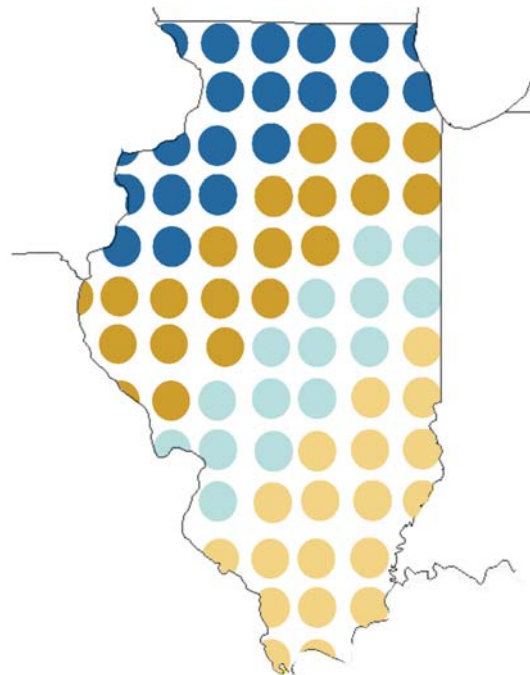




Illinois Disability and Health Data Report

Demographic and Health Profile of Illinoisans With Disabilities 2007-2008

January 2010



Acknowledgements

The Department extends its appreciation to those who contributed their time and expertise to this effort.

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To learn more about the Illinois Disability and Health Program, or to receive the report in accessible formats, contact the Illinois Department of Public Health, Disability and Health Program at 217-782-3300, TTY 800-547-0466.

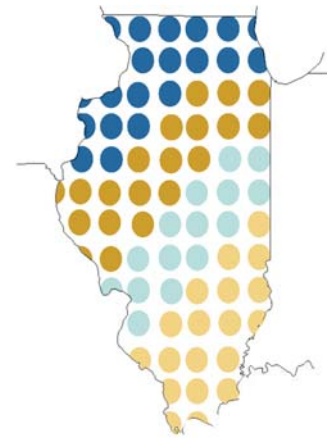


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About This Report

Purpose of the Report

The *Illinois Disability and Health Data Report* provides empirical data on demography, health, and health service access of people with disabilities in Illinois. The report is intended to facilitate dialogue among key stakeholders in the state of Illinois who are interested in promoting the health and wellness of citizens with disabilities. Understanding of the demography, the current health status, and health service utilization of people with disabilities is a critical initial step toward planning effective and targeted health promotion and chronic disease prevention.

Contents of the Report

Following the previous year's data report, this year's report continues to provide demographic profiles of Illinoisans with disability broken down by age, sex, race and ethnic origin, and geography. Prevalence data of selected chronic diseases and their risk factors are included in the second and the third sections of the report. The fourth and the fifth sections of the report show data pertaining to health-related quality of life and access to health care for Illinoisans with disability.

Data Source

The data used for this report were extracted from the 2007 and 2008 Illinois Behavioral Risk Factor Surveillance System (ILBRFSS). The ILBRFSS, conducted annually by the Department, is a random telephone survey of community households in the state designed to monitor health-related behaviors associated with chronic diseases and mortality among Illinois adults. Data were collected through telephone interviews from randomly selected adults, ages 18 years and older, at each sampled household.

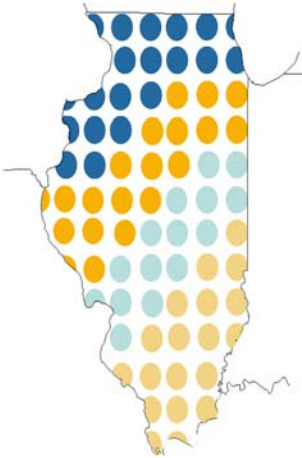
Disability Screening

The ILBRFSS questionnaire includes a pair of disability screening questions. One question inquired whether a respondent had an activity limitation due to physical, mental and/or emotional problems. Another asked if he or she used a mobility-device (e.g., cane, wheelchair) and/or other assistive devices (e.g., special bed or telephone). Survey participants who responded positively to either or both questions were labeled as “adults with disability.” The respondents who responded negatively to both questions were tallied as “adults without a disability” and served as representatives of the Illinois adult population without a disability.

Data Analysis

Data analyses were conducted using a statistical weight to produce state-level estimates. The statistical weight was primarily based on the probability of each respondent being selected in the survey on the basis of sex, age, race, and ethnic origin. The 95 percent confidence intervals (CI) were used to test statistical difference between the weighted estimates. In this report, expressions of “higher” and “lower” indicate a statistically significant difference between groups. Expressions such as “similar” or “no difference” indicate that the group difference was not statistically significant. The estimates for the two groups with and without disability also were compared to the *Healthy People 2010* target objectives when available.

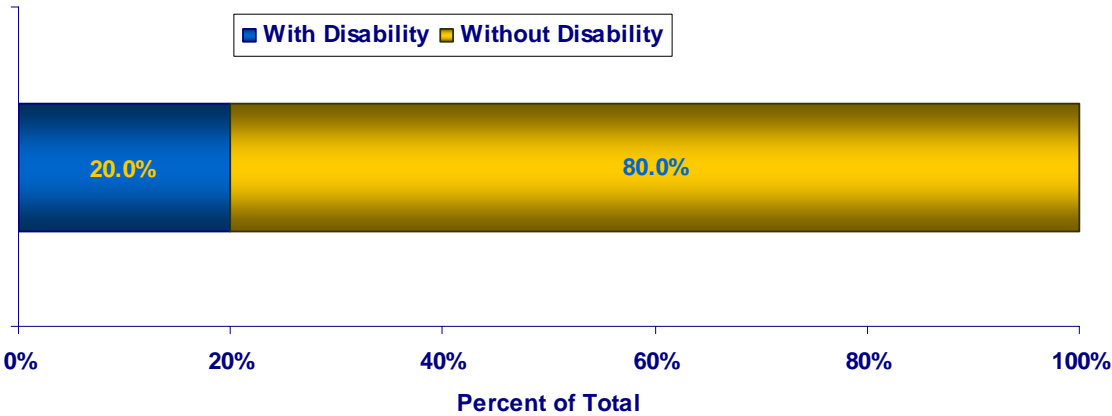
Section I: Prevalence of Disability in Illinois



Disability Among Illinois Adults

One in every five adults in Illinois has disability. Figure 1 below graphically shows the proportion of Illinois adults who have disability. According to the 2008 Illinois Behavioral Factor Surveillance System (ILBRFSS) data, 20.0 percent of Illinois adults were estimated to have a disability (95 percent CI: 18.6 percent – 21.4 percent) in 2008.

Figure 1. Disability Prevalence Among Illinois Adults



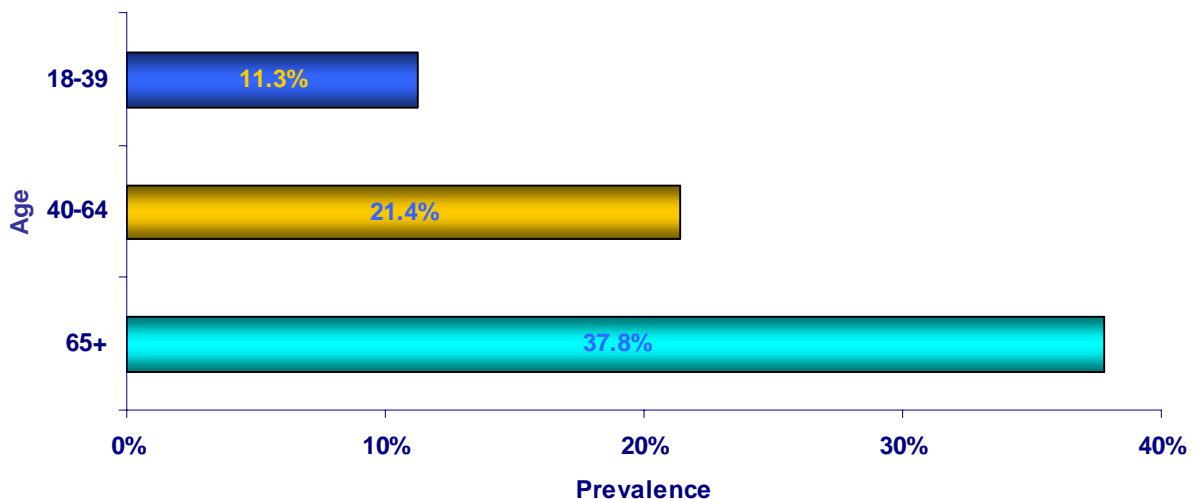
Source: 2008 ILBRFSS

Disability by Age

Older Illinoisans are more likely to have disability than their younger counterparts.

