IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

MAKING ILLINOIS SAFER: INJURY, VIOLENCE, AND SUICIDE PREVENTION DATA BOOK

THE BURDEN OF INJURY, VIOLENCE, AND SUICIDE IN ILLINOIS, 2013-2022

VIOLENCE AND INJURY PREVENTION SECTION
DIVISION OF EMERGING HEALTH ISSUES
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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Acronyms and Abbreviations

AA	Age-Adjusted
ABI	Acquired Brain Injuries
ACE	Adverse Childhood Experience
CDC	Centers for Disease Control and Prevention
CFOI	Census of Fatal Occupational Injuries
CO	Carbon Monoxide
CSHCN	Child with Special Health Care Needs
ED	Emergency Department
FARS	Fatality Analysis Reporting System
FIRST	Fatality and Injury Reporting System Tool
I-UCR	Illinois Uniform Crime Reporting
ICASA	Illinois Coalition Against Sexual Assault
ICJIA	Illinois Criminal Justice Information Authority
IDPH	Illinois Department of Public Health
IPC	Illinois Poison Center
IPV	Intimate Partner Violence
IVDRS	Illinois Violent Death Reporting System
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
MVC	Motor Vehicle Crashes
MVDL	Motor Vehicle Data Linkage
NHTSA	National Highway Traffic Safety Administration
NIBRS	National Incident-Based Reporting System
NSDUH	National Survey on Drug Use and Health
PREA	Prison Rape Elimination Act
RPE	Rape and Prevention Education
SAMHSA	Substance Abuse and Mental Health Services Administration

SOII	Survey of Occupational Injuries and Illnesses
SUD	Substance Use Disorder
SV	Sexual Violence
SyS	Syndromic Surveillance System
TBI	Traumatic Brain Injury
WISQARS	Web-based Injury Statistics Query and Reporting System

Acknowledgments

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Overview

Public health surveillance by various demographic characteristics is crucial in addressing disparities, informing prevention efforts, and identifying specific population needs.

The Illinois Department of Public Health's (IDPH) Violence and Injury Prevention Section (VIPS) faces the challenge of serving a wide array of communities and needs. Illinois is a large and diverse state with varying demographics that influence the victimization of injury and violence. This diversity influences the way injury and violence manifest in different communities, necessitating a tailored approach to prevention and intervention.

Violence and Injury prevention efforts include focusing on intentional and unintentional forms of injury. Intentional injuries include acts of violence that are deliberate and intended to cause harm, such as assaults, domestic violence, homicide, and suicide. Unintentional injuries include acts that are not deliberate, such as falls, motor vehicle traffic crashes, and accidental poisonings. By addressing both intents of violence and injury, the IDPH VIPS aims to reduce overall injury rates and improve public safety. This comprehensive approach ensures that prevention strategies are inclusive and effective across the diverse communities of Illinois while also addressing the specific at-risk population.

No one community is immune to injury and violence. This further complicates prevention efforts when looking to be inclusive of various populations while also focusing on identifying and supporting disproportionately affected populations. By examining different demographic characteristics, it is possible to further tailor prevention efforts to furnish an upstream prevention approach.

This report provides communities, organizations, and stakeholders with a comprehensive analysis of public health injury and violence surveillance in Illinois, focusing on demographic characteristics that influence violence and injuries across the state. It aims to inform prevention efforts, identify disparities, and address specific population needs.

Features of Illinois Population and Demographics

Population Size and Changes

Illinois is a well-populated state situated physically and culturally in the center of the United States. It is currently the sixth most populous state in the nation and had 12,582,515 residents in 2022.[10] Chicago, the largest city in Illinois, was home to 2,665,039 people in 2022, making it the third-largest city in the United States.[10] The total population of Illinois decreased by 1.8% between 2020 and 2022.[10] The age distribution in Illinois is similar to that of the nation. Nearly 1 in 4 (21.6%) Illinois residents were under age 18 — a total of more than 2,717,823 children and adolescents.[10] Approximately 5.4% of the total population is under age 5 (nearly 679,455 children).[10]

Geographic Considerations

In 2022, 40.6% of the Illinois population (5,111,566 people) resided in Cook County.[10] The remaining Illinois population is spread throughout 101 other counties. Several counties contain smaller metropolitan areas (such as Peoria, Rockford, and Springfield).

The Illinois Injury and Violence Prevention Program must serve a wide variety of communities and needs, from highly urban and diverse Cook County to agricultural counties bordering Indiana, Iowa, Kentucky, and Wisconsin.

Education

In 2022, 90.1% of Illinois adults were high school graduates or higher, and 36.7% had a bachelor's degree or higher.[10] However, educational achievement is not evenly distributed in the state. The rates of high school graduation or higher and college graduation are slightly higher in Illinois than in the United States.

Racial and Ethnic Diversity

The latest census data on race and ethnicity in Illinois is from 2020. The majority (59.5%) of the population in Illinois were non-Hispanic White.[10] African Americans comprised 14.7% of the population, and Hispanic or Latinos accounted for 18.3%.[10] Overall, Illinois' racial groups are comparable to U.S. averages. In Cook County, with a 2020 population of 5,275,541 people,

[10] U.S. Census Bureau, U.S. Census Bureau QuickFacts: Illinois

44.5% of the population was non-Hispanic White, while African Americans comprised 22.9% and Latinos comprised 26.2%.[11] Within the city of Chicago, this diversity was even more pronounced: 35.9% were non-Hispanic White, 29.2% were African American, and 33.1% were Latino.[11] 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 its population born outside the United States. From 2018 to 2022, 14.1% of Illinois residents were foreign-born.[10] Reflecting this sizeable immigrant population, more than 23.4% of Illinoisans speak a language other than English at home, with Spanish being the most common other language.[10] Cook County has a higher percentage of foreign-born residents and non-English speakers than the rest of the state. In Cook County, 20.6% of the residents were born outside the U.S., and 35.9% speak a language other than English at home.[11]

Employment and Income

In 2022, 65.0% of Illinois adults were in the civilian labor force — meaning they were working or wanted to be working.[10] Among those in the labor force in 2022, Illinois had an unemployment rate of 4.6%, which is lower than the 2021 rate (6.1%).[12] The median household income in Illinois in 2022 was estimated to be $78,433.[10]

Poverty and Housing

In 2022, 11.9% of Illinoisans lived in households with incomes below the federal poverty level (FPL)[10] and 15.9% of children under 18 years old lived in poverty.[11] Poverty is more common in Cook County, specifically in the city of Chicago. In Cook County, 13.6% of the total population and 18.9% of children (under 18 years) lived in poverty; in Chicago, 17.2% of the total population and 26.0% of children lived in poverty.[11] Of all Illinois households in 2022, 15.5% received food stamps and cash assistance.[11]

[11] U.S. Census Bureau, https://data.census.gov/profile/Illinois?g=040XX00US17
[12] Bureau of Labor Statistics, https://www.bls.gov/

Poverty is also drastically different by race and ethnicity in Illinois. Among non-Hispanic White residents, the poverty rate was 8.6%, compared to 25.4% among African Americans and 12.9% among Hispanics.[11]

In Illinois in 2022, 67.1% of housing units were owner-occupied, with a median value of $239,100 and a median mortgage of $1,903.[10]For families that rent a home, a major concern in Illinois is the high cost of rental housing. In 2022, the median gross rent was $1,179.[10] Low-income families are especially at risk for rental costs that consume large proportions of their household income.

LGBTQIA+ Community

According to a study from the Williams Institute, Illinois has the eighth greatest LGBTQIA+ population in the nation, with 446,600 individuals.[13] The 2022 National Survey on LGBTQ Youth Mental Health, administered by The Trevor Project, identified nearly 34,000 LGBTQIA+ youth ages 13 to 24 residing in Illinois.[14] Among Illinois' LGBTQIA+ youth, 41% had reported seriously considered suicide in the past year, 12% had reported attempted suicide, 74% had reported experiencing anxiety, and 55% had reported experiencing depression.[14] The survey further identified challenges accessing mental health care among Illinois' LGBTQIA+ youth, with 57% wanting mental health care in the past year but unable to receive it.[5]

Another report from the Williams Institute found that more of the LGBTQIA+ population live with incomes below the Federal Poverty Level compared to the cisgender heterosexual population.[15] Using data from the Behavioral Risk Factor Surveillance System (BRFSS) in 2020 to 2021, poverty rates among heterosexual individuals without children were reported at 9.1% of the heterosexual population compared to 13.0% for LGBTQIA+ individuals without children.[15] Poverty rates were higher across both groups with children.[6] The disparity in poverty rates was more apparent among LGBTQIA+ people of color (POC). LGBTQIA+ POC had higher rates of poverty (25% in 2021) than both cisgender heterosexual POC (20% in 2021) and the White

[13] Williams Institute, https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Dec-2023.pdf
[14] The Trevor Project, https://www.thetrevorproject.org/wp-content/uploads/2022/12/The-Trevor-Project-2022-National-Survey-on-LGBTQ-Youth-Mental-Health-by-State-Illinois.pdf
[15] Williams Institute, https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Poverty-COVID-Feb-2023.pdf

LGBTQIA+ population (13% in 2021).[6] These patterns in poverty rates are consistent with findings in Illinois using BRFSS data between 2014 and 2017.[16]

Individuals with Disabilities

A disability can be described as any condition that makes it more difficult for an individual with the condition to perform one or more major life activities.[17] The Americans with Disabilities Act broadens this definition to include individuals with a history or record of such impairment or who are perceived by others as having such an impairment.[18] Persons with disabilities face many health inequities. These inequities can increase the risk of victimization by injury and violence. The experiences of persons with disabilities can vary based on individual experiences, limitations, and needs, which complicates public health surveillance and prevention efforts for individuals with disabilities.

Using data from the U.S. Census Bureau's American Community Survey, Cornell University publishes state-specific disability status reports to assist in understanding the burden of disabilities in states.[19] In Illinois, the overall prevalence rate of individuals with disabilities was 12.2% in 2022, or an estimated 1,511,600 of its 12,436,400 people.[9] Ambulatory disabilities (6.3%) were the most frequently reported type of disability, followed by independent living disability (5.6%), cognitive disability (4.8%), hearing disability (3.1%), self-care disability (2.5%), and visual disability (2.3%). In 2022, 12.8% of females of all ages and 11.4% of males of all ages in Illinois reported having one or more disabilities.[9] The prevalence of disability increased in percentage across age groups, with 0.6% of persons aged 4 and under-reported with one or more disabilities and 45.5% of persons aged 75 years and older reported with one or more disabilities. The prevalence of disability among Illinois' populations also differs by race and ethnicity (see Table 1 on page 5).

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[16] Williams Institute, https://williamsinstitute.law.ucla.edu/wp-content/uploads/State-LGBT-Poverty-Dec-2019.pdf
[17] Centers for Disease Control and Prevention. Disability and Health Overview. Accessible from https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
[18] U.S. Department of Justice, Civil Rights Division. Introduction to the Americans with Disabilities Act. Accessible from https://www.ada.gov/topics/intro-to-ada/
[19] Erickson, W. Lee, C., and von Schrader, S. (2024). 2022 Disability Status Report: Illinois. Ithaca, NY: Cornell University Yang Tan Institute on Employment and Disability (YTI). Accessible from https://disabilitystatistics.org/report/pdf/2022/2017000

Table 1: Prevalence of Disabilities in Illinois, 2022

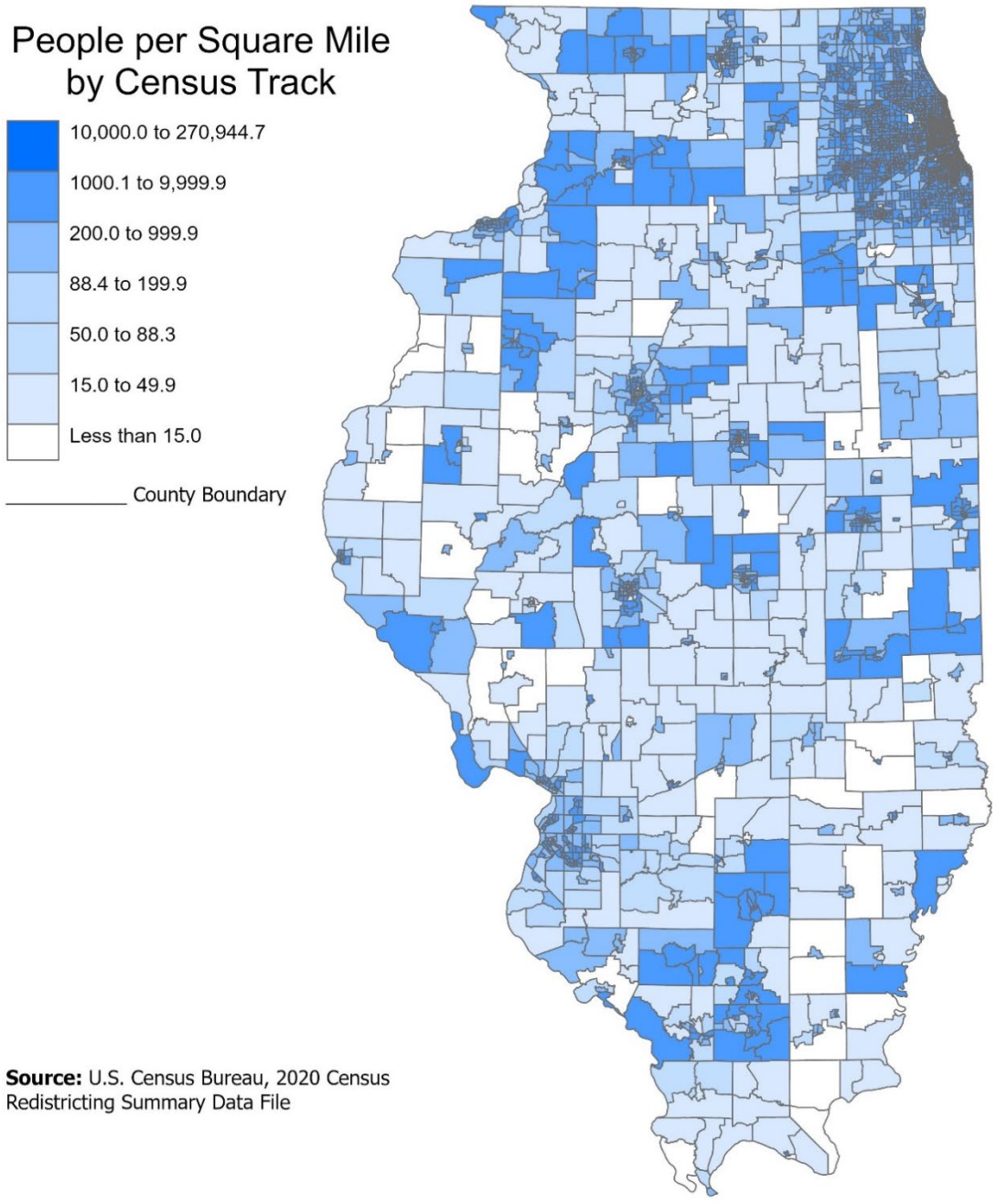
Race and Ethnicity	Prevalence Of Disability (Percent)
Hispanic Or Latino	8.5%
Black/African American	15.0%
White/Caucasian	9.6%
Asian	4.1%
Native American	9.1%
Other Races	8.9%

Data Source: Erickson, W. Lee, C., and von Schrader, S. (2024). 2022 Disability Status Report: Illinois. Ithaca, NY: Cornell University Yang Tan Institute on Employment and Disability (YTI). Accessible from https://disabilitystatistics.org/report/pdf/2022/2017000

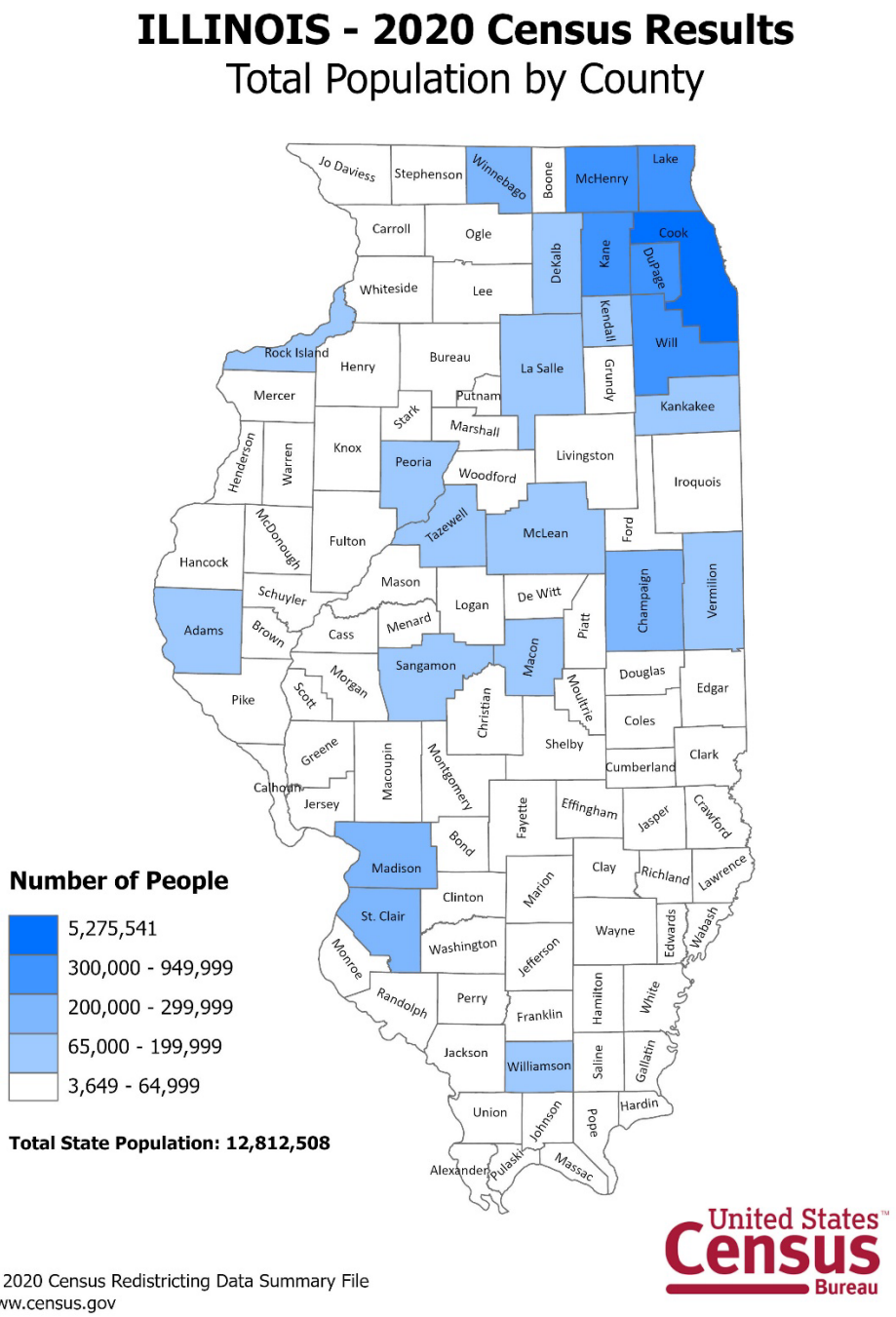
People with disabilities in Illinois are more likely to experience health disparities than those without disabilities.[20] For example, 41% of Illinois individuals with disabilities reported having depression, compared to 10% of those without disabilities.[20] Employment, income, and poverty also vary between individuals with and without disabilities in Illinois. In 2022, the employment rate of individuals with disabilities was only 45.7%, compared to 81.9% of working-aged individuals without disabilities.[19] The median income of households that include working-age individuals with disabilities was $59,000 per year in Illinois in 2022, compared to $91,700 per year among households that do not include any working-age individuals with disabilities.[19] The poverty rate of working-age people with disabilities was 25.3% compared to 9.0% among individuals without disabilities.[19]

[20] Centers for Disease Control and Prevention, Disability and Health U.S. State Profile Data for Illinois among Adults 18+ Years of Age. Accessible from https://www.cdc.gov/ncbddd/disabilityandhealth/impacts/illinois.html

Map 1: Illinois Population Density, Persons per Square Mile, 2020

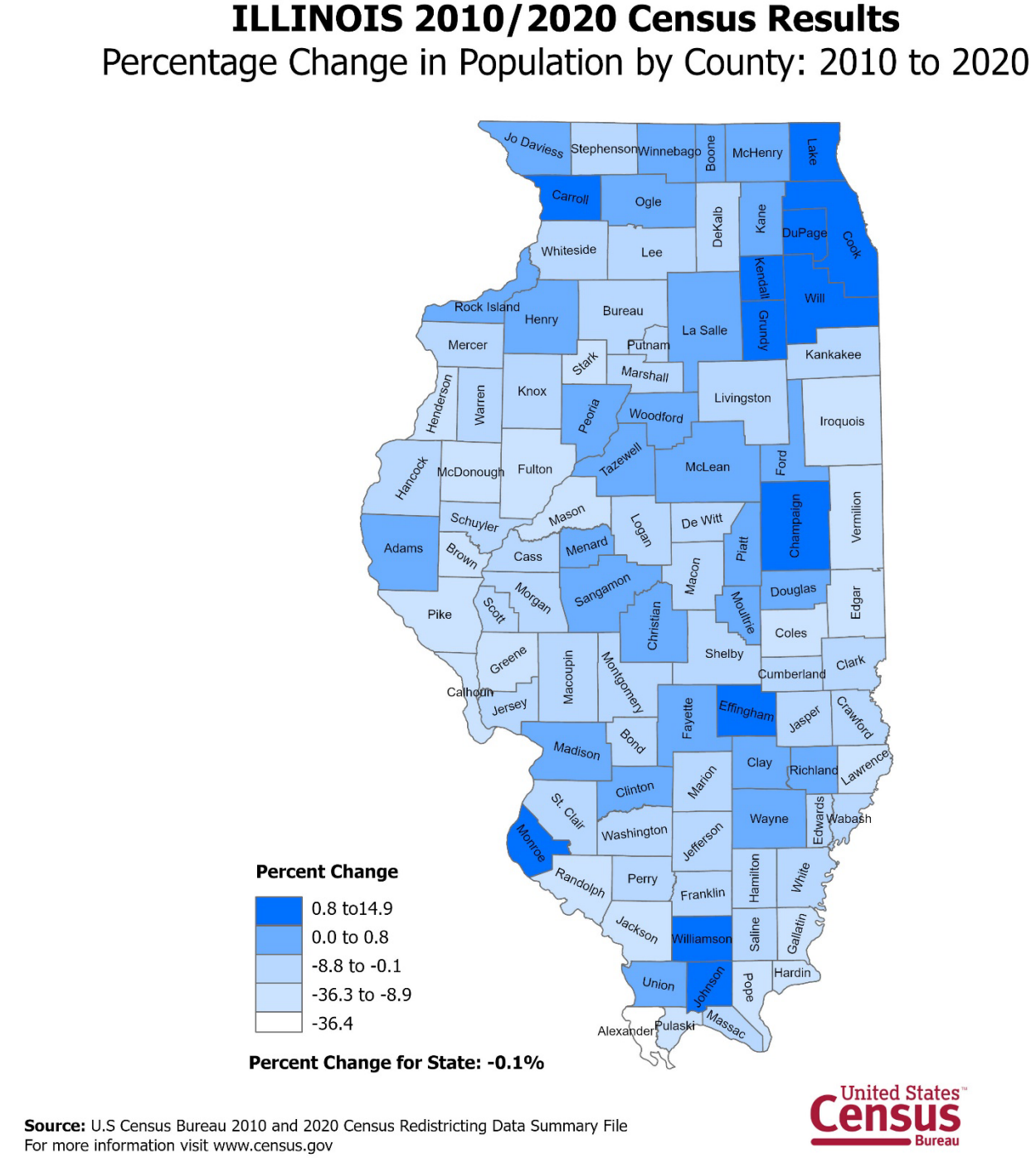


Map 2: Illinois Population Size by County, 2020



Source: U.S. Census Bureau, 2020 Census Redistricting Data Summary File
Fore more information visit www.census.gov

Map 3: Illinois Population Change by County, 2010 – 2020



Cost of Injury and Violence in 2021 and 2022

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); the value of statistical life; and combined costs (medical plus work loss).

In Illinois, unintentional injury-related fatalities posed the greatest financial costs, with a combined medical and statistical life cost of $71.34 billion in 2022. Costs of nonfatal injuries were unavailable for Illinois specifically, so national costs of nonfatal emergency department visits (see Table 3) and nonfatal injury hospitalizations (see Table 4) are shown. In 2021, combined costs of nonfatal unintentional injury-related ED visits were reported as $1.23 trillion in the United States.

Table 2: Cost of Fatalities, Illinois, 2022

Intent	Deaths	Medical Costs		Value of Statistical Life		Combined Costs	
		Total	Average	Total	Average	Total	Average
Unintentional	7,597	$129.79 M	$17,085	$71.21 B	$9.37 M	$71.34 B	$9.39 M
Homicide	1,312	$15.59 M	$11,885	$15.81 B	$12.05 M	$15.83 B	$12.06 M
Legal Intervention	19**	$115,478	$8,183	$220.40 M	$11.60 M	$220.56 M	$11.61 M
Suicide	1,533	$8.03 M	$5,236	$16.34 B	$10.60 M	$16.35 B	$10.66 M
Undetermined	121	$1.37 M	$11,290	$1.30 B	$10.78 M	$1.31 B	$10.79 M

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed December 2023 from www.wisqars.cdc.gov
Note: ** indicates the unstable value (<20 deaths); -- indicates the suppressed value (between one and nine deaths or nonfatal injury counts based on <20 unweighted counts, <1,200 weighted counts, or coefficient of variation of the estimate >30%); Currency year and time horizon: Costs are 2021 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the one year following the ED injury visit.
Abbreviations: $B = Billions; $M = Millions

Table 3: Cost of Injury Emergency Department (ED) Visits, United States, 2021

Intent	ED Visits	Medical Costs		Work Loss Costs		Quality of Life Loss Costs		Combined Costs	
		Total	Average	Total	Average	Total	Average	Total	Average
Unintentional (Includes undetermined)	17.60 M	$113.18 B	$6,430	$29.44 B	$1,672	$1.09 T	$61,945	$1.23 T	$70,048
Assault - Other	1.02 M	$7.98 B	$7,857	$820.54 M	$808	$96.59 B	$95,110	$105.39 B	$103,775
Assault - Sexual	86,662	$586.80 M	$6,771	$62.52 M	$721	$1.87 B	$21,542	$2.52 B	$29,034
Legal Intervention	60,029	$483.23 M	$8,050	$55.56 M	$926	$3.59 B	$59,753	$4.13 B	$68,728
Self-Harm	144,764	$1.49 B	$10,290	$138.53 M	$957	$1.60 B	$11,077	$3.23 B	$22,324

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed December 2023 from https://wisqars.cdc.gov/

Note: Currency year and time horizon: Costs are 2021 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the 1 year following the ED injury visit.

Abbreviations: M = Millions; B = Billions; T = Trillions in U.S. dollars

Table 4: Cost of Injury Hospitalizations, United States, 2021

Intent	Hospitalizations	Medical Costs		Work Loss Costs		Quality of Life Loss Costs		Combined Costs	
		Total	Average	Total	Average	Total	Average	Total	Average
Unintentional (Includes undetermined)	2.97 M	$167.24 B	$56,365	$32.66 B	$11,007	$434.59 B	$146,473	$634.48 B	$213,845
Assault - Other	186,445	$16.58 B	$88,941	$1.84 B	$9,843	$26.60 B	$142,655	$45.02 B	$241,439
Assault - Sexual	8,565	$532.90 M	$62,218	$83.25 M	$9,719	$583.79 M	$68,160	$1.20 B	$140,097
Legal Intervention	8,025	$472.88 M	$58,926	$82.47 M	$10,277	$722.25 M	$90,000	$1.28 B	$159,203
Self-Harm	317,297	$11.71 B	$36,892	$3.10 B	$9,774	$9.91 B	$31,227	$24.72 B	$77,893

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed December 2023 from https://wisqars.cdc.gov/

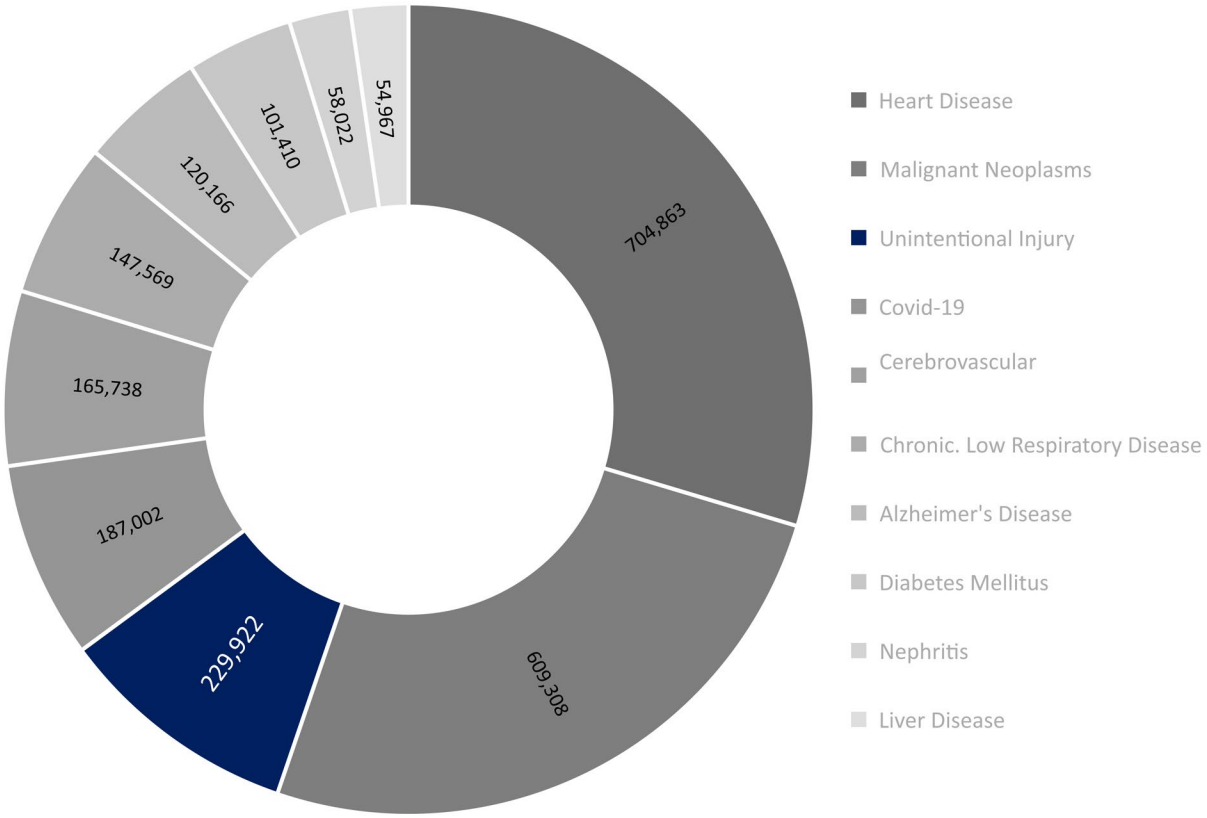
Note: Currency year and time horizon: Costs are 2021 USD. Medical costs for injury deaths refer to medical care associated with the fatal event. Medical, work loss, and quality of life loss costs for nonfatal injuries refer to the one year following the ED injury visit.

Abbreviations: M = Millions; B = Billions in U.S. dollars

Leading Causes of Death Nationally, 2022

Unintentional injuries account for the third leading cause of death in the U.S. among all ages, genders, races, and ethnicities, with more than 229,000 deaths in 2022 (Figure 1).

Figure 1: Top 10 Leading Causes of Death in the United States, 2022



Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed June 2024. Available from: www.cdc.gov/injury/wisqars

Note: The figure reflects the top 10 leading causes of death nationally for all ages, races, ethnicities, and genders in 2022.

Note: The number of deaths is shown for each cause of death.

Leading Causes of Death Nationally by Age Group, 2022

In 2022, unintentional injuries were the leading cause of death for persons aged 1 through 44 years of age in the United States. Unintentional injury, suicide, and homicide were among the top five causes of death for age groups from age 10 to 34 years (Table 5).

