related	233.7	237	225.8	208.3	213.7	207.5	202.3	189.9	195.9
Traumatic brain injury	55.8	51.8	53.9	52.5	50.3	52.0	43.3	44.5	45.1
Poisoning	85.4	86.6	82.4	72.5	70.8	73.0	3.2	2.9	3.1
Suicides attempts	53.5	55.2	51.3	45.1	43.9	45.8	45.8	46.1	42.2
Motor vehicle traffic	33.4	30.6	28.4	35.8	24.5	25.6	28.5	28.0	27.3
Assault	7.3	7.2	6.6	5.6	6.6	6.6	6.6	6.4	6.2
Unintentional fire/burn	1.9	1.8	1.2	1.2	1.1	1.2	1.1	1.1	0.7
Firearm	1.6	1.9	1.8	1.4	2.1	1.7	2.4	2.0	1.9
Unintentional drowning	0.2	0.2	0.3	0.2	0.3	0.3	0.1	0.3	0.2

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Injury Hospitalizations in Males, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional fall-related	188.8	191.2	184.1	171.9	176.8	170.1	174.2	162.7	167.8
Traumatic brain injury	107.4	100.0	99.8	92.9	90.4	90.2	83.3	84.7	83.0
Poisoning	72.9	75.0	72.4	61.1	57.1	62.2	4.5	4.4	5.1
Motor vehicle traffic	56.4	55.3	53.1	46.2	42.3	43.3	48.4	45.8	44.7
Assault	48.1	46.0	41.4	36.3	38.3	35.8	33.0	29.7	24.1
Suicides attempts	38.3	39.3	37.6	30.3	29.4	31.3	29.1	28.7	28.3
Unintentional fire/burn	3.9	4.6	3.4	3.2	3.0	3.2	2.9	2.2	2.7
Firearm	20.9	20.7	19.1	15.9	19.8	20.4	20.6	18.0	14.9
Unintentional drowning	0.6	0.6	0.6	0.5	0.4	0.4	0.3	0.3	0.3

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Injury Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	13.0	12.7	12.0	10.3	8.9	9.5	8.7	8.5	7.8
5-14	14.9	14.4	14.6	13.6	11.7	12.6	10.9	11.2	9.7
15-24	51.0	49.8	47.7	41.4	39.4	42.7	40.2	36.9	35.2
25-44	99.2	94.8	89.1	78.3	73.7	81.9	76.6	73.1	74.1
45-64	99.0	96.4	90.6	87.7	84.7	90.7	80.6	78.1	80.7
65-84	143.7	134.9	128.3	124.2	119.5	126.4	123.2	119.1	123.8
85+	75.7	72.2	71.3	66.0	66.6	70.9	64.3	62.3	62.7

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Drowning Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	*	*	.2	*	*	*	0.1	0.1	0.1
5-14	*	*	*	*	*	*	*	0.2	0.1
15-24	*	*	*	*	*	*	*	*	*
25-44	*	*	*	*	*	*	*	*	*
45-64	*	*	*	*	*	*	*	*	*
65-84	*	*	*	*	*	*	*	*	*
85+	*	*	*	*	*	*	*	*	*

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Fall-Related Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	4.2	4.1	4.2	3.3	2.7	2.9	2.6	2.3	2.0
5-14	4.5	3.9	4.3	3.8	3.6	3.7	2.8	2.8	2.1
15-24	3.6	3.9	4.0	3.2	3.2	3.1	2.9	2.7	2.2
25-44	14.4	13.7	12.7	11.7	11.9	12.1	11.9	10.9	10.8
45-64	34.5	35.6	33.0	32.6	33.2	34.1	29.9	27.5	29.4
65-84	97.1	97.4	90.8	84.9	86.8	89.7	88.9	83.4	87.8
85+	58.5	59.9	59.5	52.1	55.5	59.1	53.8	51.1	51.6

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Fire-related Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	0.2	*	*	*	*	*	0.1	0.1	*
5-14	0.2	0.3	0.2	0.2	*	*	0.2	0.2	0.1
15-24	0.4	0.3	0.3	0.2	0.2	0.2	0.2	0.2	0.2
25-44	0.8	0.9	0.6	0.6	0.6	0.7	0.7	0.7	0.5
45-64	0.7	0.7	0.6	0.6	0.7	0.7	0.5	0.4	0.5
65-84	0.4	0.7	0.4	0.4	0.3	0.4	0.3	0.1	0.3
85+	*	*	*	*	*	*	*	*	*