Figure 2 below visually demonstrates how the prevalence of disability in Illinois varies across three age groups. Each of the three bars in the figure represents Illinois adults in three different age groups: from the top, ages 18 to 39, 40 to 64, and 65 or older. In Illinois, the prevalence of disability increases across the age groups from 11.3 percent (95 percent CI: 9.1 percent - 13.9 percent) among young adults ages 18 to 39, to 21.4 percent (95 percent CI: 19.6 percent - 23.4 percent) among middle age adults ages 40 to 64, and to 37.8 percent (95 percent CI: 35.1 percent - 40.6 percent) among those ages 65 and older.

Figure 2. Disability Prevalence Among Illinois Adults by Age

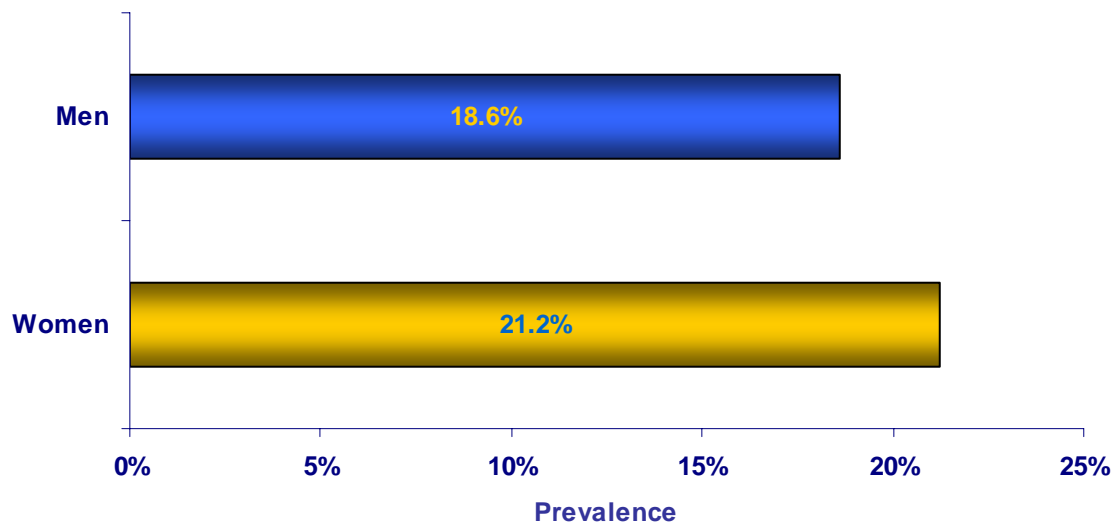


Source: 2008 ILBRFSS

Disability by Gender

Illinois men and women reported similar disability prevalence. Figure 3 below describes prevalence of disability among Illinois adults by gender. The two horizontal bars represent men and women, respectively. Although a higher percentage of women reported having disability than men: 21.2 percent (95 percent CI: 19.6 percent - 22.9 percent) vs. 18.6 percent (95 percent CI: 16.5 percent – 20.9 percent), the difference between the two groups does not reach statistical significance.

Figure 3. Disability Prevalence Among Illinois Adults by Gender

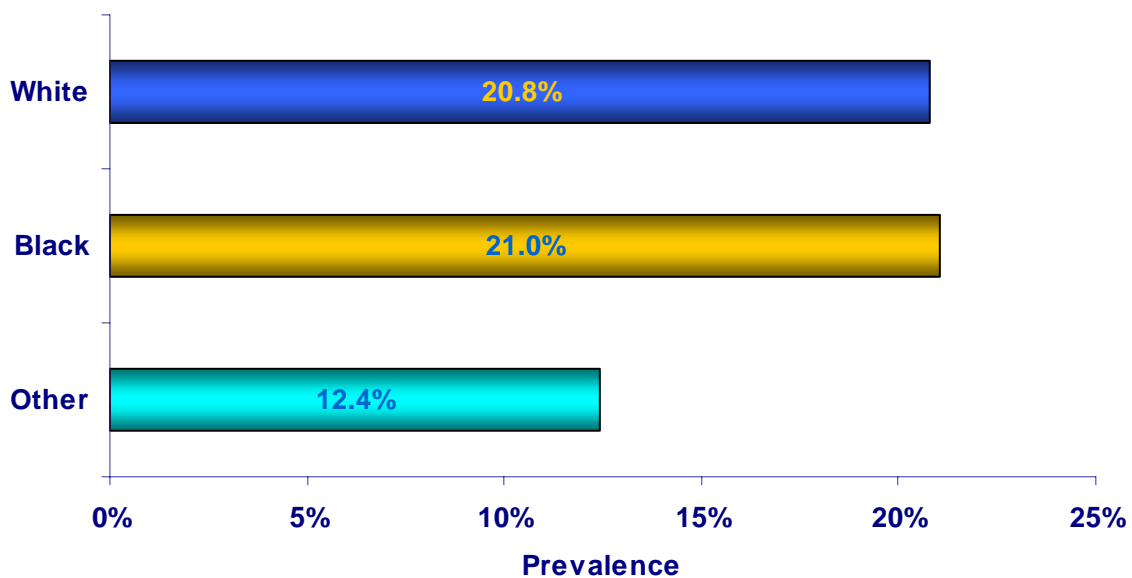


Source: 2008 ILBRFSS

Disability by Race

Figure 4 graphically shows disability prevalence across three race groups. From the top, each of the three bars in the figure represents white Americans, black or African Americans, and other race groups which include American Indians, Alaska Natives, Native Hawaiians, other Pacific Islanders, and others. The prevalence of disability for each race group was 20.8 percent (95 percent CI: 19.4 percent - 22.3 percent), 21.0 percent (95 percent CI: 17.0 percent - 25.7 percent), and 12.4 percent (95 percent CI: 8.4 percent - 18.2 percent), respectively. The prevalence reported by other race group was significantly lower than that for white and black American groups. The prevalence discrepancies between white and black race groups does not reach statistical significance.