Table 5: Top 10 Leading Causes of Death in the United States, 2022

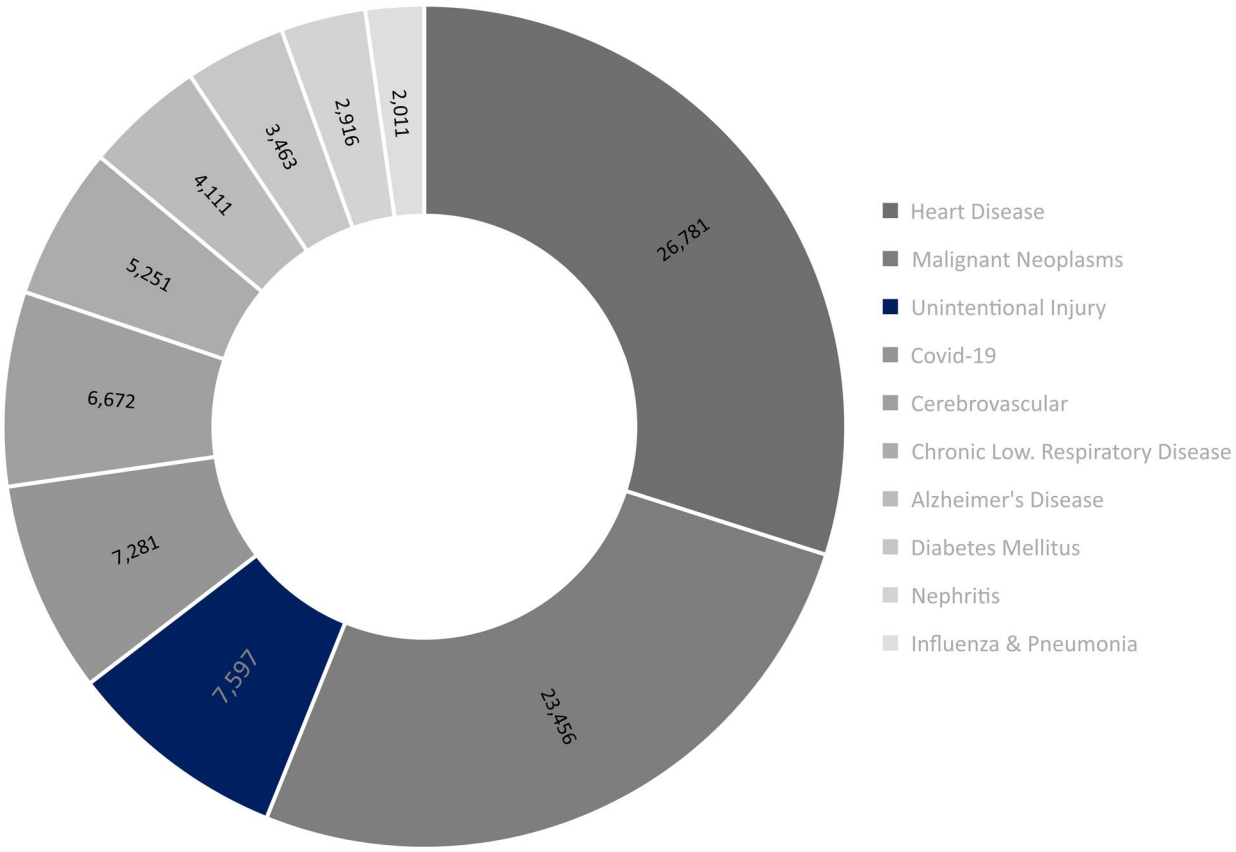
10 Leading Causes of Death, United States 2022, All Races, Both Sexes											
	Age Groups										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	Congenital Anomalies 3,978	Unintentional Injury 1,291	Unintentional Injury 731	Unintentional Injury 933	Unintentional Injury 14,861	Unintentional Injury 33,558	Unintentional Injury 37,589	Malignant Neoplasms 33,438	Malignant Neoplasms 105,363	Heart Disease 568,548	Heart Disease 704,863
2	Short Gestation 2,900	Congenital Anomalies 444	Malignant Neoplasms 402	Suicide 495	Homicide 6,306	Suicide 8,708	Heart Disease 12,308	Heart Disease 32,462	Heart Disease 86,274	Malignant Neoplasms 453,061	Malignant Neoplasms 609,308
3	SIDS 1,533	Homicide 343	Congenital Anomalies 241	Malignant Neoplasms 449	Suicide 6,062	Homicide 6,770	Malignant Neoplasms 11,217	Unintentional Injury 31,953	Unintentional Injury 34,620	COVID-19 146,633	Unintentional Injury 229,922
4	Unintentional Injury 1,357	Malignant Neoplasms 271	Homicide 180	Homicide 368	Malignant Neoplasms 1,440	Heart Disease 3,814	Suicide 8,228	COVID-19 9,712	COVID-19 24,335	Cerebrovascular 142,751	COVID-19 187,002
5	Maternal Pregnancy Complication 1,222	Influenza and Pneumonia 129	Influenza and Pneumonia 77	Congenital Anomalies 205	Heart Disease 852	Malignant Neoplasms 3,663	Liver Disease 5,517	Liver Disease 9,432	Diabetes Mellitus 17,455	Chronic Lower Respiratory Disease 125,936	Cerebrovascular 165,738
6	Placenta Cord Membranes 656	Heart Disease 106	Heart Disease 74	Heart Disease 146	COVID-19 452	Liver Disease 1,790	Homicide 4,808	Suicide 7,819	Chronic Lower Respiratory Disease 17,179	Alzheimer's Disease 118,569	Chronic Lower Respiratory Disease 147,569
7	Bacterial Sepsis 643	COVID-19 101	COVID19 62	COVID-19 69	Congenital Anomalies 413	COVID-19 1,644	COVID-19 3,852	Diabetes Mellitus 7,388	Liver Disease 16,549	Unintentional Injury 72,963	Alzheimer's Disease 120,166
8	Respiratory Distress 457	Perinatal Period 62	Chronic Lower Respiratory Disease 49	Chronic Lower Respiratory Disease 58	Diabetes Mellitus 325	Diabetes Mellitus 1,191	Diabetes Mellitus 2,887	Cerebrovascular 5,585	Cerebrovascular 14,239	Diabetes Mellitus 72,104	Diabetes Mellitus 101,410
9	Intrauterine Hypoxia 365	Septicemia 60	Cerebrovascular 45	Cerebrovascular Influenza and Pneumonia 55	Chronic Lower Respiratory Disease 198	Cerebrovascular 602	Cerebrovascular 2,164	Chronic Lower Respiratory Disease 2,996	Suicide 7,894	Nephritis 47,138	Nephritis 58,022
10	Circulatory System Disease 357	Cerebrovascular 49	Septicemia 33		Influenza and Pneumonia 169	Complicated Pregnancy 595	Nephritis 1,030	Homicide 2,774	Nephritis 6,689	Parkinson's Disease 38,942	Liver Disease 54,967

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed June 2024. Available from URL: www.cdc.gov/injury/wisqars

Leading Causes of Death in Illinois, 2022

Among all ages, genders, and races/ethnicities, unintentional injury was the third leading cause of death among Illinoisians in 2022 (Figure 2).

Figure 2: Leading Causes of Death in Illinois, 2022



Note: Figure reflects the top 10 leading causes of death in Illinois for all ages, races, ethnicities, and genders in 2022.
Note: The number of deaths is shown for each cause of death.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed June 2024. Available from: www.cdc.gov/injury/wisqars

Leading Causes of Death in Illinois by Age Group, 2022

Unintentional injuries were also the leading cause of death among Illinoisians aged 1 to 44 years of age in 2022 (see Table 6).

Table 6: Top 10 Leading Causes of Death in Illinois, 2022

10 Leading Causes of Death, Illinois 2022, All Races, Both Sexes											
	Age Groups										
Rank	**<1**	**1-4**	**5-9**	**10-14**	**15-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65+**	**All Ages**
1	Short Gestation 149	Unintentional Injury 41	Unintentional Injury 18**	Unintentional Injury 29	Unintentional Injury 492	Unintentional Injury 1,021	Unintentional Injury 1,144	Malignant Neoplasms 1,247	Malignant Neoplasms 3,969	Heart Disease 21,487	Heart Disease 26,781
2	Congenital Anomalies 113	Homicide 16**	Malignant Neoplasms 16**	Homicide 24	Homicide 344	Homicide 431	Heart Disease 466	Heart Disease 1,240	Heart Disease 3,381	Malignant Neoplasms 17,619	Malignant Neoplasms 23,456
3	Maternal Pregnancy Complications 62	Congenital Anomalies Malignant Neoplasms 12**	Homicide 14**	Malignant Neoplasms 15**	Suicide 193	Suicide 272	Malignant Neoplasms 408	Unintentional Injury 1,114	Unintentional Injury 1,318	Cerebrovascular 5,909	Unintentional Injury 7,597
4	Unintentional Injury 50		Congenital Anomalies 10**	Suicide 12**	Malignant Neoplasms 52	Heart Disease 152	Suicide 265	COVID-19 369	COVID-19 958	COVID-19 5,733	COVID-19 7,281
5	Placenta Cord Membranes 28	Influenza and Pneumonia --	Heart Disease Influenza and Pneumonia --	Heart Disease --	Heart Disease 31	Malignant Neoplasms 118	Homicide 250	Liver Disease 305	Diabetes Mellitus 620	Chronic Lower Respiratory Disease 4,483	Cerebrovascular 6,672
6	SIDS 20**	COVID-19 --		Congenital Anomalies --	Congenital Anomalies 17**	COVID-19 73	Liver Disease 188	Suicide 258	Chronic Lower Respiratory Disease 603	Alzheimer's Disease 4,038	Chronic Lower Respiratory Disease 5,251
7	Respiratory Distress 19**	Heart Disease --	COVID-19 --	Diabetes Mellitus --	COVID-19 15**	Liver Disease 59	COVID-19 122	Diabetes Mellitus 251	Liver Disease 581	Nephritis 2,448	Alzheimer's Disease 4,111
8	Bacterial Sepsis 15**	Perinatal Period --	Anemias; Benign Neoplasms; Chronic Lower Respiratory Disease; Septicemia --	COVID-19; Chronic Lower Respiratory Disease --	Influenza and Pneumonia --	Diabetes Mellitus 46	Diabetes Mellitus 108	Cerebrovascular 179	Cerebrovascular 495	Diabetes Mellitus 2,427	Diabetes Mellitus 3,463
9	Influenza and Pneumonia; Necrotizing Enterocolitis 14**	Benign Neoplasms; Cerebrovascular; Meningitis --			Diabetes Mellitus --	Cerebrovascular 29	Cerebrovascular 52	Nephritis 115	Nephritis 287	Unintentional Injury 2,369	Nephritis 2,916
10				Benign Neoplasms; Cerebrovascular; Influenza and Pneumonia; Nutritional Deficiencies; Pneumonitis --	Chronic Lower Respiratory Disease --	Chronic Lower Respiratory Disease 23	Nephritis 43	Chronic Lower Respiratory Disease 110	Suicide 256	Influenza and Pneumonia 1,627	Influenza and Pneumonia 2,011

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

Intents and Mechanisms of Injury-Related Mortality (Death) in Illinois, 2016-2021

Injury and violence-related deaths make up a substantial portion of all deaths in Illinois. However, prevention efforts hinge on understanding the diversity of intents and mechanisms.

By Injury Intent

In 2021, unintentional injuries accounted for the greatest age-adjusted rate of injury mortality by intent in Illinois, with a rate of 56.7 deaths per 100,000 persons, followed by homicide with an age-adjusted rate of 12.3 deaths per 100,000 persons (see Table 7). Additionally, unintentional injury-related deaths had the greatest percent increase of all injury intents between 2016 and 2021 (see Table 7).

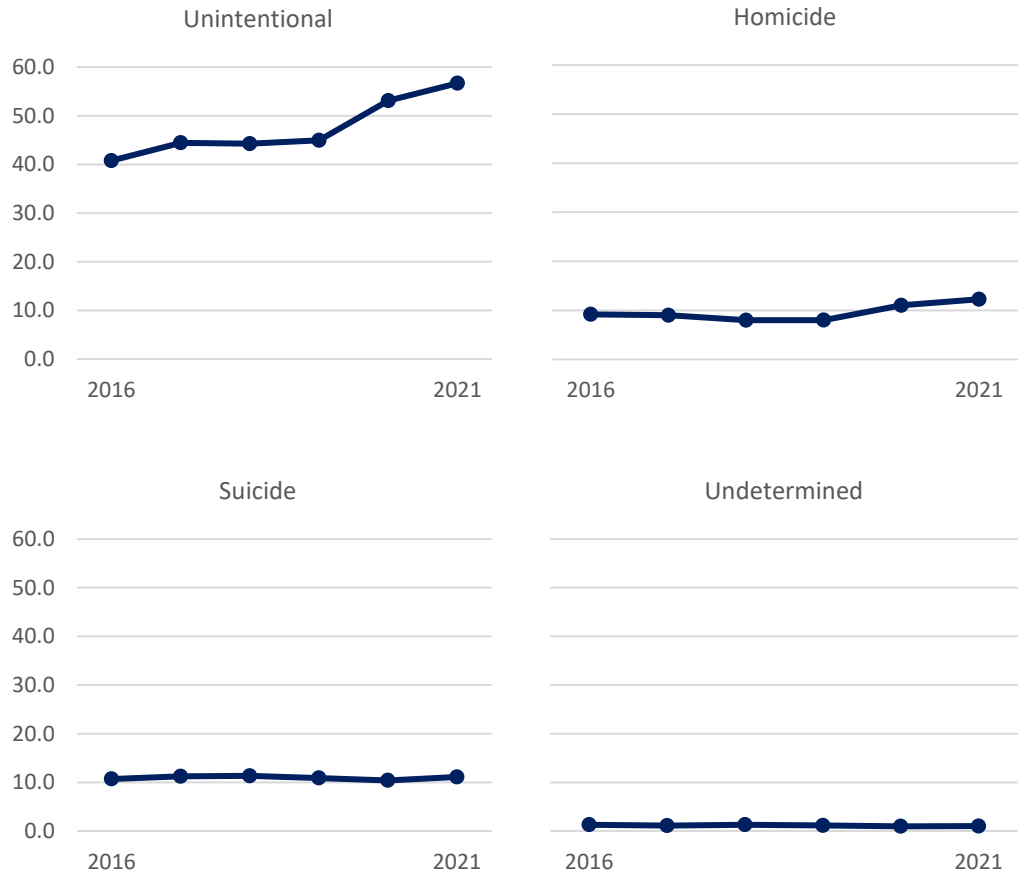
Table 7: Percent Change in Illinois AA Rate per 100,000 Persons of Injury Mortality by Intent and Counts of Injury Morbidity, 2016-2021

Intent	2016 Number of Deaths	AA Rate of 2016	2021 Number of Deaths	AA Rate 2021	Percent Change 2016-2021
Unintentional	5,580	40.8	7,664	56.7	39.0%
Homicide	1,157	9.2	1,487	12.3	33.7%
Legal Intervention	17**	0.1**	20**	0.2**	14.3%
Suicide	1,415	10.7	1,454	11.1	3.8%
Undetermined	164	1.3	123	1.0	-22.0%

Sorted By: Age-adjusted rate.
Note: ** indicates unstable value (<20 deaths). Caution is recommended in interpreting this information. Rates are shown to one decimal place, but Percent Change is calculated on complete age-adjusted rates.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from: www.cdc.gov/injury/wisqars

Age-adjusted rates of injury deaths have increased for all intents within Illinois between 2016 and 2021 except for injury deaths classified as undetermined (see Figure 3).

Figure 3: AA Rate of Injury Deaths by Intent, Illinois, 2016-2021



Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from: www.cdc.gov/injury/wisqars

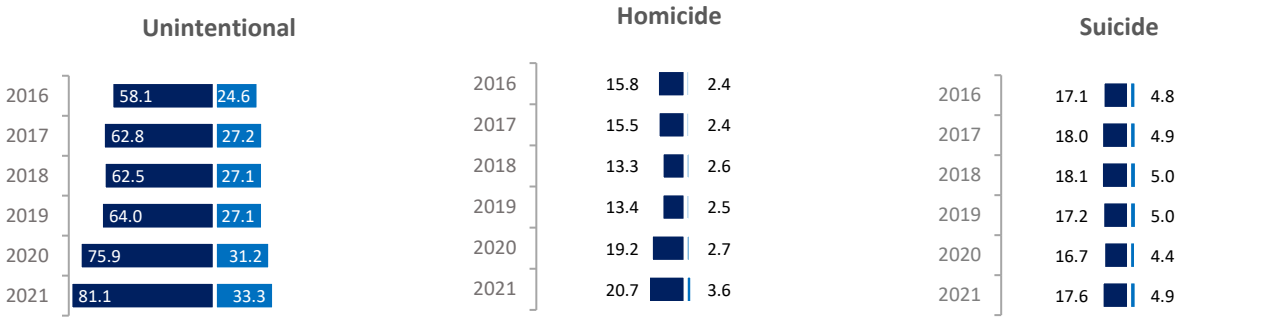
Males are disproportionately impacted by injury mortality in Illinois (see Table 8 on page 17). The age-adjusted rate of unintentional injury mortality in 2021 was 5.8 times greater among males than females. Homicide mortality was the second leading injury mortality intent among males in 2021, whereas suicide was the second leading cause of injury mortality among females.

Table 8: Illinois AA Rate per 100,000 Persons and Counts of Injury Mortality by Intent and Sex/Gender, 2021

Intent	Sex/Gender	Number of Deaths	AA Rate 2021	Rate Ratio
Homicide	Males	1,266	20.7	5.8
	Females	221	3.6	
Legal Intervention	Males	18**	0.3**	--
	Females	--	--	
Suicide	Males	1,133	17.6	3.6
	Females	321	4.9	
Undetermined	Males	80	1.3	1.9
	Females	43	0.7	
Unintentional	Males	5,217	81.1	2.4
	Females	2,447	33.3	

Sorted By: Intent then Sex/Gender.
Note: ** indicates unstable value (<20 deaths). Caution is recommended in interpreting this information.
Note: -- indicates the value is not reported. This is done to maintain privacy for decedents and to ensure the reliability of calculated rates when counts are between one and nine.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

Figure 4: AA Rate of Injury Deaths by Intent among Males and Females, Illinois, 2016-2021



Note: Figures are not shown for undetermined or legal intervention injury deaths.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

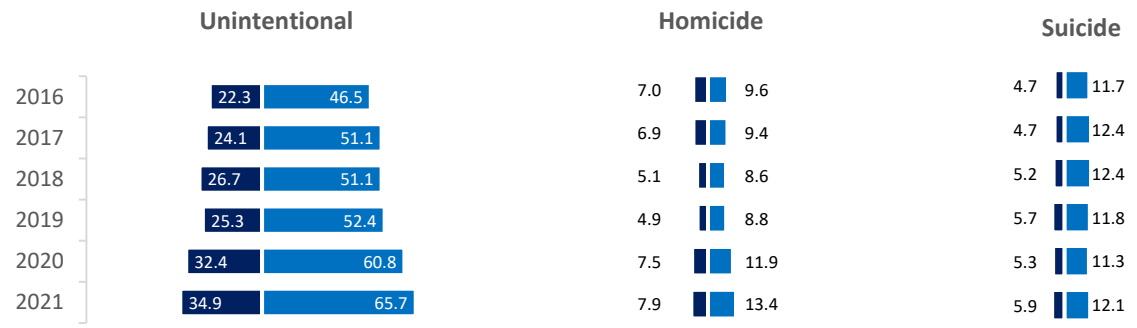
The age-adjusted rate of unintentional injury mortality was greater among non-Hispanic Illinoisians than Hispanic Illinoisians in 2021 (see Table 9 and Figure 5). The greatest disparity between non-Hispanic and Hispanic individuals was among suicide mortality rates, where the rate for non-Hispanic individuals was more than 2.1 times greater than the rate of suicide mortality observed in Hispanic individuals. Unintentional injury mortality rates were the greatest of all injury mortality intents, followed by homicide, among both non-Hispanic and Hispanic Illinoisans in 2021.

Table 9: Illinois AA Rate per 100,000 Persons and Counts of Injury Mortality by Intent and Ethnicity, 2021

Intent	Ethnicity	Number of Deaths	AA Rate 2021	Rate Ratio
Homicide	Non-Hispanic	1,291	13.4	1.7
	Hispanic	194	7.9	
Legal Intervention	Non-Hispanic	18**	0.2**	--
	Hispanic	--	--	
Suicide	Non-Hispanic	1,314	12.1	2.1
	Hispanic	140	5.9	
Undetermined	Non-Hispanic	107	1.1	1.6
	Hispanic	14**	0.7**	
Unintentional	Non-Hispanic	6,821	59.4	1.5
	Hispanic	796	38.8	

Sorted By: Intent then Ethnicity.
Note: ** indicates unstable value (<20 deaths). Caution is recommended in interpreting this information.
Note: -- indicates the value is not reported. This is done to maintain decedents' privacy and ensure the reliability of calculated rates when counts are between one and nine.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

*Figure 5: AA Rate of Injury Deaths by Intent among **Hispanic** and **Non-Hispanic** Individuals, Illinois, 2016-2021*



Note: Figures not shown for Undetermined or Legal Intervention injury deaths.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

By Injury Mechanism

Drug-related poisonings and overdoses made up the highest age-adjusted rate of injury mortality by mechanism in Illinois in 2021. This was followed by firearm-related mortality and motor vehicle traffic-related mortality (see Table 10).

Table 10: Percent Change in Illinois AA Rate per 100,000 Persons of Injury Mortality by Mechanism and Counts of Injury Morbidity, 2016-2021

Mechanism	2016 Number of Deaths	AA Rate 2016	2021 Number of Deaths	AA Rate 2021	Percent Change in AA Rate
Adverse Effects, Overall	103	0.7	204	1.3	85.7%
Cut/Pierce	116	0.8	80	0.6	-26.5%
Drowning (includes water transport)	165	1.2	196	1.5	21.1%
Fall	1,142	7.7	1,495	9.9	29.2%
Fire/Flame	135	0.9	168	1.2	26.6%
Firearm	1,490	11.6	1,995	16.0	38.0%
Machinery	26	0.2	12**	0.1**	-57.9%**
Natural/Environmental	55	0.4	68	0.5	17.9%
Drug Poisoning	2,411	18.8	3,762	29.1	54.2%
Non-Drug Poisoning	219	1.7	150	1.2	-31.4%
Struck by / against	29	0.2	33	0.2	9.1%
Suffocation	763	5.8	777	5.9	0.7%
Motor Vehicle, Traffic	1,122	8.5	1,428	10.9	28.7%
Pedal Cyclist, Other	10**	0.1	15**	0.1**	42.9%**
Pedestrian, Other	31	0.2	46	0.4	56.5%
Transport, Other Land	49	0.4	40	0.3	-18.9%
Transport, Other (excludes drowning by water transport)	13**	0.1**	--	--	--
Other Specified and Classifiable	103	0.8	98	0.8	-3.8%
Other Specified / NEC	83	0.6	58	0.4	-29.3%

Sorted By: Mechanism.

Note: ** indicates unstable value (<20 deaths). Caution is recommended in interpreting this information. Rates are shown to one decimal place, but Percent Change is calculated on complete age-adjusted rates.

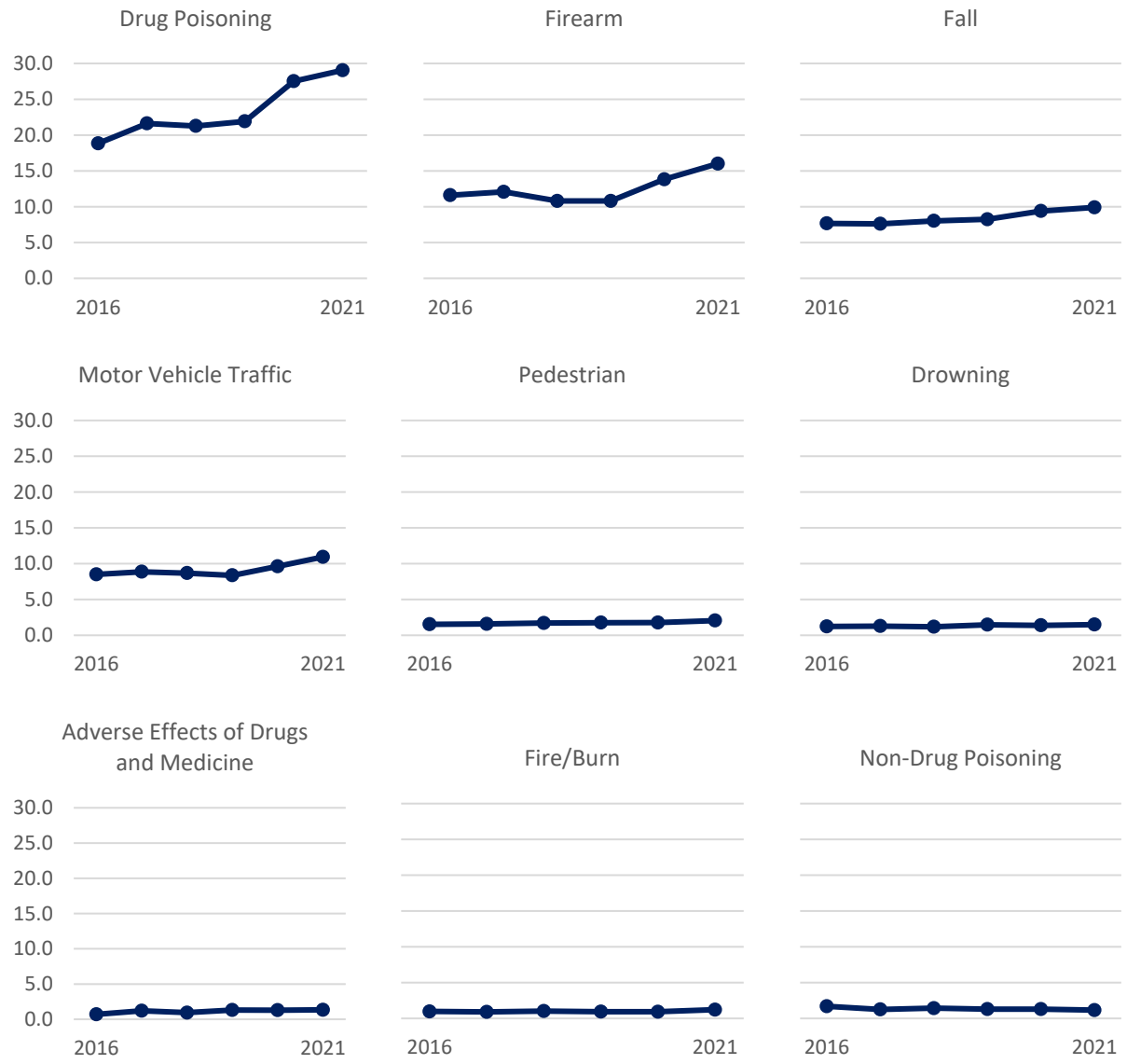
Note: -- indicates the value is not reported. This is done to maintain privacy for decedents and to ensure reliability of calculated rates when counts are between one and nine.

Note: Drug Poisonings include X40-X44, X60-X64, X85, Y10-Y14. Non-Drug Poisonings include X45-X49, X65-X69, X86-X90, Y15-Y19, Y35.2, *U01(.6,.7)

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

Age-adjusted rates of injury mortality have increased in Illinois across many mechanisms between 2016 and 2021. The greatest percent increases over this time were in deaths from drug poisonings, pedal cyclists, overall adverse effects, firearms, and motor vehicle traffic crashes. Alternatively, rates decreased for injury deaths from cut/pierce, and other land transport mechanisms, among others (see Table 10 and Figure 6).

Figure 6: AA Rate of Injury Deaths by Mechanism, Illinois, 2016-2021



Note: Not all mechanisms are shown. The figure reflects mechanisms of injury with current grant-related priorities and/or top age-adjusted rates.
Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

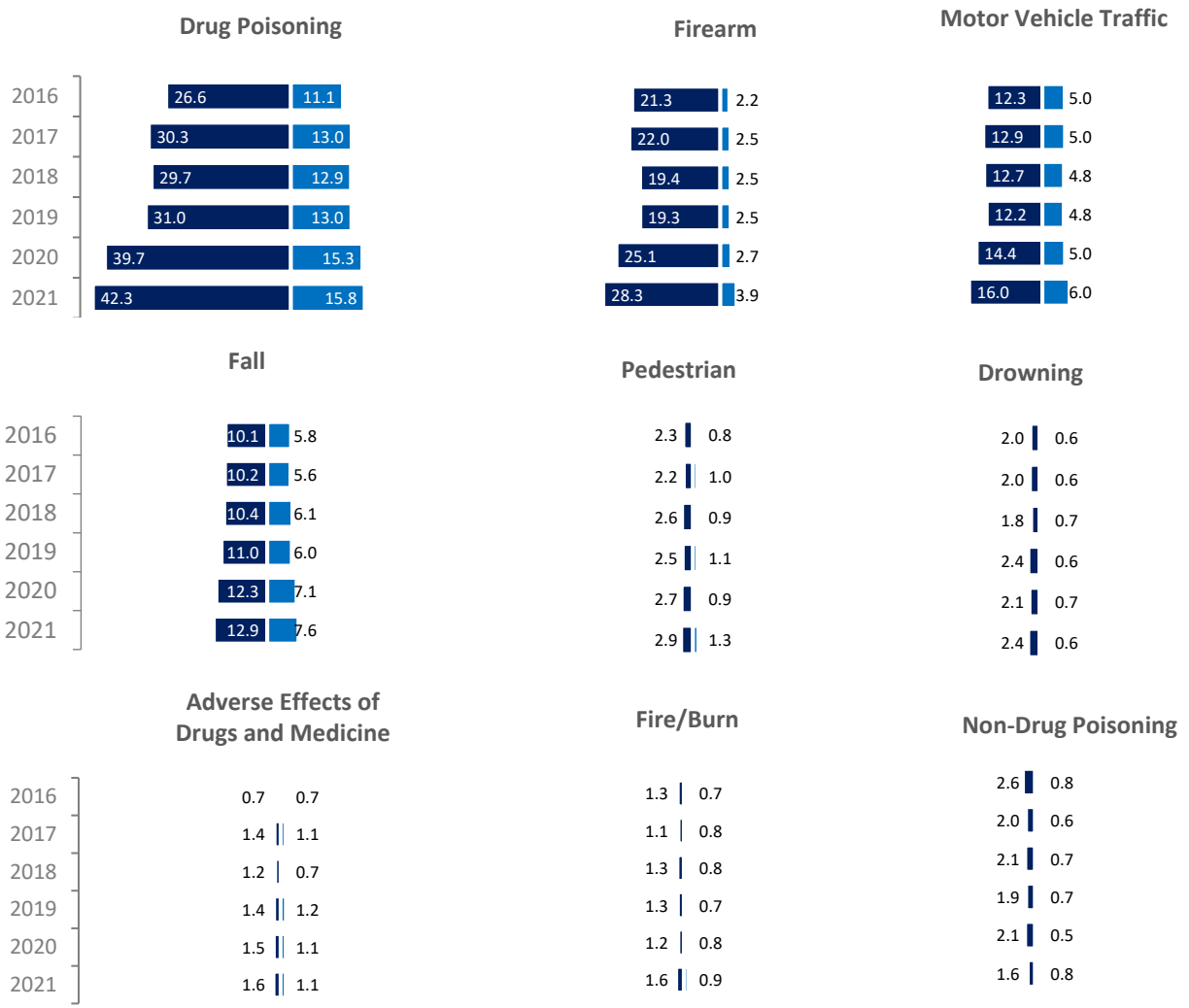
Table 11: AA Rate of Injury Mortality by Mechanism and Sex, 2021

Injury Mechanism	Gender	Number of Deaths	AA Rate 2021	Rate Ratio
Adverse Effects, Overall	Males	113	1.6	1.5
	Females	91	1.1	
Cut/Pierce	Males	65	1.0	5.0**
	Females	15**	0.2**	
Drowning (includes water transport)	Males	158	2.4	4
	Females	38	0.6	
Drug Poisoning	Males	2,739	42.3	2.7
	Females	1,023	15.8	
Fall	Males	807	12.9	1.7
	Females	688	7.6	
Fire/Flame	Males	103	1.6	1.8
	Females	65	0.9	
Firearm	Males	1,753	28.3	7.3
	Females	242	3.9	
Motor Vehicle, Traffic	Males	1,024	16.0	2.7
	Females	404	6.0	
Natural/Environmental	Males	48	0.7	3.5**
	Females	20**	0.2**	
Non-Drug Poisoning	Males	99	1.5	1.9
	Females	51	0.8	
Other specified / NEC	Males	42	0.6	3.0**
	Females	16**	0.2**	
Other Specified and Classifiable	Males	74	1.2	3.0
	Females	24	0.4	
Pedal Cyclist, Other	Males	14**	0.2**	--
	Females	--	--	
Pedestrian, Other	Males	35	0.5	2.5**
	Females	11**	0.2**	
Struck By / Against	Males	31	0.5	--
	Females	--	--	
Suffocation	Males	530	8.4	2.4
	Females	247	3.5	
Transport, Other Land	Males	28	0.4	2.0**
	Females	12**	0.2**	
Unspecified	Males	143	2.3	1.2
	Females	172	2.0	

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

Disparities by sex are also present by injury mechanisms. Males had an age-adjusted rate of firearm mortality 7.3 times greater than females and an age-adjusted rate of cut or pierce-related injury mortality five times greater than females in 2021 (see Table 11 on page 21). Drug-related poisonings were the leading cause of injury mortality by mechanism, followed by firearm mortality (see Figure 7). Motor vehicle injury mortality was the third leading injury mortality among both male and female Illinoisians in 2021 and was 2.7 times greater for male individuals compared with female individuals.

*Figure 7: AA Rate of Injury Deaths by Mechanisms among **Males** and **Females**, Illinois, 2016-2021*



Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

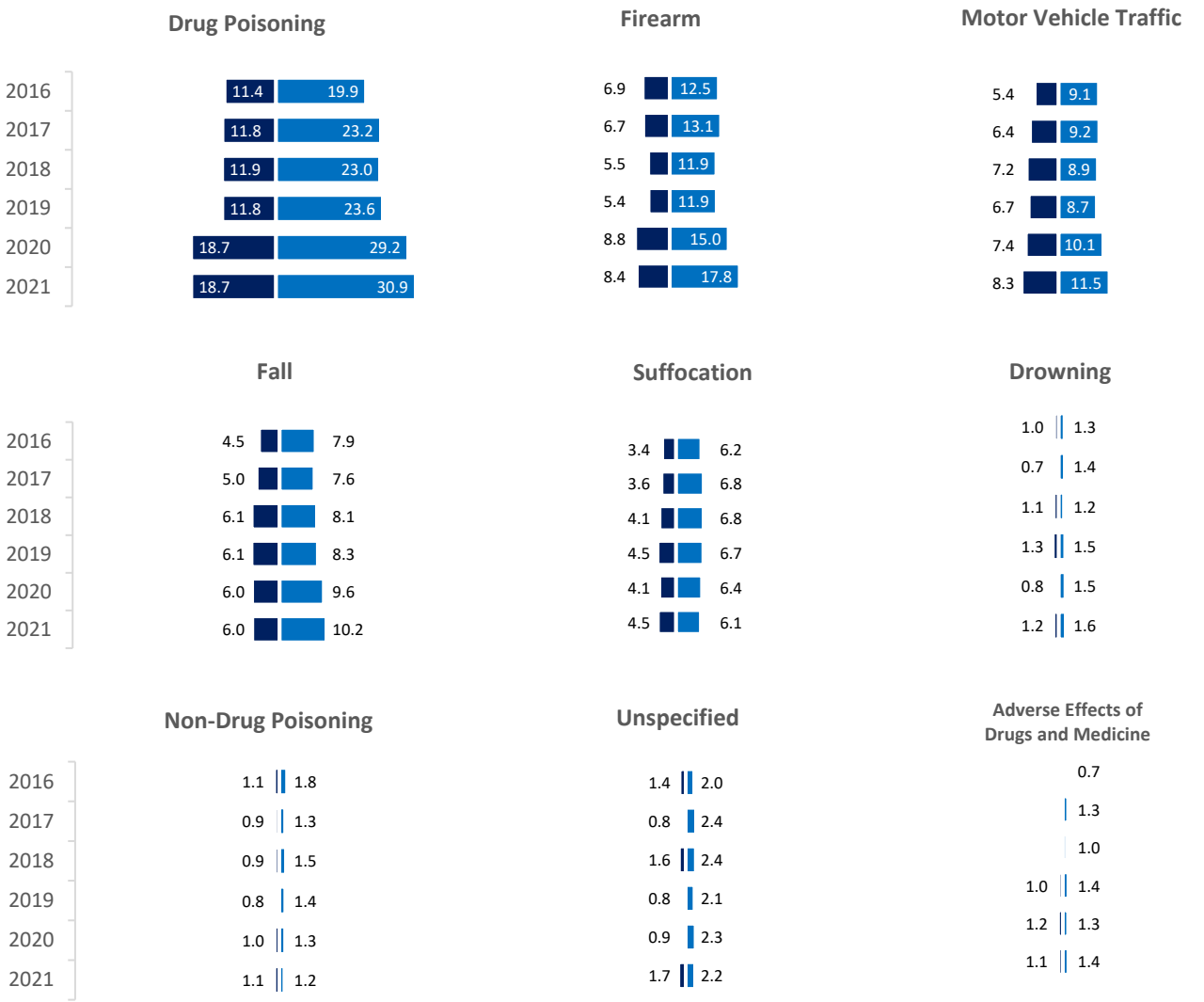
Table 12: AA Rate of Injury Mortality by Mechanism and Ethnicity, 2021

Mechanism	*Ethnicity*	*Number of Deaths*	AA Rate *2021*	Rate Ratio
Adverse Effects, Overall	Hispanic	19**	1.1**	0.8**
	Non-Hispanic	185	1.4	
Cut/Pierce	Hispanic	15**	0.7**	1.2**
	Non-Hispanic	65	0.6	
Drowning (includes water transport)	Hispanic	24	1.2	0.8
	Non-Hispanic	172	1.6	
Drug Poisoning	Hispanic	425	18.7	0.6
	Non-Hispanic	3,301	30.9	
Fall	Hispanic	85	6.0	0.6
	Non-Hispanic	1,407	10.2	
Fire/Flame	Hispanic	13**	0.6**	0.5**
	Non-Hispanic	155	1.3	
Firearm	Hispanic	208	8.4	0.5
	Non-Hispanic	1,786	17.8	
Motor vehicle, traffic	Hispanic	183	8.3	0.8
	Non-Hispanic	1,241	11.5	
Natural/Environmental	Hispanic	--	--	--
	Non-Hispanic	59	0.5	
Non-Drug Poisoning	Hispanic	23	1.1	0.9
	Non-Hispanic	126	1.2	
Other Specified / NEC	Hispanic	--	--	--
	Non-Hispanic	53	0.4	
Other Specified and Classifiable	Hispanic	15**	0.7**	0.9**
	Non-Hispanic	83	0.8	
Pedal Cyclist, Other	Hispanic	--	--	--
	Non-Hispanic	13**	0.1**	
Pedestrian, Other	Hispanic	12**	0.6**	2.0**
	Non-Hispanic	33	0.3	
Struck By / Against	Hispanic	--	--	--
	Non-Hispanic	29	0.3	
Suffocation	Hispanic	92	4.5	0.7
	Non-Hispanic	685	6.1	
Transport, Other Land	Hispanic	--	--	--
	Non-Hispanic	38	0.4	
Unspecified	Hispanic	30	1.7	0.8
	Non-Hispanic	283	2.2	

Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

Ethnicity differences are also present, although less prominent than the differences observed by sex between age-adjusted rates. For example, age-adjusted rates of drug-poisoning injury mortality were greater among non-Hispanic Illinoisians than Hispanic Illinoisians in 2021 (see Table 12 and Figure 8). The greatest disparity in age-adjusted rates between non-Hispanic and Hispanic individuals was among pedestrian injury mortality, where non-Hispanic individuals had a rate two times greater than Hispanic individuals in 2021. Drug poisoning, firearm, and motor vehicle traffic crashes made up the top three mechanisms of injury mortality in 2021 for both non-Hispanic and Hispanic individuals.

