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Introduction:

The 500 Cities Project – Better Health Through Local Data – is a collaboration between the Robert Wood Johnson Foundation, the CDC Foundation, and the Centers for Disease Control and Prevention (CDC). The purpose of the project is to provide high quality small area estimates for behavioral risk factors that influence health status; for health outcomes; and the use of clinical preventive services. These estimates can be used to identify emerging health problems and to inform development and implementation of effective, targeted public health prevention activities.

Data sources:

The CDC Behavioral Risk Factor Surveillance System 2015, 2016 data. The Census Bureau 2010 census population data, American Community Survey 2011-2015 and 2012-2016 estimates. Esri ArcGIS Online basemaps.

Methodology:

CDC used small area estimation (SAE) methodology called multi-level regression and poststratification (MRP) that links geocoded health surveys and high spatial resolution population demographic and socioeconomic data to produce local level health-related estimates. This approach also accounts for the associations between individual health outcomes, individual characteristics, and spatial contexts and factors at multiple levels (e.g. state, county); predicts individual disease risk and health behaviors in a multi-level modeling framework, and estimates the geographic distributions of population disease burden and health behaviors at city and census tract levels.

Further information on the small area estimation methodology can be obtained from:

- [Multilevel Regression and Poststratification for Small-Area Estimation of Population Health Outcomes: A Case Study of Chronic Obstructive Pulmonary Disease Prevalence Using the Behavioral Risk Factor Surveillance System.\[PDF-5.53MB\]](#)
- [Validation of Multilevel Regression and Poststratification Methodology for Small Area Estimation of Health Indicators from the Behavioral Risk Factor Surveillance System.](#)
- [Comparison of Methods for Estimating Prevalence of Chronic Diseases and Health Behaviors for Small Geographic Areas: Boston Validation Study, 2013](#)

Limitations:

All data presented in this map book are model-based estimates that reflect the statistically expected prevalence of each measure. These small area estimates tend to have narrow confidence ranges and may underestimate some areas with high prevalence or overestimate some areas with low prevalence. Because the small area model cannot detect effects due to local interventions, these model-based local estimates should not be used to evaluate the effect of local public health programs, policies, or interventions.

For more information please refer to <http://www.cdc.gov/500cities/>.

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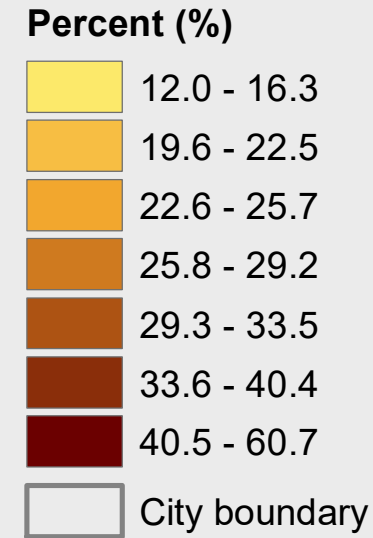
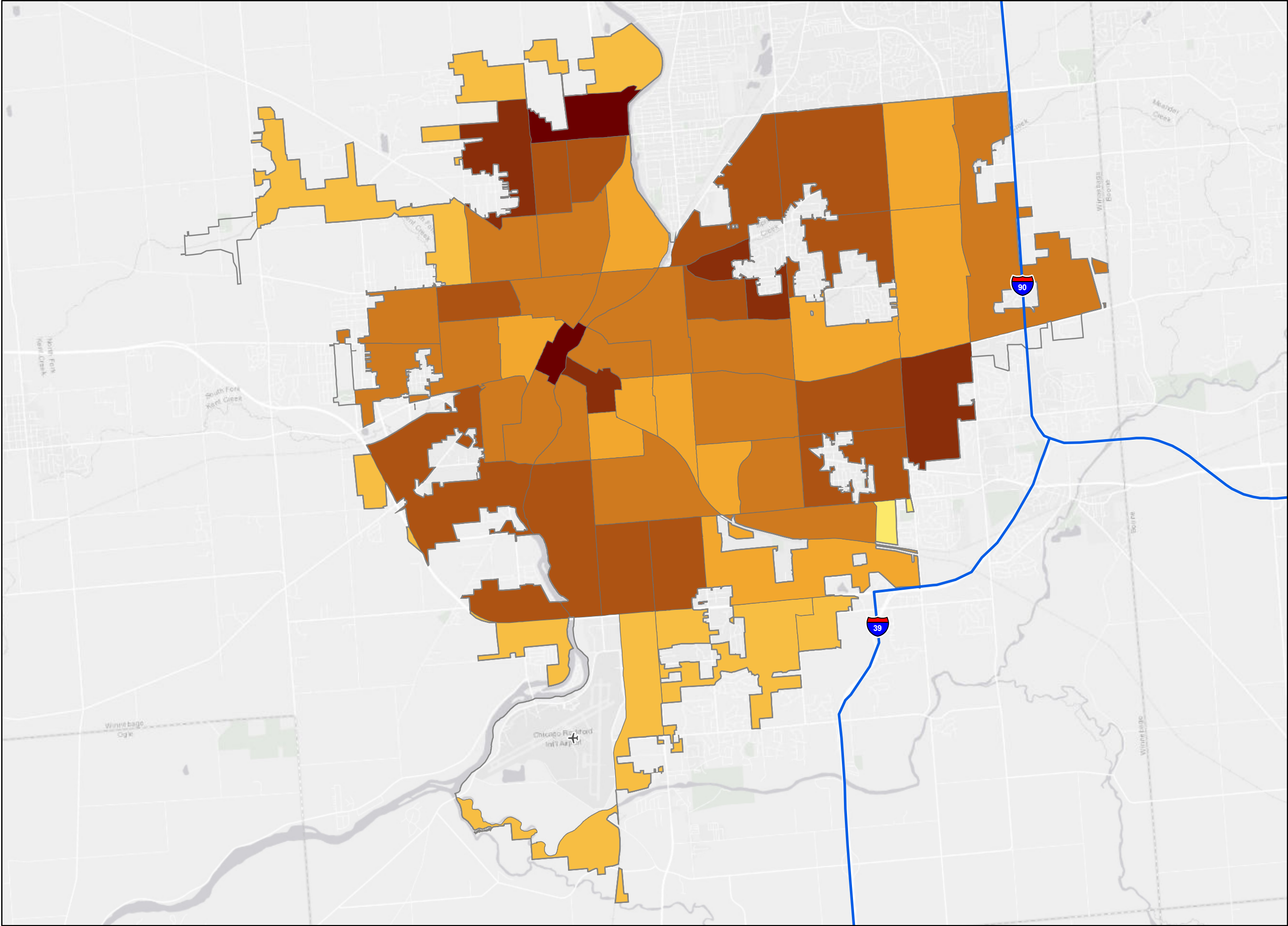
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Four of the measures were not included in the 2016 BRFSS, therefore 2015 estimates are presented here. For details on measure definitions, please refer to: <https://www.cdc.gov/500cities/measure-definitions.htm>.