Figure 4. Disability Prevalence Among Illinois Adults by Race

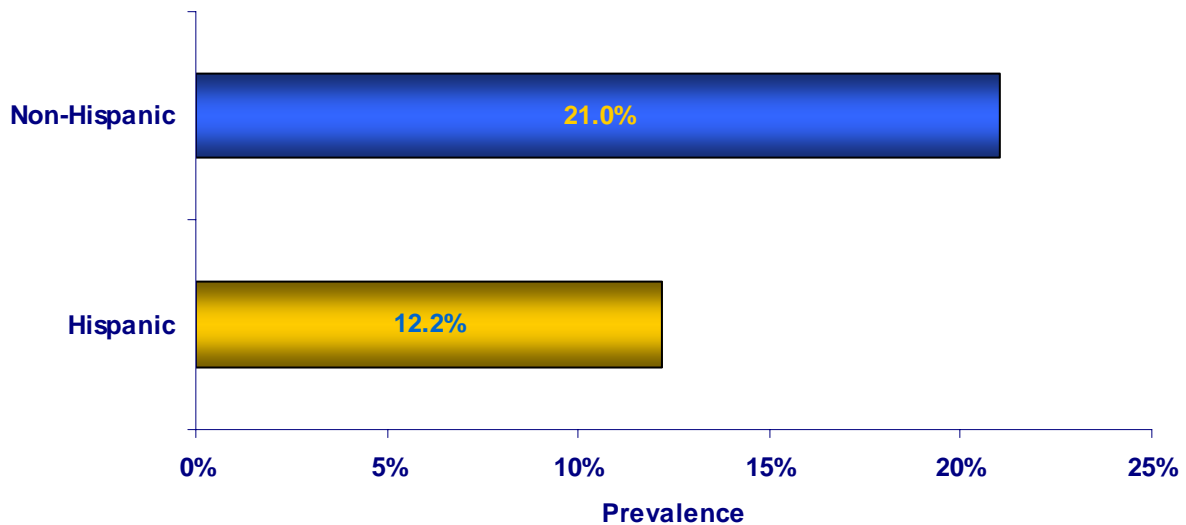


Source: 2008 ILBRFSS

Disability by Hispanic Origin

Illinois adults with Hispanic origin reported a lower prevalence of disability than those with non-Hispanic origin. Figure 5 contrasts disability prevalence by Hispanic origin. Each of the two bars in the figure represents Illinois adults who are of non-Hispanic origin, top bar, and Hispanic origin, bottom bar. Illinois adults who are Hispanic origin reported a substantially lower prevalence when compared to their counterparts who are non-Hispanics: 12.2 percent (95 percent CI: 8.4 percent - 17.7 percent) vs. 21.0 percent (95 percent CI: 19.7 percent - 22.5 percent), respectively.

Figure 5. Disability Prevalence Among Illinois Adults by Hispanic Origin

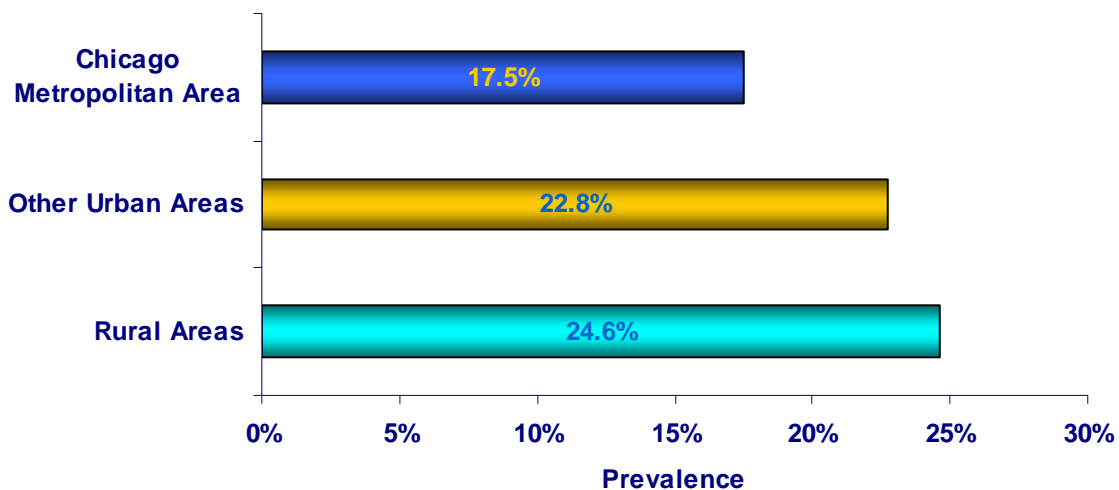


Source: 2008 ILBRFSS

Disability by Geographic Area

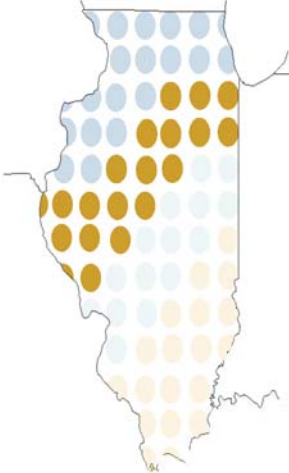
Figure 6 summarizes the prevalence of disability across the three areas of the state: Chicago metropolitan area (i.e., city of Chicago, counties of Cook, Lake, McHenry, Kane, DuPage and Will), other urban areas (i.e., counties of Champaign, DeKalb, Kankakee, Kendall, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, McLean, and Winnebago), and the rural areas (i.e., remaining 83 rural counties). There is no statistical difference in the prevalence of disability across Chicago metropolitan area, 17.5 percent (95 percent CI: 15.8 percent - 19.3 percent), the other urban areas, 22.8 percent (95 percent CI: 20.0 percent – 25.8 percent), and rural areas, 24.6 percent (95 percent CI: 21.6 percent - 27.9 percent). The prevalence for the Chicago metropolitan area was lower than other urban and rural areas. The prevalence for other urban and rural area did not differ statistically.

Figure 6. Disability Prevalence Among Illinois Adults by Geographic Area



Source: 2008 ILBRFSS

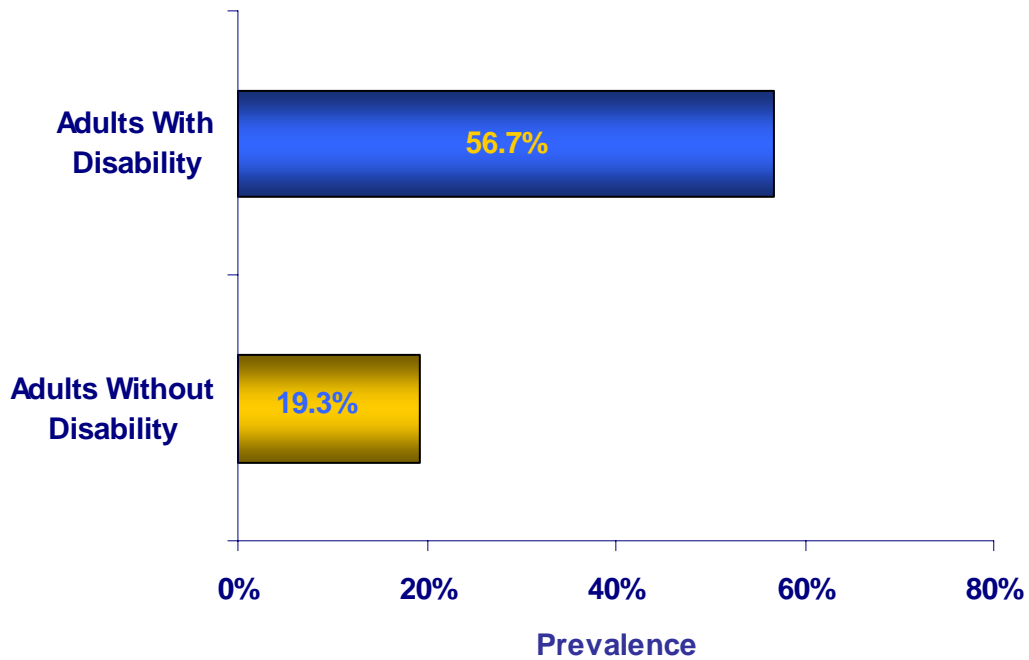
Section II: Chronic Disease Prevalence Among Persons With Disability in Illinois



Arthritis

Arthritis prevalence is higher among Illinoisans with disability than those without disability. Figure 7 below shows the prevalence of arthritis across the two groups with and without disability. In Figure 7, the bar on the top shows that 56.7 percent (95 percent CI: 52.9 percent – 60.5 percent) of adults with disability have ever been told by a doctor or other health professional that they have arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. The rate for adults without disability, represented in the bottom bar, is 19.3 percent (95 percent CI: 17.9 percent – 20.8 percent).