*Figure 8: AA Rate of Injury Deaths by Mechanism among **Hispanic** and **Non-Hispanic** Individuals, Illinois, 2016-2021*



Data Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) Accessed January 2024. Available from URL: www.cdc.gov/injury/wisqars

Leading Causes of Injury Morbidity in Illinois

Violence and injury are significant contributors to morbidity in populations. In Illinois, the burden of nonfatal injury-related hospitalizations and emergency department visits is significant. Morbidity information is reported below for injury-related hospitalizations and emergency department visits by injury mechanisms and intents, sex, and age group where available. Additional demographic breakdowns, such as race or ethnicity, were not immediately available and, therefore, have not been reported here.

Leading Causes of Injury Hospitalizations

As shown in Table 13 on page 26, the greatest AA rate of reported injury hospitalization mechanisms was observed for falls. Although fall hospitalizations had the greatest rate in 2021, rates have decreased since 2016. Rates of non-drug poisoning hospitalizations increased by more than 63% between 2016 and 2021. This is the greatest percent change observed among reported mechanisms and intents. Figure 9 on page 27 shows injury hospitalization rate changes over time in several mechanisms of injury.

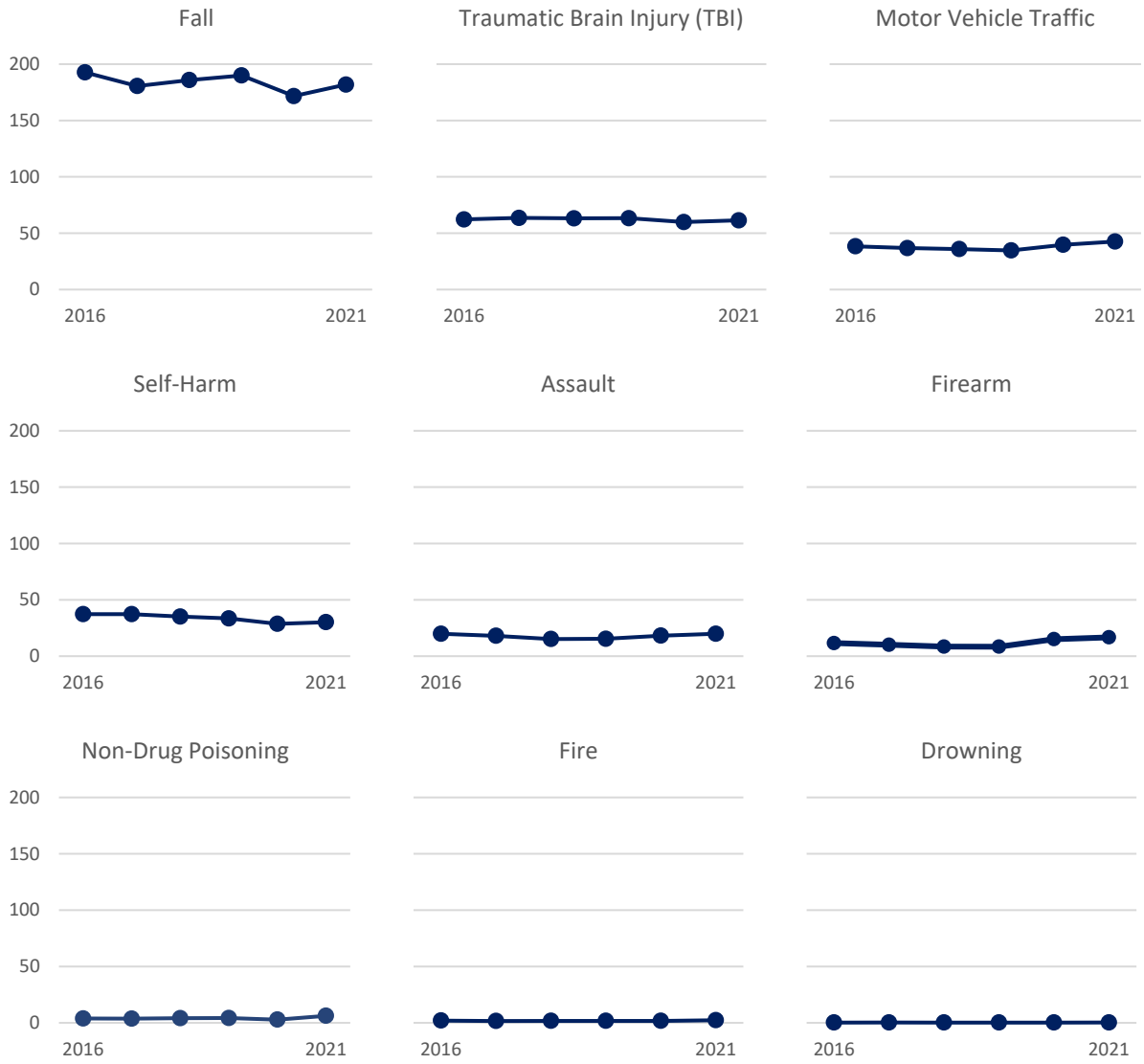
Table 13: Percent Change in Illinois AA Rate of Injury Hospitalizations per 100,000 Persons by Mechanism and Intent of Injury with Counts of Injury Hospitalizations, 2016-2021

	2016 Number of Hospitalizations	AA Rate 2016	2021 Number of Hospitalizations	AA Rate 2021	Percent Change in AA Rate
All Injury	56,252	404.5	52,875	374.6	-7.4%
INJURY MECHANISM					
Drowning	24	0.2	32	0.3	50.0%
Fall	28,163	192.7	27,400	181.9	-5.6%
Fire	262	2.0	317	2.3	15.0%
Firearm	1,442	11.6	2,009	16.7	44.0%
Motor Vehicle Traffic	5,077	38.4	5,563	42.6	10.9%
Non-Drug Poisoning	499	3.8	810	6.2	63.2%
Traumatic Brain Injury (TBI)	8,624	62.2	8,707	61.4	-1.3%
INJURY INTENT					
Assault	2,505	19.9	2,439	19.9	0.0%
Self-Harm	4,706	37.3	3,721	30.2	-19.0%

Note: All injury mechanisms and intents are not shown. Data were compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements. Reports mixed injury intent and mechanism. Therefore, the rates presented are not based on de-duplicated counts.

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Compiled July 2016 and July 2021. Accessed February 2024.

Figure 9: Illinois AA Rate of Injury Hospitalizations per 100,000 Persons by Mechanism and Intent, 2016-2021



Note: All injury mechanisms and intents are not shown. Injury intents shown here include Self-Harm and Assault. Injury mechanisms shown here include Fall, Traumatic Brain Injury, Motor Vehicle Traffic Crashes, Firearm, Non-Drug Poisoning, Fire, and Drowning.
Note: Tables and figures shown utilize data compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements and are based on grant-related priorities. Rates are not based on de-duplicated counts.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Table 14 shows age-adjusted rates of injury hospitalizations by different mechanisms and intents and age groups. Data show the greatest rate of all injury hospitalizations is observed in individuals aged 75-84 years of age. Similarly, rates of injury hospitalizations are greater in older adults for falls and traumatic brain injuries. Alternatively, rates of firearm hospitalizations and motor vehicle traffic crashes are typically greater in age groups between 15 and 54 years of age.

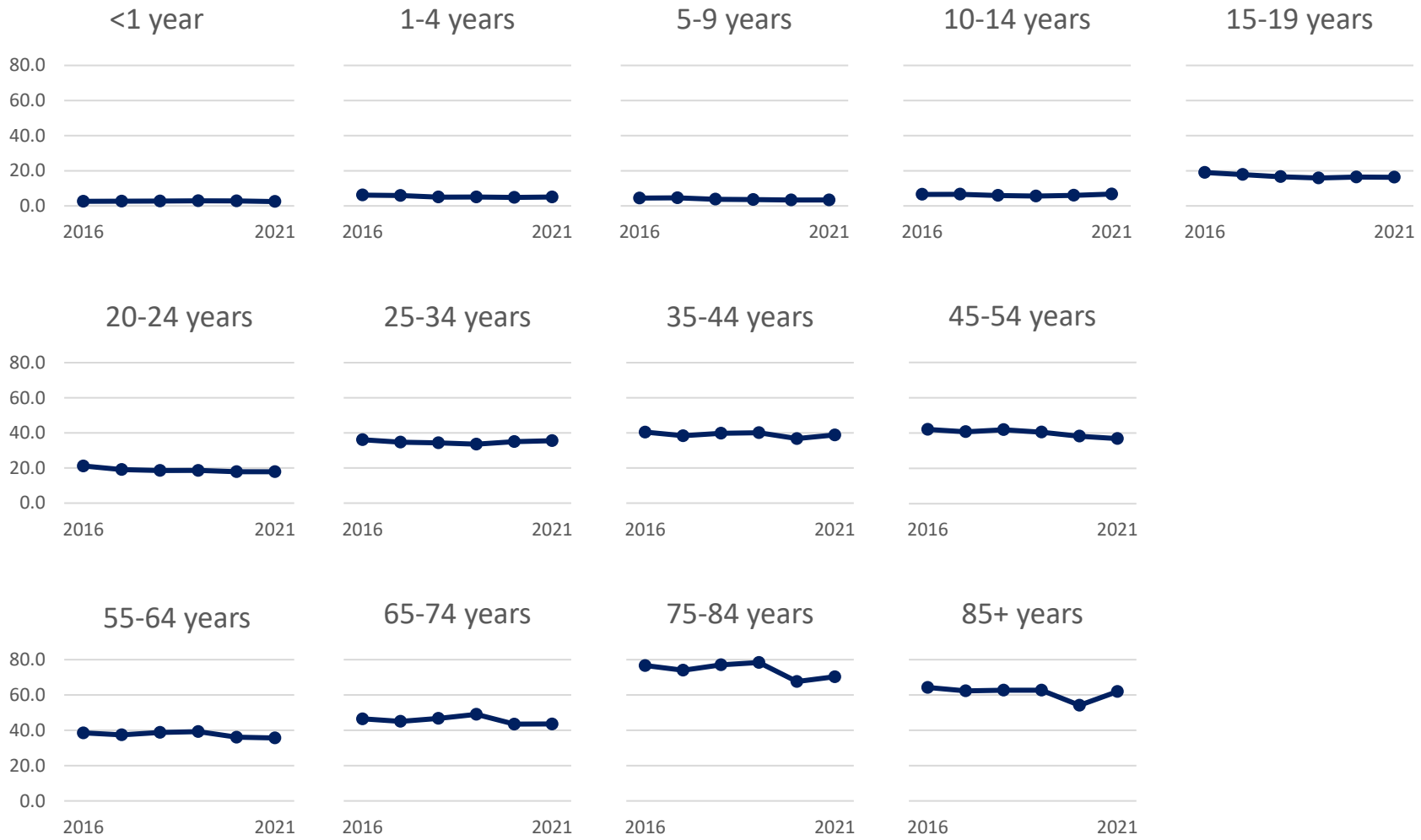
Table 14: Illinois AA Rate of Injury Hospitalizations per 100,000 Persons by Mechanism and Intent of Injury and Age Group, 2021

	<1 YEAR	1-4 YEARS	5-9 YEARS	10-14 YEARS	15-19 YEARS	20-24 YEARS	25-34 YEARS	35-44 YEARS	45-54 YEARS	55-64 YEARS	65-74 YEARS	75-84 YEARS	85+ YEARS
ALL INJURY	2.5	5.1	3.4	6.7	16.3	17.9	35.6	38.8	36.9	35.7	43.6	70.3	62.0
INJURY MECHANISM													
Drowning	--	0.2**	--	--	--	--	--	--	--	--	--	--	--
Fall	1.1	1.3	1.3	1.3	1.1	1.3	4.1	7.6	11.3	16.8	28.8	54.4	51.7
Fire	--	--	0.1**	--	0.1**	0.1**	0.3	0.5	0.3	0.3	0.3	0.2	--
Firearm	--	--	--	0.2	2.9	3.3	5.5	3.2	1.1	0.4	--	--	--
Motor Vehicle Traffic	--	0.3	0.5	0.7	3.2	5.0	8.6	7.7	5.9	4.1	2.9	2.6	1.0
Non-Drug Poisoning	--	0.3	--	--	0.3	0.4	1.0	1.3	1.0	0.8	0.4	0.2	0.1**
Traumatic Brain Injury (TBI)	1.3	0.8	0.6	0.7	2.2	2.8	5.4	5.7	6.0	5.9	7.6	12.7	9.7
INJURY INTENT													
Assault	0.7	0.3	0.1**	0.3	1.9	2.7	5.3	4.3	2.3	1.0	0.5	0.4	0.2
Self-Harm	--	--	--	2.5	5.7	3.7	5.6	5.5	3.8	1.9	0.8	0.6	0.3

Note: Not all injury mechanisms and intents are shown. Injury intents shown here include Self-Harm and Assault. Injury mechanisms shown here include Fall, Traumatic Brain Injury, Motor Vehicle Traffic Crashes, Firearm, Non-Drug Poisoning, Fire, and Drowning.
Note: ** indicates unstable value (<20 Hospitalizations). Caution is recommended in interpreting this information.
Note: -- indicates the value is not reported. This is done to maintain decedents' privacy and ensure the reliability of calculated rates when counts are between 1 and 9.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Trends over time of all injury hospitalizations by age group show decreases in age-adjusted rates among some age groups and increases in others (see Figure 10). For example, small decreases in AA rate of injury hospitalizations were seen between 2016 and 2021 in 15–19-year-olds but increased slightly among 10–14-year-olds.

Figure 10: Illinois AA Rates of All Injury Hospitalizations per 100,000 Persons by Age Group, 2016-2021



Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

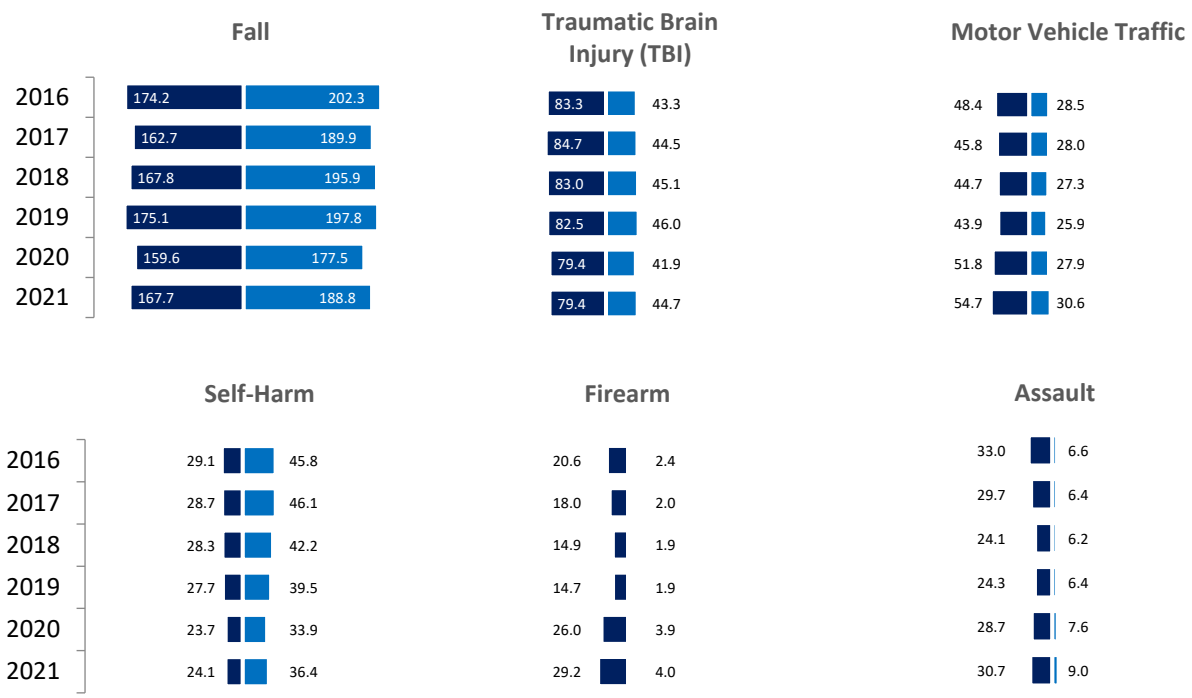
The age-adjusted rate of all injury hospitalizations in Illinois in 2021 was greatest in males. The age-adjusted rate of injury hospitalizations was greatest overall in falls and was greatest in females compared with males. The greatest rate ratio between males and females was in firearm injury hospitalizations. The second leading cause of injury hospitalization was male traumatic brain injuries. Assault injury intent was greatest in males, followed by self-harm in females.

Table 15: Illinois AA Rate of Injury Hospitalizations per 100,000 Persons and Count of Hospitalizations by Mechanism and Intent of Injury and Sex, 2021

	Gender	Number of Hospitalizations	AA Rate 2021	Rate Ratio
All Injury	Male	25,876	401.4	1.2
	Female	26,999	339.7	
INJURY MECHANISM				
Drowning	Male	20	0.4	2**
	Female	12	0.2**	
Fall	Male	10,907	167.7	0.9
	Female	16,493	188.8	
Fire	Male	205	3.1	1.9
	Female	112	1.6	
Firearm	Male	1,771	29.2	7.3
	Female	238	4	
Motor Vehicle Traffic	Male	3,499	54.7	1.8
	Female	2,064	30.6	
Non-Drug Poisoning	Male	482	7.4	1.5
	Female	328	5	
Traumatic Brain Injury (TBI)	Male	5,131	79.4	1.8
	Female	3,576	44.7	
INJURY INTENT				
Assault	Male	1,882	30.7	3.4
	Female	557	9	
Self-Harm	Male	1,515	24.1	0.7
	Female	2,206	36.4	

Note: Not all injury mechanisms and intents are shown. The data shown was compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements and are based on grant-related priorities. Rates are not based on de-duplicated counts.
Note: ** indicates unstable value (<20 hospitalizations). Caution is recommended in interpreting this information.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

*Figure 11: AA Rate of Injury Hospitalizations by Intent and Mechanism among **Males** and **Females**, Illinois, 2016-2021*



Note: Not all injury mechanisms and intents are shown. Tables and figures shown utilize data compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention and the National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements and are based on grant-related priorities. Rates are not based on de-duplicated counts.
Note: Values are not reported where case counts are between one (1) and nine (9). This is done to maintain decedents' privacy.
Note: All reported drowning rates in this figure were calculated when the hospitalization counts were less than 20. Caution is recommended in interpreting these rates.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Leading Causes of Injury Emergency Department Visits

As shown in Table 16, the greatest AA rate of reported injury ED mechanisms was observed for falls among Illinoisians in 2021. Although fall hospitalizations had the greatest rate in 2021, rates have decreased since 2016. Rates of firearm-related ED visits increased by more than 48% between 2016 and 2021. This was the greatest percent change observed among reported mechanisms and intents. Figure 12 shows injury emergency department utilization rate changes over time in several mechanisms of injury.

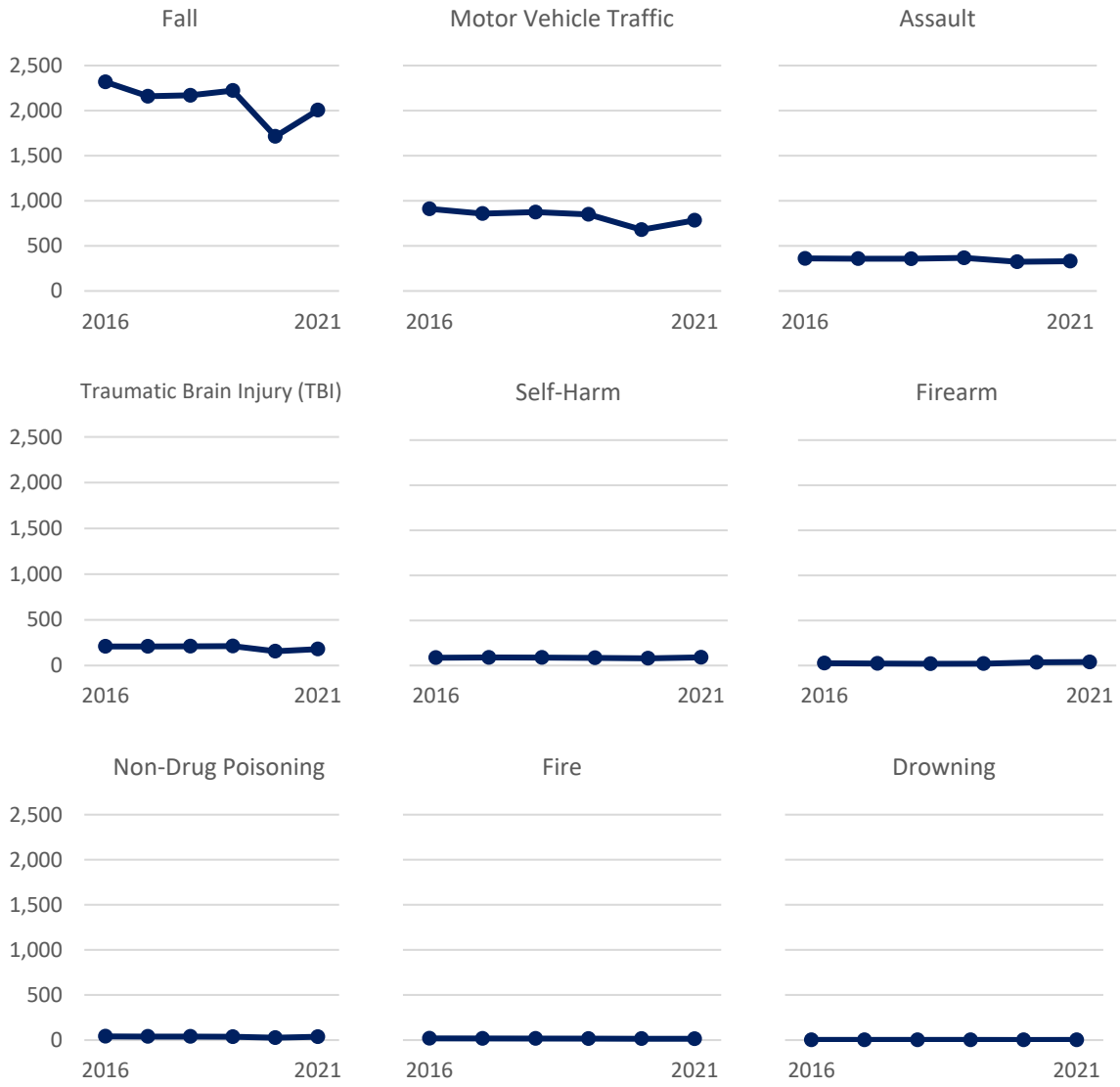
Table 16: Percent Change in Illinois AA Rate per 100,000 Persons of Injury Emergency Department (ED) Visits by Mechanism and Intent with Counts of Injury ED Visits, 2016-2021

	2016 Number of ED Visits	AA Rate 2016	2021 Number of ED Visits	AA Rate 2021	Percent Change in AA Rate
All Injury	1,056,923	8355.3	868,147	6870.9	-17.8%
INJURY MECHANISM					
Drowning	241	2.1	248	2.2	8.4%
Fall	302,898	2318.0	267,285	2005.3	-13.5%
Fire	2,380	18.9	1,821	14.5	-22.9%
Firearm	3,301	26.3	4,709	39.0	48.2%
Motor Vehicle Traffic	115,374	910.9	97,373	783.8	-14.0%
Non-Drug Poisoning	5,079	40.9	4,456	36.7	-10.3%
Traumatic Brain Injury (TBI)	26,234	209.1	22,590	180.0	-13.9%
INJURY INTENT					
Assault	44,751	360.3	39,896	330.2	-8.4%
Self-Harm	10,598	86.5	10,754	90.5	4.7%

Note: Not all injury mechanisms and intents are shown. Data were compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements. Reports mixed injury intent and mechanism. Therefore, the rates presented are not based on de-duplicated counts.

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Compiled July 2016 and July 2021. Accessed February 2024.

Figure 12: Illinois AA Rate of Injury Emergency Department Visits per 100,000 Persons by Mechanism and Intent, 2016-2021



Note: Not all injury mechanisms and intents are shown. Tables and figures harnessed data compiled for annual CDC Core SIPP reporting requirements based on grant-related priorities. Rates are not based on de-duplicated counts.
Note: Injury intents shown here include Self-Harm and Assault. Injury mechanisms shown here include Fall, Traumatic Brain Injury, Motor Vehicle Traffic Crashes, Firearm, Non-Drug Poisoning, Fire, and Drowning.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Table 17: Illinois AA Rate of Injury Emergency Department (ED) Visits per 100,000 Persons by Mechanism and Intent of Injury and Age Group, 2021

	<1 YEAR	1-4 YEARS	5-9 YEARS	10-14 YEARS	15-19 YEARS	20-24 YEARS	25-34 YEARS	35-44 YEARS	45-54 YEARS	55-64 YEARS	65-74 YEARS	75-84 YEARS	85+ YEARS
All Injury	77.6	475.9	411.3	456.0	577.4	542.3	1011.7	1005.7	769.4	497.7	379.9	406.6	259.5
INJURY MECHANISM													
Drowning	0.2	1.0	0.2	0.1**	0.1**	0.1**	0.2	0.1**	0.1**	--	--	--	--
Fall	40.2	182.1	139.0	112.2	85.2	73.5	155.0	193.3	200.3	179.4	191.3	260.1	193.6
Fire	0.1**	1.1	0.7	0.5	0.9	1.3	2.6	2.7	2.0	1.1	0.8	0.4	0.2
Firearm	0.0	0.2	0.3	0.7	7.0	7.9	12.7	6.6	2.3	0.8	0.2	0.1**	0.2
Motor Vehicle Traffic	3.5	14.6	22.5	25.9	87.8	108.5	176.4	147.4	98.8	51.9	26.8	15.6	4.1
Non-Drug Poisoning	0.9	5.9	1.2	1.5	2.9	3.6	6.0	5.9	4.3	2.5	1.2	0.7	0.2
Traumatic Brain Injury (TBI)	3.8	6.6	9.4	16.2	24.4	17.0	25.1	22.8	17.1	11.1	8.6	11.3	6.7
INJURY INTENT													
Assault	1.2	6.8	7.6	15.4	34.9	47.2	90.1	70.3	35.4	14.4	4.4	1.7	0.8
Self-Harm	--	0.1**	0.3	17.1	26.7	11.7	13.9	10.9	6.4	2.3	0.7	0.4	0.1

Note: Not all injury mechanisms and intents are shown. Tables and figures shown utilize data compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention and the National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements and are based on grant-related priorities. Rates are not based on de-duplicated counts.

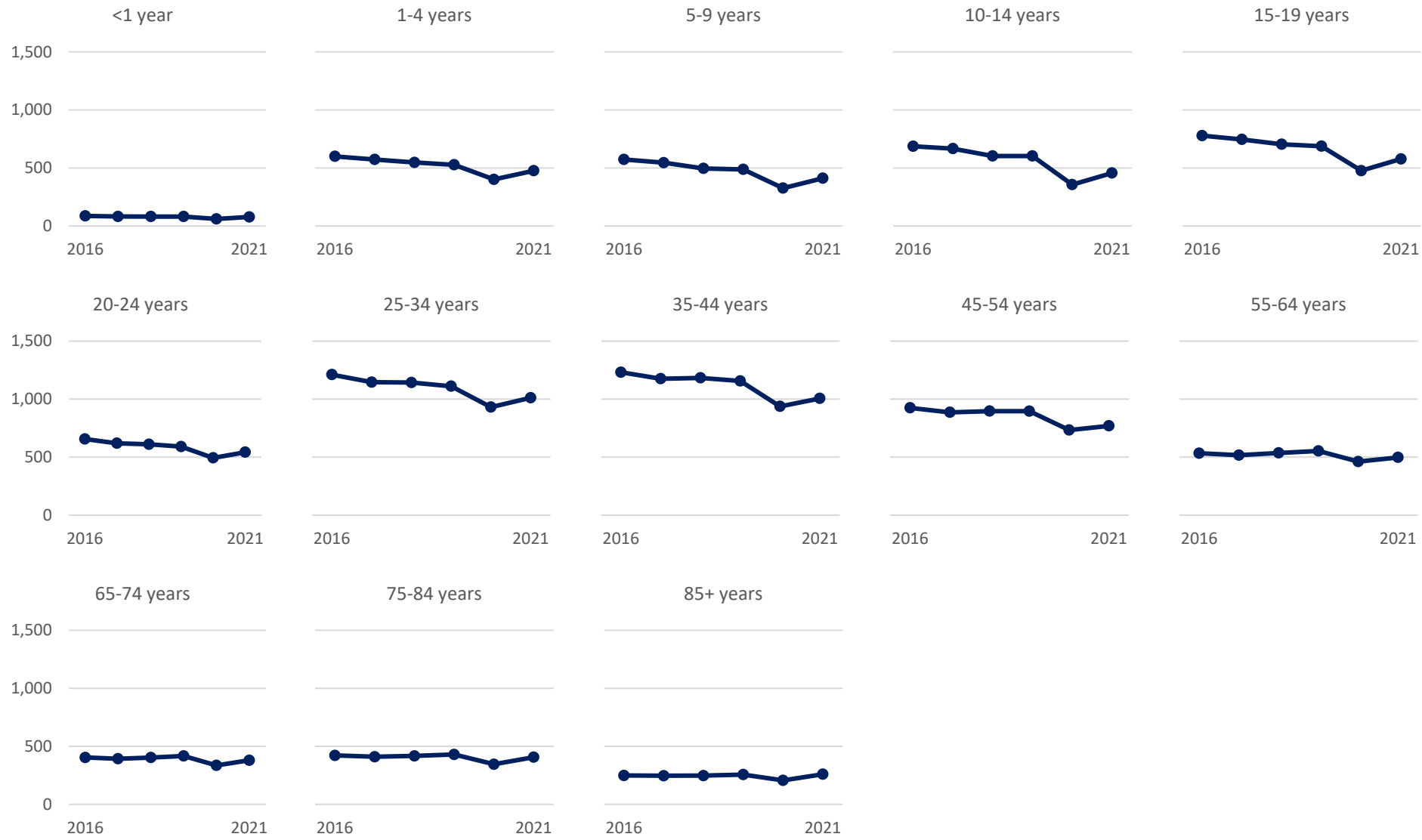
Note: ** indicates unstable value (<20 ED Visits). Caution is recommended in interpreting this information.

Note: -- indicates the value is not reported. This is done to maintain privacy for decedents and to ensure the reliability of calculated rates when counts are between one (1) and nine (9).

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Table 17 shows age-adjusted rates of injury emergency department visits by different mechanisms and intent and age group in Illinois. Data show the greatest rate of all injury ED visits is observed in individuals aged 25-34. Similarly, rates of assault-related and self-harm- related injury ED visits were greatest in individuals aged 25-34 years of age. Alternatively, the rates of fall-related ED visits were greatest among individuals aged 75-84 years. Changes over time in rates of all injury-related ED visits show decreases across all age groups between 2016 and 2021, as shown in Figure 13.

Figure 13: Illinois AA Rates of All Injury Emergency Department Visits per 100,000 Persons by Age Group, 2016-2021



Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Disparities in rates of injury ED visits are observed by sex in Illinois, with males experiencing greater age-adjusted rates for all reported mechanisms and intents except falls, motor vehicle traffic crashes, assault, and self-harm (see Table 18). The greatest disparity was observed in drownings between males and females, where age-adjusted rates were 1.4 times greater than that for females in 2021. Falls and motor vehicle traffic crashes made up the two greatest rates of reported injury-related mechanisms and intents of ED visits for both males and females (see Table 18 and Figure 14).

Table 18: Illinois AA Rate of Injury Emergency Department (ED) Visits per 100,000 Persons and Count of ED Visits by Mechanism and Intent of Injury and Sex, 2021

	Gender	Number of Hospitalizations	AA Rate 2021	Rate Ratio
All Injury	Male	437,827	7092.7	1.1
	Female	430,320	6622.7	
INJURY MECHANISM				
Drowning	Male	149	2.6	1.4
	Female	99	1.8	
Fall	Male	116,314	1867.4	0.9
	Female	150,971	2118.0	
Fire	Male	1,195	19.1	1.9
	Female	626	10.1	
Firearm	Male	3,960	65.0	5.2
	Female	749	12.6	
Motor Vehicle Traffic	Male	46,318	743.4	0.9
	Female	51,055	826.2	
Non-Drug Poisoning	Male	2,375	38.8	1.1
	Female	2,081	34.7	
Traumatic Brain Injury (TBI)	Male	11,632	189.2	1.1
	Female	10,958	170.9	
INJURY INTENT				
Assault	Male	20,095	328.0	1.0
	Female	19,801	333.3	
Self-Harm	Male	3,790	62.2	0.5
	Female	6,964	120.2	

Note: Not all injury mechanisms and intents are shown. Tables and figures shown utilize data compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention and the National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements and are based on grant-related priorities. Rates are not based on de-duplicated counts.
Note: ** indicates unstable value (<20 ED visits). Caution is recommended in interpreting this information.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

*Figure 14: AA Rate of Injury Emergency Department (ED) Visits by Intent and Mechanism among **Males** and **Females**, Illinois, 2016-2021*

Note: Not all injury mechanisms and intents are shown. Tables and figures shown utilize data compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention and the National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements and are based on grant-related priorities. Rates are not based on de-duplicated counts.
Note: Injury intents shown here include Self-Harm and Assault. Injury mechanisms shown here include Fall, Traumatic Brain Injury, Motor Vehicle Traffic Crashes, Firearm, Non-Drug Poisoning, Fire, and Drowning.
Note: Values are not reported where case counts are between one (1) and nine (9). This is done to maintain decedents' privacy.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Reporting Years 2016-2021. Accessed February 2024.