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Firearm-related Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	*	*	*	*	*	*	0.1	*	*
5-14	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.2	0.2
15-24	6.0	6.1	5.5	4.4	5.7	6.0	6.0	4.5	3.6
25-44	4.5	4.4	4.2	3.5	4.5	5.0	4.5	4.5	4.1
45-64	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.8	0.4
65-84	*	*	*	*	*	0.2	0.1	0.1	0.1
85+	*	*	*	*	*	*	*	*	*

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Motor Vehicle Traffic Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	0.6	0.7	0.5	0.5	0.4	0.4	0.5	0.5	0.3
5-14	2.1	2.1	1.7	1.7	1.2	1.3	1.5	1.4	1.2
15-24	9.3	9.2	9.0	7.6	6.8	7.4	7.8	6.6	6.3
25-44	15.0	14.3	13.5	11.6	11.2	12.9	12.6	12.6	12.1
45-64	10.6	10.0	9.3	8.5	8.4	9.5	9.3	9.1	9.0
65-84	6.2	5.7	5.5	5.1	4.6	5.2	5.9	5.7	6.0
85+	0.9	1.0	0.9	0.9	0.9	1.1	0.8	0.9	0.9

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Poisoning Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	1.6	1.7	1.5	1.4	1.0	1.0	0.2	0.3	0.2
5-14	1.4	1.4	1.5	1.8	1.8	2.0	0.1	0.2	0.1
15-24	15.1	15.3	14.7	12.5	13.0	14.2	0.4	0.3	0.4
25-44	31.3	31.6	29.9	24.6	22.6	26.4	1.3	1.3	1.7
45-64	21.7	22.6	21.4	19.3	18.9	21.2	1.2	1.1	1.3
65-84	6.2	6.3	6.7	5.7	5.3	6.3	0.6	0.4	0.3
85+	1.1	1.0	1.0	0.9	0.7	0.8	*	0.1	0.1

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Suicide Attempt Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	*	*	*	*	*	*	*	*	*
5-14	1.0	0.9	1.1	1.4	1.5	1.7	1.5	1.7	1.6
15-24	11.5	11.4	10.7	9.4	9.5	10.7	10.7	11.2	10.7
25-44	20.8	20.8	19.7	15.7	14.3	16.5	15.1	14.4	13.3
45-64	10.6	11.8	10.6	9.2	9.1	10.1	8.6	8.4	8.0
65-84	1.4	1.6	1.6	1.5	1.5	1.8	1.2	1.4	1.5
85+	0.2	0.2	0.2	0.1	0.2	0.2	0.2	0.1	0.2

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of TBI Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	4.1	3.6	3.5	2.6	2.4	2.7	2.2	2.3	2.1
5-14	3.3	3.1	2.9	2.5	2.0	2.0	1.8	2.1	1.5
15-24	9.1	8.8	8.8	7.2	6.3	6.8	5.8	5.6	5.5
25-44	15.3	14.0	13.1	12.2	11.7	13.0	11.4	11.4	11.2
45-64	14.8	14.0	14.3	14.0	13.9	15.0	12.3	12.6	12.6
65-84	23.2	21.2	22.0	22.3	21.2	23.2	19.8	20.9	20.9
85+	10.2	10.2	11.0	10.3	11.1	12.6	8.9	8.9	9.4

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Assault Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	0.4	0.5	0.5	0.5	0.8	0.8	0.5	0.8	0.9
5-14	0.5	0.6	0.6	0.4	0.4	0.5	0.3	0.3	0.3
15-24	9.9	9.4	8.8	7.3	7.7	7.8	6.9	5.1	3.9
25-44	12.4	12.2	10.4	9.1	9.8	10.3	8.6	8.0	7.0
45-64	4.1	3.7	3.5	3.1	3.3	3.2	1.2	3.1	2.5
65-84	0.5	0.5	0.5	0.5	0.5	*	0.5	0.7	0.5
85+	*	*	*	*	*	*	0.1	0.1	0.1

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Crude Rate per 100,000 of Hip Fracture Hospitalizations by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
65-74	170.1	157.7	161.1	163.1	162.5	157.5	145.2	133.7	132.9
75-84	685.1	667.5	622.3	653.0	627.5	600.9	530.9	474.1	508.9
85+	1,953.5	1,879.7	1,879.5	1,836.5	1,856.3	1,803.9	1622.1	1486.3	1486.5

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Appendix C. Injury Emergency Department (ED) Data