Figure 7. Prevalence of Arthritis by Disability Status

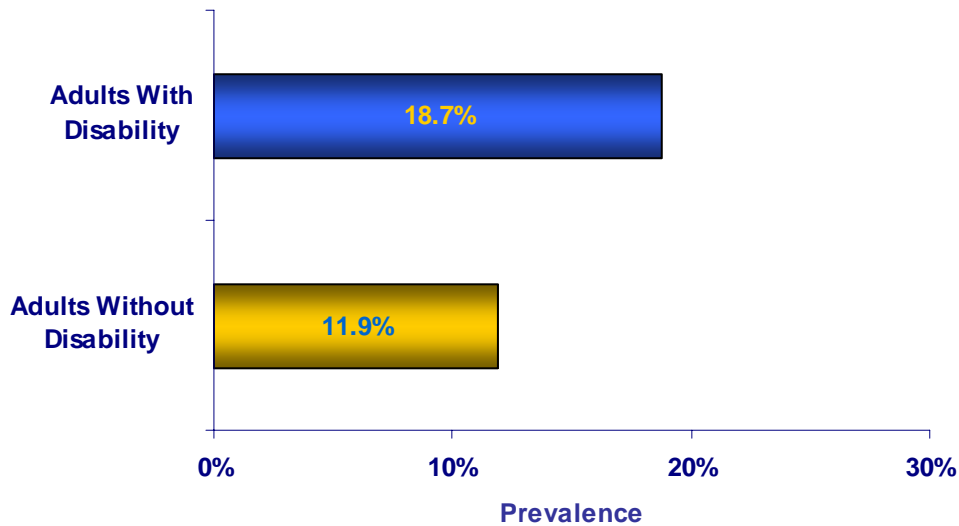


Source: 2007 ILBRFSS

Asthma

Illinoisans with disability are more likely to have asthma than their counterparts without disability. Shown in Figure 8 is the prevalence of doctor-diagnosed asthma between Illinois adults with and without disability. Prevalence of asthma among adults with disability, represented in the top bar of the figure, is 18.7 percent (95 percent CI: 16.1 percent – 21.7 percent). The prevalence rate for adults with disability is higher than that of adults without disability, which is 11.9 percent (95 percent CI: 10.4 percent – 13.6 percent).

Figure 8. Prevalence of Asthma by Disability Status

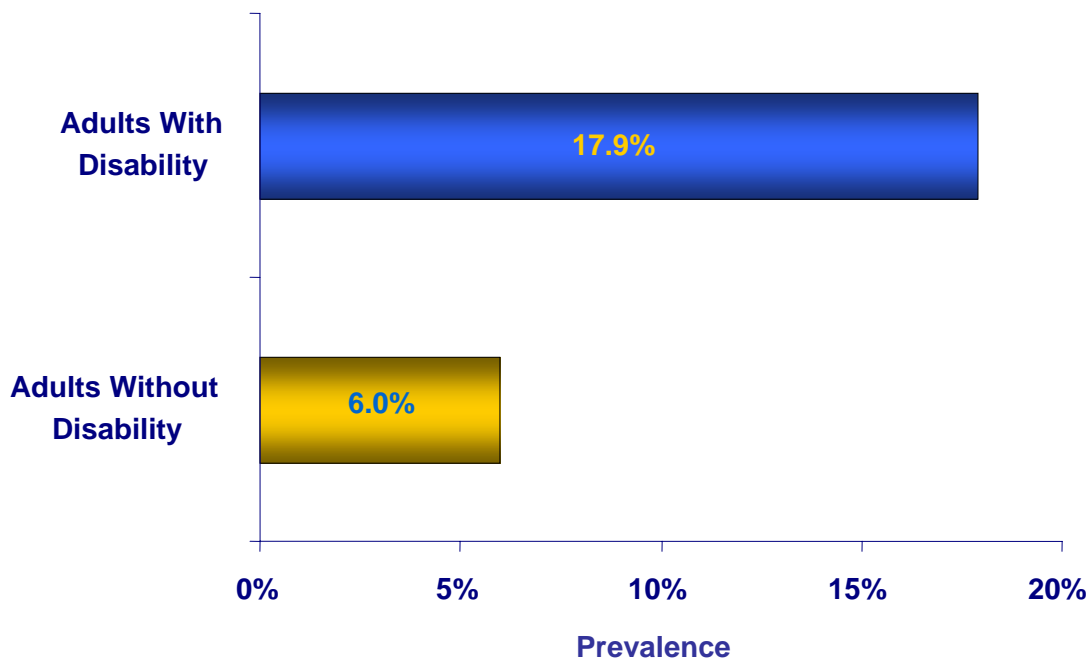


Source: 2008 ILBRFSS

Diabetes

Prevalence of diabetes is higher among Illinoisans with disability than those without disability. Figure 9 summarizes the prevalence of diabetes between adults with disability, represented in the top bar of the figure, and adults without disability, represented in the bottom bar. The top bar shows that 17.9 percent (95 percent CI: 15.4 percent – 20.7 percent) of adults with disability have ever been told by a doctor that they have diabetes. The bottom bar shows that 6.0 percent (95 percent CI: 5.2 percent – 6.9 percent) of adults without disability have ever been told that they have diabetes.

Figure 9. Prevalence of Diabetes by Disability Status

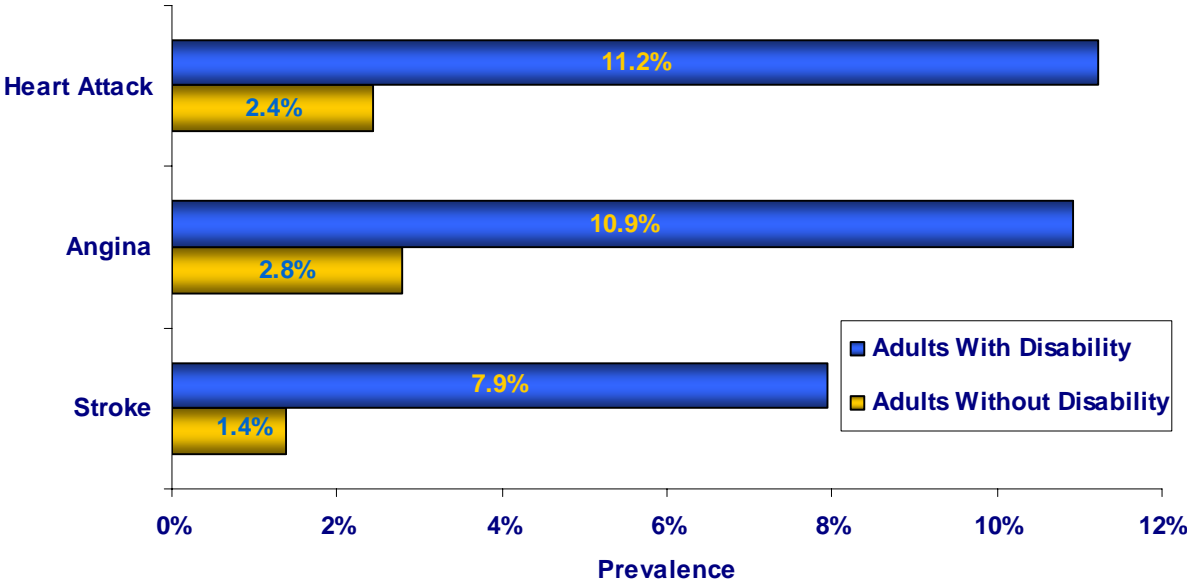


Source: 2008 ILBRFSS

Cardiovascular Disease

Cardiovascular disease, which includes a wide variety of heart and blood vessel diseases, is much more prevalent among Illinoisans with disability than it is among those without disability. Figure 10 summarizes the prevalence of the three cardiovascular diseases by disability status. Shown in the first pair of bars in the figure is the prevalence of heart attack for adults with disability, 11.2 percent (95 percent CI: 9.4 percent – 13.3 percent), and for adults without disability, 2.4 percent (95 percent CI: 2.0 percent – 3.0 percent). Prevalence of angina, represented in the two bars in the middle, is 10.9 percent (95 percent CI: 9.2 percent – 13.0 percent) for adults with disability, and 2.8 percent (95 percent CI: 2.2 percent – 3.5 percent) for adults without disability. The two bars at the bottom of the figure show that 7.9 percent (95 percent CI: 6.5 percent – 9.7 percent) of adults with disability and 1.4 percent (95 percent CI: 1.1 percent – 1.8 percent) of adults without disability ever had stroke.