Measure	Crude (%)			Age-adjusted (%)			State Age-adjusted	US Age-adjusted	Footnotes
	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence	Lower 95% CI	Upper 95% CI	Prevalence (%)	Prevalence (%)	
Rockford									
IL									
Arthritis among adults aged >=18 years	28.7	28.5	29.0	27.2	27.0	27.4	22.7	23.0	
Current asthma prevalence among adults aged >=18 years	10.4	10.4	10.5	10.5	10.4	10.6	8.8	8.8	
Cancer (excluding skin cancer) among adults aged >=18 years	6.7	6.6	6.7	6.2	6.1	6.2	6.5	5.9	
High blood pressure among adults aged >=18 years	34.9	34.7	35.1	33.4	33.3	33.6	28.2	29.4	
High cholesterol among adults aged >=18 years who have been screened in the past 5 years	39.0	38.8	39.2	33.6	33.4	33.7	30.9	31.1	
Diagnosed diabetes among adults aged >=18 years	11.9	11.8	12.0	11.3	11.2	11.4	9.3	9.6	
Chronic kidney disease among adults aged >=18 years	3.4	3.4	3.5	3.2	3.2	3.3	3.4	2.7	
Chronic obstructive pulmonary disease among adults aged >=18 years	8.2	8.0	8.3	7.8	7.7	8.0	5.8	6.0	
Coronary heart disease among adults aged >=18 years	7.4	7.3	7.5	6.7	6.7	6.8	5.2	5.8	
Stroke among adults aged >=18 years	4.0	3.9	4.1	3.7	3.6	3.8	2.8	2.9	
Physical health not good for >=14 days among adults aged >=18 years	15.2	15.0	15.5	14.9	14.7	15.1	10.9	11.5	
Mental health not good for >=14 days among adults aged >=18 years	13.8	13.7	14.0	14.0	13.9	14.2	10.0	11.9	
All teeth lost among adults aged >=65 years	18.6	17.6	19.6	18.5	17.5	19.5	13.7	15.0	
Current lack of health insurance among adults aged 18-64 years	15.5	15.3	15.8	15.9	15.6	16.2	11.2	14.6	
Visits to doctor for routine checkup within the past year among adults aged >=18 years	68.3	68.2	68.5	67.5	67.3	67.6	68.9	69.7	
Visits to dentist or dental clinic among adults aged >=18 years	56.3	55.8	56.8	56.0	55.5	56.5	65.2	65.3	
Taking medicine for high blood pressure control among adults aged >=18 years with high blood pressure	77.6	77.4	77.7	62.8	62.6	62.9	60.0	57.7	
Cholesterol screening among adults aged >=18 years	72.5	72.3	72.8	71.7	71.4	72.0	76.7	75.2	
Mammography use among women aged 50-74 years	72.4	71.8	73.0	66.3	65.6	67.0	78.0	77.7	
Papanicolaou smear use among adult women aged 21-65 years	82.5	82.1	82.8	75.9	75.5	76.3	83.9	80.3	US value based on states available from BRFSS 2016
Fecal occult blood test, sigmoidoscopy, or colonoscopy among adults aged 50-75 years	58.2	57.6	58.8	58.3	57.7	58.9	60.8	64.2	
Up to date on a core set of clinical preventive services (flu shot past year, pneumococcal shot ever, colorectal cancer screening) among men aged >=65 years	32.1	31.0	33.3	32.4	31.3	33.5	35.0	35.0	
Up to date on a core set of clinical preventive services (same as men plus mammogram past 2 years) among women aged >=65 years	26.7	25.8	27.5	27.8	27.0	28.6	29.6	31.5	
Binge drinking prevalence among adults aged >=18 years	16.6	16.5	16.7	17.1	17.0	17.2	20.9	18.0	
Current smoking among adults aged >=18 years	22.8	22.4	23.2	23.3	22.9	23.7	16.1	16.8	
No leisure-time physical activity among adults aged >=18 years	30.3	29.9	30.7	30.0	29.6	30.3	23.4	23.7	
Obesity among adults aged >=18 years	36.3	36.1	36.5	36.8	36.6	37.1	31.5	29.5	
Sleeping less than 7 hours among adults aged >=18 years	38.8	38.6	39.0	39.3	39.1	39.5	32.6	35.1	