Age-Adjusted Rate per 100,000 of Injury ED Visits, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional fall-related	1,971	2,003.1	2,012.2	2,290.4	2,352.2	2,330.9	2318.0	2159.1	2169.4
Traumatic brain injury	590	604.7	655.9	702.5	733.2	754.7	209.1	208.4	210.2
Motor vehicle traffic	574	587.2	587	728.6	739.8	789.7	910.9	858.1	874.5
Assault	329.2	333.6	337.2	347.7	357.9	361.5	360.3	358.2	357.0
Poisoning	117	123.9	124.2	164	175.5	183.8	40.9	39.4	39.5
Suicides attempts	43.0	45.4	46.2	70.2	79.2	81.9	86.5	89.3	88.6
Unintentional fire/burn	18.0	17.3	14.6	17.7	19.3	18.3	18.9	17.6	17.1
Firearm	18.0	17.7	17.8	15.4	22.5	24.0	26.3	22.5	19.5
Unintentional drowning	1.6	1.5	1.6	1.8	2.1	1.9	2.1	2.0	2.0

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Injury ED Visits in Females, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional fall-related	2,083.5	2,126.8	2,127.4	2,452.3	2,519.7	2,485.2	2464.8	2273.0	2310.2
Motor vehicle traffic	632.5	635.3	632.9	805.9	813.3	868.8	994.7	931.0	956.0
Traumatic brain injury	521.9	543	699.7	650.7	686.9	709.1	182.7	184.6	194.1
Assault	242.1	251.8	264.0	302.5	303.1	314.4	339.4	345.7	354.0
Poisoning	120.7	125.9	127.9	169.8	181.9	188.3	38.2	37.7	38.3
Suicide attempts	50.0	52.7	53.6	86.2	96.9	100.9	107.8	112.9	111.1
Unintentional fire/burn	12.1	11.4	9.0	11.9	12.8	12.4	13.3	11.5	11.2
Firearm	3.6	3.7	4.6	3.7	5.5	5.0	6.1	5.3	5.1
Unintentional drowning	1.2	1.0	1.2	1.3	1.5	1.5	1.6	1.5	1.8

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Injury ED Visits in Males, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Unintentional fall-related	1,852.5	1,844.7	1,860.3	2,094.4	2,150.6	2,142.4	2140.5	2015.7	1998.4
Traumatic brain injury	651.3	660.1	645.8	747.8	772.7	794.0	235.4	231.9	226.2
Motor vehicle traffic	524.8	540.0	541.8	652.8	667.9	712.4	829.0	787.3	795.4
Assault	415.7	415.0	409.6	393.0	412.7	408.9	381.8	371.6	361.0
Poisoning	114.2	122.0	120.6	158.3	169.3	179.5	43.7	41.1	40.8
Suicides attempts	36.6	38.4	39.2	55.0	62.1	63.5	66.1	66.8	66.9
Unintentional fire/burn	24.8	23.4	20.2	23.6	25.9	24.3	24.5	23.7	23.2
Firearm	31.3	31.5	30.7	36.9	39.4	42.7	46.2	39.3	33.6
Unintentional drowning	2.0	1.9	2.0	2.2	2.7	2.3	2.5	2.5	2.1

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Injury ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	721.0	698.5	698.9	705.3	688.3	745.6	686.1	654.5	628.4
5-14	1,247.4	1,229.2	1,276.7	1,275.4	1,234.8	1,372.8	1,259.9	1211.8	1098.5
15-24	1,364.2	1,353.1	1,363.1	1,410.5	1,396.4	1,560.3	1,434.4	1365	1314.7
25-44	2,167.7	2,126.5	2,135.2	2,357.3	2,420.0	2,666.5	2,442.5	2321.5	2325.6
45-64	1,145.2	1,129.8	1,135.1	1,309.5	1,368.2	1,508.6	1,457.9	1402.8	1432.4
65-84	622.3	617.0	616.6	722.7	744.9	814.1	8,225.7	803.4	821
85+	176.9	178.4	181.7	220.1	226.9	255.0	248.9	246.9	247.6

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Drowning ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	0.6	0.5	0.6	0.7	1.0	0.8	0.9	0.8	0.8
5-14	0.4	0.3	0.3	0.3	0.6	0.4	0.4	0.4	0.6
15-24	0.2	0.2	0.2	0.2	0.2	0.30.3	0.2	0.2	0.3
25-44	0.3	0.2	0.3	0.4	0.2	0.3	0.4	0.2	0.2
45-64	0.1	*	*	*	*	0.2	0.1	0.1	0.1
65-84	*	*	*	*	*	*	*	*	*
85+	*	*	*	*	*	*	*	*	*