Specific Injury and Violence Topic Areas

The Injury and Violence topic areas below were chosen due to their relevance in Illinois. IDPH acknowledges that these areas do not include all injury and violence topics. However, the topic areas identified in this section pose a significant burden, are priorities of existing IDPH-federal grants, and/or are emerging topic areas for inquiry.

The following topic areas are reported in alphabetic order and are documented in more detail below:

- Adverse Childhood Experiences
- Carbon Monoxide Poisonings
- Child Abuse and Neglect
- Climate-Related Impacts on Injuries and Violence
- Firearm-Related Injuries and Fatalities
- Injuries and Violence among Youth 19 Years of Age and Younger
- Intimate Partner Violence and Sexual Violence
- Motor Vehicle Traffic Crashes
- Occupational Injury
- Older Adult Falls
- Substance Use and Overdoses
- Suicide
- Traumatic Brain Injury

Adverse Childhood Experiences (ACEs)

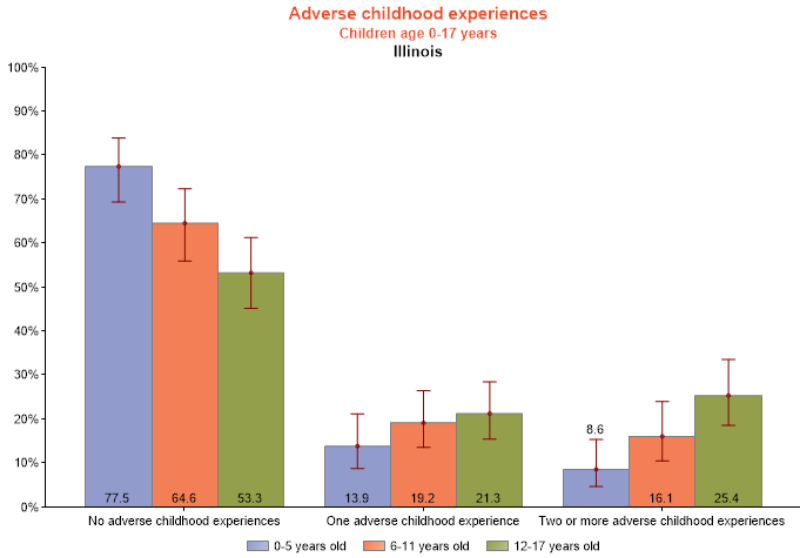
Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years old).[21] Examples of ACEs include, but are not limited to, experiencing or witnessing violence in the home or community or having a family member attempt or die by suicide. ACEs also can include aspects of a child's environment that undermine their sense of safety and stability, such as growing up in a household with mental health or substance use problems. ACEs can negatively impact physical, mental, emotional, and behavioral development and can have lasting effects on health, well-being, and prosperity well into adulthood.

One data source for understanding the burden of ACEs within Illinois is the National Survey of Children's Health (NSCH). The NSCH is a national and state-level survey of the health and well-being of children, families, and their communities. Since 2016, this survey has been conducted annually on topics such as child and family characteristics and physical and mental health status, including conditions and functional difficulties. To learn more about the NSCH, visit www.childhealthdata.org/learn-about-the-nsch/NSCH.

Data in Illinois from NSCH shows increasing levels of adverse childhood experiences with increasing age. Figure 15 shows ACEs among Illinois children by age group and the number of ACEs in 2022. The percentage of children having no ACEs decreases from 77.5% (0-5 years old) to 53.3% (12-17 years old). This indicates that the likelihood of a child having one or more ACEs increases with age. With increasing age, there is a stepwise pattern in the data, where older children are more likely to experience higher levels of ACEs than younger children.

[21] https://www.cdc.gov/violenceprevention/aces/

Figure 15: Adverse Childhood Experiences among Illinois Children by Age and Level of ACEs, 2022



Note: Among the 0–5-year-old age group with two or more adverse childhood experiences, the estimate has a confidence interval exceeding 20 percentage points. Please interpret with caution: the estimate may not be reliable.

Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

The top five types of adverse childhood experiences among Illinois children are shown in Table 19. The most prevalent type of ACE was divorce or separation, impacting 21.1% of children. This was followed by financial troubles, affecting 13.7% of children.

Table 19: Top Five Types of Adverse Childhood Experiences among Illinois Children, 2020-2021

Type of ACE	Percentage
Divorce or separation of parent/caregiver	21.1%
Financial troubles	13.7%
Co-resided with someone with a mental illness	6.7%
Lived with someone with a substance use disorder	6.4%
Parental or caregiver incarceration	5.3%

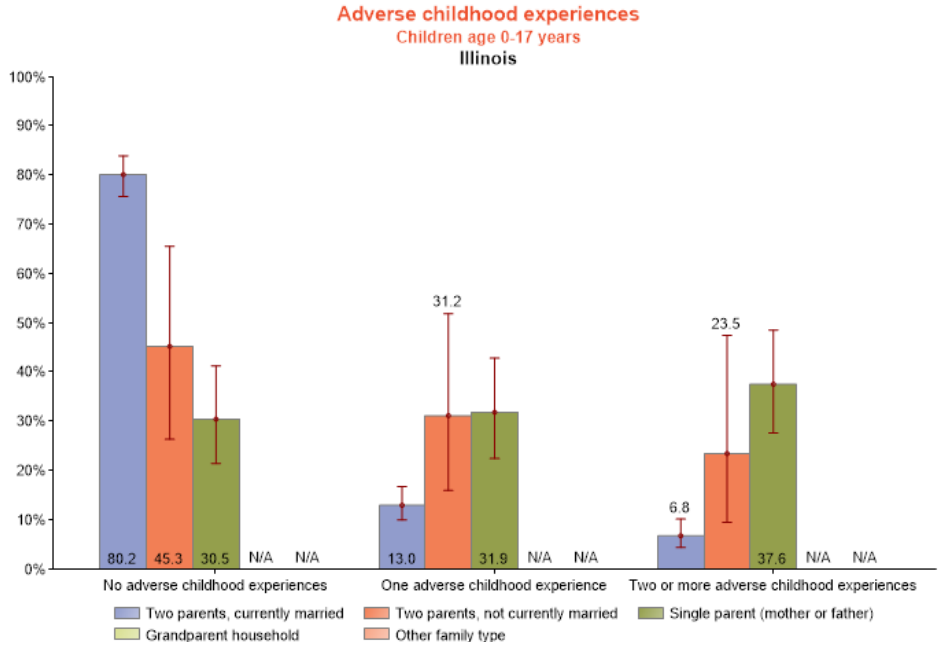
Note: All the included ACEs, except discrimination, are experienced by someone in the child's household. Discrimination is regarding the child's experience.

Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

To further describe ACEs by family structure, Figure 16 shows that children in Illinois with two parents who are currently married are more likely to have no ACEs (80.2%). In comparison, only 45.3% of children with two parents who are not currently married reported having no ACEs,

31.2% of children with this family structure reported having one ACE, and 23.5% reported having two or more ACEs. Children in single-parent (mother or father) households are more likely to experience one (31.9%) and two or more ACEs (37.6%) than the children in both the previously described family structures.

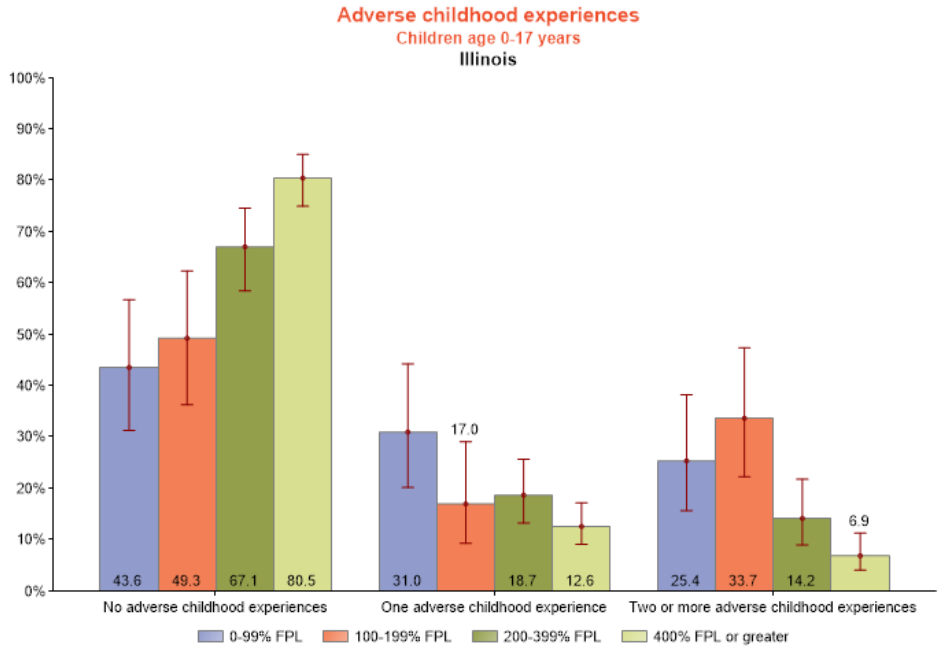
Figure 16: Adverse Childhood Experiences among Illinois Children by Family Structure and Level of ACEs, 2022



Note: N/A indicates that the total number of respondents to this measure (unweighted denominator) is less than 30, which does not meet MCHB data display criteria.
Note: Among the two parents, not currently married group for all three levels of ACEs, and the single parent (mother or father) group for one and two or more ACEs, the estimates have a confidence interval exceeding 20 percentage points. Please interpret with caution: the estimate may not be reliable.
Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

The likelihood of a child in Illinois having an ACE is inversely related to their family's household income level (see Figure 17). Children growing up in a low-income household at 0-99% FPL had a higher percentage of having one (31.0%) and two or more ACEs (25.4%), than those children in households at 200% or above FPL. This indicates that children living in households with a lower income level are more likely to have an ACE.

Figure 17: Adverse Childhood Experiences among Illinois Children by Household Income Level and Level of ACEs, 2022



Note: Among the 0-99% FPL group for all three levels of ACEs and the 100-199% FPL for none and two or more ACEs, the estimates have a confidence interval exceeding 20 percentage points. Please interpret with caution: the estimate may not be reliable.
Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Experiencing two or more adverse childhood experiences disproportionately impacted individuals in Illinois identifying as other, non-Hispanic race, and ethnicity (25.3%). This was followed by individuals identifying as Black non-Hispanic (24.4%), and Hispanic individuals (18.9%) (see Table 20).

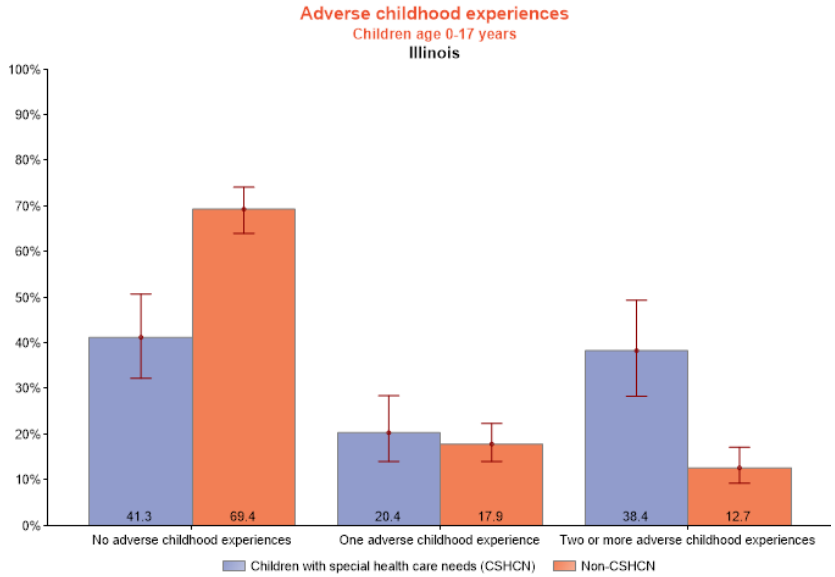
Table 20: Percentage of Illinoisians with 2 or more Adverse Childhood Experiences by Race and Ethnicity, 2022

Race and Ethnicity	Percentage
Other, Non-Hispanic	25.3%
Black Non-Hispanic	24.4%
Hispanic	18.9%
White Non-Hispanic	14.4%
Asian Non-Hispanic	3.3%

Note: "Other, non-Hispanic" includes non-Hispanic children reporting one race category of American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and multi-race.
Note: Among the Other, Black, and Asian, and non-Hispanic groups, the estimates have a confidence interval exceeding 20 percentage points. Please interpret with caution: the estimate may not be reliable.
Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Additionally, other demographic populations within Illinois show disproportionate impacts from ACEs, including children with special health care needs. Figure 18 shows that 41.3% of children with special health care needs (CSHCN) reported having no ACEs, compared to 69.4% of children with no special health care needs (non-CSHCN). This difference has been observed in multiple survey years and is statistically significant, indicating that children with special health care needs are more likely to have at least one ACE in comparison to children with no special health care needs.

Figure 18: Adverse Childhood Experiences among Illinois Children with Special Health Care Needs, 2022



Note: Among the children with special health care needs who have had two or more adverse childhood experiences, the estimates have a confidence interval exceeding 20 percentage points. Please interpret with caution: the estimate may not be reliable.

Note: CSHCN status is determined using a validated instrument for identifying children with special health care needs as defined by the federal Maternal and Child Health Bureau. The CSHCN screener asks whether a child currently experiences a health consequence and, if so, whether that specific health consequence is due to a medical, behavioral, or another type of health condition that has lasted or is expected to last 12 months or longer.

Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys

Carbon Monoxide Poisonings

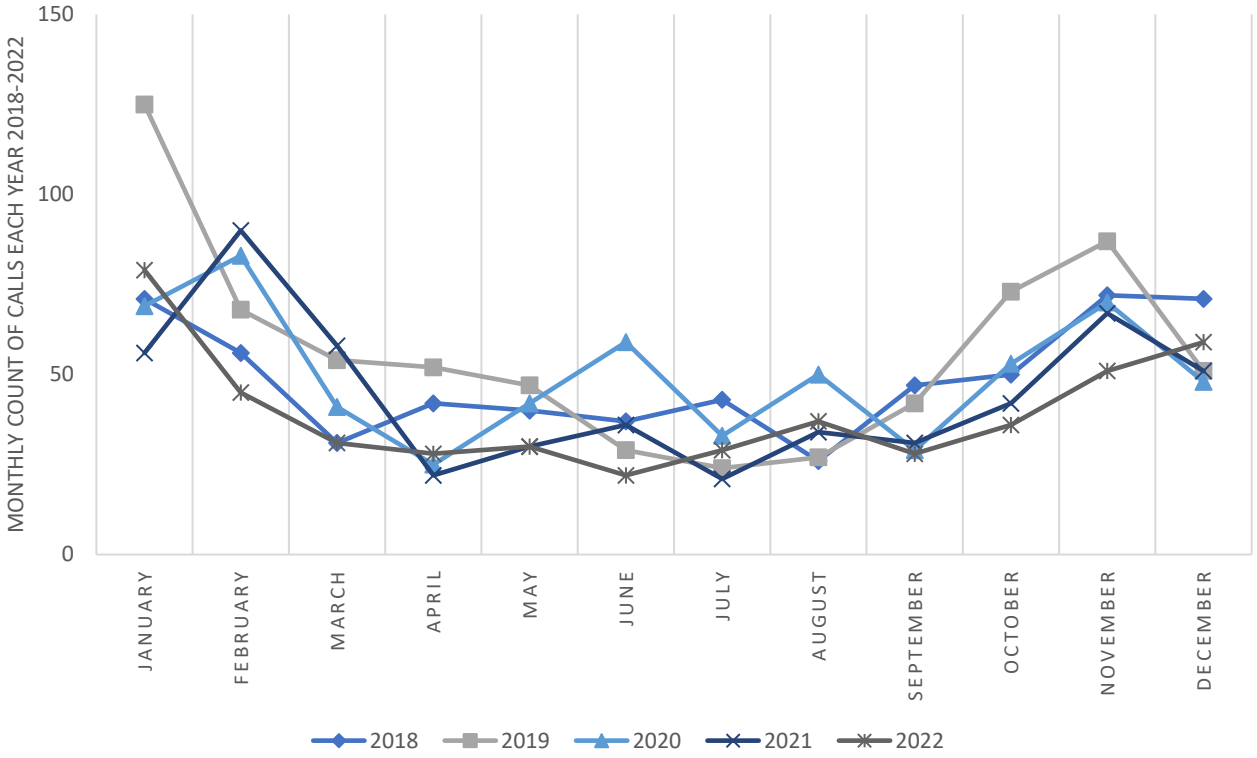
**** This topic area is an emerging issue that we are beginning to investigate. All data are preliminary and numbers will likely change as more specific analytic procedures are developed. ****

Surveillance for carbon monoxide (CO) poisoning is needed to support public health interventions and prevention efforts. Although some exposure to carbon monoxide is intentional (see the Suicide section of this report beginning on page 91), unintentional exposure to carbon monoxide is important to identify and understand as a method of injury. This can support the identification of environmental and occupational hazards and support public health action. Additional attention is needed in the future to conduct more robust carbon monoxide poisoning surveillance, harnessing other data sources, such as hospital discharge, vital records, and trauma registry data. To date, surveillance efforts have connected data from the Illinois Poison Center to understand better the burden of carbon monoxide poisoning in the state.

The Illinois Poison Center (IPC) is a nonprofit health system that offers an expert-led helpline for immediate treatment recommendations to the public and health care practitioners. In 2022, IPC managed 72,000 poisoning cases, of which 67,400 required advice on treating someone exposed to a potentially harmful substance(s). This included 21,000 cases from medical professionals seeking specialized consultation services.

Reports of carbon monoxide-related poisonings show some seasonality in Illinois, with the greatest number generally reported to IPC in January of each year. As depicted in Figure 19 on page 47 in January 2019, the count of monthly cases was at an overall high for the year at around 125. Then, it steadily declined from that month forward. Carbon monoxide poisonings are reported to IPC at their lowest during the summer months. From 2018 to 2022, May through September generally showed the lowest number of carbon monoxide reports until the beginning of fall, when reported cases rose again.

Figure 19: Count of Carbon Monoxide Poisonings Reported to Illinois Poison Center by Month and Year, 2018-2022



Note: The number of carbon monoxide poisoning-related cases is summed up by the month of call origination across 2018 through 2022.
Data Source: Illinois Poison Control (IPC). (2024). *Carbon Monoxide Poisonings*, 2018-2023 [Dataset]. Accessed March 2024.

Differences are observed in reported exposure location for all reported carbon monoxide poisonings, regardless of intent. In Illinois in 2022, nearly 87% of cases were exposed at their residences, followed by 6.5% of cases exposed at their workplaces (Table 21).

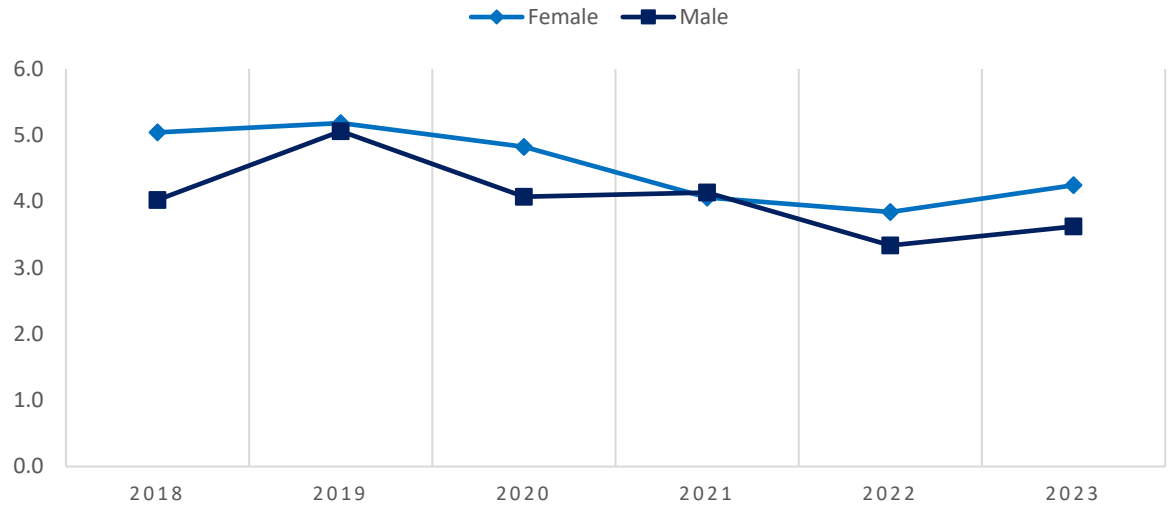
Table 21: Percent of Illinois Carbon Monoxide Poisonings Reported to Illinois Poison Control by Exposure Location, 2022

Exposure Location	2022 Proportion
Own Residence	86.7%
Workplace	6.5%
Unknown	2.7%
Public Area	1.7%
Other	1.1%
Other Residence	0.8%
Restaurant / Food Service	0.4%

Data Source: Illinois Poison Control (IPC). (2024). *Carbon Monoxide Poisonings*, 2018-2023 [Dataset]. Accessed March 2024.

Additional differences are observable by sex in Illinois for reported carbon monoxide poisonings. Between 2018 and 2023, reports of female exposure to carbon monoxide were greater than for males for all years except 2021 (see Figure 20).

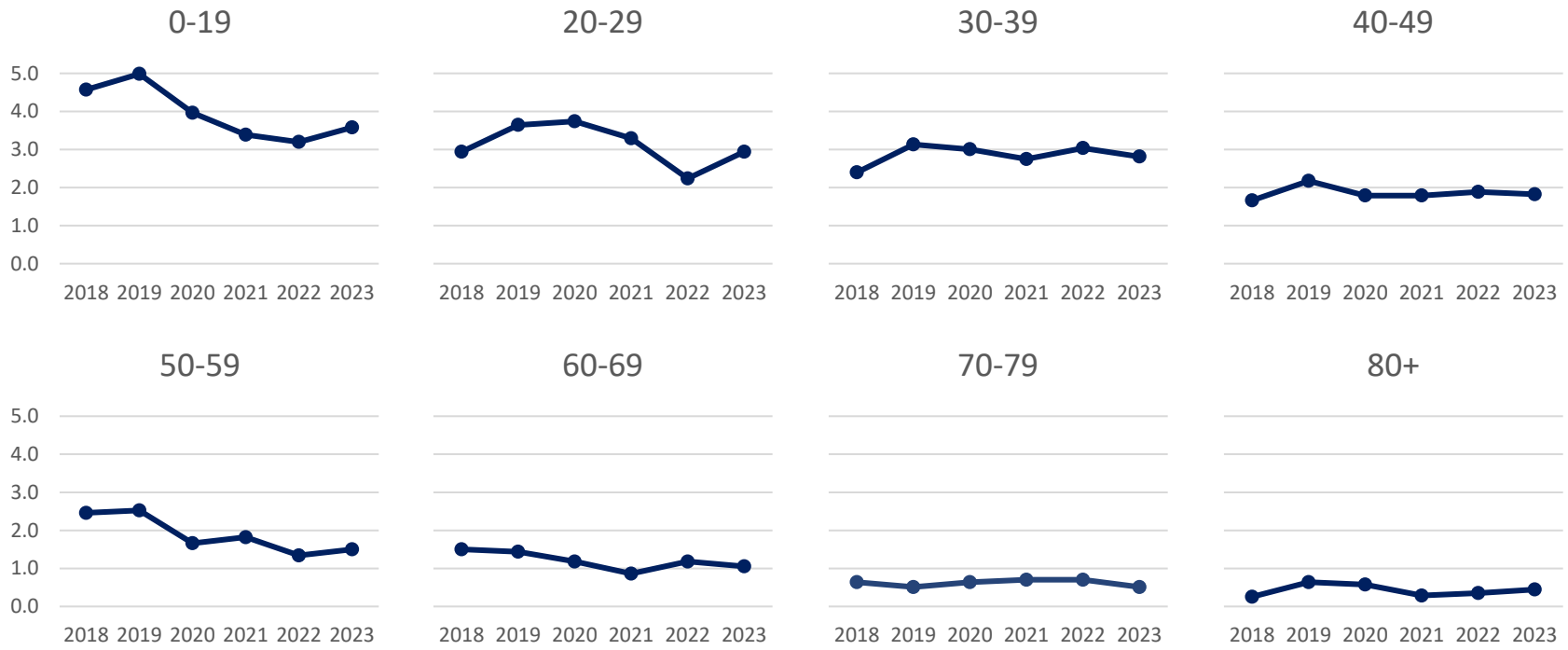
Figure 20: Illinois Crude Rate per 100,000 Persons of Carbon Monoxide Poisonings Reported to Illinois Poison Control by Sex, 2018-2023



Note: Rates are calculated regardless of intent or mechanism of CO poisoning.
Note: The number of carbon monoxide poisoning-related cases reported to IPC summed by sex and reported as crude rates per 100,000 persons using 2021 population sizes.
Data Source: Illinois Poison Control (IPC). (2024). *Carbon Monoxide Poisonings*, 2018-2023 [Dataset]. Accessed March 2024.

Also, differences by age show the greatest burden of reported carbon monoxide exposure was in youth 19 years of age and younger, and decreases were generally observed across age groups and years between 2018 and 2023 (see Figure 21).

Figure 21: Illinois Crude Rate per 100,000 Persons of Carbon Monoxide Poisoning Cases Reported to Illinois Poison Control by Age Group, 2018-2023



Note: Rates are calculated regardless of intent or mechanism of CO poisoning.
Note: The number of carbon monoxide poisoning-related cases reported to IPC was summed by age group and reported as crude rates per 100,000 persons using 2021 population sizes.
Data Source: Illinois Poison Control (IPC). (2024). *Carbon Monoxide Poisonings*, 2018-2023 [Dataset]. Accessed March 2024.

Medical outcomes from carbon monoxide poisoning can vary from minor effects to death. IPC distinguishes between these medical outcomes during case investigations, as shown in the Table 22 notes. Of all carbon monoxide poisoning cases reported to Illinois Poison Control in 2022, only 4.2% were confirmed as non-exposure events. Alternatively, 23.6% had minor effects, 17.3% had moderate effects, and 2.7% had major medical outcome effects (Table 22).

Table 22: Percent of Illinois Carbon Monoxide Poisonings Reported to Illinois Poison Control by Medical Outcome, 2022

Medical Outcome	Percent
No effect	20.4%
Confirmed non-exposure	4.2%
Unrelated effect, the exposure was probably not responsible for the effect(s)	7.6%
Not followed, judged as nontoxic exposure (clinical effects not expected)	0.8%
Not followed, minimal clinical effects possible (no more than minor effect possible)	10.3%
Minor effect	23.6%
Moderate effect	17.3%
Major effect	2.7%
Unable to follow, judged as a potentially toxic exposure	9.7%
Death	0.8%
Unknown	2.5%

Note: CO poisoning-related cases for each medical outcome grouping are reported as a percent of all reported CO poisoning cases within 2022.

Note: No Effect means the patient developed no symptoms as a result of the exposure. **Minor Effect** means the patient exhibited some symptoms as a result of the exposure, but they were minimally bothersome to the patient, and no residual disability or disfigurement resulted. **Moderate Effect** means the patient exhibited symptoms that are more pronounced, more prolonged, or more systemic than minor symptoms. These effects are non-life threatening with no residual disability or disfigurement. **Major Effect** means the patient has exhibited symptoms as a result of the exposure, which were life-threatening or resulted in significant residual disability or disfigurement. **Death** means the patient died as a result of the exposure or as a direct complication of the exposure where the complication was unlikely to have occurred had the toxic exposure not preceded the complication. **Not followed, judged as nontoxic exposure** means the patient was not followed because, per clinical judgment, the exposure was likely to be nontoxic. **Not followed, minimal clinical effects possible** means the patient was not followed because, per clinical judgment, the exposure was likely to result in minimal toxicity of a trivial nature in a worst-case scenario. **Unable to follow, judged as a potentially toxic exposure,** means the patient was lost to follow-up, and per clinical judgment, the exposure was significant and may have resulted in toxic manifestations with a moderate, major, or fatal outcome. **Unrelated effect** means the exposure was probably not responsible for the observed effect, based on all the information available. **Confirmed non-exposure** means there is reliable and objective evidence that the exposure never occurred, and any symptoms exhibited by the patient were unrelated to the reported exposure.

Data Source: Illinois Poison Control (IPC). (2024). *Carbon Monoxide Poisonings*, 2022 [Dataset]. Accessed March 2024.

Finally, to understand the intention or reason for carbon monoxide poisoning reports to IPC, Table 23 shows the percentage of cases by reason in 2022. Unintentional environmental poisonings made up 65% of all the reported carbon monoxide poisonings, and unintentional occupational carbon monoxide poisonings made up 6%. Intentional, suspected suicide made up 7% of the reported carbon monoxide poisoning cases (see the Suicide section of this report beginning on page 91 for more information).

Table 23: Percent of Illinois Carbon Monoxide Poisonings Reported to Illinois Poison Control by Intent/Reason, 2022

Reason	Percent
Unintentional - Environmental	65%
Unintentional - General	12%
Intentional - Suspected Suicide	7%
Unintentional - Occupational	6%
Unknown	4%
Unintentional - Misuse	4%
Intentional - Misuse	1%
Intentional - Abuse	1%

Note: Carbon monoxide poisoning-related cases for each reason are reported as a percent of all reported CO poisoning cases within 2022.
Data Source: Illinois Poison Control (IPC). (2024). *Carbon Monoxide Poisonings*, 2022 [Dataset]. Accessed March 2024.

Child Abuse and Neglect

Child abuse and neglect relate to adverse childhood experiences. They have long-term impacts on health, opportunity, and well-being and can include multiple types of abuse and neglect by a parent, caregiver, or other person in a custodial role. There are four common types of neglect and abuse as outlined by the CDC.[22]

- Physical abuse
- Sexual abuse
- Emotional abuse
- Neglect

For more information about preventing child abuse and neglect, or on the definitions, visit CDC's website at https://www.cdc.gov/violenceprevention/childabuseandneglect/

Several data sources can inform on the burden of child abuse and neglect. The Illinois Department of Children and Family Services issues annual reports to the U.S. Department of Health and Human Services to support nationwide annual reporting of child maltreatment. These annual reports are available at https://www.acf.hhs.gov/cb/data-research/child-maltreatment

Fast Facts

- Younger children are more vulnerable to victimization (Figure 25).
- Rates of child victimization in Illinois are greater than the national average for all age groups (Figure 25).
- In 2022, the rate of first-time victimization among Illinois children was more than 1.4 times greater than the national average (Figure 22).
- Rates of childhood victimization have generally increased between 2018 and 2021 in Illinois but have been decreasing nationally during this same time period (Figure 23).
- Females have higher rates of childhood victimization than males (Figure 24).

Victimization of abuse and neglect are risk factors for unintentional injuries, homicide, and suicide. Unintentional injuries, homicide, and suicide are three of the top seven leading causes of death among Illinois youth aged 19 years and younger (see Table 24 on page 53).

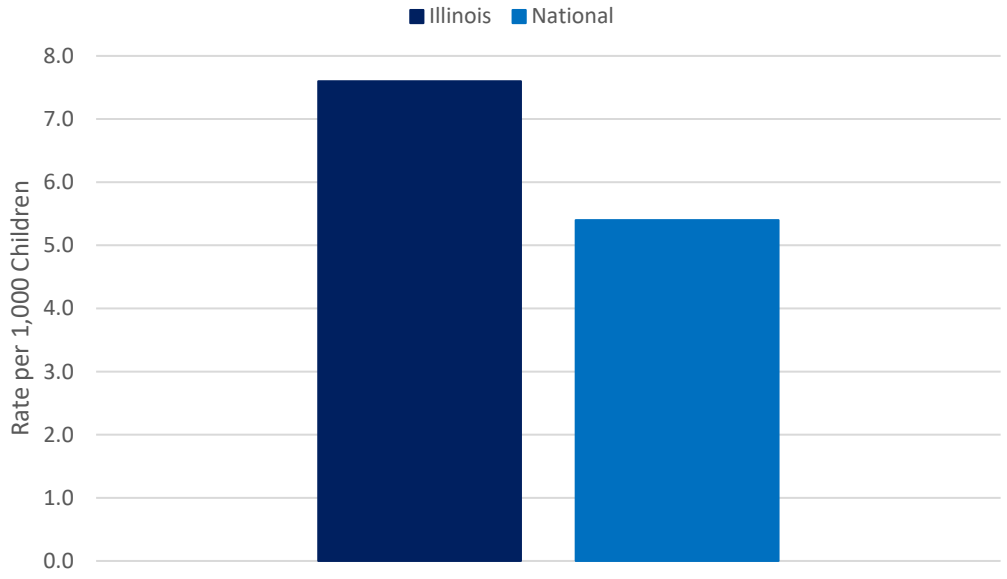
[22] Centers for Disease Control and Prevention (2024). *Child Abuse and Neglect*. Available from https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html

Table 24: Leading Causes of Death among Youth aged 19 Years and Younger in Illinois, 2021

Leading Cause of Death	Description	Count	Crude Rate per 100,000 Persons
1	Certain conditions originating during the perinatal period (immediately before or after death)	362	11.6
2	Unintentional injuries	313	10.0
	Motor Vehicle Traffic Crashes	146	4.6
	Non-transportation-related unintentional injuries	166	5.3
3	Homicide	231	7.4
	Homicide by discharge of firearms	195	6.2
4	Congenital malformations, deformations, and chromosomal abnormalities	192	6.1
5	Suicide	90	2.9
6	Malignant neoplasms	70	2.2
7	Major cardiovascular diseases	42	1.3

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2021 on CDC WONDER Online Database, released in 2021. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html

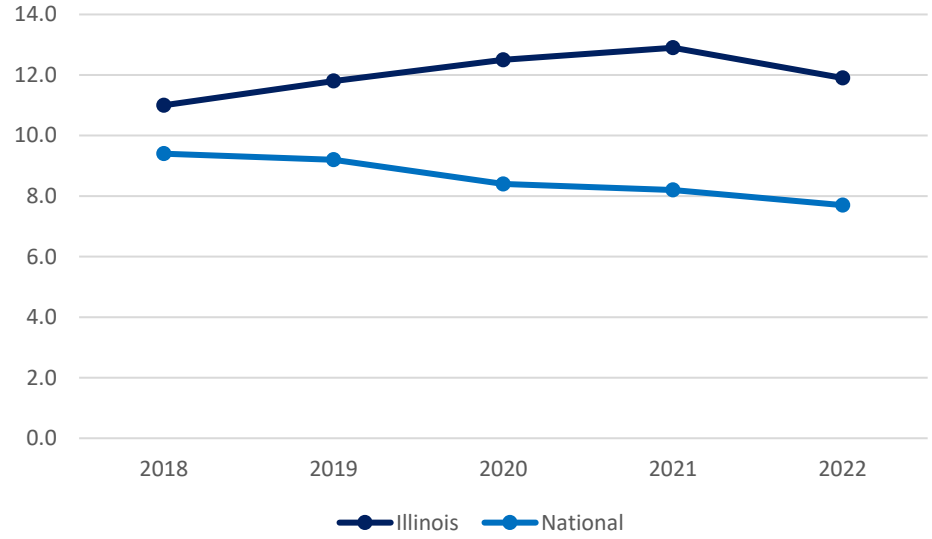
Figure 22: Illinois and National Rates of Rate of First-Time Victimization per 1,000 Children, 2022



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

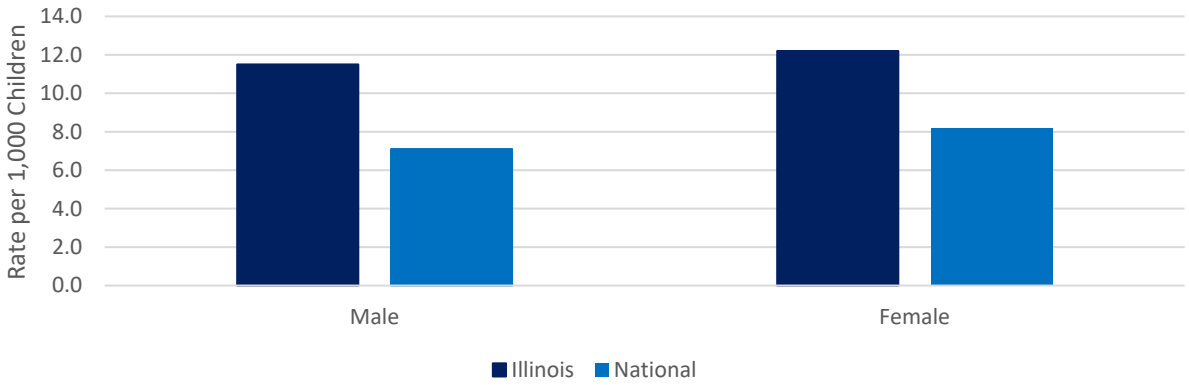
Illinois had higher than national rates of first-time victimization in children in 2022 (see Figure 22). Overall, Illinois had higher rates of child victimization per year than the national rate across each year 2018 through 2022. Child victimization rates in Illinois have been increasing since 2018 with a drop in 2022. Nationally, overall childhood victimization rates have decreased between 2018 and 2022 (Figure 23).