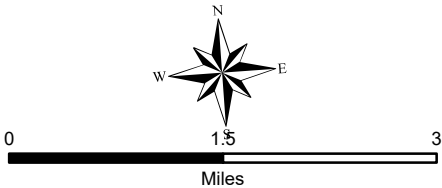
Health Outcomes

Arthritis among adults aged ≥18 years by census tract, Rockford, IL, 2016



Classification:
Jenks natural breaks (9 classes) based
on data for all 500 cities' census tracts.
Legend depicts only those data classes
within this map extent.

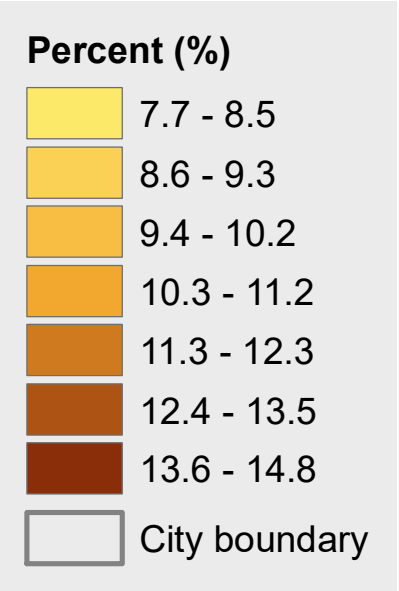
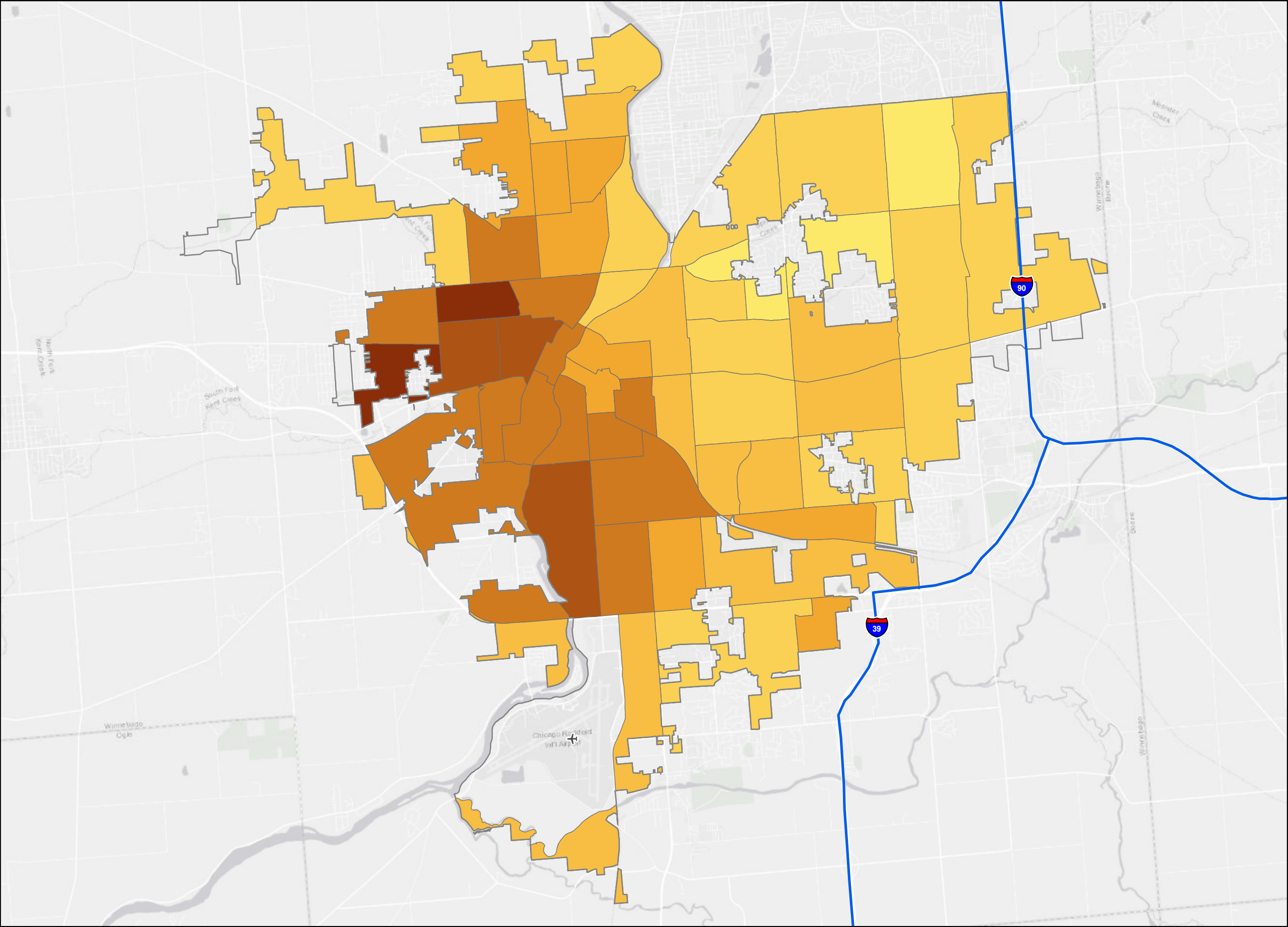
Census tracts with population less
than 50 were excluded from the map.