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Fall-Related ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	274.2	281.5	290.3	278.9	267.7	287.7	260.5	246.3	239.5
5-14	343.1	352.2	371.4	358.9	343.7	380.7	356.7	335.5	303
15-24	195.2	194.1	196.4	216.3	215.2	230.4	210.9	189.9	183.3
25-44	387.3	380.0	364.0	451.9	481.0	500.2	487.2	388	406.2
45-64	329.2	333.8	320.4	411.8	446.8	473.8	426.6	393.5	415.7
65-84	319.5	330.2	330.4	399.1	414.9	448.7	440.4	429.7	444.6
85+	120.2	127.2	132.6	162.3	170.0	190.4	177.4	176.2	177.2

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Fire-related ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	1.5	1.1	1.0	1.1	1.1	1.0	1.7	1.3	1.4
5-14	1.8	1.7	1.3	1.8	1.7	1.5	1.7	1.7	1.3
15-24	3.3	3.2	3.0	3.4	3.6	3.4	3.1	3.2	2.7
25-44	6.9	6.8	5.5	6.3	7.3	7.8	6.9	6.1	6.4
45-64	3.5	2.9	2.7	3.7	4.0	4.6	4.2	3.8	3.8
65-84	1.2	1.4	1.1	1.4	1.4	1.6	1.3	1.2	1.4
85+	0.2	0.2	*	*	0.2	0.1	0.1	0.2	0.5

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Firearm-related ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	*	*	*	*	*	*	0.1	*	0.1
5-14	9.3	0.6	0.6	0.5	0.4	0.6	0.6	0.5	0.5
15-24	4.5	9.5	9.2	7.6	12.0	12.9	13.4	10.5	8.8
25-44	2.7	6.6	6.6	6.1	9.1	11.2	10.5	9.6	8.6
45-64	0.4	1.0	1.3	1.1	1.0	1.3	1.6	1.5	1.3
65-84	0.1	0.2	0.3	0.2	0.4	0.3	0.3	0.3	0.2
85+	*	*	*	*	*	*	*	*	*

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Motor Vehicle Traffic ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	9.4	9.7	9.7	22.6	21.4	25.1	25.6	24	23.4
5-14	39.2	39.0	41.5	52.8	50.5	57.4	67.2	61.3	58.2
15-24	154.5	154.3	154.4	180.2	180.3	213.2	223.1	206.2	206.3
25-44	225.6	233.2	231.8	287.4	295.6	341.2	354	339.2	350.6
45-64	109.4	113.2	113.6	139.6	144.4	164.8	182.8	172.5	179.3
65-84	34.0	35.9	34.8	43.7	44.9	50.7	53.4	50.3	52.1
85+	3.1	3.4	3.1	3.7	3.9	4.7	4.7	4.6	4.6

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Poisoning ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	23.1	22.4	23.1	25.5	27.1	30.5	8.2	7.5	7.2
5-14	7.5	8.0	9.1	15.7	17.2	20.1	3.2	3.0	3.2
15-24	27.5	29.4	29.6	36.8	40.0	45.8	6.9	8.6	6.5
25-44	36.1	39.4	37.3	50.2	53.1	61.5	12.9	12.8	12.8
45-64	17.1	17.8	17.8	26.4	27.5	30.9	7.5	7.2	7.5
65-84	5.2	5.8	6.5	8.3	9.3	10.2	2.0	1.9	2.1
85+	1.0	1.0	0.9	1.3	1.4	1.6	0.3	0.3	0.3

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Suicide Attempt ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	*	*	*	*	*	*	0.2	0.1	0.1
5-14	3.1	3.5	3.8	8.1	10.4	11.2	10.0	10.9	11.3
15-24	17.8	17.9	18.9	28.8	31.7	36.9	36.9	39.1	38.4
25-44	16.6	17.9	17.2	23.9	26.6	29.6	27.7	28.0	27.8
45-64	5.2	5.5	5.5	8.4	9.5	9.9	10.7	10.0	9.8
65-84	0.4	0.5	0.6	0.9	0.8	1.0	1.0	1.1	1.1
85+	*	*	*	*	*	*	0.1	0.1	0.1

*Rate not reported when count is <20.