Figure 23: Trends in Illinois and National Rate of Child Victimization per 1,000 Children, 2018-2022



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available from https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

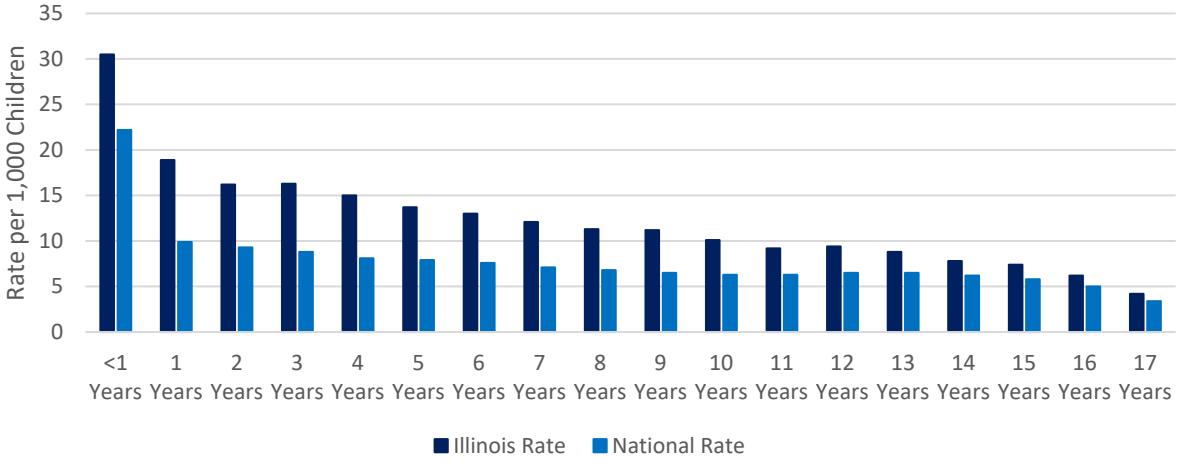
Figure 24: Illinois and National Rates of Child Victimization per 1,000 Children by Sex, 2022



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

At both the national and state levels, rates of child victimization by sex showed females with higher rates than males in 2022 (see Figure 24). The disparities shown are greater in younger ages as shown in Figure 25.

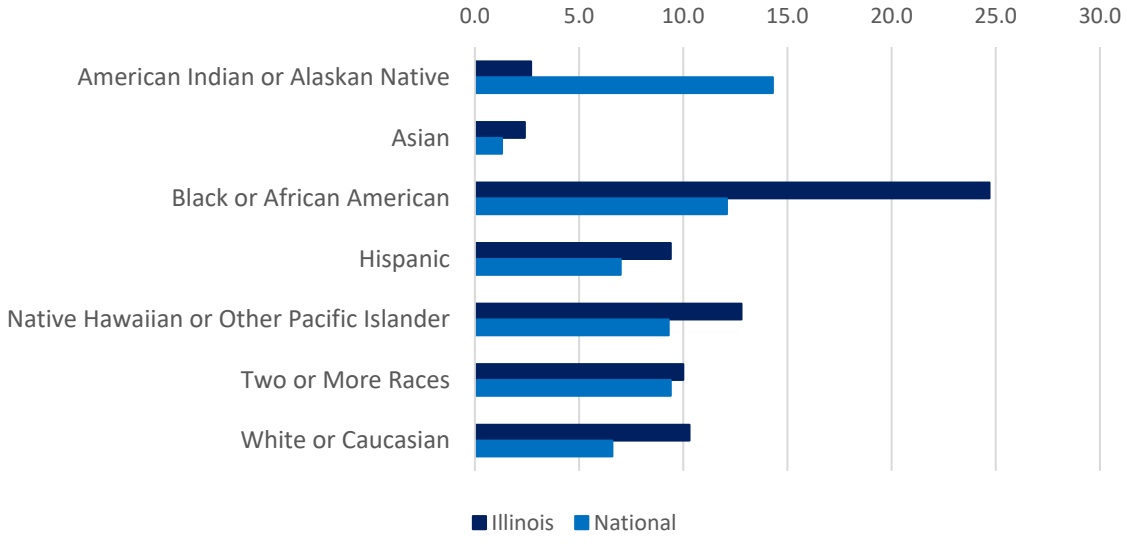
Figure 25: Illinois and National Rate of Child Victimization per 1,000 Children by Age, 2022



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

The rate of child victimization among American Indian or Alaskan Native populations is fivefold less in Illinois than the national rate. However, the difference in national and Illinois rates of child victimization changes by race with Black or African American children in Illinois having a rate of victimization more than twice the national rate (Figure 26).

Figure 26: Illinois and National Rates of Child Victimization per 1,000 Children by Race and Ethnicity, 2022



Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

Types of maltreatment can also differ between geographic locations. For example, in 2022, the percentage of psychological maltreatment reported in Illinois child victimizations was more than 30 times less than the percentage reported nationally (Table 25).

Table 25: Illinois and National Percent of Reported Child Victimization by Type of Maltreatment, 2022

Maltreatment Type	Illinois Percent	National Percent
Medical Neglect	2.0	1.9
Neglect	78.5	74.3
Other	0.1	3.4
Physical Abuse	16.3	17.0
Psychological Maltreatment	0.2	6.8
Sexual Abuse	11.8	10.6
Sex Trafficking	**	0.2
Unknown	**	0.1
Total Maltreatment Types	**108.9**	**114.3**

Note: The types of maltreatment are not all-inclusive, and some overlap in cases may occur, resulting in total percentages greater than 100.
Note: **Data is not reported due to small sample sizes or unavailable information.
Data Source: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available at https://www.acf.hhs.gov/cb/data-research/child-maltreatment.

Table 26: Topic Specific Performance Measures

Description	Year	Case Count	Crude Rate Per 100,000 Persons
Total number of child fatalities from all injuries and violence[†]	2021	124	14.4
Number of child fatalities from maltreatment[‡]	2022	110	4.0
Number of referrals alleging child abuse and neglect[‡]	2022	94,433	**
Number of children for whom the state determined at least one maltreatment allegation was substantiated[‡]	2022	37,077	**

**Rates are not shown where denominators are unknown or unavailable.
[†]**Data Source:** Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2021 on CDC WONDER Online Database. Accessed April 2024. Available at http://wonder.cdc.gov/ucd-icd10-expanded.html
[‡]**Data Source:** U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2024). *Child Maltreatment 2022*. Available at https://www.acf.hhs.gov/cb/data-research/child-maltreatment

Climate-Related Impacts on Injuries and Violence – Emerging Issue[23]

**** This topic area is an emerging issue that we are beginning to investigate. All data are preliminary, and numbers are likely to change as more specific analytic procedures are developed. ****

Climate impacts health in a variety of ways, from exposure to air pollution, increasing allergens, temperature and precipitation extremes, wildfires, environmental degradation, and mental health and stress-related disorders, among others. According to the CDC's Climate Effects on Health webpage, people may experience negative mental health effects related to climate change, regardless of their health histories. Climate-related hazards[24] influence the general population and workers in disproportionate ways. Some of these climate-related hazards include:

- High temperatures
- Air pollution
- Extreme weather and natural disasters
- Biological hazards

Climate conditions influence the prevalence and distribution of injuries and violence either directly or indirectly. For example, lower visibility due to air quality changes can directly increase the risk of motor vehicle traffic crashes. Climate change and associated environmental exposures can cause symptoms of distress in populations, including stress reactions. These environmental stressors can additionally impact employment, significantly impacting mental health impacts in populations. Some persons may be at increased risk for hospitalization and death due to heat exposure because medications can interfere with temperature regulation. These factors help to highlight how the frequency of interpersonal violence, community violence, intergroup conflict, and child abuse and neglect can increase with increasing climate-related stressors.

For violence and injury indicators, additional attention to climate sensitivity assessments is needed. Broadly, IDPH is currently undertaking efforts to better understand Illinois' population's climate vulnerability and target intervention opportunities.

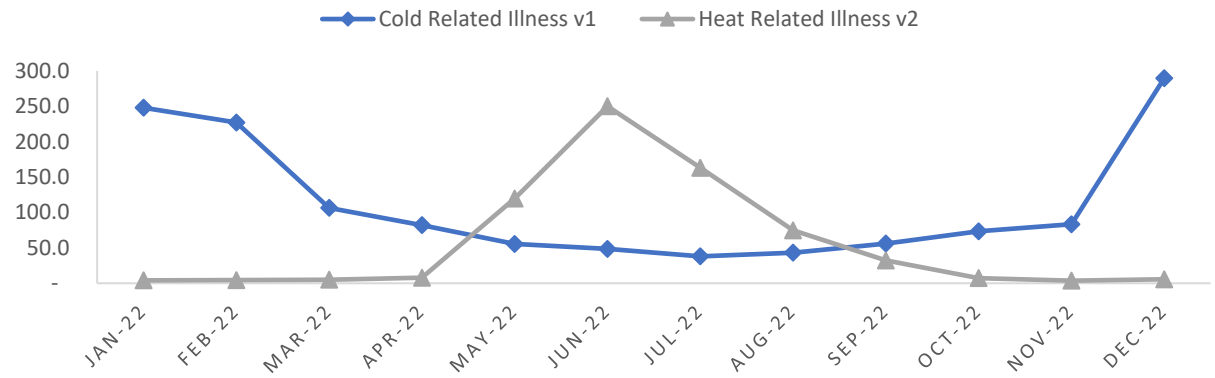
[23] At this time, data is limitedly available and reported for situational awareness only. Data reported in this section originated from the Illinois Syndromic Surveillance System (SyS) using existing syndrome definitions. Although limitations exist in the use of SyS data, its use for public health surveillance continues to be valuable, especially where other forms of data are unavailable or not easily accessible. Because there can be differences in how data are recorded and how cases are presented, syndromes validated in other locations may have additional limitations when implemented in new jurisdictions. Information presented in this section should be used solely for situational awareness because many syndromes utilized have not yet been validated in Illinois.

[24] Impact of Climate on Workers. National Institute for Occupational Safety and Health (NIOSH). Centers for Disease Control and Prevention. Accessed June 2024 from https://www.cdc.gov/niosh/topics/climate/how.html

Heat- and Cold-Related Injuries

In March 2024, Illinois ranked the sixth top jurisdiction in the United States for the rate of heat-related EMS activations.[25] Heat- and cold-related injuries have seasonality due to changing temperatures. Crude rates of ED visits due to cold- and heat-related illnesses are shown by month in Figure 27 on page 59. In June 2022, Illinois emergency departments saw the greatest number of heat-related injury visits. Alternatively, in December 2022, Illinois EDs saw the greatest number of cold-related injury visits.

Figure 27: Illinois Rates of ED Visits for Cold- and Heat-Related Illnesses per 100,000 ED Visits by Month, 2022

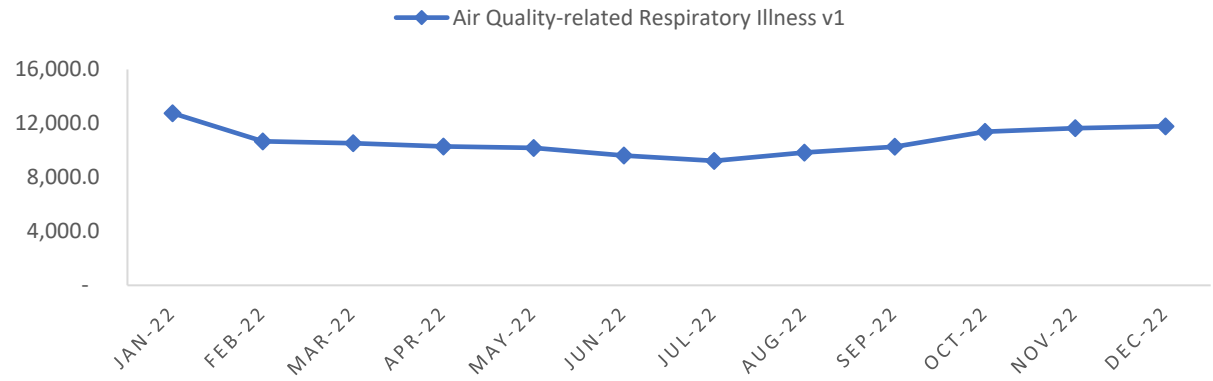


Note: Rates were calculated from case counts of the following two SyS syndromes: Cold-Related Illness v1 and Heat-Related Illness v2, using the total number of ED visits per month as the denominator.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Syndromic Surveillance (SyS). Accessed April 2024.

Another climate-related topic of inquiry is air quality and its impact on health and injuries. Figure 28 on page 60 shows rates of ED visits related to air quality-related respiratory illnesses in Illinois in 2022.

[25] U.S. Office of Climate and Health Equity. NEMSIS Heat-Related EMS Activation Surveillance Dashboard. Accessed April 2024.

Figure 28: Illinois Rate of ED Visits for Air Quality Related Respiratory Illnesses per 100,000 ED Visits by Month, 2022



Note: Rates were calculated from case counts of the following SyS syndrome: Air Quality-related Respiratory Illness v1 using the total number of ED visits per month as the denominator.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Syndromic Surveillance (SyS). Accessed July 2024.

IDPH, through the Building Resilience Against Climate Effects in Illinois (BRACE-Illinois) project of the University of Illinois at Chicago School of Public Health, Division of Environmental and Occupational Health Sciences, developed a report on understanding Climate and Health in Illinois, which is available here.

Some additional climate-related resources and reports are referenced below:

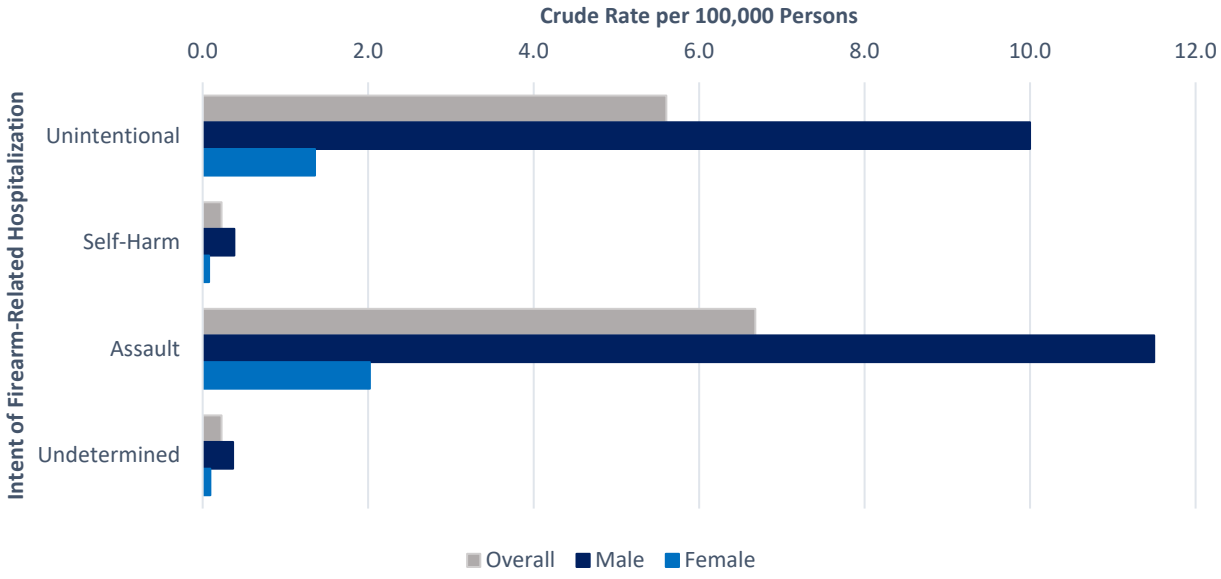
- Prairie Research Institute. University of Illinois. *Climate Change Impacts and Costs to Illinois Communities*. 2021. Available here
- U.S. Centers for Disease Control and Prevention. *Climate Effects on Health* [website]. Available here
- U.S. Centers for Disease Control and Prevention. *Preparing for the Regional Health Impacts of Climate Change in the United States* (2020). Available here
- U.S. Environmental Protection Agency. *Climate Change Impacts on Health* (2024) [website]. Available here
- U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response. Climate Change Resilience and Healthcare System Considerations (2022). Available here

Firearm-Related Injuries and Fatalities

Some firearm-related mortality and morbidity data are shown in the mortality and morbidity data sections beginning on pages 15 and 25, respectively. However, a few key differences are further described here. Other reports have been issued by, IDPH, the Illinois Criminal Justice Information Authority, and other key partners in firearm violence prevention at the state and federal levels. This report is not to replicate information presented elsewhere, but rather highlight public health surveillance efforts around firearm-related injuries.

Unintentional and Assault are the two top nonfatal firearm hospitalization injury mechanisms observed in Illinois (see Figure 29). In 2022, the greatest firearm burden for nonfatal hospitalizations was observed among males for assault-related firearm injuries (11.5 hospitalizations per 100,000 persons). This was followed by unintentional nonfatal unintentional firearm injuries in males (10.0 hospitalizations per 100,000 persons).

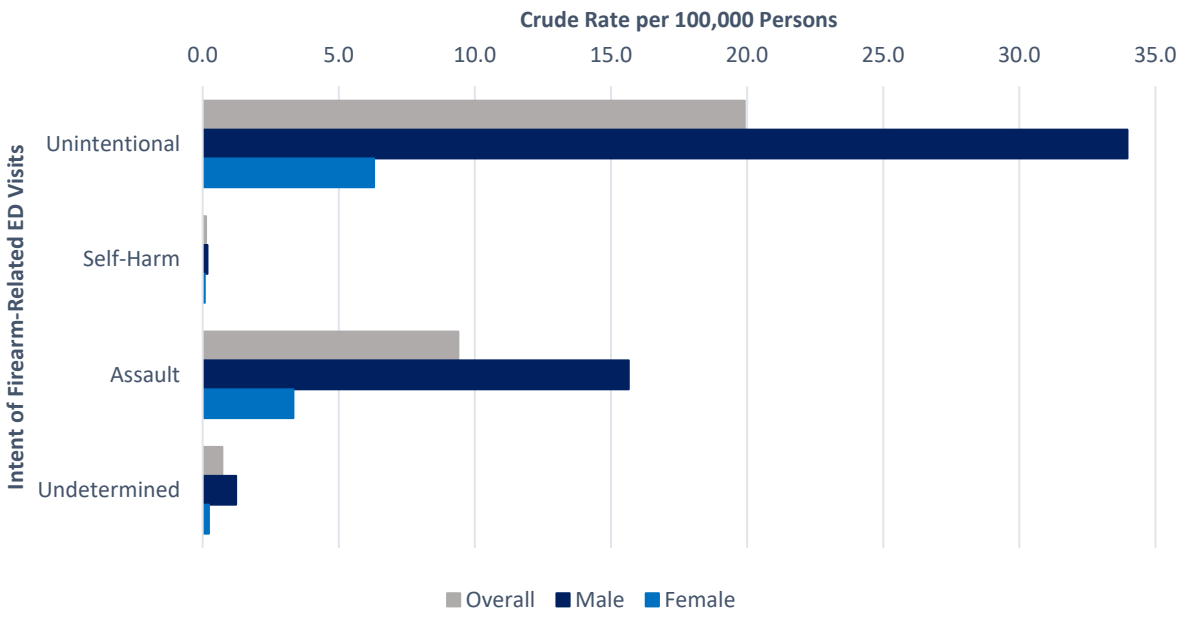
Figure 29: Illinois Crude Rate per 100,000 Persons of Firearm-Related Hospitalizations by Intent and Sex, 2022



Note: Legal Intervention/War is not shown as an intent due to low numbers of hospitalization visits and unstable rate calculations.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed April 2024.

Like hospitalization rates, the two top nonfatal firearm ED injury intents observed were unintentional and assault (see Figure 30 on page 62). Also, greater rates of firearm-related ED visits were seen among males than females. The greatest firearm-related rate of ED visits by intent was observed among males for unintentional firearm-related ED visits (34.0 ED visits per 100,000 persons). This was followed by unintentional firearm-related ED visits in females (19.9 ED visits per 100,000 persons).

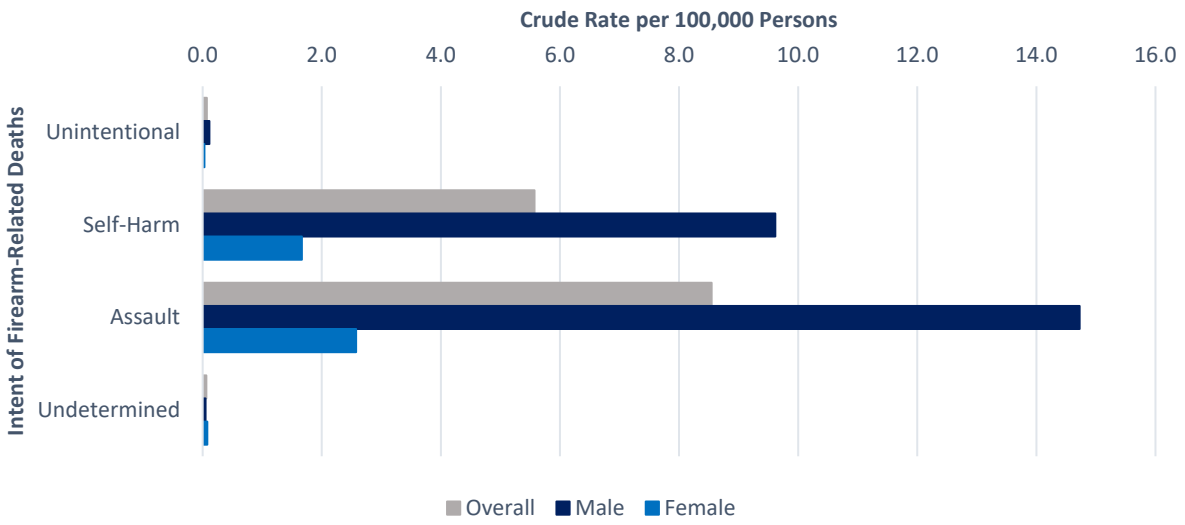
Figure 30: Illinois Crude Rate per 100,000 Persons of Firearm-Related Emergency Department Visits by Intent and Sex, 2022



Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed April 2024.

In Illinois, death rates show some differences from nonfatal firearm observations. Assault and self-harm were the two top intents of firearm-related deaths in 2022 (see Figure 31 on page 63). Males continue to experience the greatest burden of firearm-related deaths, self-harm-related firearm deaths per 100,000 persons with 14.7 firearm assault deaths per 100,000 persons, and 9.6 self-harm-related firearm deaths per 100,000 persons, representing the two greatest firearm-related death rates in 2022.

Figure 31: Illinois Crude Rate per 100,000 Persons of Firearm-Related Deaths by Intent and Sex, 2022



Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Data Source: Illinois Department of Public Health, Bureau of Vital Records. Illinois Vital Records. Accessed January 2024.

Black non-Hispanic individuals show the greatest rate of nonfatal firearm-related hospitalizations in Illinois across nearly all intents (see Table 27). The most profound differences were observed for unintentional and assault firearm-related hospitalizations.

Table 27: Illinois Crude Rates of Firearm-Related Hospitalizations per 100,000 Persons by Injury Intent and Race and Ethnicity, 2022

Hospitalization Injury Intent	White Non-Hispanic Rate	Hispanic Rate	Black Non-Hispanic Rate	Other Non-Hispanic Rate
Unintentional	1.0	4.7	26.2	5.8
Self-Harm	0.2	0.2	0.2	0.3
Assault	0.7	6.0	31.5	10.1
Undetermined	0.0	0.2	0.9	0.5
Total	0.4	2.2	11.8	3.3

Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed April 2024.

Black non-Hispanic individuals in Illinois also have the greatest rates of nonfatal firearm-related emergency department visits across nearly all injury intents (see Table 28 on page 64). Overall, the second greatest rate was observed in other non-Hispanic individuals.

Table 28: Illinois Crude Rates of Firearm-Related ED visits per 100,000 Persons by Injury Intent and Race and Ethnicity, 2022

ED Visit Injury Intent	White non-Hispanic Rate	Hispanic Rate	Black non-Hispanic Rate	Other, non-Hispanic Rate
Unintentional	3.6	19.1	90.0	19.6
Self-Harm	0.2	0.1	0.0	0.0
Assault	1.3	7.5	46.4	8.4
Undetermined	0.2	0.1	3.7	0.6
Total	1.1	5.4	28.0	5.8

Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed April 2024.

Firearm-related fatalities are greatest among Black non-Hispanic individuals in Illinois (see Table 29). The most profound difference was observed among assaults in 2022 with a rate difference of 34.7 deaths between the greatest rate and the second greatest rate. Black not-Hispanic individuals had a rate of 42.1 deaths from firearm assaults per 100,000 persons followed by 7.5 deaths from firearm assaults per 100,000 persons among Hispanic individuals.

Table 29: Illinois Crude Rates of Firearm-Related Deaths per 100,000 Persons by Injury Intent and Race and Ethnicity, 2022

Death Intent	White non-Hispanic Rate	Hispanic Rate	Black non-Hispanic Rate	Other, non-Hispanic Rate
Unintentional	0.1	0.0	0.2	0.1
Self-Harm	7.3	2.3	4.4	0.9
Assault	1.6	7.5	42.1	1.6
Undetermined	0.1	0.0	0.0	0.1
Total	1.8	2.0	9.4	0.6

Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Data Source: Illinois Department of Public Health, Bureau of Vital Records. Illinois Vital Records. Accessed January 2024.

Cook County generally has the highest rate of firearm-related hospitalizations per 100,000 persons in comparison to other urbanicity groupings (see Table 30 on page 65). Cook County also generally has the highest rate of firearm-related emergency department visits per 100,00 persons in comparison to other urbanicity groupings. However, the highest rates of firearm-related deaths are observed in other urban and rural urbanicity groupings as shown in Table 32 on page 66. The greatest rate of firearm-related deaths was seen in rural counties for self-harm in 2022, followed by firearm-related self-harm deaths in urban counties.

Table 30: Illinois Crude Rates of Firearm-Related Hospitalizations per 100,000 Persons by Injury Intent and County Urbanicity[26], 2022

Injury Intent	Urban Rate	Rural Rate	Cook County Rate	Collar Counties Rate
Unintentional	3.4	0.8	10.1	2.9
Self-Harm	0.3	0.2	0.2	0.1
Assault	4.9	1.0	12.4	2.2
Undetermined	0.5	0.0	0.2	0.2
Total	1.8	0.4	4.6	1.1

Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Note: Urbanicity designations are documented in the footnote at the bottom of this page.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed April 2024.

Table 31: Illinois Crude Rates of Firearm-Related ED Visits per 100,000 Persons by Injury Intent and County Urbanicity,[26]2022

Injury Intent	Urban Rate	Rural Rate	Cook County Rate	Collar Counties Rate
Unintentional	12.2	6.4	35.4	8.8
Self-Harm	0.2	0.4	0.0	0.1
Assault	10.2	1.8	16.0	2.9
Undetermined	2.0	0.3	0.7	0.1
Total	4.9	1.8	10.4	2.4

Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.
Note: Urbanicity designations are documented in the footnote at the bottom of this page.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed April 2024.

[26] **Note:** Urbanicity is defined by county in conformity with Illinois Vital Records county urbanicity designations. The following counties are categorized as Urban: Champaign, DeKalb, Kankakee, Kendall, McLean, Macon, Madison, Peoria, Rock Island, St. Clair, Sangamon, Tazewell, Vermilion, and Winnebago. The following counties are categorized as Collar: DuPage, Kane, Lake, McHenry, and Will. Cook County includes all of Cook County, including the city of Chicago. All other counties in the state not otherwise categorized are designated as Rural.

Table 32: Illinois Crude Rates of Firearm-Related Deaths per 100,000 Persons by Injury Intent and County Urbanicity[26], 2022

Injury Intent	Urban Rate	Rural Rate	Cook County Rate	Collar Counties Rate
Unintentional	0.0	0.1	0.1	0.1
Self-Harm	7.2	9.4	3.6	6.0
Assault	6.8	2.2	0.8	1.4
Undetermined	0.1	0.0	0.0	0.0
Total	2.9	2.4	0.9	1.5

Note: Legal Intervention/War is not shown as an intent due to low numbers of ED visits and unstable rate calculations.

Note: Urbanicity designations are documented in the footnote at the bottom of this page.

Data Source: Illinois Department of Public Health, Bureau of Vital Records. Illinois Vital Records. Accessed January 2024.

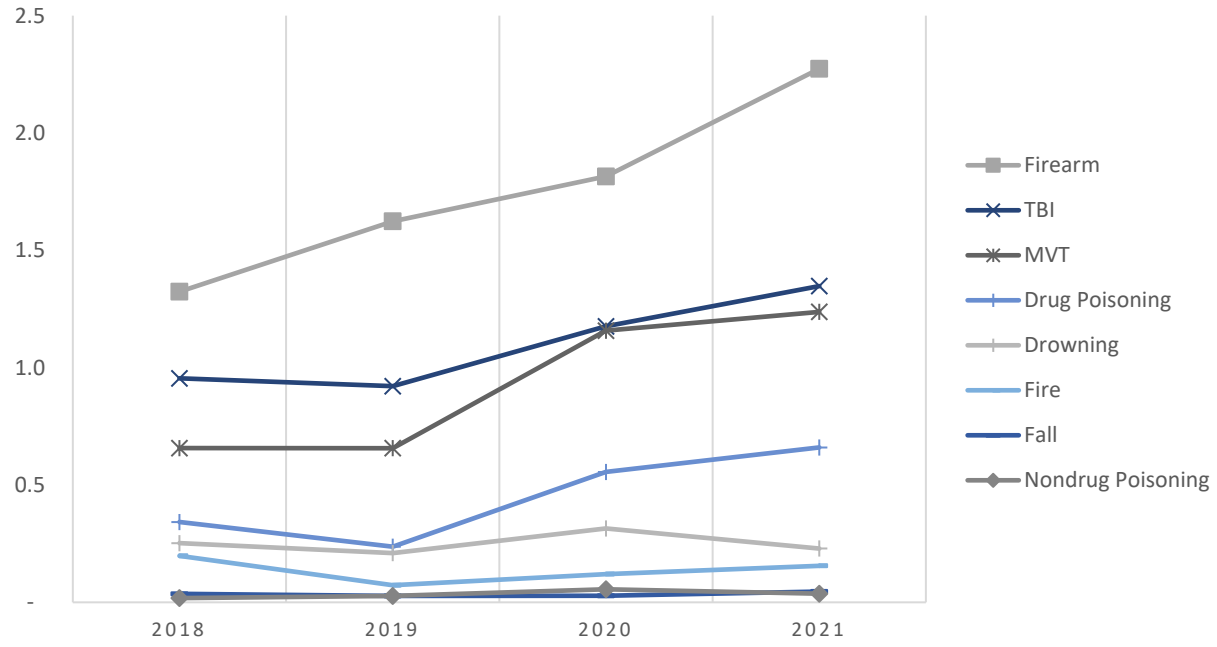
Injuries and Violence among Youth 19 Years of Age and Younger

Some age-related differences in injury and violence are shown in the leading causes of death tables on pages 12 and 14, in mortality and morbidity data sections beginning on pages 15 and 25, respectively, and intermittently throughout topic-specific sections beginning on page 39. However, a few key differences in deaths are further described here.

Injury- and Violence-Related Deaths

Injury- and violence-related mortality trends among youth aged 19 years and younger differ from mortality trends observed in adults. For example, age-adjusted rates of injury mortality from drug poisonings, firearm fatalities, and motor vehicle traffic crashes are the three greatest rates by injury mechanism in Illinois across the lifespan (see Table 10 on page 19). Among youth aged 19 years and younger, however, the three greatest age-adjusted rates of injury mortality by mechanism in Illinois were firearm fatalities, traumatic brain injuries, and motor vehicle traffic crashes (see Figure 32).