Data sources:
CDC BRFSS 2016, US Census Bureau
2010 Census, ACS 2012-2016

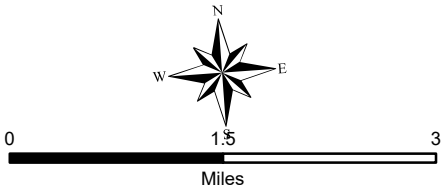


Current asthma prevalence among adults aged ≥18 years by census tract, Rockford, IL, 2016



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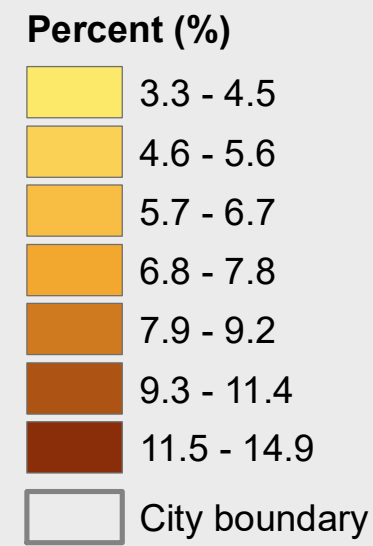
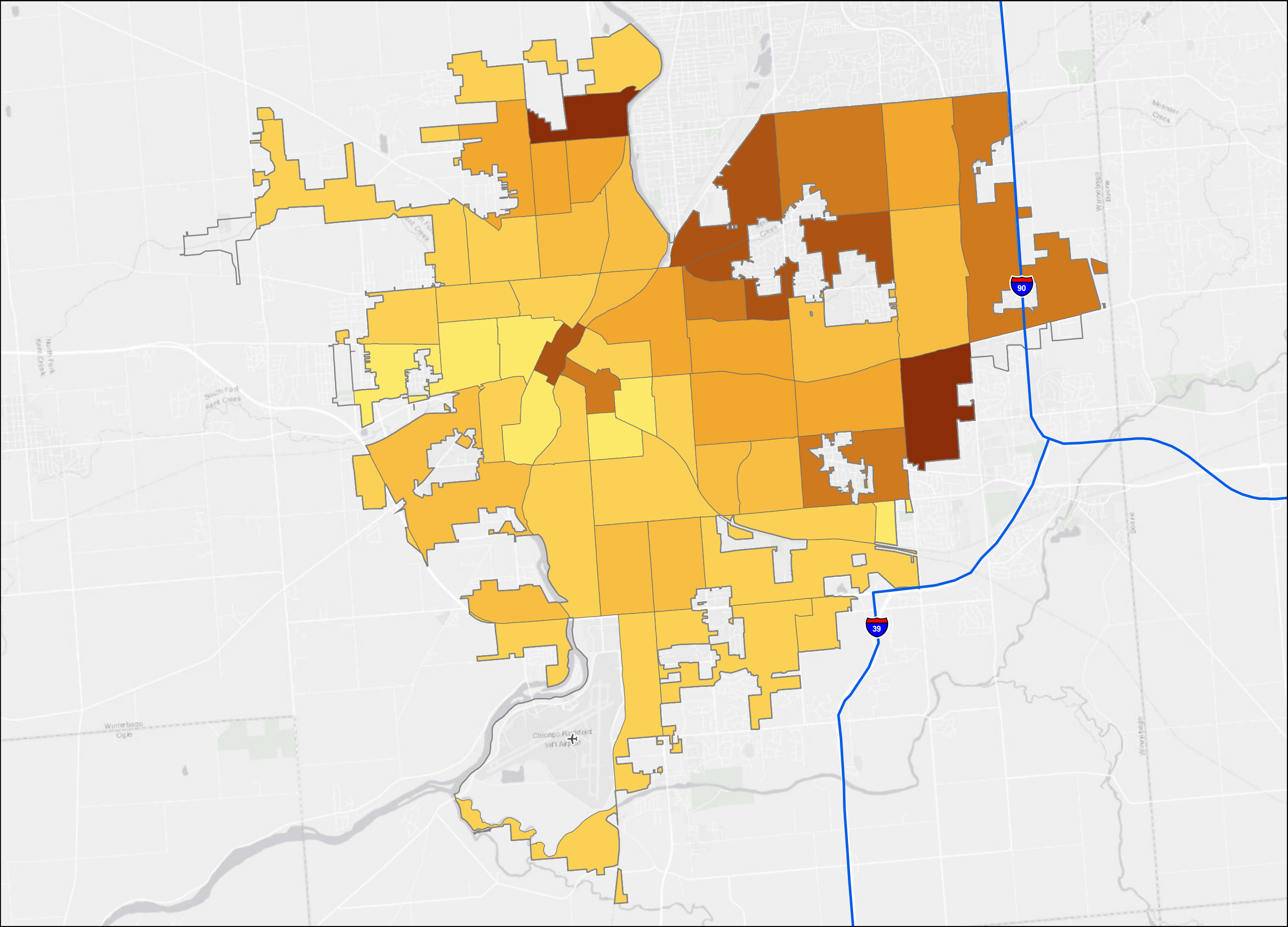
Census tracts with population less than 50 were excluded from the map.