Figure 10. Prevalence of Cardiovascular Disease by Disability Status

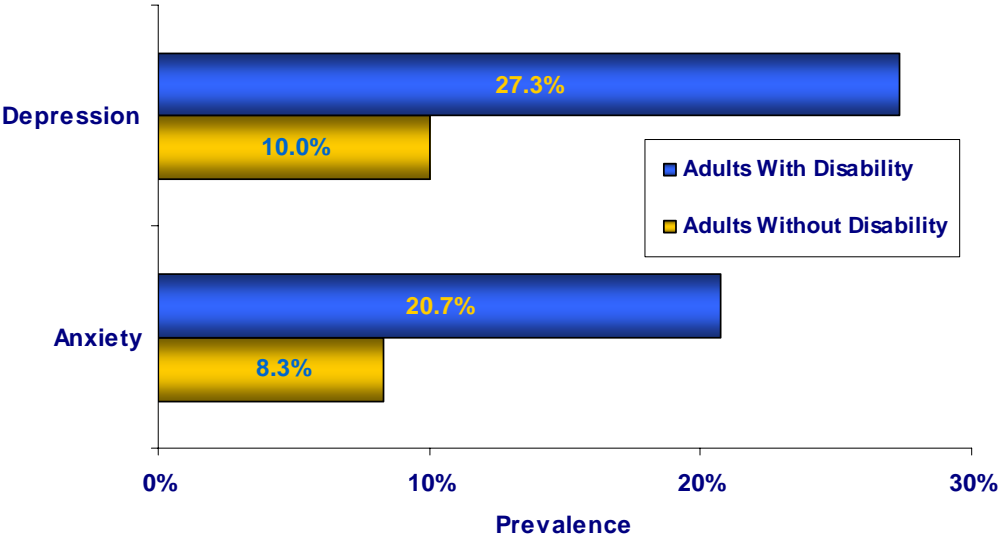


Source: 2008 ILBRFSS

Depression and Anxiety

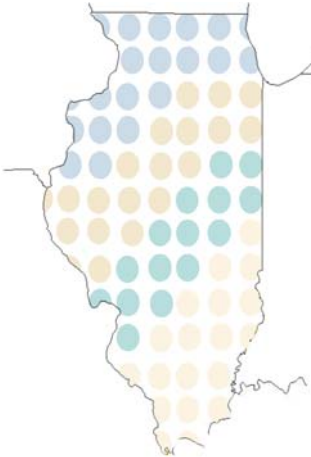
Depression and anxiety are associated with reduced quality of life and social function, and can contribute to or worsen chronic diseases. These conditions are more prevalent among Illinoisans with disability than Illinoisans without disability. Figure 11 compares the rate of adults who have ever been told by health professionals that they have depression and/or an anxiety disorder by disability status. The two bars on the top represent percent of adults who were told that they have depression by disability status. The two bars show that the prevalence of depression is 27.3 percent (95 percent CI: 24.3 percent – 30.6 percent) for adults with disability and 10.0 percent (95 percent CI: 8.9 percent – 11.3 percent) for adults without disability, respectively. The two bottom bars represent the prevalence of anxiety by disability status. The prevalence is 20.7 percent (95 percent CI: 17.7 percent – 24.1 percent) for adults with disability and 8.3 percent (95 percent CI: 7.3 percent – 9.5 percent) for adults without disability.

Figure 11. Prevalence of Depression and Anxiety by Disability Status



Source: 2008 ILBRFSS

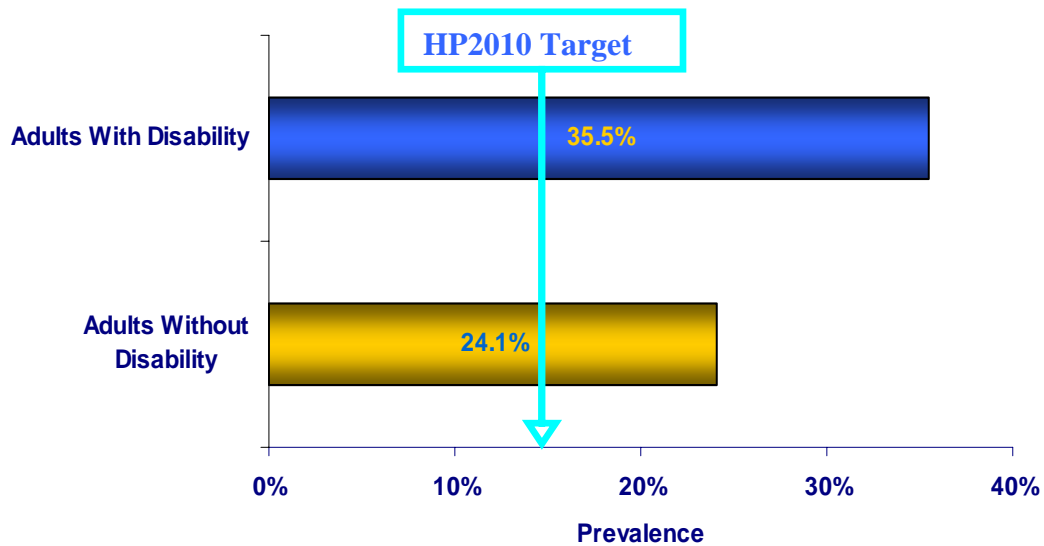
Section III: Risk Factors for Chronic Disease



Obesity

Illinois adults with disability are more likely to be obese (i.e., Body Mass Index equal to or greater than 30.0) than their counterparts without disability. Figure 12 summarizes the prevalence of obesity among Illinois adults by disability status. The bar on the top shows that 35.5 percent (95 percent CI: 32.1 percent - 39.0 percent) of adults with disability reported being obese compared to 24.1 percent (95 percent CI: 22.2 percent - 26.1 percent) of adults without disability, represented in the bottom bar. The national goal included in *Healthy People 2010* is to reduce the rate to 15 percent by the year 2010 (i.e., Objective 19-2).