Figure 32: AA Rate of Injury-Related Deaths among Youth Aged 19 Years and Younger by Injury Mechanism, 2018-2021

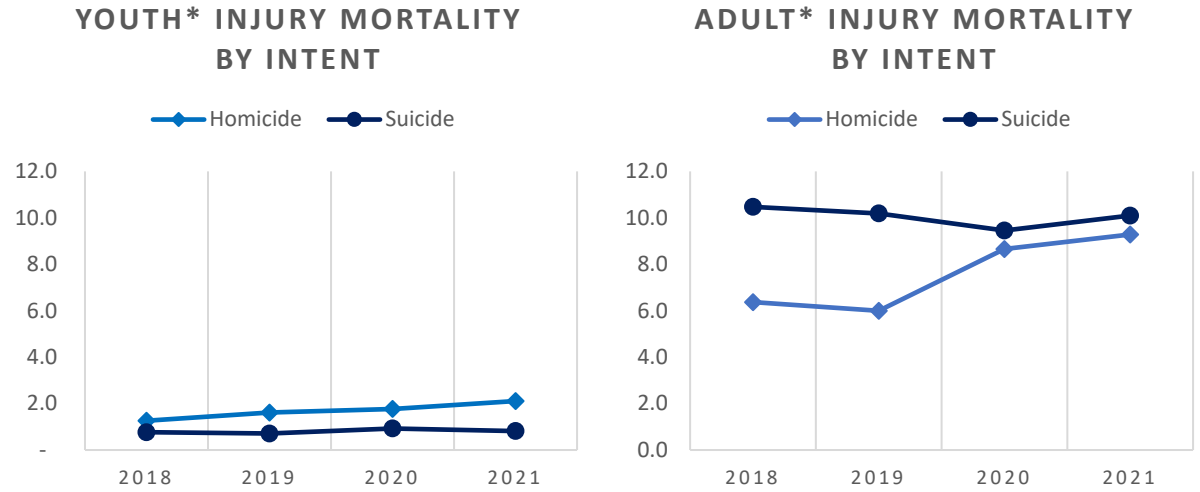


Note: Data were compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements. Reports mixed injury intent and mechanism. Therefore, the rates presented are not based on de-duplicated counts.

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Vital Records Mortality. All injury topics except Drug-Related Poisonings were compiled between July 2019 and July 2022 for State Injury Indicator Reports, calendar years 2018-2021. Accessed February 2024. Counts of Drug-Related Poisonings for youth aged 0-19 were accessed from vital records mortality separately in April 2024.

Additional differences are observable by intent, with youth in Illinois exhibiting greater age-adjusted rates of homicide than suicide, contrary to adults, where greater age-adjusted rates of injury-related fatalities are observed from suicide than homicide.

Figure 33: Comparison of Illinois AA Rate of Injury Mortality by Intent[†] between Youth (Age 0-19 Years) and Adults (Age 20+ Years), 2019-2021



[†]**Note:** Homicide and Suicide are the only two intents shown for this figure for ease of comparison. Other intents are reported beginning on page 15.
***Note:** Youth are defined, for the purposes of this figure, as individuals aged 19 and younger. Adults are defined, for the purposes of this figure, as individuals aged 20 and older.
Note: Data were compiled in accordance with annual guidelines for the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control's Core State Injury Prevention Program reporting requirements. Reports mixed injury intent and mechanism. Therefore, the rates presented are not based on de-duplicated counts.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Vital Records Mortality. Compiled between July 2020 and July 2022 for State Injury Indicator Reports, calendar years 2019-2021. Accessed February 2024.

Although nonfatal injury indicators are shown by age group in Leading Causes of Injury Morbidity in Illinois beginning on page 25, additional attention is needed in the future for this section to highlight differences across all youth ages in comparison to adults using other data sources, such as hospital discharge data.

Intimate Partner Violence and Sexual Violence

****There are limitations to IPV and SV data, given the frequency of underreporting and variability in severity and care-seeking behaviors. Information reported here should be interpreted with caution.****

Intimate partner violence (IPV) is defined as abuse or aggression occurring between current or former romantic partners, whereas domestic violence includes any familial or household member. IPV can include physical violence, sexual violence, stalking, and psychological aggression. Sexual violence (SV) is defined as unwanted or coercive sexual behavior.

Importantly, IPV and SV are preventable. Addressing the root causes of violence and promoting protective factors can reduce the risk of experiencing and perpetrating IPV and SV. Additional information on risk and protective factors can be found here. Policies and programs, such as mandatory arrests, specialized court dockets, weapon bans, no-drop prosecutions, and orders of protection, have been implemented in Illinois, with little evaluation data to date. Additional information can be found here.

Further, expanding and standardizing the data infrastructure for IPV and SV can inform timely, evidence-based, comprehensive, and culturally specific prevention efforts. Recognizing the lack of data infrastructure in this area, IDPH is devoting resources to assess these priority topic areas within SyS data via the Advancing Violence Epidemiology in Real Time (AVERT) grant. However, many victims of IPV and SV do not seek treatment in hospitals and experience barriers to accessing care. Additional information on gender differences in intimate partner violence treatment and service use can be found here.

IPV and SV are serious, underreported public health issues that can result in injury, suicide, death, and other harmful and long-lasting physical or mental health outcomes.[27] In fatal IPV incidents, firearms are the means of death nearly half (49%) of the time.[28] IPV and SV affect all populations, but women, racial or ethnic minorities, LGBTQIA+ populations, and people with disabilities are often at increased risk of experiencing these types of violence. The 2022 ICJIA Victim Needs Assessment found that 76% of Illinois residents aged 15-70 experienced IPV in their lifetime, and 51% experienced SV in their lifetime.[29]

[27] Smith SG, Khatiwada S, Richardson L, Basile KC, Friar NW, Chen J, Zhang Kudon H, & Leemis RW. The National Intimate Partner and Sexual Violence Survey: 2016/2017 State Report. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2023. Available here.

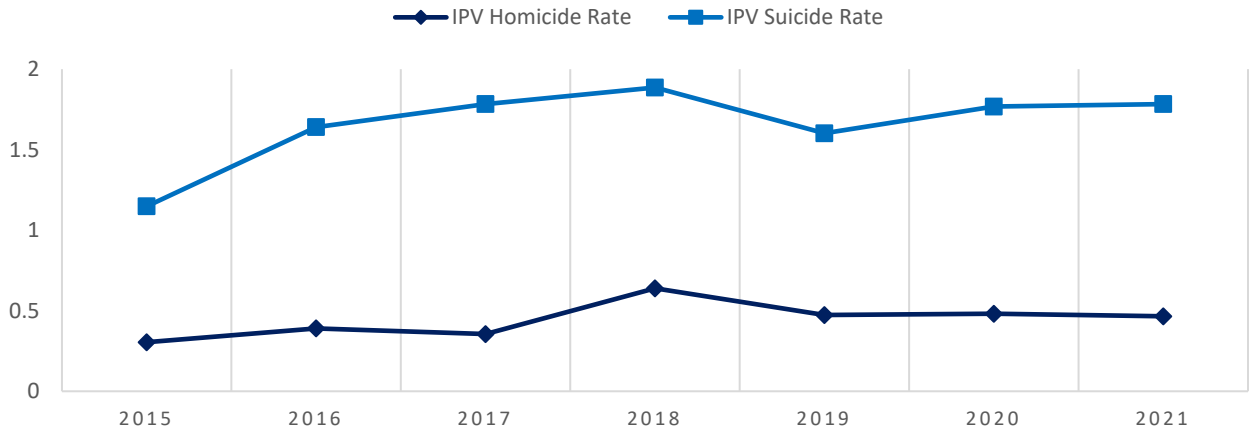
[28] Illinois Coalition Against Domestic Violence, 2022. "Annual Illinois Domestic Violence Homicide Report." Accessed June 2024 here

[29] Garthe, R. C., Hsieh, W., Guenther, M. E., Watkins, D., Kwon, C., & Welsh, M. (2022). 2022 Victim Needs Assessment. Illinois Criminal Justice Information Authority. Available here.

There were 1,475 suicide deaths and 395 homicide deaths due to IPV between 2015-2021 recorded in the Illinois Violent Death Reporting System. Approximately 41.9% of those deaths reported in IVDRS were by a firearm, followed by 34.1% from hanging or strangulation.

Crude rates of IPV homicides and suicides show the largest rates are among IPV-related suicides. Overall rates for both IPV-related homicides and suicides have increased since 2015 (see Figure 34).

Figure 34: Illinois Crude Rates per 100,000 persons of IPV-related Homicide and Suicide Deaths, 2015-2021

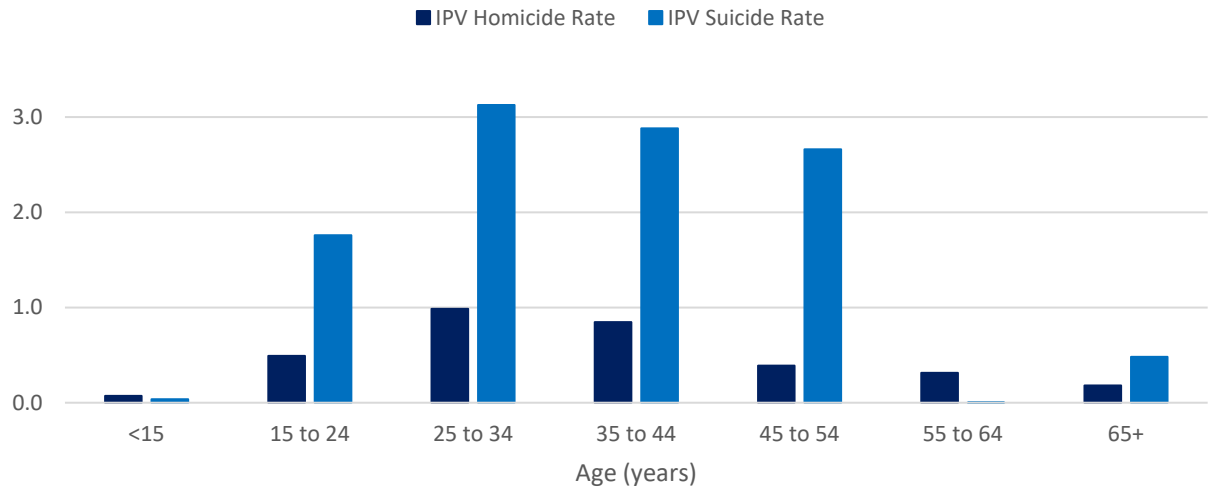


Data Source: Illinois Violent Death Reporting System (IVDRS). *Intimate Partner Violence Related homicide and suicide deaths*, 2015-2021 [Dataset]. Accessed 2024.

In addition to this information, other reports are available. To learn more about child and young adult suicide in relation to intimate partner problems, Northwestern's School of Medicine created a report using IVDRS data on this topic-specific area.

Rates of homicide and suicide in relation to intimate partner violence and sexual violence differ among age groups and sex. In Illinois, intimate partner violence-related suicide deaths have been overwhelmingly higher across all age groups compared to IPV-related homicides. When comparing suicide and homicide deaths due to IPV, rates were calculated using all IPV homicides and suicides between 2015 through 2021. The highest suicide death rate was observed among 25- to 35-year-olds with a rate of 3.1 per 100,000 persons (see Figure 35). The greatest homicide death rate was also among 25- to 35-year-olds, with a rate of 1.0 per 100,000 persons.

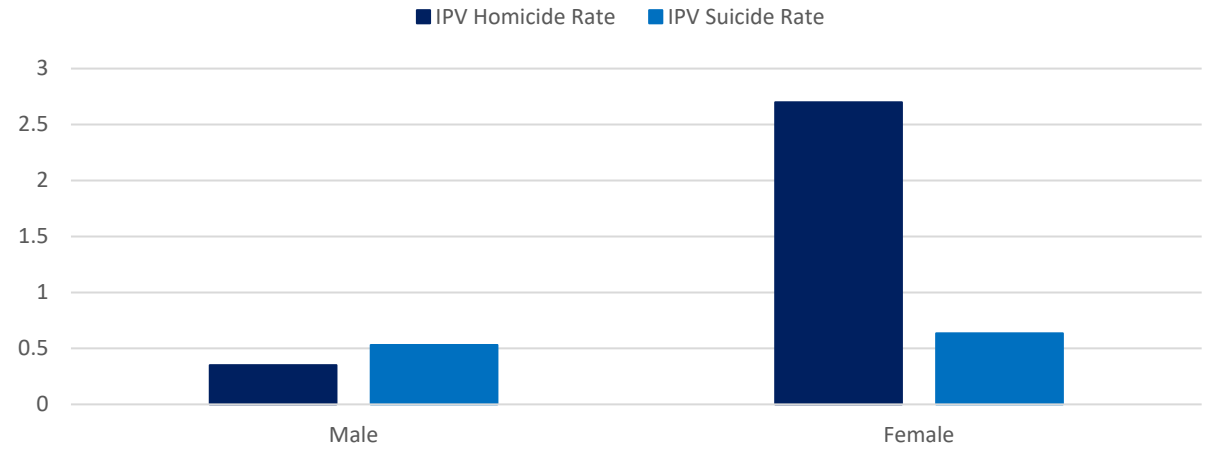
Figure 35: Illinois Crude Rates of IPV-related Homicide and Suicide Deaths by Age Groups per 100,000 persons, 2015-2021



Data Source: Illinois Violent Death Reporting System (IVDRS). *Intimate Partner Violence Related homicide and suicide deaths*, 2015-2021 [Dataset]. Accessed 2024.

Crude rates of IPV-related homicide and suicide also differ by sex (see Figure 36). IPV-related rates show males experience more suicides than homicides, but females experience more IPV-related homicides than suicides. Females disproportionately experience IPV-related homicides in comparison to males, with a rate nearly 6.8 times greater.

Figure 36: Illinois Crude Rates of IPV-related Homicide and Suicide Deaths by Sex per 100,000 Persons, 2015-2021

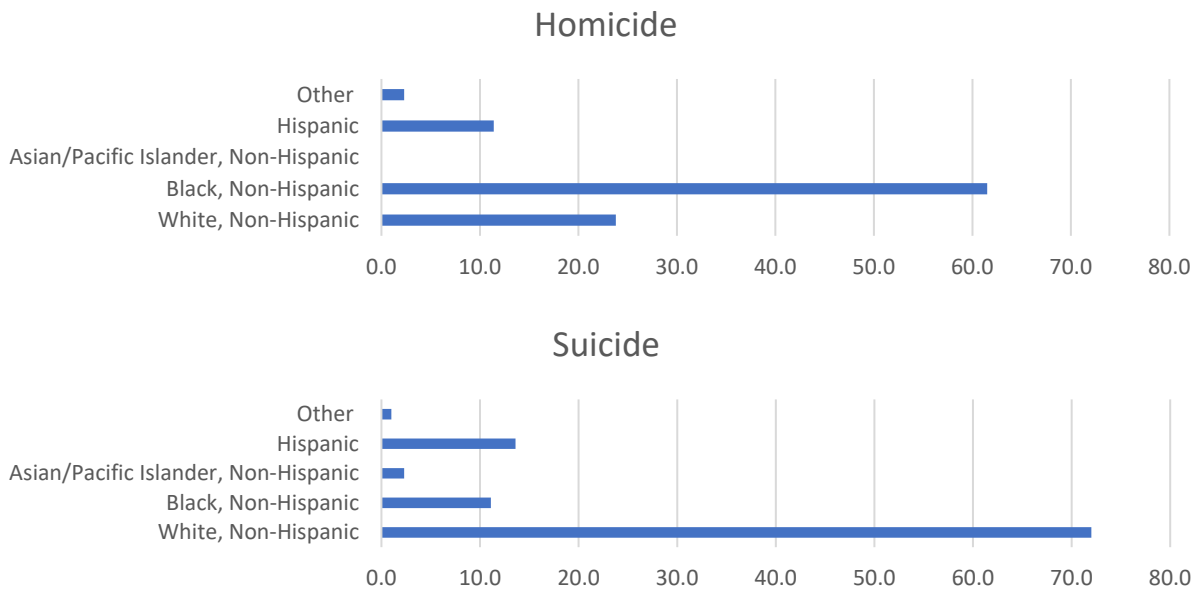


Data Source: Illinois Violent Death Reporting System (IVDRS). *Intimate Partner Violence Related homicide and suicide deaths*, 2015-2021 [Dataset]. Accessed 2024.

The type of death also varied among races and ethnicities (see Figure 37). White non-Hispanic individuals experienced the highest percentage of suicide due to IPV between 2015 and 2021.

Black non-Hispanic individuals experienced the highest percentage of homicide due to IPV between 2015 and 2021.

Figure 37: Percentage of IPV-related Homicide and Suicide Deaths by Race and Ethnicity, 2015-2021



Note: "Other" includes unknown, unspecified, and multiple races.
Data Source: Illinois Violent Death Reporting System (IVDRS). *Intimate Partner Violence Related homicide and suicide deaths*, 2015-2021 [Dataset]. Accessed 2024.

Adolescents are also at risk of IPV and SV. The CDC surveyed High School Youth Risk Behavior, as seen in Table 33, and compares IPV and SV experiences of Illinois adolescents and United States adolescents. The survey found that Illinois adolescents report slightly lower rates of violence of all categories compared to the national average. The only major difference in experiences is sexual dating violence among adolescents. Illinois' adolescents experienced sexual dating violence at 7.8% compared to the national average of 9.7%.

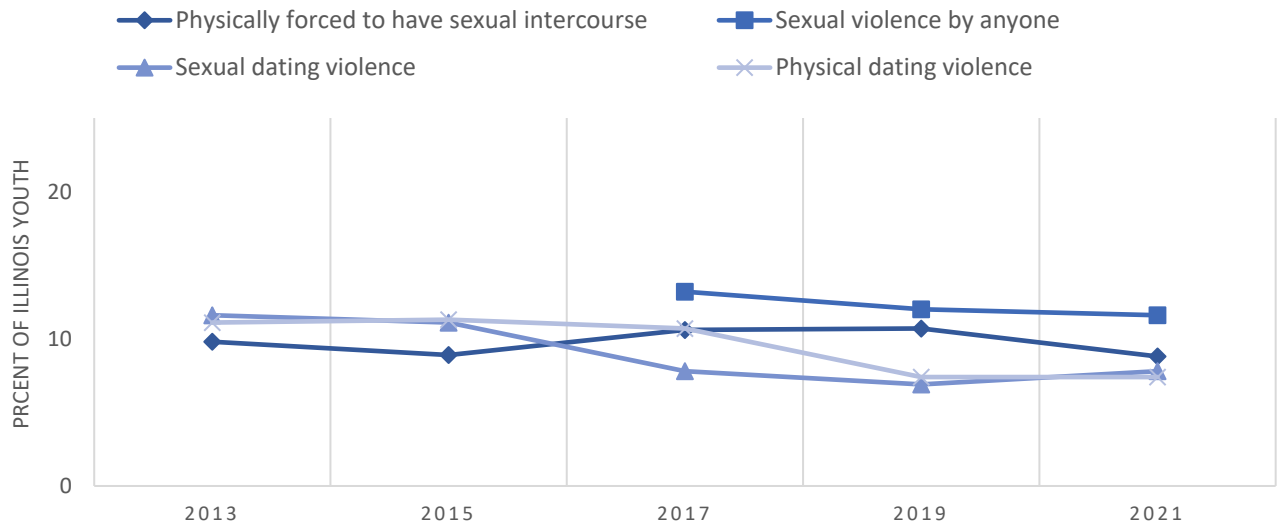
Table 33: Intimate Partner Violence and Sexual Violence Experiences of Adolescents, Illinois and Nationally, 2021

Experienced one or more times during the 12 months before the survey	Illinois % (CI)	United States % (CI)
Physically forced to have sexual intercourse	8.5 (7.6–9.4)	8.5 (7.6–9.4)
Sexual violence by anyone	11.6 (10.2–13.1)	11.0 (10.1–12.0)
*Sexual dating violence**	7.8 (6.6–9.2)	9.7 (8.6–11.0)
Physical dating violence	7.4 (5.7–9.5)	8.5 (7.6–9.6)

Note: * statistically significant with p<0.05
Source: CDC Youth Risk Behavior Survey (YRBS), 2021. Accessed from https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Illinois adolescents, regardless of sex, age, or race and ethnicity, experienced relatively similar percentages of IPV and SV between 2013 and 2021, according to the Youth Risk Behavior Survey (see Figure 38).

Figure 38: Intimate Partner Violence and Sexual Violence Experiences of Adolescents in Illinois, 2013-2021



Note: There were no data for "Sexual Violence by Anyone" in Illinois in 2013 and 2015.
Source: CDC Youth Risk Behavior Surveys, 2013, 2015, 2017, 2019, 2021. Available from: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

In Illinois, female adolescents were more likely than men to experience all types of IPV and SV surveyed in 2021 (Table 43). This table highlights the significant gender disparities in experiences of violence among adolescents. Sexual violence by anyone, in particular, shows a significant difference between male and female adolescents. Female adolescents are experiencing much more IPV and SV at much higher rates across all categories.

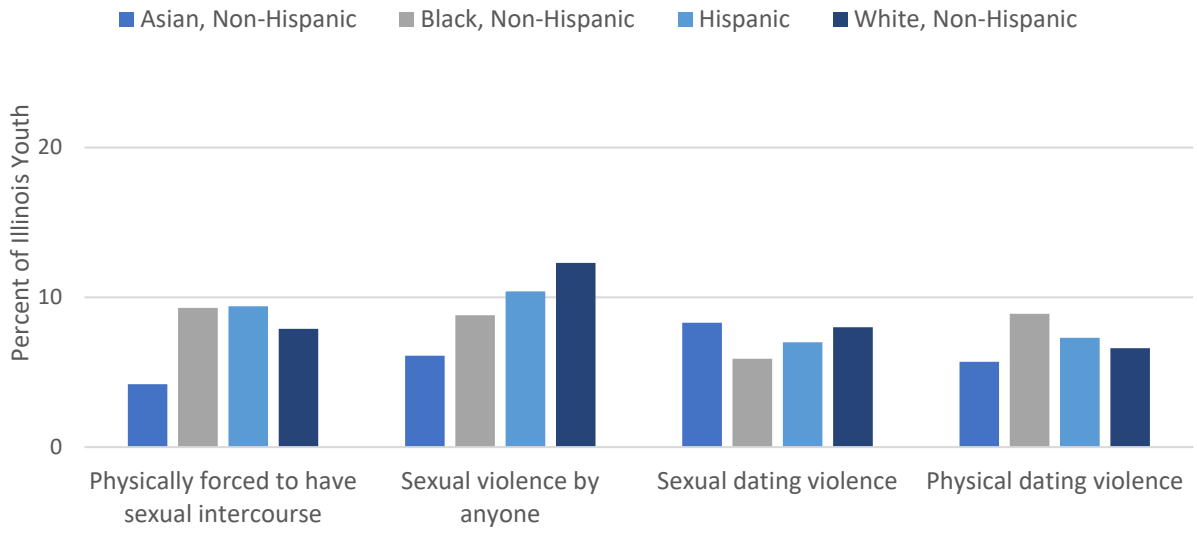
Table 34: Intimate Partner Violence and Sexual Violence Experiences of Adolescents in Illinois by Sex, 2021

Experienced one or more times during the 12 months before the survey	**Female** % (CI)	**Male** % (CI)
*Physically forced to have sexual intercourse**	12.7 (10.4–15.4)	4.5 (3.2–6.4)
*Sexual violence by anyone**	19.1 (16.7–21.8)	4.3 (3.1–5.9)
*Sexual dating violence**	13.1 (11.3–15.2)	2.4 (1.3–4.4))
*Physical dating violence**	9.4 (7.1–12.3)	5.3 (3.7–7.5)

Note: * statistically significant with p<0.05
Source: CDC Youth Risk Behavior Survey (YRBS), 2021. Available and accessed from https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Further, the percentage of adolescents with experiences of IPV and SV varies among races and ethnicities. Figure 39 presents various experiences of IPV and SV of adolescents among race and ethnicity in Illinois in 2021. Black non-Hispanic, and Hispanic adolescents experienced being physically forced to have sexual intercourse at similar percentages of 9.3% and 9.4%, respectively. White non-Hispanic adolescents experience sexual violence by anyone at the highest percentage at 10.4%. Asian non-Hispanic adolescents experience sexual dating violence at the highest rate at 8.3%. All rates indicate a growing concern of IPV and SV affecting adolescents within these communities.

Figure 39: Intimate Partner Violence and Sexual Violence Experiences of Adolescents in Illinois by Race and Ethnicity, 2021



Source: CDC Youth Risk Behavior Survey (YRBS), 2021. Available and accessed from https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

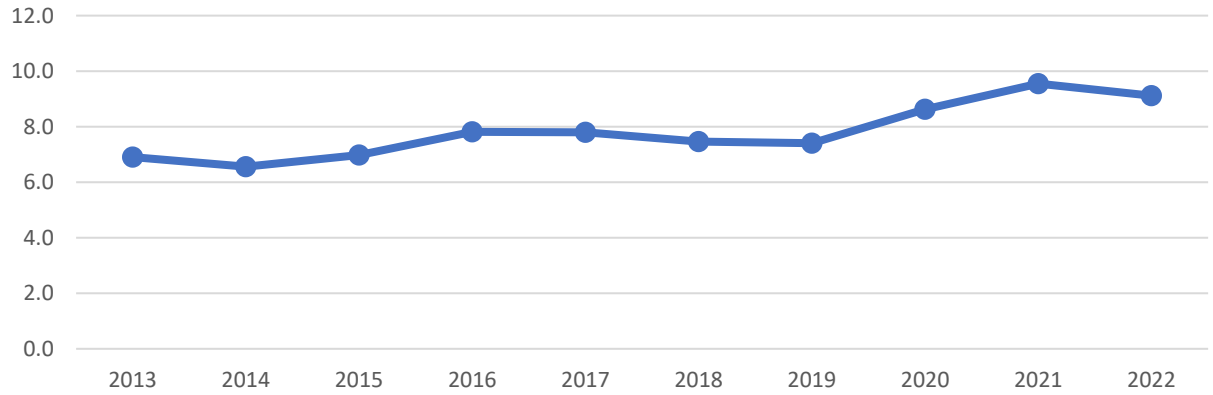
National Incident-Based Reporting System (NIBRS) data from the Illinois Uniform Crime Reporting (I-UCR) Program show that there were 341,973 arrests for domestic violence assault, 303 for domestic violence homicide, and 7,366 for sex offenses from 2015-2022 in Illinois. The frequency of arrests for assault and sex offenses suggests a high burden of nonfatal IPV and SV injuries.

Motor Vehicle Traffic Crashes

Motor Vehicle Traffic Crashes (MVTCs) can affect drivers, passengers, motorcyclists, bicyclists, and pedestrians. MVTCs are a leading cause of injury and death in the U.S. and Illinois, as shown in the former sections of this report entitled "Leading Causes of Death Nationally, 2022" beginning on page 11, "Intents and Mechanisms of Injury-Related Mortality (Death) in Illinois, 2016-2021" beginning on page 15, and "Leading Causes of Injury Morbidity in Illinois" beginning on page 25.

There were 9,984 total fatal MVTCs in Illinois from 2013-2022. Figure 40 shows crude rates of fatal motor vehicle crashes between 2013 and 2022. Importantly, MVTC fatalities in Illinois have increased in recent years, with 2021 having the highest rate of 9.5 per 100,000 persons. Approximately 37% of fatal MVTCs in 2022 in Illinois involved an alcohol-impaired driver.

Figure 40: Illinois Crude Rate per 100,000 Persons of Fatal Motor Vehicle Crashes, 2013-2022



Source: National Highway Traffic Safety Administration's (NHTSA) Fatality and Injury Reporting System Tool (FIRST). Accessed June 2024 from https://cdan.dot.gov/query

MVTC fatalities in Illinois also vary by location, as shown in Table 35. In 2022, St. Clair County had the highest rate of fatal MVTCs per 100,000 persons at 18.60 per 100,000 persons. However, in 2021, Winnebago County showed the greatest rate of fatal MVTCs per 100,000 persons.

Table 35: Fatal Motor Vehicle Traffic Crashes Crude Rate per 100,000 Persons in Top 10 Illinois Counties, 2018-2022

County	2018	2019	2020	2021	2022
Cook County	5.18	5.73	7.05	8.85	7.81
Will County	8.39	7.82	8.77	10.03	9.33
Lake County	5.72	6.17	7.01	5.20	8.46
St. Clair County	11.48	10.01	12.46	15.68	18.60
Kane County	5.07	6.01	4.26	8.14	8.56
DuPage County	4.10	4.12	5.26	4.97	4.13
Madison County	13.26	13.69	12.05	10.57	14.02
Sangamon County	11.76	7.71	9.18	12.28	16.45
Winnebago County	10.22	10.26	8.77	17.28	9.92
McHenry County	7.46	6.82	7.42	6.74	8.34

Source: NHTSA Fatality Analysis Reporting System (FARS) 2022 (Retrieved from https://cdan.dot.gov) and U.S. Census Bureau, Population Division. Annual Estimates of the Resident Population for Counties in Illinois: April 1, 2010 to July 1, 2019 (CO-EST2019-ANNRES-17) and April 1, 2020 to July 1, 2022 (CO-EST2022-POP-17).

Quick Facts on MVTC Fatalities[30]

- An estimated 1,465 Illinois **motorcyclists** died due to MVTC fatalities between 2013-2022
    - This was 14.7% of all fatal MVTCs in Illinois during this time.
    - Males make up 91% of those motorcyclist fatalities.
- Between 2013 and 2022, 1,605 **pedestrian** fatalities occurred in Illinois.
    - 70% were male.
- There were 1,319 fatal MVTCs involving **young drivers aged 15-20** from 2013-2021.
    - 66% were male.

Illinois adolescents report varying risk behaviors associated with MVTCs (see Table 36). For example, 41.4% of youth reported not always using a seat belt when riding in a car driven by someone else. There were 39.2% of youth who reported texting or emailing while driving a motor vehicle at least once in the previous 30 days. These are potential intervention points to target in prevention efforts for MVTCs in Illinois.

[30] National Highway Traffic Safety Administration, 2024. Data Visualizations Accessed June 2024 here

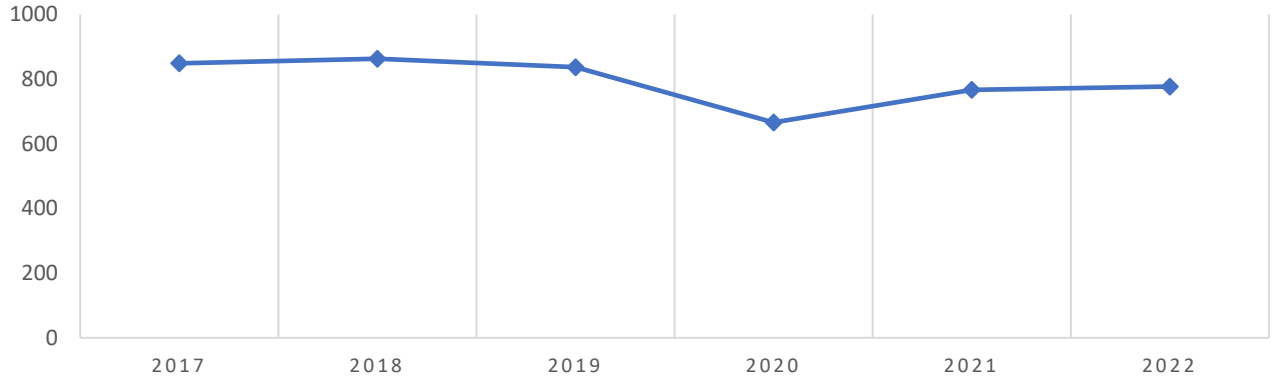
Table 36: Motor Vehicle Experiences and Behaviors of Adolescents in Illinois and the U.S. According to the Youth Risk Behavior Survey, 2021

Survey Question	Illinois % (CI)	United States % (CI)
Did not always wear a seat belt (when riding in a car driven by someone else).	41.1 (37.5–44.9)	39.9 (35.3–44.6)
Rode with a driver who had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey).	14.6 (12.6–16.7)	14.1 (13.3–15.0)
Drove when they had been drinking alcohol (in a car or other vehicle, one or more times during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey).	-	4.6 (4.0–5.4)
Texted or emailed while driving a car or other vehicle (on at least one day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey).	39.2 (34.8–43.9)	36.1 (33.7–38.6)

Note: Data for the survey question "Drove when they had been drinking alcohol" were unavailable in Illinois.
Source: CDC Youth Risk Behavior Survey, 2021. Available from: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

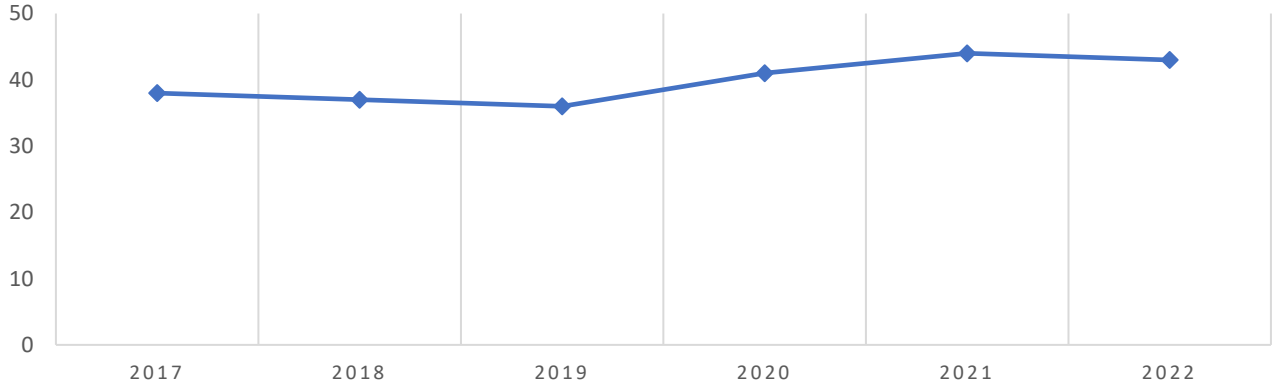
Figure 41 and Figure 42 show nonfatal MVTC emergency department and hospitalization rates, respectively, in Illinois from 2017 to 2022. ED visits for MVTCs are much higher than nonfatal MVTC hospitalizations. For example, in 2022, the nonfatal MVTC hospitalizations were around 43 per 100,000 persons. Whereas the nonfatal rates MVTC resulting ED visits rate was around 800 per 100,000 persons. In Illinois, rates of MVTC ED visits have gradually decreased between 2017 and 2022, but rates of hospitalizations for MVTCs have increased slightly over this time.

Figure 41: Illinois Crude Rates of Nonfatal Motor Vehicle Traffic Crash ED Visits per 100,000 Persons, 2017-2022



Note: The figures' axes should be given particular attention as they differ between hospitalizations and emergency department visits.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Compiled July 2016 and July 2021. Accessed February 2024.

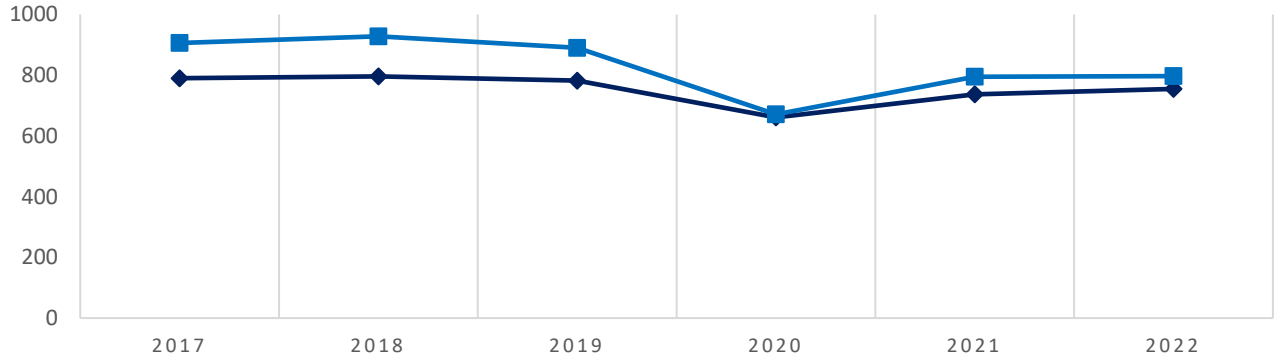
Figure 42: Illinois Crude Rates of Nonfatal Motor Vehicle Traffic Crash Hospitalizations per 100,000 Persons, 2017-2022



Note: The figures' axes should be given particular attention as they differ between hospitalizations and emergency department visits.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Compiled July 2016 and July 2021. Accessed 2024.