Data sources:
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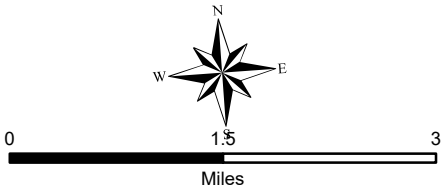


Cancer (excluding skin cancer) among adults aged ≥18 years by census tract, Rockford, IL, 2016



Classification:
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Legend depicts only those data classes
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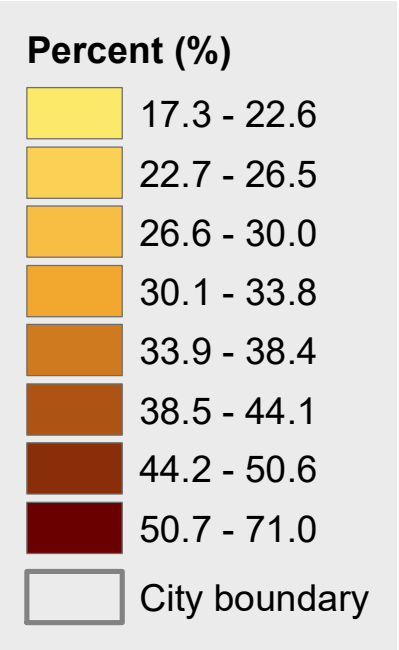
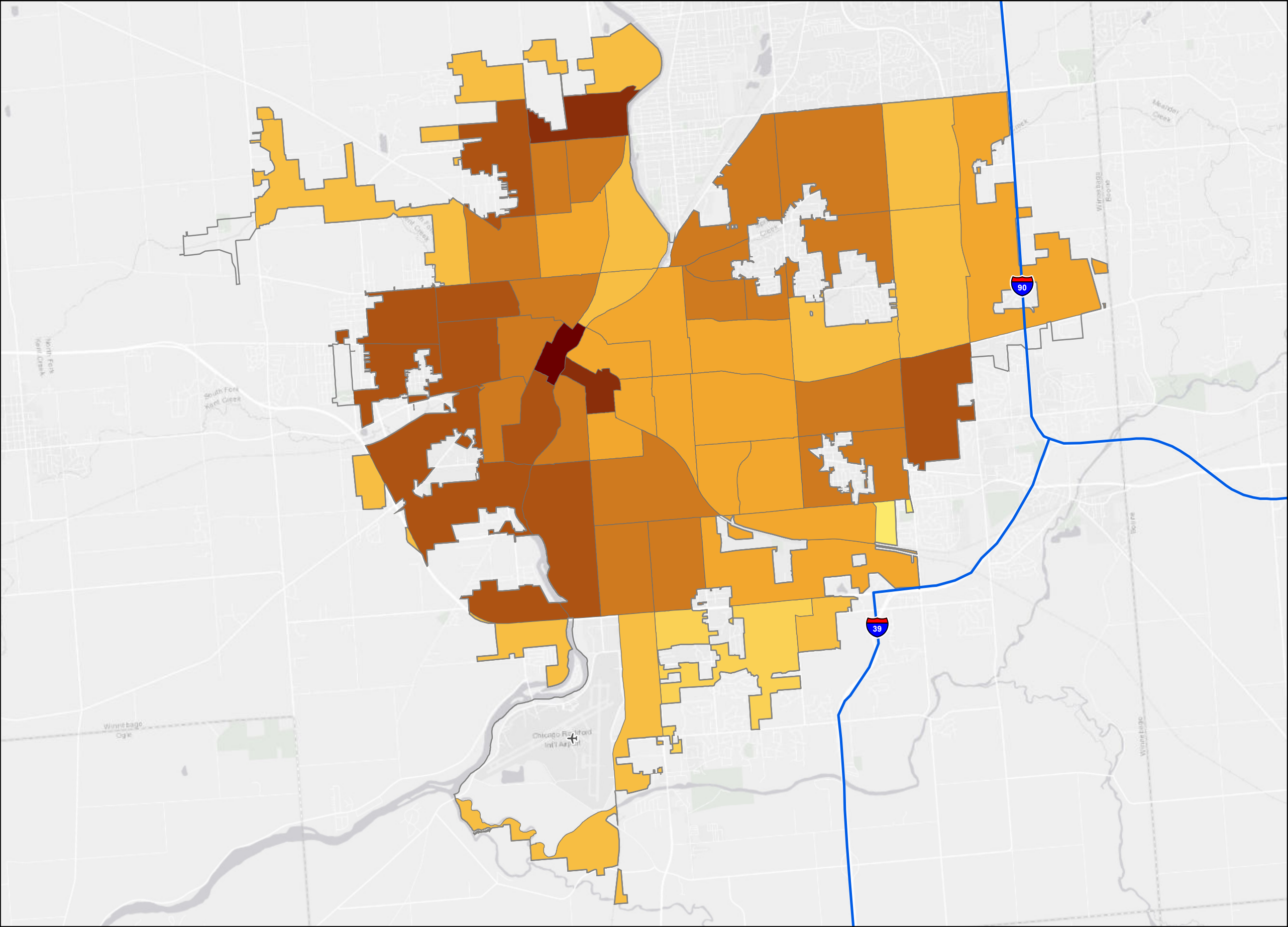
Census tracts with population less
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Data sources:
CDC BRFSS 2016, US Census Bureau
2010 Census, ACS 2012-2016