Figure 12. Obesity Prevalence Among Illinois Adults by Disability Status

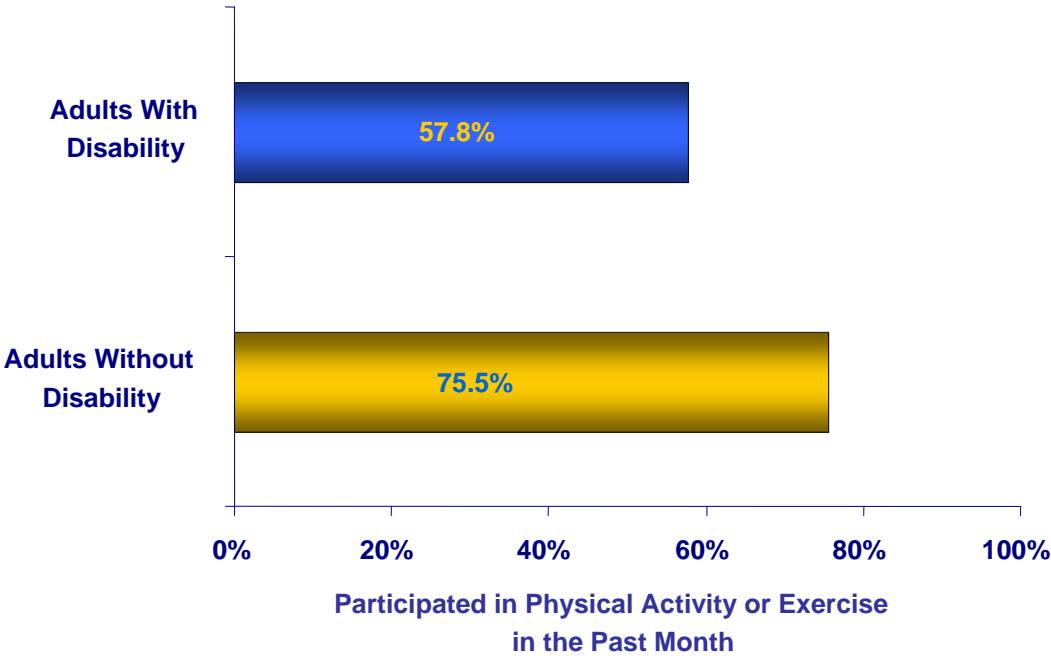


Source: 2008 ILBRFSS

Exercise

Illinoisans with disability engage in exercise less frequently than Illinoisans without disability. Figure 13 compares the proportion of adults who engage in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise, other than their regular job, in the past month) by disability status. The bar on the top indicates that 57.8 percent (95 percent CI: 54.1 percent – 61.4 percent) of adults with disability participated in any physical activity or exercise in the past month. The rate is lower than the rate reported by adults without disability, 75.5 percent (95 percent CI: 73.6 percent – 77.3 percent), shown in the bottom bar.

Figure 13. Percent of Illinois Adults Who Participated in Any Physical Activity or Exercise in the Past Month by Disability Status

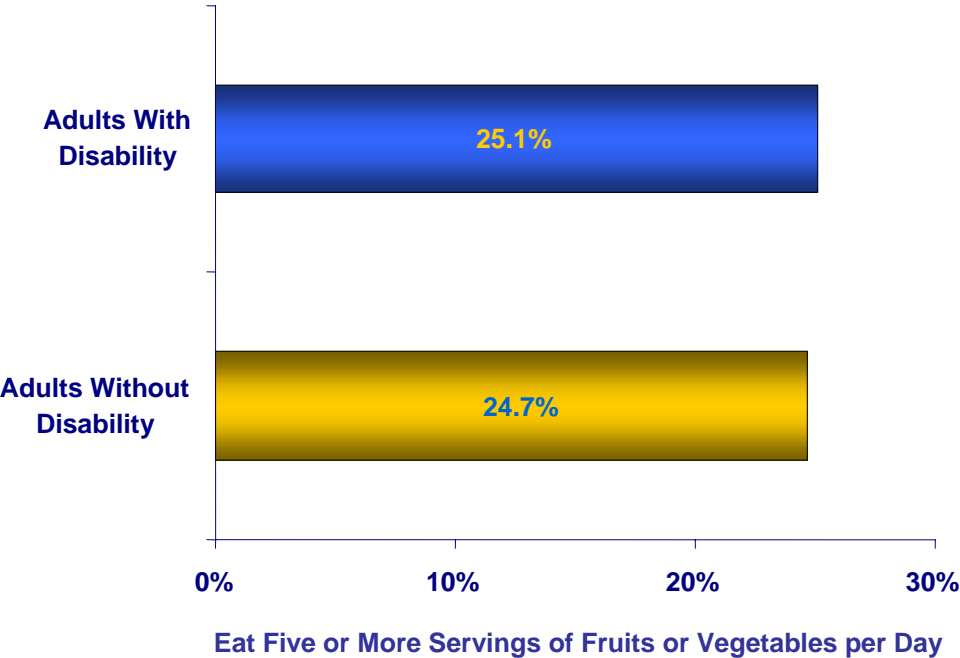


Source: 2008 ILBRFSS

Fruits and Vegetables

Only one in every four Illinoisans with disability eats five or more servings of fruits and vegetables each day. Figure 14 shows the rate of Illinoisans who eat five or more servings of fruits and/or vegetables per day. The bar on the top shows that 25.1 percent (95 percent CI: 22.1 percent – 28.5 percent) of adults with disability eat five or more servings of fruits and vegetables per day. The rate for adults without disability, 24.7 percent (95 percent CI: 22.9 percent – 26.6 percent), shown in the bottom bar, is similar to that for adults with disability. For adults, eating two cups of fruit and two and a half cups of vegetables per day is typically recommended, while the recommended intake for each individual may vary largely depending on his/her activity levels.

Figure 14. Percent of Illinois Adults Who Eat Five or More Fruits or Vegetables Per Day by Disability Status

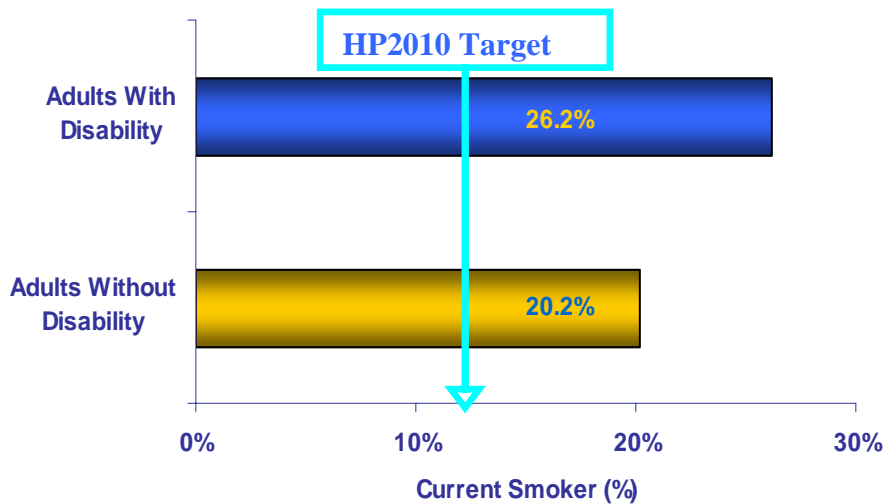


Source: 2007 ILBRFSS

Cigarette Smoking

Smoking prevalence in Illinoisans with disability is higher than that for Illinoisans without disability. Figure 15 shows the proportion of Illinois adults who reported smoking cigarettes by disability status. Twenty-six percent (26.2 percent, 95 percent CI: 22.7 percent - 30.0 percent) of Illinois adults with disability, shown in the top bar, are currently smoking cigarettes compared to 20.2 percent (95 percent CI: 18.3 percent - 22.1 percent) of those without disability, shown in the bottom bar. These rates are significantly higher when compared to the *Healthy People 2010* target of 12 percent (i.e., Objective 27-1a).