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2015

Adjusted Rate per 100,000 of TBI ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	95.6	95.7	100.9	98.3	98.9	110.1	10.1	10.5	10.3
5-14	100.2	99.2	113.8	115.2	109.9	128.9	40.6	40.5	37.1
15-24	108.0	109.9	118.6	120.9	124.7	140.1	53	51.3	51.4
25-44	119.6	121.5	132.2	145.8	156.3	171.1	51	51.2	53.8
45-64	72.6	75.6	80.2	95.8	103.4	113.9	30.2	30	31.5
65-84	66.7	72.8	76.8	87.6	95.5	106.4	18.9	19.1	19.9
85+	27.0	29.7	32.5	37.2	42.3	48.8	5.3	5.7	6.2

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Adjusted Rate per 100,000 of Assault ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
0-4	1.6	1.5	1.9	3.1	3.2	3.6	5.8	6.3	6.3
5-14	21.1	22.0	20.4	24.1	21.6	23.7	25.8	26.5	26.6
15-24	122.9	124.4	122.0	119.6	118.9	127.7	111.7	106.3	102.1
25-44	145.5	144.5	149.4	157.3	166.8	185.5	161.9	163.2	165
45-64	37.2	39.7	42.0	42.4	45.4	51.1	49.6	50.2	51.2
65-84	3.3	3.5	3.7	3.7	4.2	4.7	5	5.4	5.1
85+	0.3	0.4	0.3	0.4	0.4	0.4	0.5	0.3	0.5

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Crude Rate per 100,000 of Hip Fracture ED Visits by Age Group, Illinois, 2010-2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
65-74	28.7	21.8	25.6	25.1	24.9	24.0	10.4	19.1	20.5
75-84	89.0	95.1	80.1	91.6	89.2	83.0	26.2	72.2	72.9
85+	272.0	258.9	249.8	263.9	249.9	259.0	25.3	203.8	205.5

Data Source: Illinois Department of Public Health, Hospital Discharge Dataset, 2010-2018

Appendix D. Injury Definitions and Limitations

This matrix contains the ICD-10 external-cause-of-injury codes used for coding of injury mortality data.

Codes included in the ICD-10-CM external cause-of-injury matrix

ICD-10-CM code	External cause
V00-V99	Transport accidents
W00-X58	Other external causes of accidental injury
X71-X83	Intentional self-harm
X92-Y09	Assault
Y21-Y33	Event of undetermined intent
Y35-Y38	Legal intervention, operations of war, military operations, and terrorism
T14.91	Suicide attempt
T15-T19	Effects of foreign body entering through natural orifice
T36-T50 with a 6th character of 1, 2, 3, or 4 (exceptions: T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9, which are included if the code has a 5th character of 1, 2, 3, or 4)	Poisoning by drugs, medicaments, and biological substances
T51-T65 .	Toxic effects of substances chiefly nonmedicinal as to source
T71	Asphyxiation
T73	Effects of deprivation
T74, T76	Adult and child abuse, neglect, and other maltreatment, confirmed or suspected
T75.0-T75.4 .	Effects of lightning, effects of drowning, effects of vibration, motion sickness, electrocution

NOTE: ICD-10-CM is the International Classification of Diseases, 10th Revision, Clinical Modification. SOURCES: National Center for Health Statistics and National Center for Injury Prevention and Control.

<https://www.cdc.gov/nchs/data/nhsr/nhsr136-508.pdf>

Injury Definitions and Limitations (Continued)

This matrix below contains the ICD-9 external-cause-of-injury codes used for coding of injury mortality data and additional ICD-9-CM external-cause-of-injury codes, designated in bold, **only** used for coding of injury morbidity data.

Recommended framework of E-code groupings for presenting injury mortality and morbidity data (August 10, 2011)