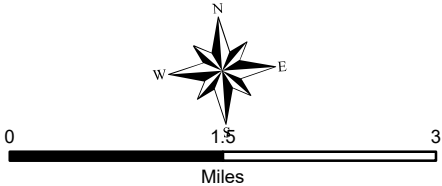


High blood pressure among adults aged ≥18 years by census tract, Rockford, IL, 2015



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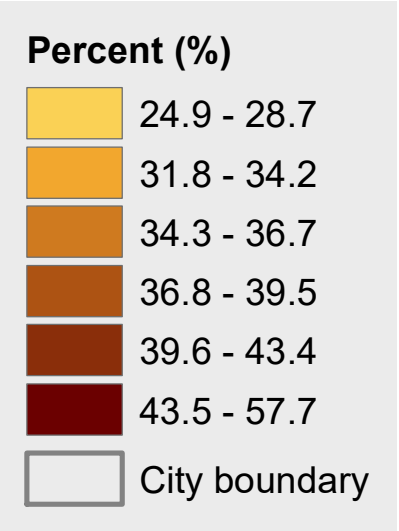
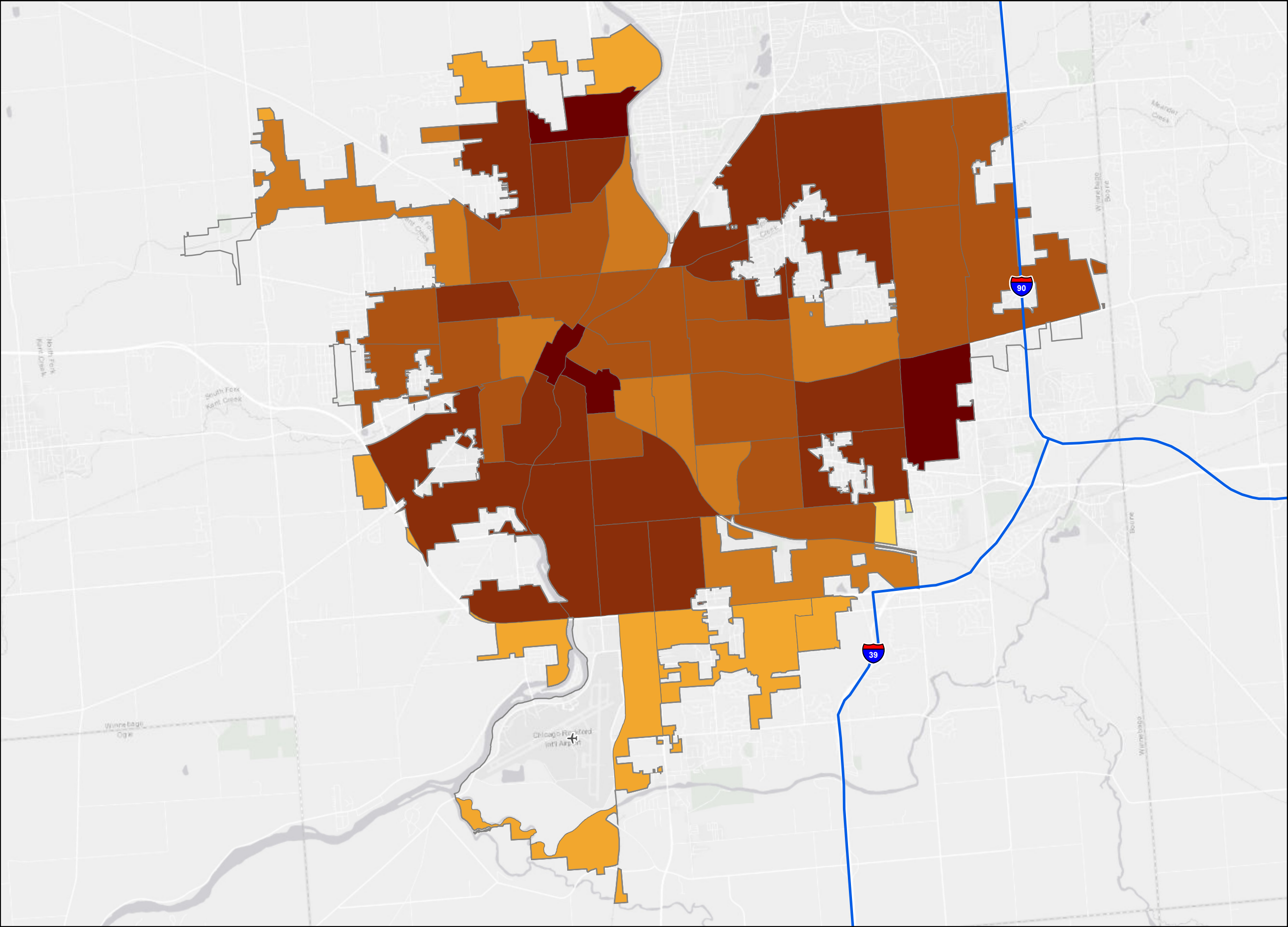
Census tracts with population less than 50 were excluded from the map.