Figure 15. Percentage of Illinois Adult Cigarette Smokers by Disability Status

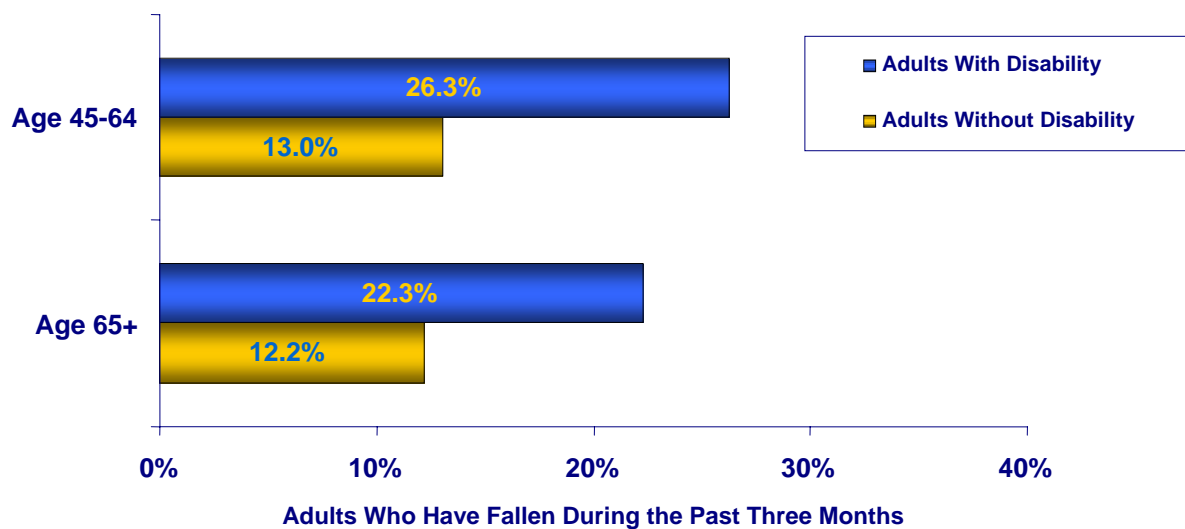


Source: 2008 ILBRFSS

Falls

Illinoisans with disability are at a higher risk of injury from falls than Illinoisans without disability. Figure 16 compares the rate of adults who have fallen at least once during the past three months by disability status across the two age groups: ages 45 to 64 and ages 65 and older. The two bars on the top, representing adults ages 45 to 64 with and without disability, show that the rate is 26.3 percent (95 percent CI: 22.1 percent – 30.9 percent) for adults with disability and 13.0 percent (95 percent CI: 11.2 percent – 15.1 percent) for adults without disability, respectively. The two bottom bars represent adults ages 65 and older by disability status. In this age group, the rate is 22.3 percent (95 percent CI: 18.6 percent – 26.4 percent) for adults with disability and 12.2 percent (95 percent CI: 9.8 percent – 15.1 percent) for adults without disability.

Figure 16. Percent of Illinois Adults, Ages 45 and Older, Who Have Fallen During the Past Three Months by Disability Status

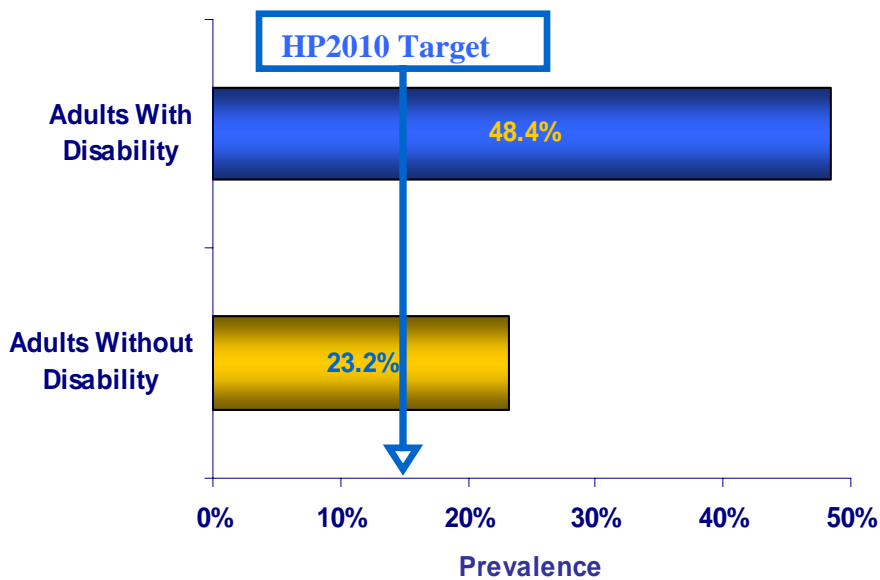


Source: 2008 ILBRFSS

High Blood Pressure

A higher rate of Illinoisans with disability reported having high blood pressure than their counterparts without disability. Figure 17 compares the rate of adults who were ever told by a doctor or other health professional that they have high blood pressure by disability status. The bar on the top shows that the rate is 48.4 percent (95 percent CI: 44.4 percent – 52.1 percent) for adults with disability. The rate for adults without disability, 23.2 percent (95 percent CI: 21.6 percent – 24.9 percent) shown in the bottom bar, is much lower. The national target objective in *Healthy People 2010* (i.e., Objective 12-9) is to reduce the prevalence of a person having high blood pressure to 16 percent (shown by the blue arrow in the figure) by the year 2010.

Figure 17. Percent of Illinois Adults Who Have Been Told They Have High Blood Pressure by Disability Status

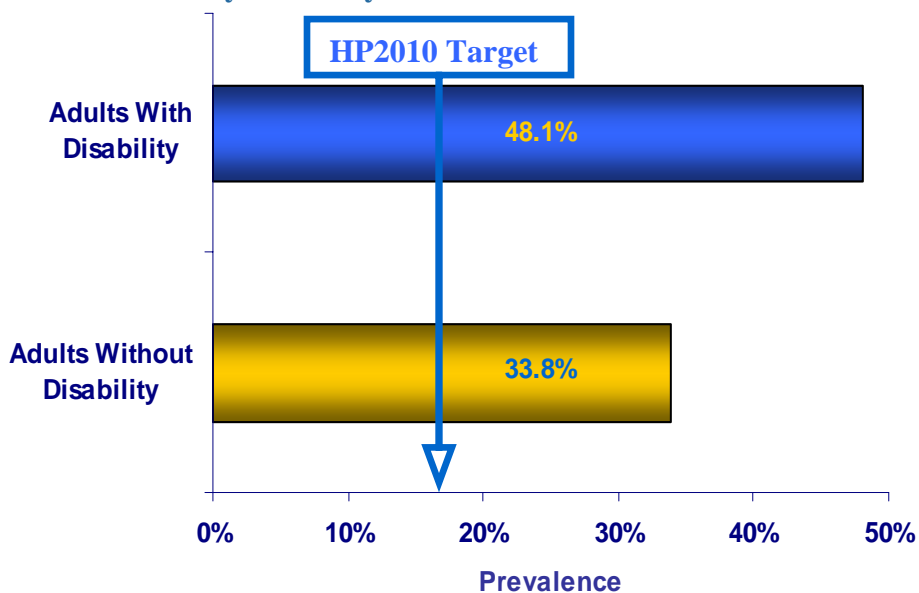


Source: 2007 ILBRFSS

High Blood Cholesterol

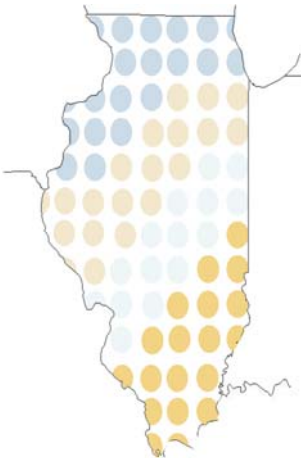
High blood cholesterol is more prevalent among Illinoisans with disability than it is among their counterparts without disability. Figure 18 compares the rate of adults who were ever told by a doctor or other health professional that they have high blood cholesterol by disability status. The bar on the top shows that the rate is 48.1 percent (95 percent CI: 44.3 percent – 51.9 percent) for adults with disability. The rate for adults without disability, 33.8 percent (95 percent CI: 31.8 percent – 35.8 percent) shown in the bottom bar, is much lower. The *Healthy People 2010* target (i.e., Objective 12-14) is to reduce the prevalence of a person having high blood cholesterol to 17 percent (shown by the blue arrow in the figure).