Mechanism/Cause	Manner/Intent				
	Unintentional	Self-inflicted	Assault	Undetermined	Other ¹
Cut/pierce	E920.0-.9	E956	E966	E986	E974, E995.2
Drowning/ submersion	E830.0-.9, E832.0-.9 E910.0-.9	E954	E964	E984	E995.4
Fall	E880.0-E886.9, E888	E957.0-.9	E968.1	E987.0-.9	
Fire/burn ³	E890.0-E899, E924.0-.9	E958.1,.2,.7	E961, E968.0,.3, E979.3	E988.1,.2,.7	
Fire/flame ³	E890.0-E899	E958.1	E968.0, E979.3	E988.1	
Hot object/ substance	E924.0-.9	E958.2,.7	E961, E968.3	E988.2,.7	
Firearm ³	E922.0-.3,.8,.9	E955.0-.4	E965.0-4, E979.4	E985.0-.4	E970
Machinery	E919 (.0-.9)				
Motor vehicle traffic ^{2,3}	E810-E819 (.0-.9)	E958.5	E968.5	E988.5	
Occupant	E810-E819 (.0,.1)				
Motorcyclist	E810-E819 (.2,.3)				
Pedal cyclist	E810-E819 (.6)				
Pedestrian	E810-E819 (.7)				
Unspecified	E810-E819 (.9)				
Pedal cyclist, other	E800-E807 (.3) E820-E825 (.6), E826.1,.9 E827-E829 (.1)				
Pedestrian, other	E800-807 (.2) E820-E825 (.7) E826-E829 (.0)				
Transport, other	E800-E807 (.0,.1,.8,.9) E820-E825 (.0- .5,.8,.9) E826.2-.8 E827-E829 (.2-.9), E831.0-.9, E833.0- E845.9	E958.6		E988.6	
Natural/ environmental	E900.0-E909, E928.0-.2	E958.3		E988.3	
Bites and stings ³	E905.0-.6,.9 E906.0-.4,.5,.9				
Overexertion	E927.0-.4,.8-.9				
Poisoning	E850.0-E869.9	E950.0-E952.9	E962.0-.9, E979.6,.7	E980.0-E982.9	E972
Struck by, against	E916-E917.9		E960.0; E968.2		E973, E975, E995 (.0,.1)
Suffocation	E911-E913.9	E953.0-.9	E963	E983.0-.9	E995.3

	Unintentional	Self-inflicted	Assault	Undetermined	Other ¹
Other specified and classifiable ^{3,4}	E846-E848, E914-E915 E918, E921.0-.9, E922.4,.5 E923.0-.9, E925.0-E926.9 E928(.3-.7) , E929.0-.5	E955.5,.6,.7,.9 E958.0,.4	E960.1, E965.5-9 E967.0-.9, E968.4,.6,.7 E979 (.0-.2,.5,.8,.9)	E985.5,.6,.7 E988.0,.4	E971, E978, E990-E994, E996 E997.0-.2
Other specified, not elsewhere classifiable	E928.8, E929.8	E958.8, E959	E968.8, E969,E999.1	E988.8, E989	E977, E995 (.8,.9), E997.8 E998, E999.0
Unspecified	E887, E928.9, E929.9	E958.9	E968.9	E988.9	E976, E997.9
All injury ³	E800-E869, E880-E929	E950-E959	E960-E969, E979 ,E999.1	E980-E989	E970-E978, E990-E999.0
Adverse effects					E870-E879 E930.0-E949.9
Medical care					E870-E879
Drugs					E930.0-E949.9
All external causes					E800-E999

¹Includes legal intervention (E970-E978) and operations of war (E990-E999).

²Three 4th-digit codes (.4 [occupant of streetcar], .5 [rider of animal], .8 [other specified person]) are not presented separately because of small numbers. However, because they are included in the overall motor vehicle traffic category, the sum of these categories can be derived by subtraction.

³Codes in bold are for morbidity coding only.

⁴E849 (place of occurrence) has been excluded from the matrix. For mortality coding, an ICD-9 E849 code does not exist. For morbidity coding, an ICD-9-CM E849 code should never be first-listed E code and should only appear as an additional code to specify the place of occurrence of the injury incident.

Note: ICD-9 E codes for coding underlying cause of death apply to injury-related death data from 1979 through 1998. Then there is a new ICD-10 external cause of injury matrix that applies to death data from 1999 and after. This can be found on the [National Center for Health Statistics website \(https://www.cdc.gov/nchs/injury/injury_tools.htm\)](https://www.cdc.gov/nchs/injury/injury_tools.htm).

Appendix E. Injury and Violence Publications Available

IDPH Adolescent Health Youth Suicide

Maternal and Child Health Data Book Pertinent Tables

Injury-related mortality rate for children: PDF-Online Page 53

Motor Vehicle Safety: PDF-Online Page 57

Bullying: PDF-Online Page 58

Dating Violence: PDF-Online Page 59

Violence and Homicide: PDF-Online Page 60

Mental Health and Suicide: PDF-Online Page 62

Sexual Health Behaviors: PDF-Online Page 64

Alcohol, Tobacco, and Other Drug Use: PDF-Online Page 68

Special Emphasis Reports - Not online, but may be requested.

Child Injury

Older Adult Falls

TBI

Chronic Disease Burden Updates

Mental Health (2013)

Youth Suicide (2014)

Older Adult Falls (2016)

Teen Dating (2016) – not online but may be requested.