Data sources:
CDC BRFSS 2015, US Census Bureau 2010 Census, ACS 2011-2015

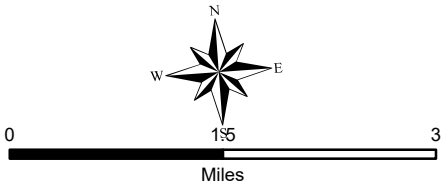


High cholesterol among adults aged ≥ 18 years who have been screened in the past 5 years by census tract, Rockford, IL, 2015



Classification:
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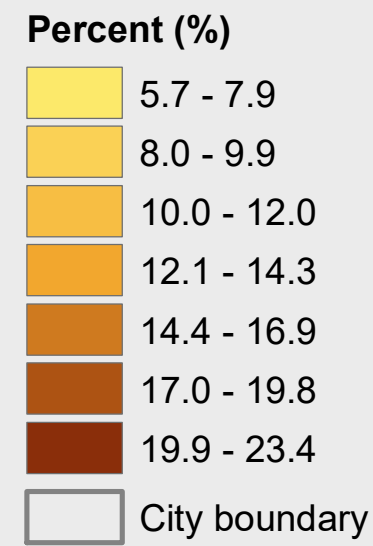
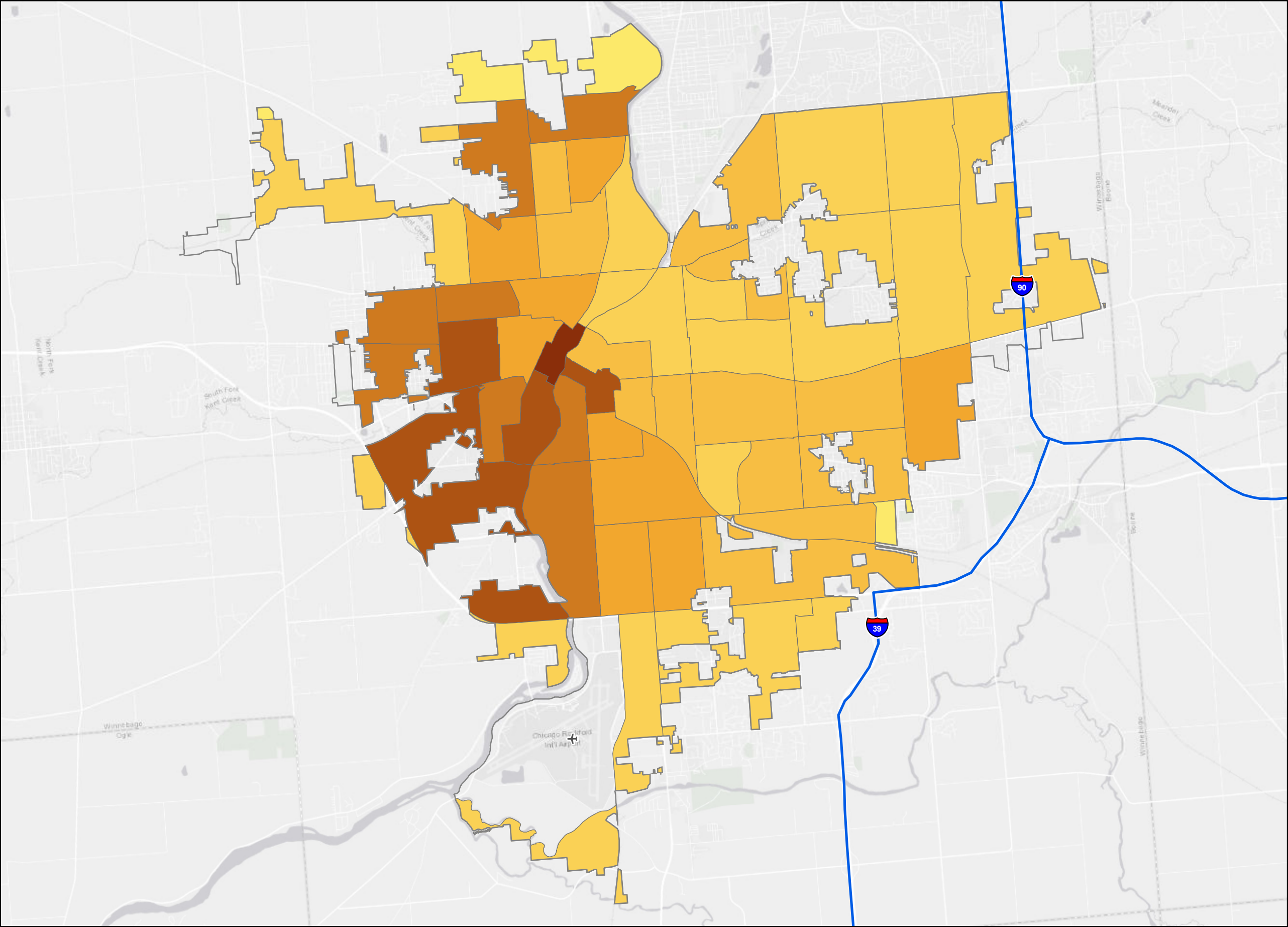
Census tracts with population less than 50 were excluded from the map.