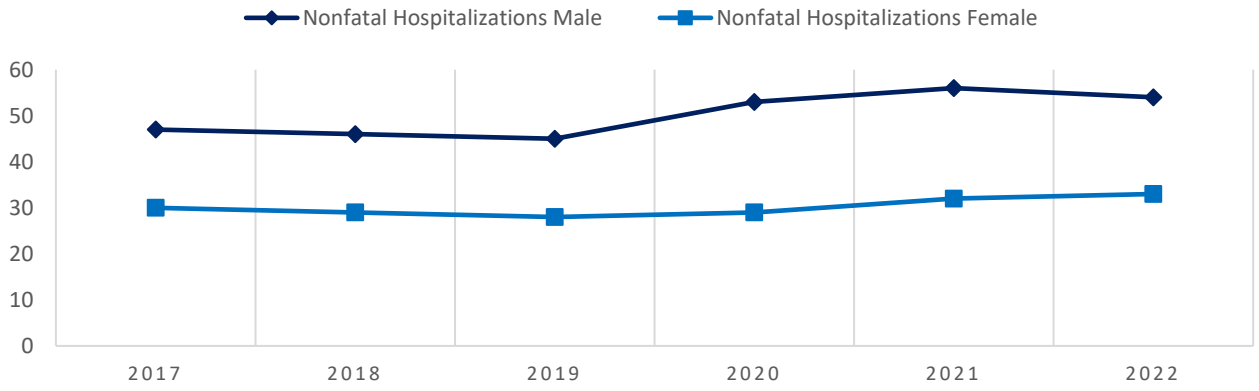
ED visits and hospitalizations for nonfatal MVTC vary by sex (see Figure 43 and Figure 44). In Illinois, females had greater rates of nonfatal MVTC-related emergency department visits than males in all years between 2017 and 2022, although this difference was less prominent beginning in 2020. Alternatively, males had greater rates of nonfatal MVTC-related hospitalizations than females during this same time.

*Figure 43: Illinois Crude Rate per 100,000 Persons of ED Visits for Nonfatal Motor Vehicle Crashes for **Males** and **Females**, 2017-2022*



Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Compiled July 2016 and July 2021. Accessed 2024.

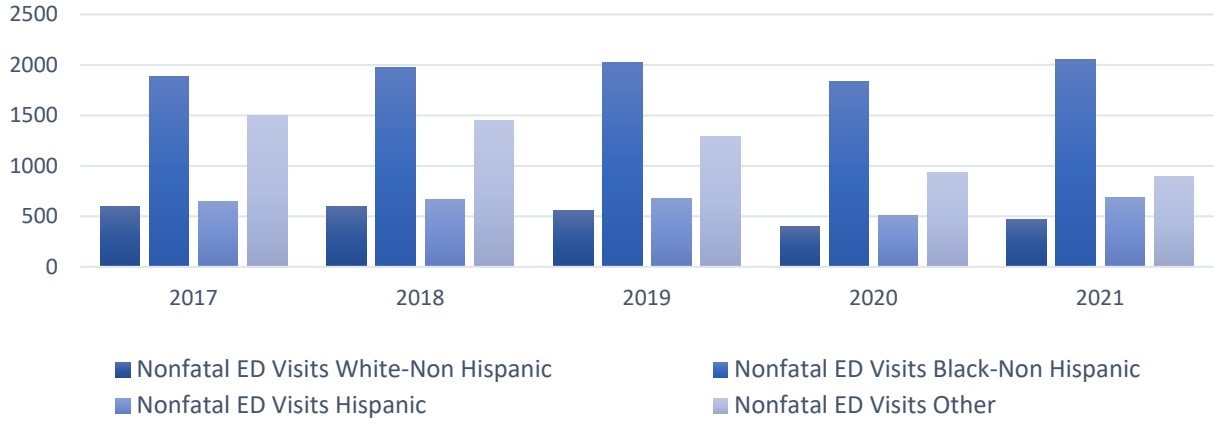
*Figure 44: Illinois Crude Rate per 100,000 Persons of Hospitalizations for Nonfatal Motor Vehicle Crashes for **Males** and **Females**, 2017-2022*



Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Compiled July 2016 and July 2021. Accessed 2024.

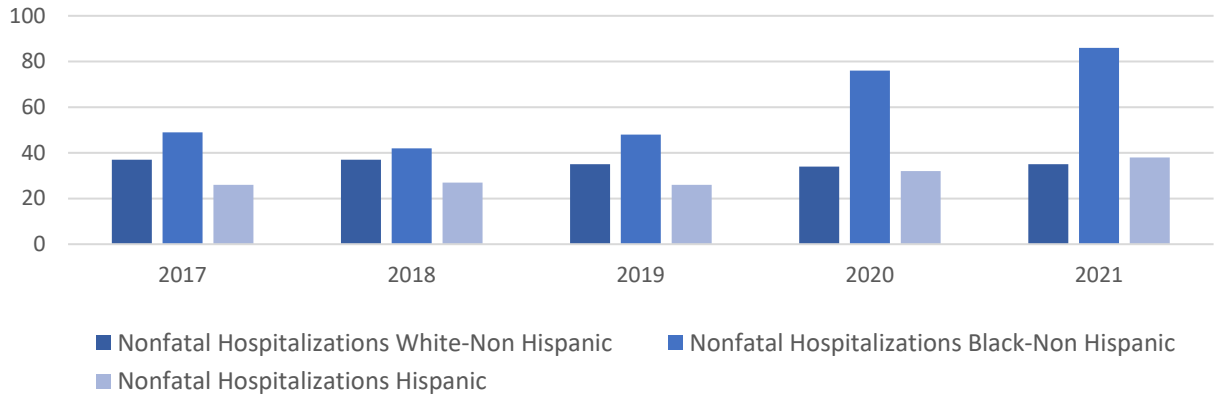
ED visits and hospitalizations for nonfatal MVTC also vary by race, with Black non-Hispanics having the highest rate in both categories (see Figure 45 and Figure 46). “Other” races had the second highest rate of nonfatal MVTC-related ED visits in all years between 2017 and 2021. White non-Hispanic individuals had the second highest rate of hospitalizations from nonfatal MVTCs in Illinois in the years 2017 through 2021.

Figure 45: Illinois Crude Rate of ED Visits for Nonfatal Motor Vehicle Crashes by Race and Ethnicity per 100,000 Persons, 2017-2021



Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed 2024.

Figure 46: Illinois Crude Rate of Hospitalizations for Nonfatal Motor Vehicle Crashes by Race and Ethnicity per 100,000 Persons, 2017-2021



Note: The rate for "Other" race and/or ethnicity is not shown due to the low sample size.
Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Accessed 2024.

IDPH, in collaboration with the Illinois Department of Transportation funds the University of Illinois-Springfield Illinois Motor Vehicle Data Linkage (MVDL) Project[31] to link crash and hospital record data from 2016-2020 to inform efforts to reduce MVTC injury and death. Findings from this collaborative effort identified an estimated 6,447 pedestrians were involved in MVTCs from 2016-2018 but did not report it to the police.

[31] University of Illinois-Springfield. The Illinois Motor Vehicle Data Linkage (MVDL) Project. Accessed June 2024 here

Occupational Injury

Occupational injuries include work-related injuries that result in death; loss of consciousness; days away from work; restrictions of work activities, including those that require job transfer; and medical treatment beyond basic first aid including, but not limited to, those that are diagnosed by a physician or other licensed health care professional. OSHA considers injuries to be work-related if an event or exposure from work either caused or contributed to the resulting condition or significantly aggravated a pre-existing condition.[32]

Some key information is presented here, harnessing fatal occupational injuries data from the Census of Fatal Occupational Injuries (CFOI) and nonfatal occupational injuries data from the Survey of Occupational Injuries and Illnesses (SOII). Additional information from the Illinois occupational disease registry program is accessible here utilizing Illinois' Health and Hazardous Substances Registry, available here. An overview of SOII is available here. An overview of CFOI is available here.

In Illinois, total occupational fatalities increased by 12% between 2019 and 2022, mainly among exposure to harmful substances or environments and transportation-related events or exposures (see Table 37).

Table 37: Percent Change in Illinois Crude Rate per 100,000 Persons of Occupational Mortality by Event or Exposure and Counts of Occupational Deaths, 2019-2022

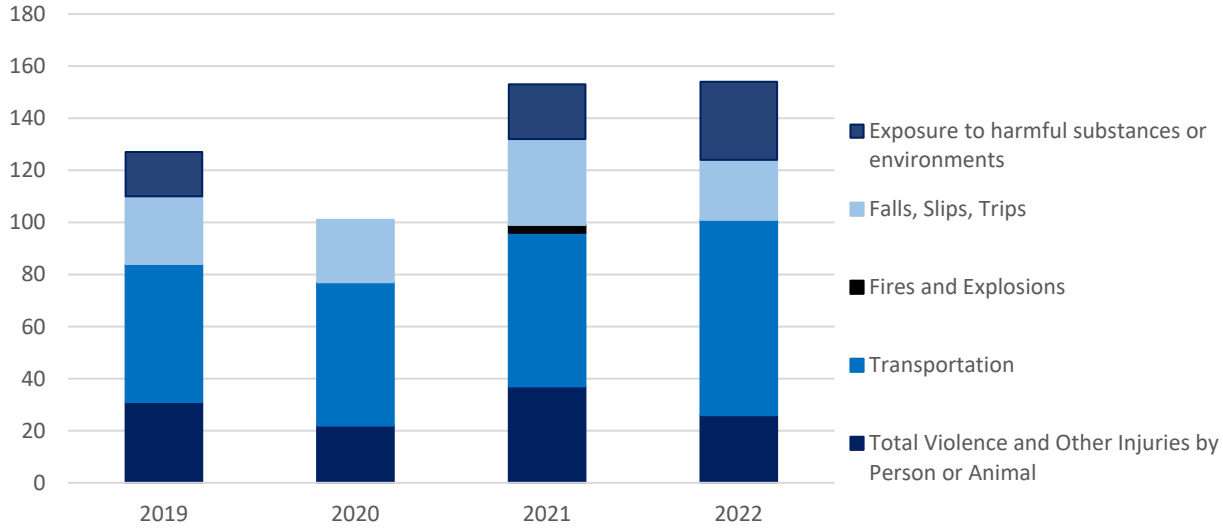
Event or Exposure	***2019 Number of Deaths***	***Crude Rate 2019***	***2022 Number of Deaths***	**Crude Rate *2022***	***Percent Change 2019-2022***
Total Violence and Other Injuries by Person or Animal	31	0.3	26	0.3	-16%
Transportation	53	0.5	75	0.7	41%
Fires and Explosions		-		-	
Falls, Slips, Trips	26	0.3	23	0.2	-12%
Exposure to Harmful Substances or Environments	17	0.2	30	0.3	76%
Contact with Objects and Equipment	23	0.2		-	
Total	**158**	**1.5**	**177**	**1.7**	**12%**

Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

[32] U.S. Bureau of Labor Statistics. Injuries, Illnesses, and Fatalities BLS OSH Definitions. Accessed May 2024 from https://www.bls.gov/iif/definitions/occupational-safety-and-health-definitions.htm#:~:text=Occupational%20injury%20is%20any%20wound,event%20in%20the%20work%20environment

The proportion of occupational fatalities in Illinois has varied by event or exposure type between 2019 and 2022 (see Figure 47).

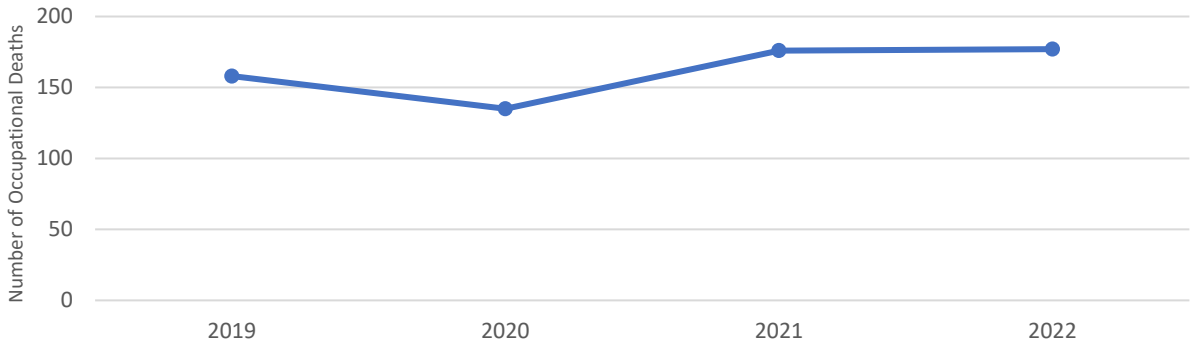
Figure 47: Number of Illinois Occupational Fatalities by Event or Exposure, 2019-2022



Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

Overall, the number of occupational fatalities is shown between 2019 and 2022 in Illinois, with a decrease observed in 2020 but overall increases (see Figure 48).

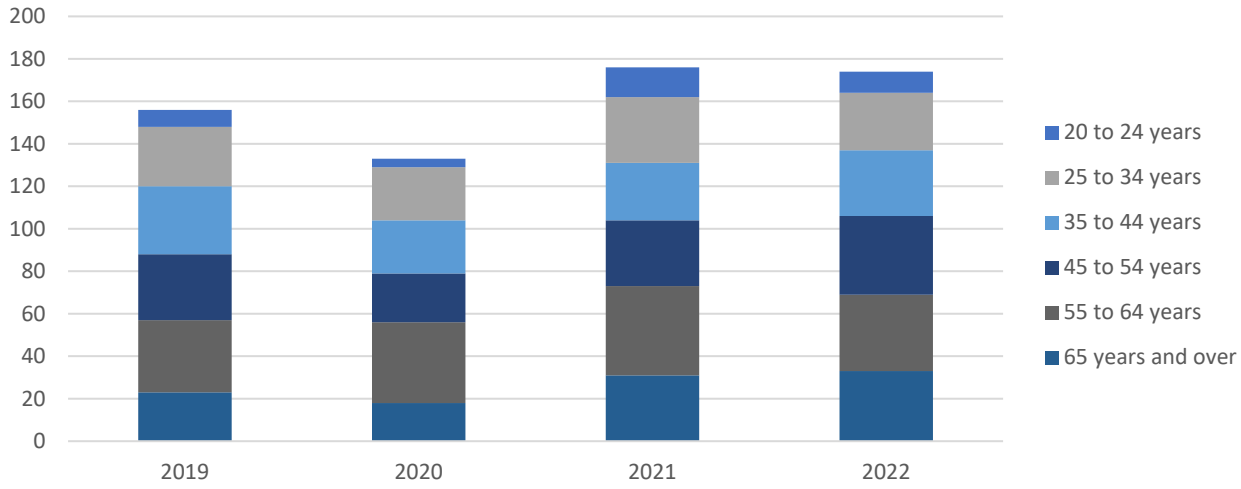
Figure 48: Illinois Number of Occupational Fatalities by Year, 2019-2022



Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

Generally, Illinois saw more occupational fatalities among older age groups each year between 2019 and 2022, as shown in Figure 49.

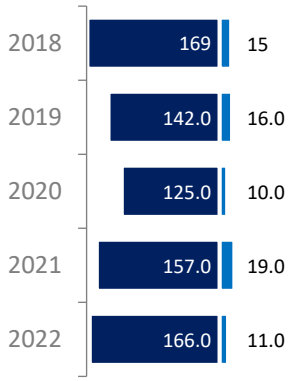
Figure 49: Illinois Occupational Fatalities by Age Group, 2019-2022



Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

Additionally, disparities exist by sex, with more male occupational fatalities than females in each year between 2018 and 2022 (see Figure 50). In 2022, males had occupational fatality rates more than 15 times greater than females.

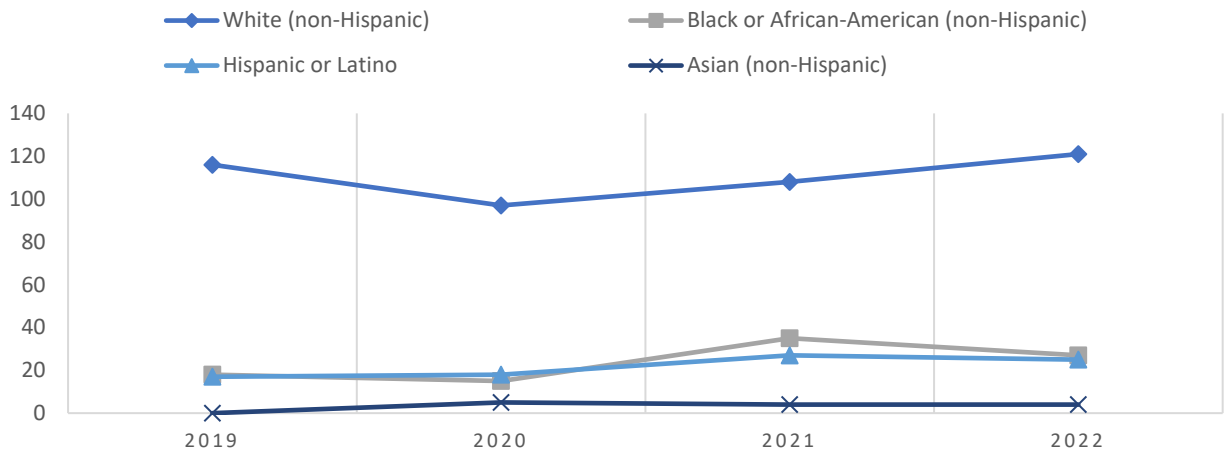
*Figure 50: Illinois Number of Occupational Fatalities Among **Males** and **Females**, 2018-2022*



Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

White non-Hispanic individuals in Illinois had greater rates of occupational fatalities than other races and ethnicities in all years between 2019 and 2022. The rate of occupational fatalities among other populations has been increasing during this time frame (see Figure 51).

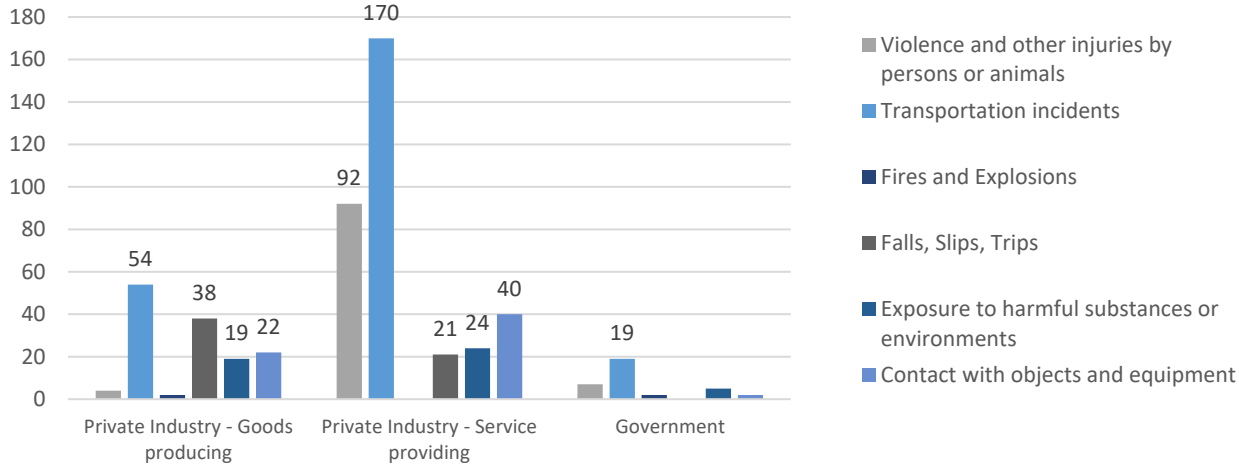
Figure 51: Illinois Occupational Fatalities by Race and Ethnicity, 2019-2022



Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

The greatest number of occupational fatalities summed between 2019 and 2022 was observed due to transportation incidents in private industry for those working in service-providing occupations (see Figure 52).

Figure 52: Illinois Number of Occupational Fatalities by Event or Incident and Industry, 2019-2022



Note: Data are not shown where counts were less than 10.
Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

Incidence rates of nonfatal occupational injuries by industry and case types from 2018 to 2022 in Illinois are shown in Table 38 for select industries. Changes exist over time by industry with some industries having leading incidence rates of nonfatal occupational injuries or illnesses in

one year and significantly fewer in another year. For example, within the private industry, occupational injuries and illnesses occurring in animal production and aquaculture increased from 3.5 per 100,00 persons in 2018 to 14.8 per 100,000 persons in 2019. In 2020, occupational injuries and illnesses in nursing and residential care facilities in the state government increased significantly from 8.9 to 38.2 and increased again in 2022 to 57 per 100,000 persons.

Table 38: Illinois Incidence Rates per 100,000 Persons of Nonfatal Occupational Injuries and Illnesses by Industry and Case Types, 2018 to 2022

Industry	2018	2019	2020	2021	2022
All industries, including private, state, and local government	2.9	2.7	2.8	2.8	2.9
Private Industry	2.7	2.5	2.7	2.6	2.7
Agriculture, forestry, fishing, and hunting	4.3	6.6	3.1	5.3	3.1
Animal production and aquaculture	3.5	14.8	3	5.6	4.8
Couriers and messengers	10	10.4			
Crop production	6.8	3.9		5.9	2.9
Nursing and residential care facilities	6.3	5.2	16	8.2	13.2
Steel product manufacturing from purchased steel	8.7	6	2.5	3.5	4
Transportation and warehousing	4.6	4.1	4	4.8	5
Waste management and remediation services	6.8	2.5	4.1	2.2	4.7
State Government	3.6	4.2	3.5	2.8	4.1
Health care and social assistance	21.3	33.1	18.2	14.3	
Hospitals	25.2	42.6	18	12.9	
Nursing and residential care facilities	8.6	8.9	38.2		57
Local Government	5.2	4	4.2	4.9	4.2

Note: Due to changes in industry coding and variations in data availability, all information was not available for each industry of interest for each year. For these instances, data are not shown.
Data Source: U.S. Bureau of Labor. State Occupational Injuries, Illnesses, and Fatalities. Accessed January 2024 from https://www.bls.gov/iif/state-data.htm#IL

Older Adult Falls

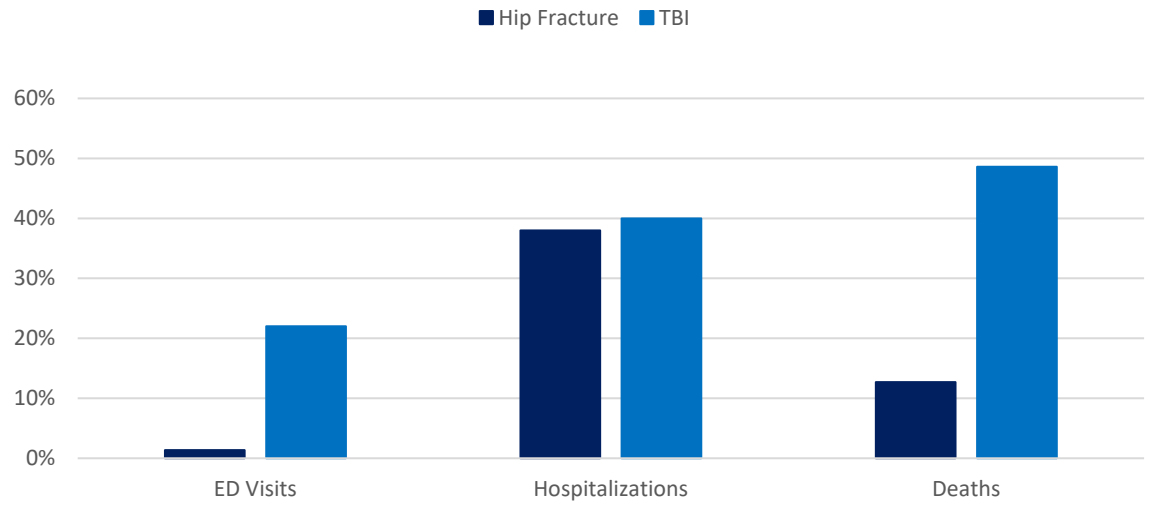
Falls are a leading cause of injury for adults aged 65 and up. Older adults are often broken into three categories: 65-74 years, 75-84 years, and 85 years and above. In Illinois in 2022, more than 2 million older adults suffered from falls (see Table 39). Many conditions contribute to an increased risk of falling, such as lower body weakness, vision problems, difficulties with walking and balance, and home hazards. A combination of risk factors causes most falls.

Table 39: Illinois Number of Older Adult Falls by Age Group, 2017-2022

Year	Total Number of Older-Adult Falls			
	65-74 Years	**75-84 Years**	**85 Years**	**Total**
2017	1,116,989	562,512	265,897	**1,945,398**
2018	1,142,253	584,034	266,674	**1,992,961**
2019	1,176,033	600,230	266,969	**2,043,232**
2020	1,211,741	610,637	266,856	**2,089,234**
2021	1,259,846	601,395	240,221	**2,101,462**
2022	1,261,263	644,941	257,093	**2,163,297**
Total	**7,168,125**	**2,958,808**	**1,563,710**	

Older adult falls can cause life-threatening injuries such as TBI and hip fractures. Hip fractures and TBIs resulting from older adult falls are shown by circumstance for ED visits, hospitalizations, and deaths in Illinois in 2022 (see Figure 53). TBIs resulting from falls in older adults were higher than hip fractures among all three outcomes. Nearly half (49%) of falls in Illinois older adults resulting in TBIs led to death, compared to the 13% of hip fractures from older adult falls (see Figure 53).

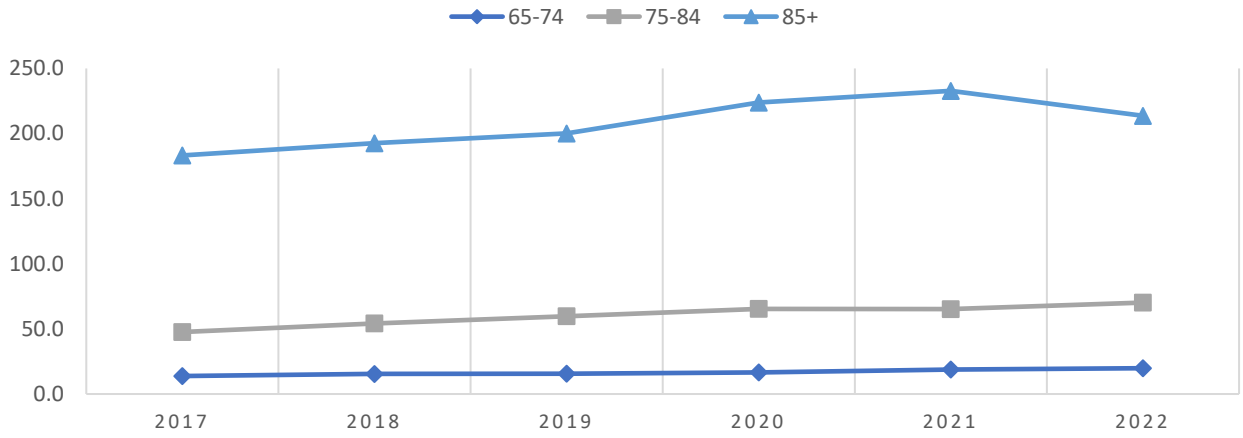
Figure 53: Percentage of Annual Falls in Illinois Older Adults-Related ED Visits, Hospitalizations, and Deaths by Circumstance, 2022



Data Sources: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset and Illinois Vital Records Mortality. Data compiled for Special Emphasis Report in September 2023.

From 2017 to 2022, the mortality rates for falls among Illinois residents ages 65–74 and 75–84 have stayed consistent. However, the mortality rate for falls among adults ages 85 and above has gradually increased (see Figure 54).

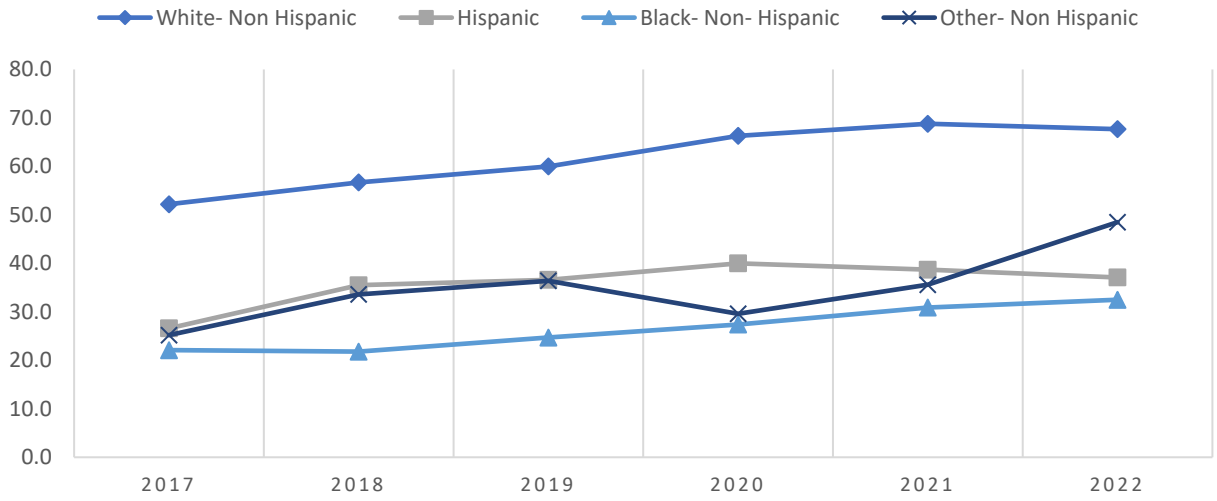
Figure 54: Illinois Older Adult Fall Mortality Rates per 100,000 Persons by Age Group, 2017-2022



Data Sources: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset and Illinois Vital Records Mortality. Data compiled for Special Emphasis Report in September 2023.

White non-Hispanic individuals have consistently had the greatest mortality rate of older adult falls across race and ethnicity populations in Illinois since 2017 (see Figure 55). Mortality rates among other-non-Hispanic individuals nearly doubled between 2020 and 2022 (see Figure 55).

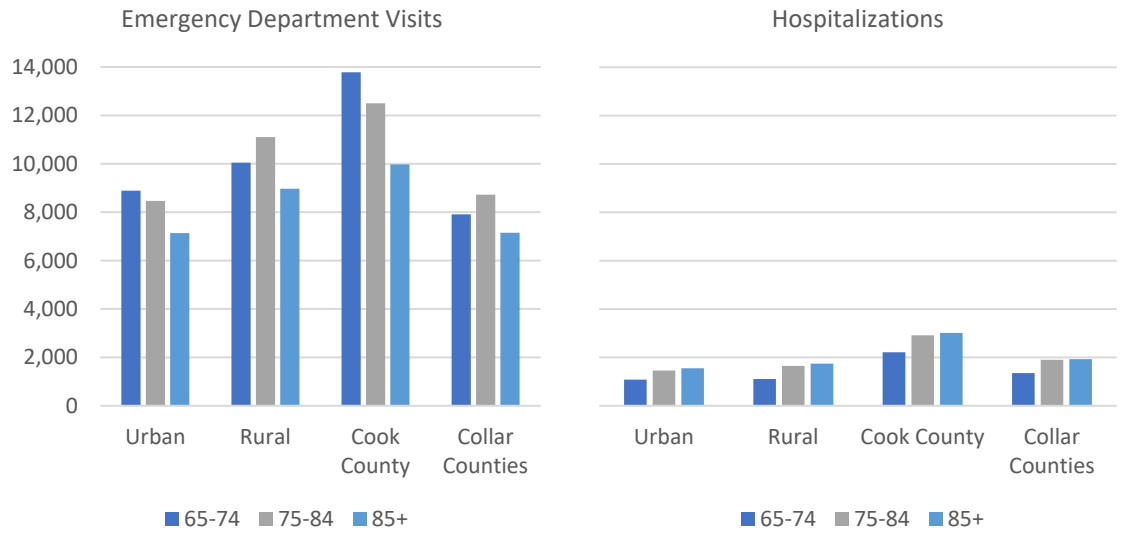
Figure 55: Illinois Mortality Rates of Older Adult Falls by Race and Ethnicity per 100,000 Persons, 2017-2022



Data Sources: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset and Illinois Vital Records Mortality. Data compiled for Special Emphasis Report in September 2023.

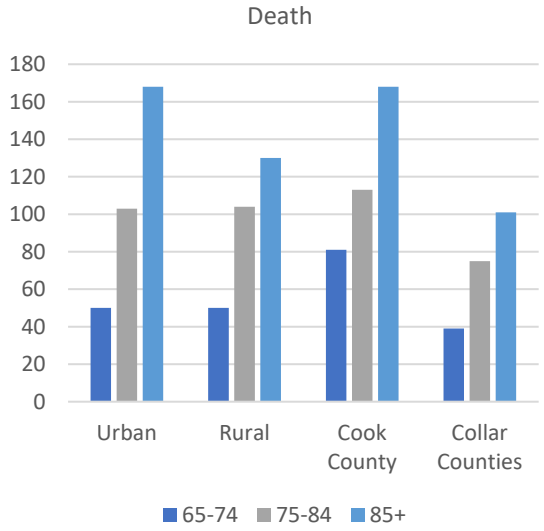
Differences are observed in older adult falls across county rurality or urbanicity (see Figure 56 and Figure 57 on page 90). Cook County and Urban County residents aged 85+ had the highest mortality rates overall in 2022. Older adults aged 85 and older had the greatest hospitalizations in Cook County and collar counties while adults aged 65-74 years in Cook County had the highest ED visit rates with 13,785 per 100,000 persons.

Figure 56: Illinois Older Adult Falls Morbidity Rates per 100,000 Persons by County Urbanicity and Age Group, 2022[33]



Data Sources: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset. Data compiled for Special Emphasis Report in September 2023.

Figure 57: Illinois Older Adult Falls Mortality Rates per 100,000 Persons by County Urbanicity and Age Group, 2022[33]



Data Sources: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Hospital Discharge Dataset and Illinois Vital Records Mortality. Data compiled for Special Emphasis Report in September 2023.

[33] **Note:** Urbanicity is defined by county in conformity with Illinois Vital Records county urbanicity designations. The following counties are categorized as "Urban:" Champaign, DeKalb, Kankakee, Kendall, McLean, Macon, Madison, Peoria, Rock Island, St. Clair, Sangamon, Tazewell, Vermilion, and Winnebago. The following counties are categorized as "Collar:" DuPage, Kane, Lake, McHenry, and Will. Cook County includes all of Cook County, including the city of Chicago. All other counties in the state not otherwise categorized are designated as "Rural."