Public Health Approach to Sexual Violence (not released yet)

Sexual Violence (not released yet)

The Illinois Center for Injury Prevention

Serves the Midwest as a resource for injury research and prevention.

<http://illinoisinjuryprevention.org/>

Updated Occupational Health Indicators full report, from 1998 to 2011

Children Safety Network

Illinois Youth Survey

2018 Statewide Report

Interpersonal Conflict, Violence, and Delinquency (Page 26)

Fighting, bullying, dating violence, protective factors, school climate, caring adults,

Illinois Department of Transportation

Crash Facts and Statistics

Illinois Criminal Justice Information Authority

[Crime and Risk Factor Data](#) - Explore data -> Risk Factors -> Child Abuse and Neglect data

Trust for America's Health

[The Facts Hurt 2015](#)

Appendix F. Injury and Violence Data Sources Used in the Data Book

Vital Records (VR) - vital records are records of life events kept under governmental authority, including birth certificates, marriage licenses, and death certificates. The Illinois Department of Public Health, Division of Vital Records, documents about a half a million vital records events each year.

<https://www.cdc.gov/nchs/nvss/index.htm>,

<http://www.dph.illinois.gov/data-statistics/vital-statistics>

Hospital Discharge Dataset (HDD) - provides uniform information on virtually all hospitalizations within the state. This database is modified from the Community Health Information System (CHIS), a database originally developed by the Illinois Hospital Association. It contains some demographic characteristics of hospitalized patients as well as principal conditions associated with hospitalization, major medical procedures, hospitalization outcomes, and charges.

<http://www.idph.state.il.us/emsrpt/hospitalization.asp>

Behavioral Risk Factor Surveillance System (BRFSS) - an annual, state-based telephone survey that collects data from non-institutionalized U.S. adults regarding health conditions and risk factors. It contains information regarding health risk behaviors, clinical preventive health practices, and health care access, primarily related to chronic disease and injury. The BRFSS collects data by administering questionnaires on a continuous basis by telephone, using random-digit dial sampling methods. The design consists of a probability sample of all households with telephones in the state or by self-reported information.

<https://www.cdc.gov/brfss/about/index.htm>, <http://www.idph.state.il.us/brfss/>

Youth Risk Behavioral Surveillance Survey (YRBSS) - a national school-based survey sponsored by CDC and conducted by state, territorial, and local education and health agencies and tribal governments. Behaviors that contribute to unintentional injuries and violence are among the six types of health-risk behaviors that the YRBSS monitors. The national YRBSS is conducted every two years during the spring semester and provides data representative of ninth through 12th grade students in public and private schools throughout the United States.

<https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

Fatality Analysis Reporting System (FARS) - contains national data on a census of fatal traffic crashes. To be included in FARS, a crash must involve a motor vehicle traveling on a traffic way customarily open to the public and result in the death of a person (occupant of a vehicle or a non-occupant) within 30 days of the crash. FARS collects information on more than 100 different coded data elements that characterizes the crash, the vehicle, and the people involved.

<http://www.nhtsa.gov/FARS>

CDC's Web-based Injury Statistics Query and Reporting System (WISQARS™) - an interactive, online database that provides fatal and nonfatal injury, violent death, and cost of injury data from a variety of trusted sources. Researchers, the media, public health professionals, and the public can use WISQARS™ data to learn more about the public health and economic burden associated with unintentional and violence-related injury in the United States.

<https://www.cdc.gov/injury/wisqars/facts.html>

National Intimate Partner and Sexual Violence Survey (NISVS) - an ongoing survey that collects the most current and comprehensive national- and state-level data on intimate partner violence, sexual violence, and stalking victimization in the United States. CDC developed NISVS to collect data on these important public health problems and to enhance violence prevention efforts.

<https://www.cdc.gov/violenceprevention/datasources/nisvs/index.html>

National Survey on Children’s Health (NSCH) - provides data on multiple, intersecting aspects of children’s lives, including physical and mental health, access to quality health care, and the child’s family, neighborhood, school, and social context.

<http://childhealthdata.org/learn/NSCH>

National Emergency Medical Services Information System (NEMESIS) - is the national repository used to store emergency medical services (EMS) data from states. State EMS systems vary in their ability to collect patient and systems data and allow analysis at a local, state, and national level.