Data sources:
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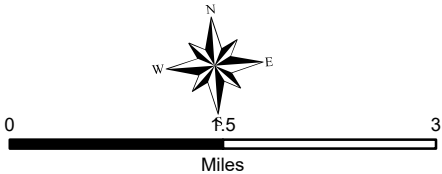


Diagnosed diabetes among adults aged ≥18 years by census tract, Rockford, IL, 2016



Classification:
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on data for all 500 cities' census tracts.
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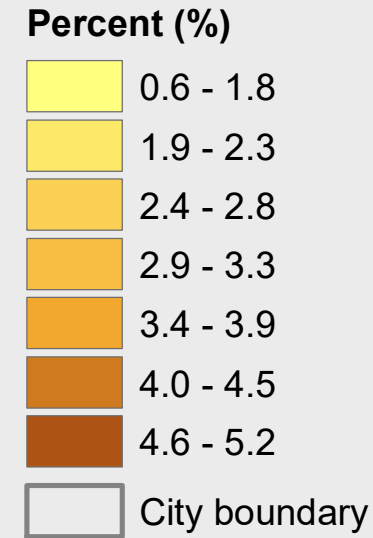
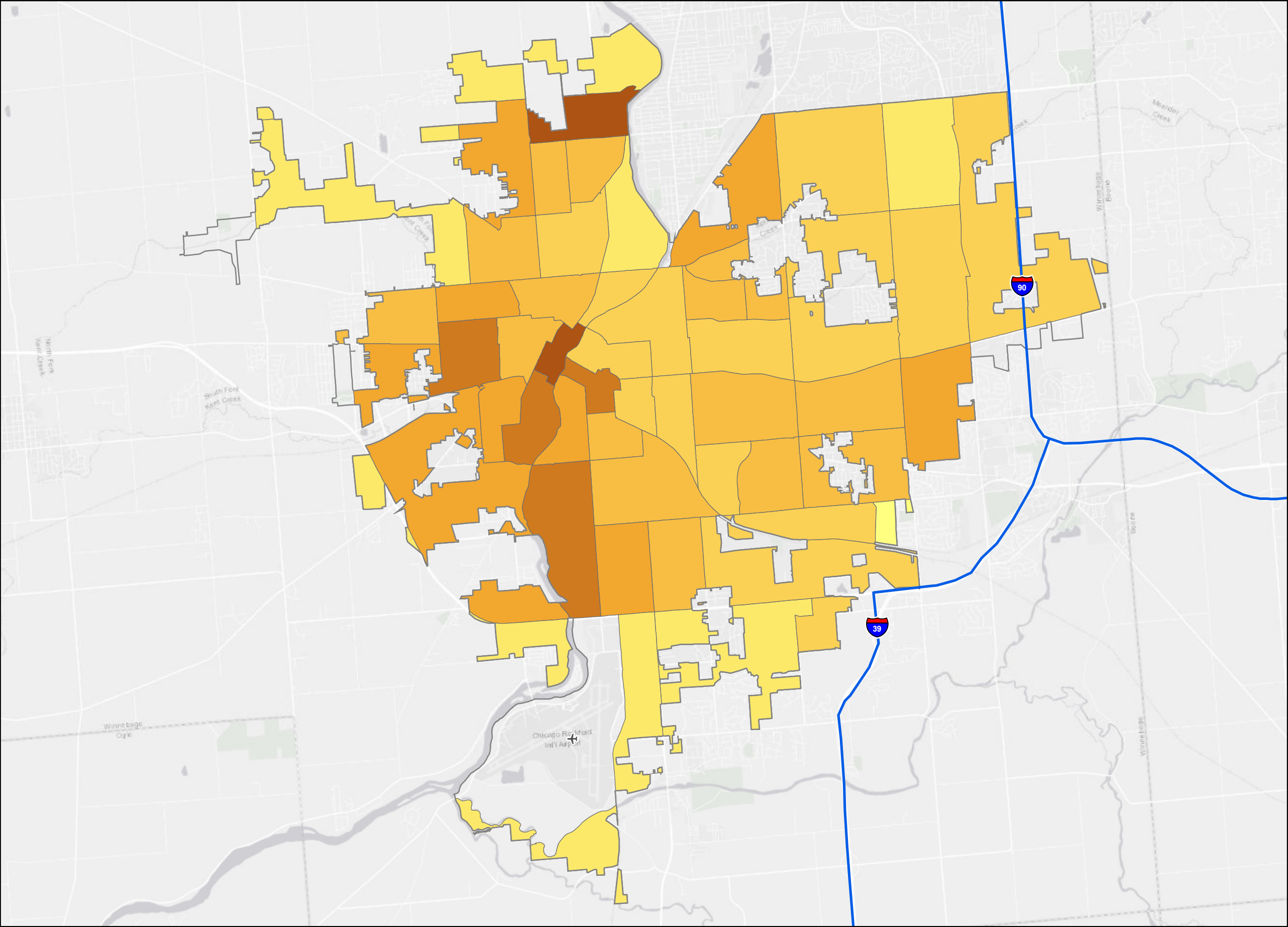
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Data sources:
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2010 Census, ACS 2012-2016.

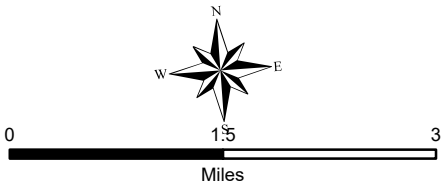


Chronic kidney disease among adults aged ≥18 years by census tract, Rockford, IL, 2016



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on data for all 500 cities' census tracts.
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Census tracts with population less
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Data sources:
CDC BRFSS 2016, US Census Bureau
2010 Census, ACS 2012-2016.



Use of Preventive Services

Unhealthy Behaviors

