

On October 5, 2012 a revised version of this dataset was posted to the Open Data Portal. See **Version History** on page 2 of this document for details.

**Title:** Births to mothers aged 15-19 years old in Chicago, by year, 1999-2009

**Brief Description:** This dataset contains the annual number of births to mothers aged 15-19 years old and annual birth rate (births per 1,000 females aged 15-19 years) with corresponding 95% confidence intervals, by Chicago community area, for the years 1999 – 2009.

**Description:** The teen birth rate is the number of resident live births to mothers ages 15-19 in a specified geographic area (in this instance, Chicago community areas), divided by the number of resident females aged 15-19 for the same geographic area for a specified time period resulting in a fraction multiplied by 1,000. The teen birth rate should not be confused with the percent of births to teens which is the number of births to teens in a specific population divided by the total number of births in the specific population and multiplied by 100.

A confidence interval is a range of values used to describe the uncertainty around a measurement (e.g., rate) and serves as a measure of the variability in the data. Confidence intervals are calculated based on the standard error of the rate, which is based on the rate and the number of events (e.g., deaths). Most confidence intervals are calculated as 95% confidence intervals by convention. The 95% confidence interval can best be understood that if the measurement were conducted 100 times, 95 times the true value would be within the calculated confidence interval and 5 times the true value would be either higher or lower than the range of the confidence interval. For example, a teen birth rate of 10 births per 1,000 females aged 15-19 with a lower limit of 8 and an upper limit of 12 means that there is a 95 percent chance that the rate was between 8 and 12 births per 1,000. Conversely, there is a 5 percent chance that the rate was lower than 8 or higher than 12. Birth rates are subject to random error, arising from random fluctuations in the number of births over time or between different populations. The 95% confidence interval reflects the stability of the rates. A stable rate is one that would be close to the same value if the measurement were repeated, i.e., if the rate did not vary greatly from one year to the next. An unstable rate is one that would vary from one year to the next due to chance alone. Wider confidence intervals in relation to the rate indicate instability. Narrow confidence intervals indicate stability, and large fluctuations from year to year would not be expected. If differences are observed between stable rates (those with narrow confidence intervals), then it is likely that the differences represent true variations, rather than random fluctuations in the number of births. In general, if the 95% confidence intervals of two rates do not overlap, they are likely to be significantly different. For a description of the approach used to calculate confidence intervals for the estimates in this dataset, see page 94 of the March 28, 2000 *National Center for Vital Statistics Reports* publication at [http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_03.pdf).

CDPH calculated the indicators using geocoded annual birth certificate datasets supplied by the Illinois Department of Public Health (IDPH). Geocoding is the process of using location data, such as street address, to determine associated geographic identifiers, such as latitude and longitude, postal code, or community area. Approximately 1% of births per year in the birth certificate datasets are

classified as Chicago residents but are not geocoded to a particular community area; these records are included in citywide counts and analyses only. Births classified as Chicago but for which the census tract of residence is located outside the city limits were excluded; this resulted in the exclusion of approximately one out of every 5,000 births. The source of annual population estimates by community area for females aged 15-19 was a linear interpolation of counts from the 2000 and 2010 United States Census, using the method described in *Trend Analysis and Interpretation: Key Concepts and Methods for Maternal and Child Health Professionals* (see page 8 of <http://mchb.hrsa.gov/publications/pdfs/trendanalysis.pdf> ). 2000 population estimates were also used for the year 1999. Indicators for Chicago as a whole are provided in the final row of the table.

Nationally, the 2009 teen birth rate was 39.1 births per 1,000 females aged 15-19 years. (See [http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59\\_03.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr59/nvsr59_03.pdf).)

**Disclaimers:** IDPH specifically disclaims responsibility for any analysis, interpretations, or conclusions. When fewer than 20 births during the period of study were recorded, the rate and confidence interval estimates are unreliable; this instability should be considered when making comparisons. The population counts used in the calculations are estimates, and this potential source of error should be taken into account when considering the precision of the indicators. Error can result from geocoding as a result of inaccurate or incomplete source data (e.g., the recording of a person's residential residence does not include "North" or "South") or discrepancies in the reference data that is used to match addresses to their associated geographies (e.g., a particular street segment is excluded or associated to corresponding geographies incorrectly). This potential source of error should be taken into account when considering the precision of the indicators. Methods and data sources may not be identical to those used in CDPH reports published prior to October 2011.

**Data Owner:** Epidemiology and Public Health Informatics, Chicago Department of Public Health (CDPH).

**Time Period:** 1999-2009

**Frequency:** Updated upon receipt of annual birth certificate dataset.

**Related Applications:** N/A

**Version History:** In September 2012, Epidemiology and Public Health Informatics revised the method used to calculate community area population counts from the 2010 U.S. Census. The revised approach bases population on block-level counts rather than tract-level counts, and better accounts for the population distributions within tracts 8310 and 8439. This revision affects rate calculations for the Logan Square (22), West Town (24), Woodlawn (42), and South Shore (43) community areas. An updated version of the dataset was posted to the Open Data Portal on October 5, 2012 to reflect these changes.