<https://nemsis.org/what-is-nemsis/>

Uniform Crime Report (UCR) – is a national report that collects eight types of crimes: murder, non-negligent homicide, rape, robbery, aggravated assault, burglary, motor vehicle theft, arson, and larceny theft.

<https://www.fbi.gov/services/cjis/ucr/>

The National Occupant Protection Use Survey (NOPUS) – is a nationwide probability-based observational survey of seat belt use in the U.S. The survey observes usage as it actually occurs at a random selection of roadway sites, and also provides the best tracking of the extent to which vehicle occupants in this country are buckling up.

<http://www-nrd.nhtsa.dot.gov/cats/listpublications.aspx?Id=7&ShowBy=Category>

Child Protective Services (CPS) - reports are maintained at the state and national level to document child abuse and neglect/maltreatment. The reports provide geographics, deaths, investigations, number of children in protected custody, and more.

<https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment>,
https://www2.illinois.gov/dcms/aboutus/newsandreports/Documents/CDRT_2018.pdf#search=child%20death

Appendix G. Injury and Violence Report Limitations

Previously generated data reports that have been provided to the Centers for Disease Control and Prevention (CDC), such as the state injury indicators report (SIIR), as well as special emphasis report, were utilized for this data book.

Some limitations are inherent with these reports (e.g., no racial/ethnic classifications and pre-specified injury topic areas). For 2015, the SIIR switched from calendar year (Jan. – Dec.) to federal fiscal year (Oct. – Sept.). The 2015 SIIRs data is included in all trend figures and tables with a footnote detailing the three-month time period overlap between the 2014 and 2015 reporting years. All fatality data represented in this report is from WISQARS with the exception of traumatic brain injuries (TBI), which was provided by IDPH vital statistics.

SIIR reports for 2016-2018 data had some changes from previous years. Suicide attempt is now referred to as self-harm. Poisonings has been dropped and we now report non-drug poisonings. Lastly, TBI was split into two categories; however, in this report we combined them to stay aligned with earlier years.

Data Sources:

Population Size and Changes

1. Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019 (SUB-IP-EST2019-ANNRNK).

Source: U.S. Census Bureau, Population Division. Release Date: May 2020

2. Annual Estimates of the Resident Population for Counties in Illinois: April 1, 2010 to July 1, 2019 (CO-3EST2019-ANNRES-17). **Source:** U.S. Census Bureau, Population Division. Release Date: March 2020

3. **Source:** U.S. Census Bureau, data.census.gov. Table: S0101. 2019: ACS 1- Year Estimates Subject Tables.

Geographic Considerations

1. Annual Estimates of the Resident Population for Counties in Illinois: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-17). **Source:** U.S. Census Bureau, Population Division. Release Date: March 2020

2. **Source:** U.S. Census Bureau, data.census.gov. Table: S0101. 2019: ACS 1- Year Estimates Subject Tables.

Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2019 (NST-EST2019-01. Source: U.S. Census Bureau, Population Division. Release Date: December 2019

Education

1. **Source:** QuickFacts-Census Bureau, accessed Date: September 2020.

Racial and Ethnic Diversity

1. Source: QuickFacts-Census Bureau, accessed Date: September 2020.

2. Table 1. Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2019 (NST-EST2019-01. Source: U.S. Census Bureau, Population Division. Release Date: December 2019

3. Annual Estimates of the Resident Population for Counties in Illinois: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-17). Source: U.S. Census Bureau, Population Division. Release Date: March 2020

4. Annual Estimates of the Resident Population for Incorporated Places of 50,000 or More, Ranked by July 1, 2019 Population: April 1, 2010 to July 1, 2019 (SUB-IP-EST2019-ANNRNK). Source: U.S. Census Bureau, Population Division. Release Date: May 2020

Foreign Born Population

1. **Source:** QuickFacts-Census Bureau, accessed Date: September 2020.
2. Annual Estimates of the Resident Population for Counties in Illinois: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-17). Source: U.S. Census Bureau, Population Division. Release Date: March 2020.

Employment and Income

1. **Source:** U.S. Census Bureau, data.census.gov. Table: CP03. 2019: ACS 1- Year Estimates Data Profiles.

Poverty and housing

1. **Source:** U.S. Census Bureau, data.census.gov. Table: DP03. 2019: ACS 1- Year Estimates Data Profiles.
2. **Source:** U.S. Census Bureau, data.census.gov. Table: S1701. 2019: ACS 1- Year Estimates Subject Tables.
3. **Source:** U.S. Census Bureau, data.census.gov. Table: DP04. 2019: ACS 1- Year Estimates Data Profiles.