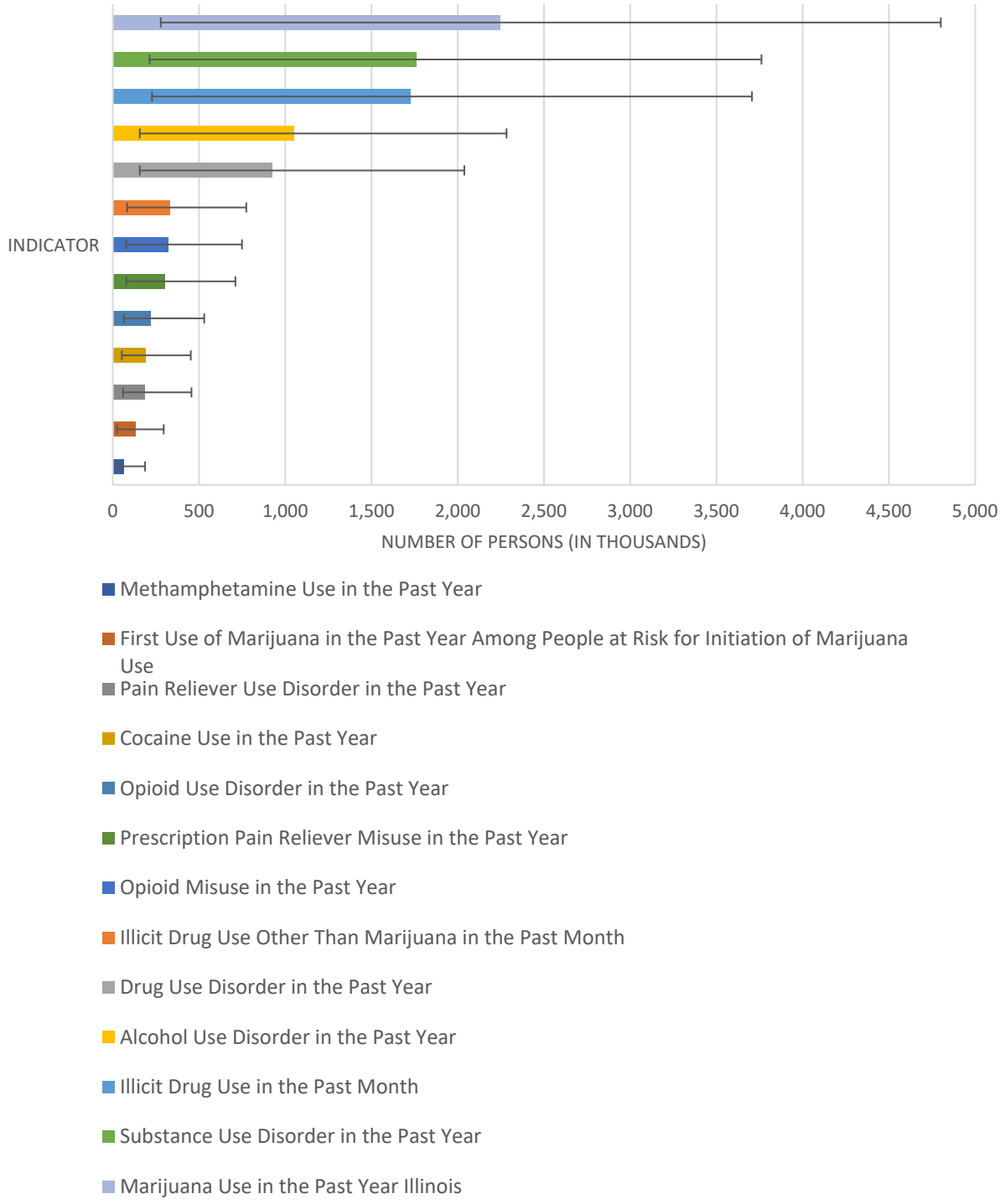
Substance Use and Overdoses

Burden and Risk for Overdose

Understanding the burden of substance use is critical in overdose prevention efforts. Substance use burden differs by type of substance and by different demographic and population characteristics; however, burden and at-risk indicators provide information about different populations most disparately affected by substance use and at risk for overdose.

State estimates for different substance use indicators are available through the National Survey on Drug Use and Health, administered by the United States Substance Abuse and Mental Health Services Administration (see Figure 58 and Table 40). Alcohol use and marijuana use are estimated to be the two greatest burdens by a number of persons in 2021 in Illinois. Illinois-specific estimates of various mental health-related conditions, which are potential risk factors for the development of a substance use disorder or overdose, are also available from the National Survey on Drug Use and Health for persons at least 18 years of age (Table 41, page 94). In 2021, nearly 2.1 million persons in Illinois were estimated to have experienced a mental illness within the past year.

Figure 58: SAMHSA's National Survey on Drug Use and Health, Illinois Estimated Numbers Among Persons 12+ Years (in Thousands), 2021



Note: The 95% confidence interval is shown for each indicator shown.
Data Source: Substance Abuse and Mental Health Services Administration (SAMHSA). National Survey on Drug Use and Health. State Reports for Illinois estimates [online]. Accessed from https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

Table 40: Illinois Specific Estimates from the National Survey on Drug Use and Health, 2021

Indicator	Estimated Number (In Thousands) For Persons 12+ Years	Estimated Number (In Thousands) For Persons 18+ Years
Illicit drug use in the past month	1,726	1,646
Marijuana use in the past year Illinois	2,247	2,126
First use of marijuana in the past year among people at risk for initiation of marijuana use	132	92
Illicit drug use other than marijuana in the past month	333	315
Cocaine use in the past year	191	190
Heroin use in the past year	*	61
Methamphetamine use in the past year	65	61
Prescription pain reliever misuse in the past year	304	284
Opioid misuse in the past year	324	304
Alcohol use in the past month	5,300	5,204
Binge alcohol use in the past month	2,376	2,321
Drug use disorder in the past year	926	844
Pain reliever use disorder in the past year	186	174
Opioid use disorder in the past year	221	210
Alcohol use disorder in the past year	1,052	1,017
Substance use disorder in the past year	1,762	1,656

*Estimates of "Heroin use in the past year" for youths aged 12 to 17 are not available because past year heroin use was extremely rare among youths aged 12 to 17 in the 2021 NSDUH. As a result, estimates for people aged 12 or older are also not produced.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021. Available from https://www.samhsa.gov/data/report/2021-nsduh-estimated-totals-state

Note: Additional notes and information about each indicator can be found in Appendix A.

Table 41: Illinois Specific Estimates of Mental Health Illnesses, Self-Harm, and Suicides from the National Survey on Drug Use and Health, 2021

Indicator	Estimated Number (In Thousands) Among Persons 18+ Years
Any mental illness in the past year	2,095
Serious mental illness in the past year	415
Had serious thoughts of suicide in the past year	460
Made any suicide plans in the past year	133
Attempted suicide in the past year	59

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021. Available from https://www.samhsa.gov/data/report/2021-nsduh-estimated-totals-state

In addition to existing survey data that provide estimates of substance use and overdose risk factors from self-reported behaviors, surveillance of substance use, and overdose morbidity and mortality is undertaken by IDPH. IDPH maintains an Illinois-specific opioid data dashboard, which is available online here. The dashboard provides mortality data related to opioid-related overdoses. Data presented in the October 2023 Statewide Semiannual Overdose Report highlight some populations disproportionately affected by opioid overdoses (see Table 42).

Table 42: Age-Specific Opioid Fatality Rate (per 100,000 Persons) by Race and Ethnicity in Illinois, 2022

	Age Group					
Race/Ethnicity	< 25	25 - 34	35 - 44	45 - 54	55 - 64	65+
Non-Hispanic Black	8.6	49.3	76.6	131.3	207.0	69.2
Non-Hispanic White	4.7	36.8	44.9	31.8	20.2	11.1
Hispanic/Latinx	3.6	30.9	26.4	26.7	20.3	7.4
Non-Hispanic Other	2.7	9.7	8.7	4.1	2.2	1.7

In addition to opioid-specific data, the IDPH Division of merging Health Issues most recent Statewide Semiannual Overdose Report included information about overdoses from various substances. The most recent and previously published reports are available online here. Changes in the number of substance-related deaths between 2021 and 2022 are shown in the October 2023 report, with the greatest percent change observed for xylazine overdoses (see Table 43).

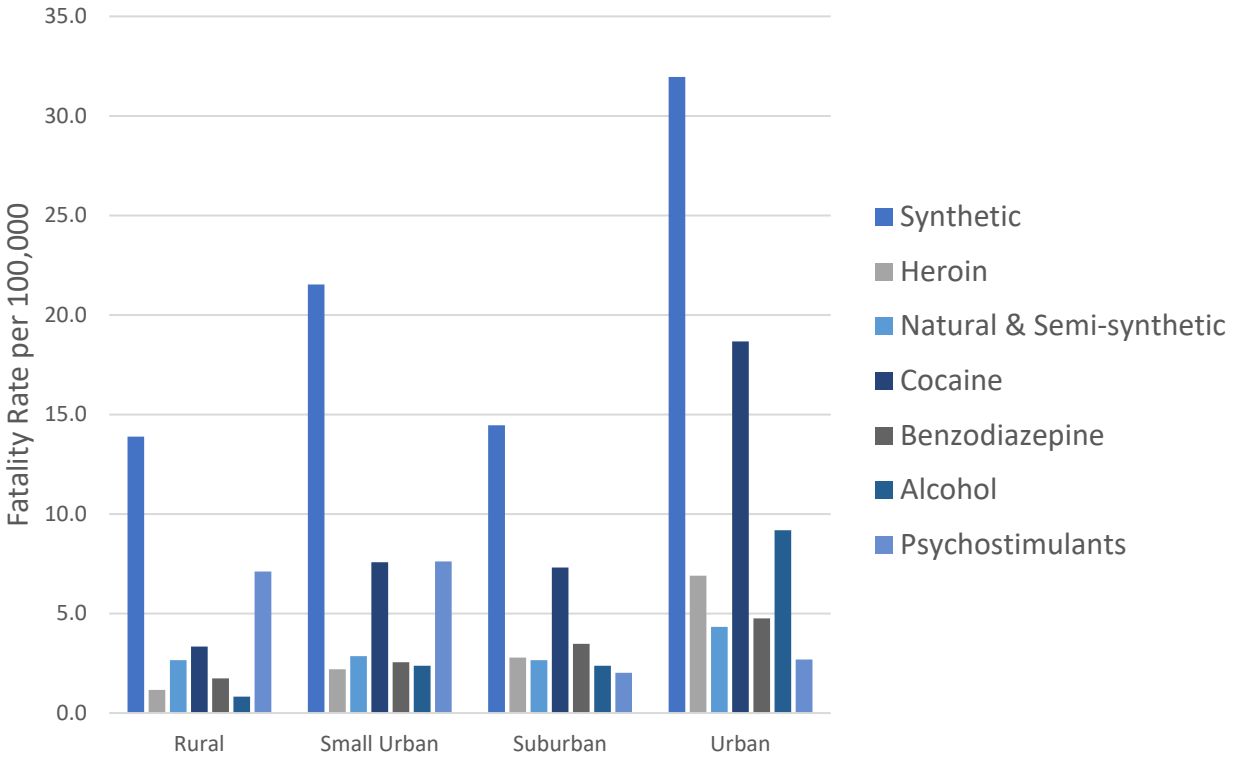
Table 43: Drug Overdose Deaths among Illinois Residents, 2021-2022

Drug Involved	2021	2022	Percent Change
Any Drug	3,717	3,908	5.1%
Any Opioid	3,013	3,261	8.2%
Synthetic Opioid	2,672	2,994	12.1%
Heroin	747	525	-29.7%
Natural & Semi-Synthetic	504	437	-13.3%
Cocaine	1,283	1,492	16.3%
Alcohol	614	632	2.9%
Psychostimulants	540	558	3.3%
Benzodiazepines	466	454	-2.6%
Xylazine	163	228	39.9%

Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality. Illinois Vital Records. 2021-2022.

Overdose fatality rates per 100,000 persons by resident urbanicity and substance type are also provided, documenting the differences observed by urbanicity among different substances causing overdose deaths (see Figure 59). For example, in 2022, alcohol and cocaine-induced overdose rates are higher in urban settings than in other urbanicity groupings. Alternatively, psychostimulant overdose rates were higher in small urban and rural settings than in other urbanicity categories in 2022.

Figure 59: Drug Fatality Rate by County Urbanicity and Substance Type, Illinois, 2022



Data Source: Illinois Department of Public Health, Division of Patient Safety and Quality, Illinois Vital Records. 2022.

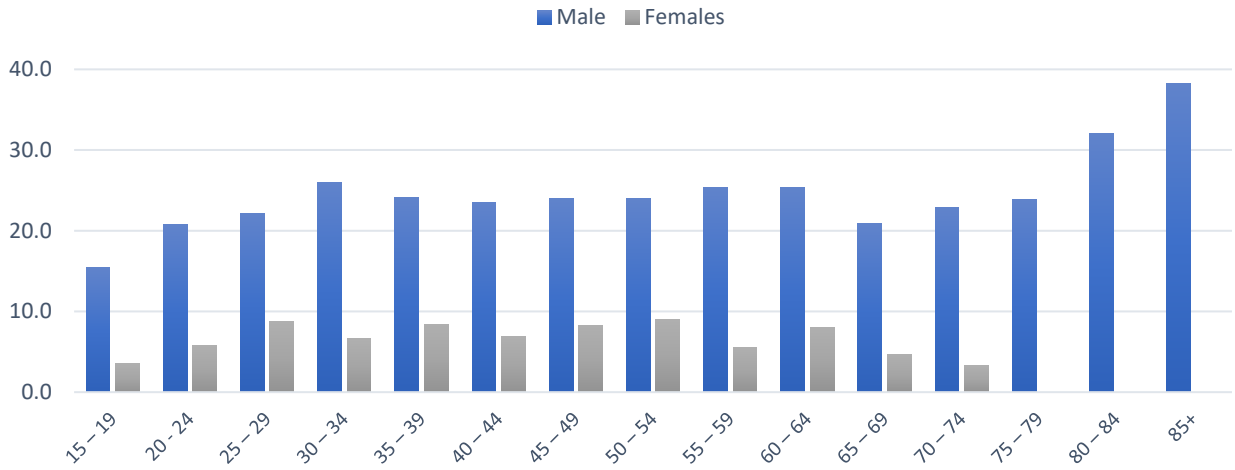
Suicide

Suicide-related mortality and morbidity data are shown in the mortality and morbidity data sections beginning on pages 14 and 32. However, a few key differences are further described here.

Suicide can be defined as a death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Suicide does not discriminate based on race, gender, or age. However, some groups are at higher risk than others. Several factors come into play when discussing self-harm, particularly amongst individuals who have been diagnosed with a mental illness. Suicide can be prevented. Without prevention methods in place, suicide will continue to contribute to premature death, morbidity, lost productivity, and health care costs.

Figure 60 depicts the mortality rates in 2022 by sex. Overall, men self-harm at higher rates of suicide mortality than women at any age.

Figure 60: Illinois Crude Mortality Rate by Sex and Age Group per 100,000 Persons, 2022

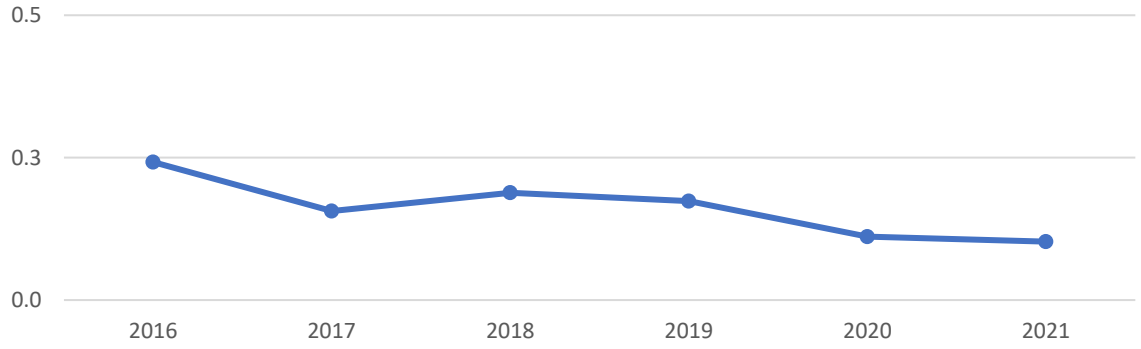


Note: Rates are not shown where cases were less than 20.
Data Source: Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed May 2024 From CDC WISQARS - Web-based Injury Statistics Query and Reporting System

Suicide can be caused by several different mechanisms, such as poisoning, suffocation, firearms, and many more. The Illinois Department of Public Health publishes special emphasis reports every year. The most recent report on suicide included data from 2021. The report can be found here. Additionally, IDPH, in conjunction with the Illinois Suicide Prevention Alliance, released a Suicide Prevention Report for Fiscal Years 2021-2023 in December 2023, highlighting key public health surveillance findings around suicide. The report can be found here. Along with self-harm-related data, this report also provides comprehensive steps to carry out the goals of the Illinois Suicide Prevention Strategic Plan. Illinois Violent Death Reporting System reports are also available here. For example, a factsheet is available on suicide deaths among older adults, on Illinois veteran suicide deaths, and on child and young adult suicide.

Since the release of these suicide reports, additional surveillance of intentional injuries has been undertaken, including enhanced surveillance of intentional carbon monoxide poisonings. Surveillance efforts have identified decreases in the rate of intentional carbon monoxide poisoning mortality in Illinois since 2016 (see Figure 61). Despite the decline in mortality rates, intentional carbon monoxide poisoning as a means of self-harm continues to be a growing concern.

Figure 61: Illinois Crude Rate of Suicide Deaths from Carbon Monoxide Poisoning, 2016-2021



Data Source: Illinois Violent Death Reporting System (IVDRS). *Intentional Suicide Deaths from Carbon Monoxide Poisoning*, 2016-2021 [Dataset]. Accessed March 2024.

The greatest percent of intentional carbon monoxide poisoning-related deaths by age group between 2016 and 2021 occurred in Illinois adults aged 55-64 years (Table 44).

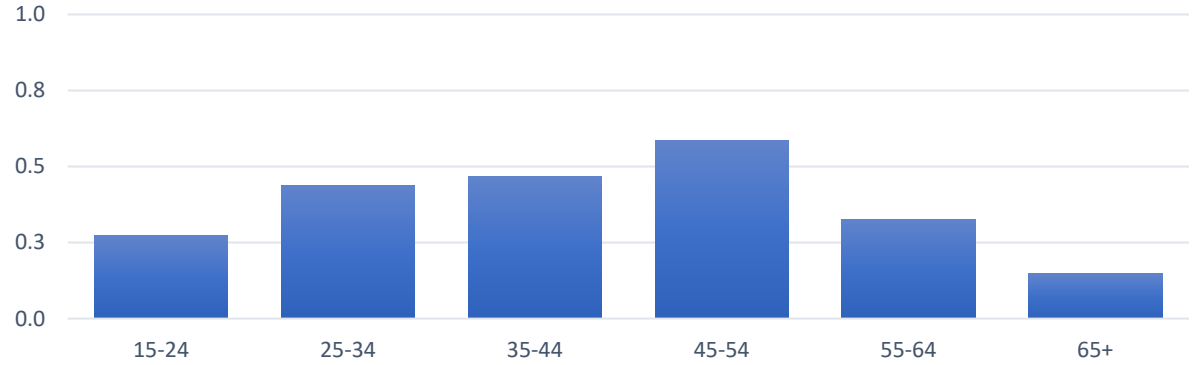
Table 44: Illinois Percent of Intentional Carbon Monoxide Poisoning Deaths by Age Group, 2016-2021

Age Group	Percent
0-14	2.8%
15-24	4.1%
25-34	9.7%
35-44	17.9%
45-54	22.8%
55-64	23.4%
64+	19.3%

Note: Due to small sample sizes, the percent of total CO poisoning deaths by age group was calculated from the sum of CO poisoning deaths within each age group between 2016 and 2021 and the total intentional CO poisoning deaths between 2016 and 2021.
Data Source: Illinois Violent Death Reporting System (IVDRS). (2024). *Intentional Deaths from Carbon Monoxide Poisoning*, 2016-2021 [Dataset]. Accessed March 2024.

Between 2016 and 2023, crude rates of Illinois Poison Control cases for intentional suicide-related carbon monoxide poisonings per 100,000 persons were distributed by age, with individuals aged 45-54 showing the greatest rate (Figure 62). Most cases were exposed to carbon monoxide at their residences and were reported to IPC from health care facilities. More than 59% of the cases were males.

Figure 62: Illinois Crude Rate of Suspected Suicide Carbon Monoxide Poisoning Cases Reported to Illinois Poison Control, 2016-2023



Note: Suspected suicide attempts by **c**arbon monoxide poisoning reported to IPC summed by age group for 2016-2023 and reported as crude rates per 100,000 persons based on 2021 population size estimates.
Data Source: Illinois Poison Control (IPC). (2024). *Suspected Suicide Carbon Monoxide Poisonings*, 2016-2023 [Dataset]. Accessed March 2024.

Table 45: Illinois Percent of Suspected Suicide CO Poisoning Cases Reported to Illinois Poison Control by Sex, 2016-2023

Sex	Percent Poisoning Cases 2016-2023
Female	40.9%
Male	59.1%

Note: Suspected suicide attempts by **c**arbon monoxide poisoning reported to IPC summed by sex for 2016-2023 and reported as percent of all IPC reported suspected suicide CO poisoning cases.
Data Source: Illinois Poison Control (IPC). (2024). *Suspected Suicide Carbon Monoxide Poisonings*, 2016-2023 [Dataset]. Accessed March 2024.

Of the nonfatal suspected suicide carbon monoxide poisoning cases reported to IPC between 2016 and 2023, more than 68% had between minor and major effects. The greatest observed medical outcome of suspected suicide carbon monoxide poisoning cases (33.3%) was a moderate effect (see Table 46 on page 100).

Table 46: Percent of Suspected Suicide Carbon Monoxide Poisoning Cases Reported to Illinois Poison Control by Medical Outcome, 2016-2023

Medical Outcome	Percent of Reported Cases 2016-2023
No Effect	24.3%
Unrelated effect, the exposure was probably not responsible for the effect(s)	1.3%
Not followed, minimal clinical effects possible (no more than minor effect possible)	0.7%
Minor Effect	25.7%
Moderate Effect	32.6%
Major Effect	9.9%
Unable to follow, judged as a potentially toxic exposure	3.9%
Death	1.6%

Note: Suspected suicide attempts by **c**arbon monoxide poisoning reported to IPC summed by medical outcome for 2016-2023 and reported as percent of all IPC reported suspected suicide CO poisoning cases.
Data Source: Illinois Poison Control (IPC). (2024). *Suspected Suicide Carbon Monoxide Poisonings*, 2016-2023 [Dataset]. Accessed March 2024.

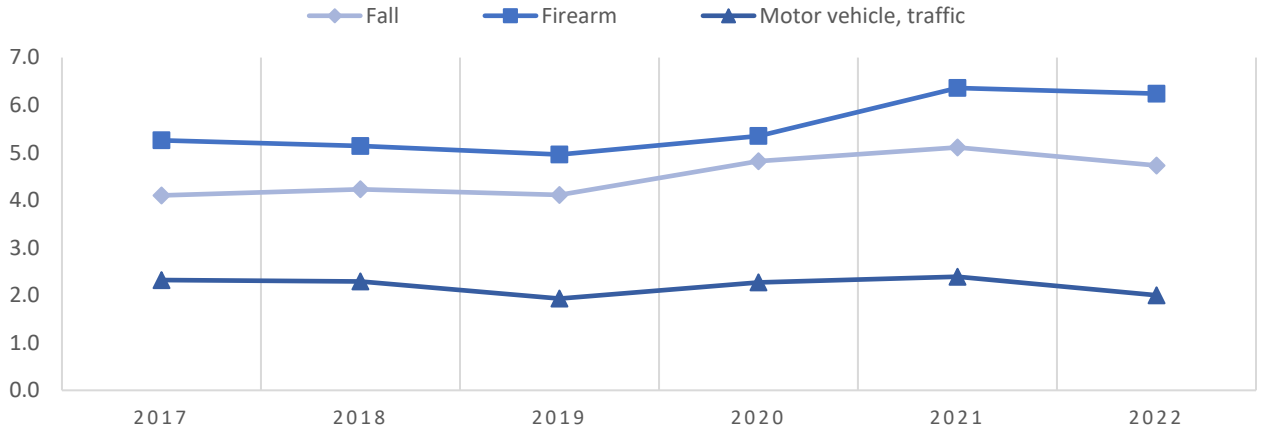
Traumatic Brain Injury

Traumatic brain injury (TBI)-related mortality and morbidity data are shown in the mortality and morbidity data sections beginning on pages 15 and 25, respectively, as well as the older adult falls sections beginning on page 88. The older adults fall section additionally discusses the rate at which older adults fall and sustain TBIs. A few additional TBI findings are further described here.

A traumatic brain injury can be defined as an injury that affects how the brain works. TBIs can be caused by a bump or jolt to the head or a penetrating injury. TBIs are a major cause of death and disability. People can sustain TBIs in many ways. They are most often caused by falls, firearms, and motor vehicle traffic crashes. Acquired brain injuries (ABIs) are forms of brain injuries that can result in significant long-term morbidity or mortality. Often, an ABI can result from a loss or decrease in oxygen supply to the brain. This can occur from near strangulation or a choking incident due to domestic violence, assault or unintentional forms of injury. Near drowning incidents and drug misuse/overdose can also result in ABI. Both TBIs and ABIs can result from an open or closed injury to the brain due to a violent act or due to unintentional means.

Figure 63 shows the trends of the most common causes of TBIs between the years 2017 to 2022. Firearms are the highest cause of injury, with a steady increase from 2020 to 2022 at 6.24 per 100,000 persons. Falls were the second highest cause of TBI in 2022, with 4.73 per 100,000 persons.

Figure 63: Illinois Age-Adjusted Rates of TBI by Mechanisms per 100,000 Persons, 2017-2022

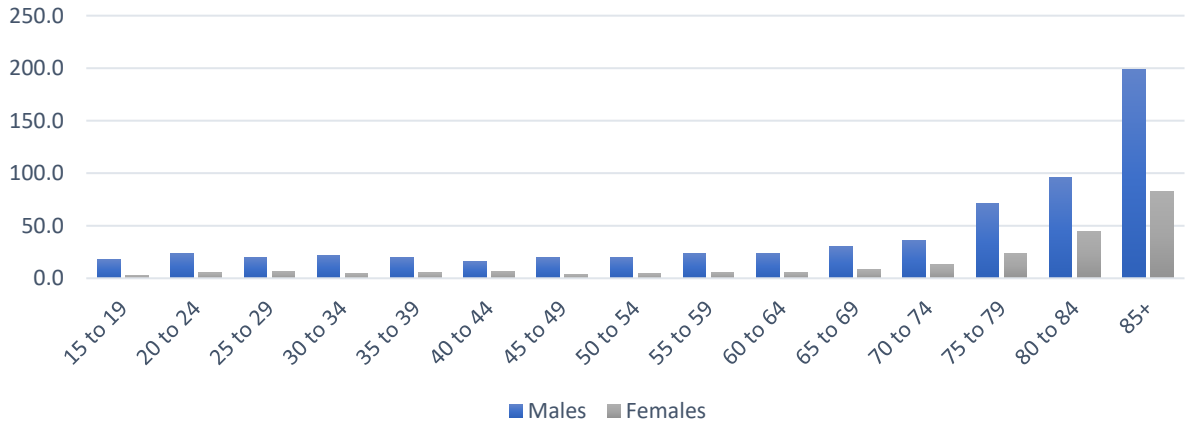


Data Source: Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed May 2024 From CDC WISQARS - Web-based Injury Statistics Query and Reporting System

The mortality rate of TBIs when comparing sexes varies depending on age group, as shown in Figure 64. In Illinois, men died from TBIs at a much higher rate than their female counterparts.

In every age group, the male mortality rate was nearly triple the mortality rate for females. In 2022, males aged 35 to 39 years old had a TBI mortality rate of 19.67 per 100,000 persons, whereas females aged 35 to 39 years old had a mortality rate of 5.06 per 100,000 persons. Overall, rates of TBI-related mortality increased with age such that the rate for males aged 85 and older was more than 11 times greater than males aged 15-19 and nearly 28 times greater for females aged 85 and older than their 15–19-year-old counterparts.

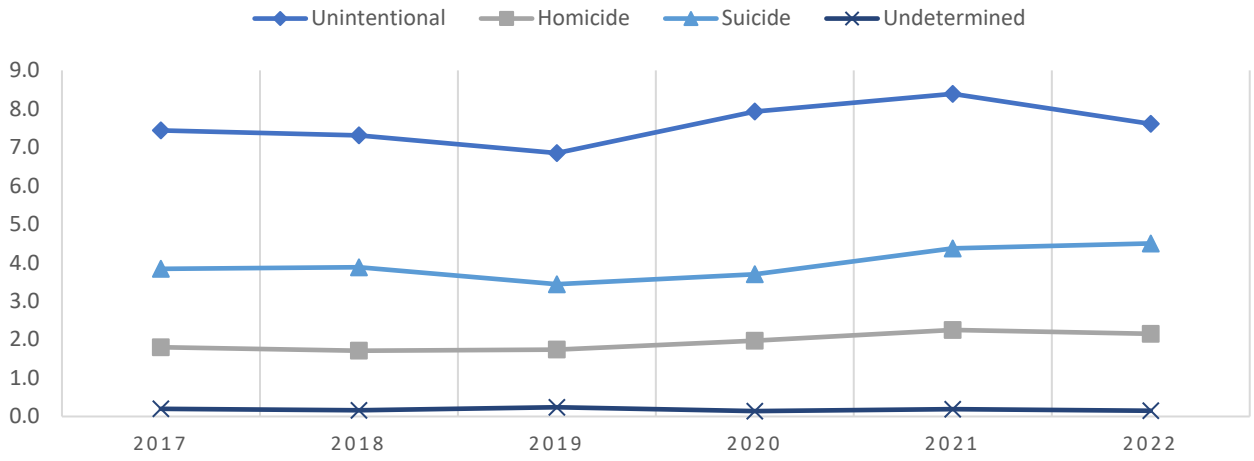
Figure 64: Illinois Crude TBI Mortality Rate by Age Group and Sex per 100,000 Persons, 2022



Note: Data is not shown for individuals under 15 years of age. This is done due to data limitations, to maintain privacy for decedents, and to ensure the reliability of calculated rates when counts are between one and nine.
Data Source: Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed May 2024 from CDC WISQARS - Web-based Injury Statistics Query and Reporting System

The difference in mortality rates by intent of injury through the years 2017 to 2022 is shown in Figure 65. During this time, unintentional TBIs had the highest rates of mortality compared to homicide and suicide combined. This is mostly composed of older adult falls. For all intents, other than undetermined, TBI-related mortality rates in Illinois increased most dramatically between 2019 and 2021.

Figure 65: Illinois TBI Mortality Rate by Intent per 100,000, 2017 - 2022



Note: Unintentional TBIs can include falls, motor vehicle traffic crashes, or result from sports or recreational activities. The majority of TBIs are sustained from unintentional falls, particularly among older adults. Homicide intent refers to the TBIs sustained from firearms, domestic violence, or any other interpersonal violence. Suicide intent refers to TBIs sustained from self-harm. Undetermined encompasses all TBIs with unknown intents.
Data Source: Web-based Injury Statistics Query and Reporting System (WISQARS). Accessed May 2024 From CDC WISQARS - Web-based Injury Statistics Query and Reporting System

List of Available Injury and Violence Data Sources

Some, but not all data sources listed below were utilized in the development of this report. This list is not all-inclusive but rather is provided to indicate the presence of multiple violence and injury-related data sources that can be harnessed for public health surveillance purposes. A comprehensive list of publicly available national and state injury morbidity, mortality, and survey data is available here. Other Illinois Department of Public Health Injury Data Publications are available here.

Illinois Department of Public Health Datasets

- Illinois Hospitalization and Emergency Department data (HDD)
- Illinois Syndromic Surveillance data (SyS)
- Illinois Vital Records
- Illinois Violent Death Reporting System (IVDRS) information and reports available here
- Illinois Emergency Medical Services (EMS) Data
- Illinois Survey of Occupational Injuries and Illnesses available here
- Illinois Behavioral Risk Factor Surveillance System (BRFSS) available here

Other Datasets and Surveys

- Agency for Toxic Substances and Disease Registry Environmental Justice Index available here
- Association of State and Territorial Health Officials Suicide Indicator Tool available here
- Bureau of Justice Statistics information and data available here
- Bureau of Justice Statistics. Law Enforcement Agency Reported Crime Analysis Tool (LEARCAT) available here
- Bureau of Justice Statistics. National Crime Victimization Survey (NCVS) Dashboard (N-DASH) Tool available here
- CDC's Adolescent Behaviors and Experiences Survey (ABES) available here
- CDC's National Center for Health Statistics Injury Publications available here
- CDC's National Center for Health Statistics National Health Interview Survey (NHIS) available here
- CDC's National Environmental Public Health Tracking Network available here
- CDC's National Intimate Partner Survey and Sexual Violence Survey information available here
- CDC's WISQARS™ (Web-based Injury Statistics Query and Reporting System) available here
- CDC's Wonder available here
- CDC's Youth Risk Behavioral Surveillance System (YRBSS) available here
- Illinois Criminal Justice Information Authority (ICJIA). Illinois Criminal History Record Information Adult Ad Hoc Dataset available here
- Illinois Criminal Justice Information Authority (ICJIA). Research Hub information available here

- Illinois Court Appointed Special Advocate for Children information and statistics available here
- Illinois Department of Human Services Critical Incident Reporting Analysis System (CIRAS) information available here
- Illinois Poison Control information available here
- Illinois State Police. Illinois Uniform Crime Reporting (I-UCR) Program available here
- Illinois Youth Survey available here
- Justice Information Center Research and Reporting available here
- Office of Climate Change and Health Equity. Heat-Related EMS Activation Surveillance Dashboard available here
- University of Illinois Urbana-Champaign School of Social Work Children and Family Research Center data available here
- U.S. Census data available here
- U.S. Census. U.S. American Community Survey available here
- U.S. Consumer Product Safety Commission's National Electronic Injury Surveillance System (NEISS) available here
- U.S. Government Services Administration's Data Catalog. Crime Related data sets available here
- U.S. Fire Administration's National Fire Incident Reporting System available here
- Child Opportunity Index available here
- U.S. Census Bureau Community Resilience Estimates available here

Other Reports and Publications

- Administration for Children and Families, Children's Bureau. Child Maltreatment reports available here
- Illinois Department of Children and Family Services Reports and Statistics available here
- Illinois Criminal Justice Information Authority. Child and Youth Exposure to Violence in Illinois. 2019. Available here
- Illinois Department of Public Health. 2023 Annual Report on Health and Hazardous Substances Registry available here
- Illinois State Police. Crime in Illinois Annual Uniform Crime Reports available here
- University of Michigan's Institute for Social Research. National Survey of Children's Exposure to Violence (NatSCEV) information and publications available here