Figure 18. Percent of Illinois Adults Who Have Been Told They Have High Blood Cholesterol by Disability Status



Source: 2007 ILBRFSS

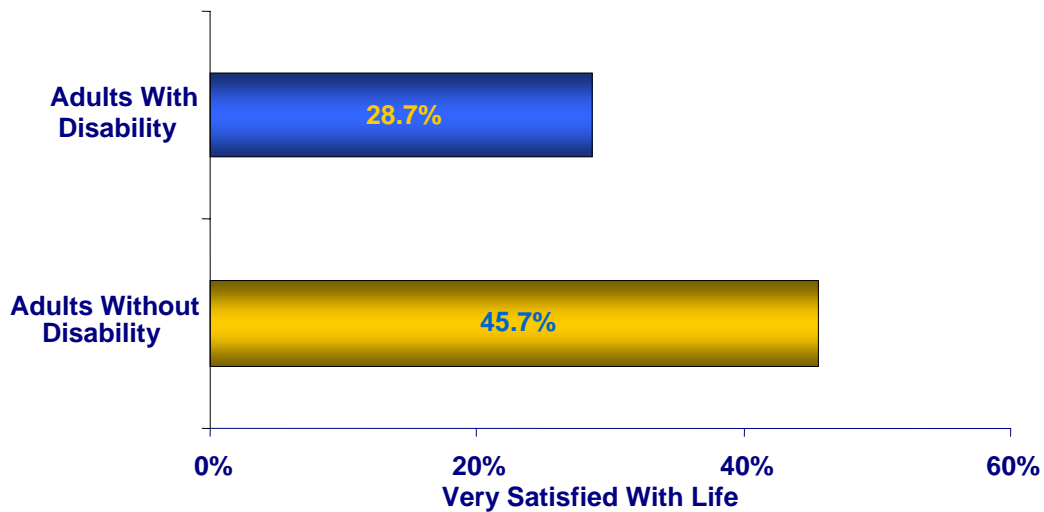
Section IV: Quality of Life Among Persons With Disability



Satisfaction With Life

Illinoisans with disability are less likely to be satisfied with their life than those without disability. Figure 19 below compares the proportion of adults who are “very satisfied with life” by disability status. Illinois adults with disability, represented in the top bar, reported that 28.7 percent (95 percent CI: 25.5 percent - 32.1 percent) were very satisfied with their life. The rate for those without disability, represented in the bottom bar, was 45.7 percent (95 percent CI: 43.5 percent - 47.8 percent); substantially higher than their counterparts.

Figure 19. Self-reported Satisfaction With Life Among Illinois Adults by Disability Status

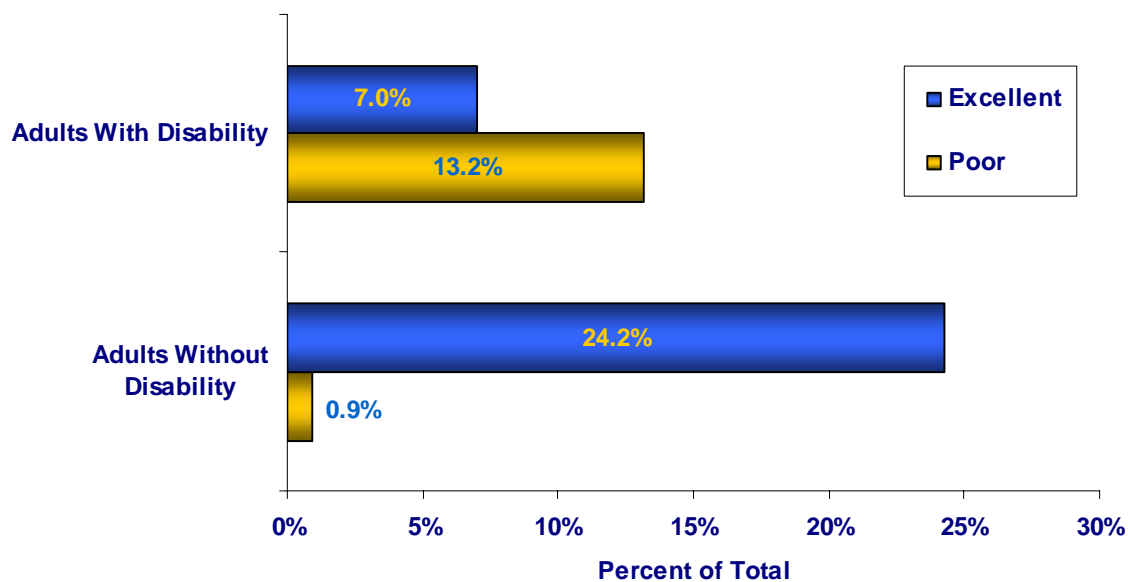


Source: 2008 ILBRFSS

Self-rated Health Status

Illinoisans with disability rated their health status less favorably than their counterparts without disability. Figure 20 contrasts how Illinois adults with and without disability perceive their health status differently. The two bars at the top of the graph show that 7.0 percent (95 percent CI: 5.0 percent - 9.8 percent) of adults with disability rated their health as “excellent” and that 13.2 percent (95 percent CI: 11.0 percent - 15.6 percent) rated it as poor. For adults without disability, represented in the two bottom bars, the rate was 24.2 percent (95 percent CI: 22.4 percent - 26.2 percent) and 0.9 percent (95 percent CI: 0.6 percent - 1.4 percent), respectively. Nearly three times as many adults with disability reported their health as poor compared to those who reported excellent health. For those without disability, only a few rated their health as poor.

Figure 20. Self-rated Health Status Among Illinois Adults by Disability Status

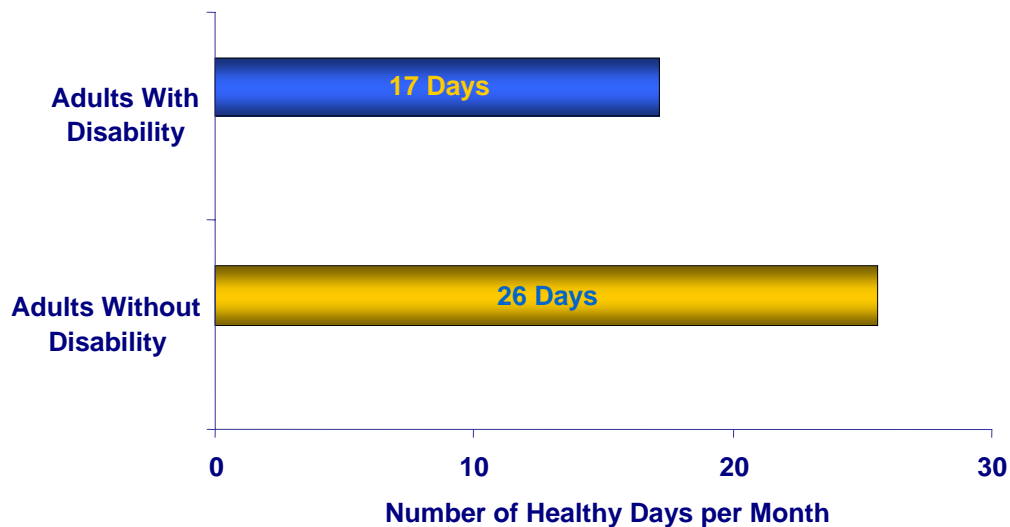


Source: 2008 ILBRFSS

Healthy Days

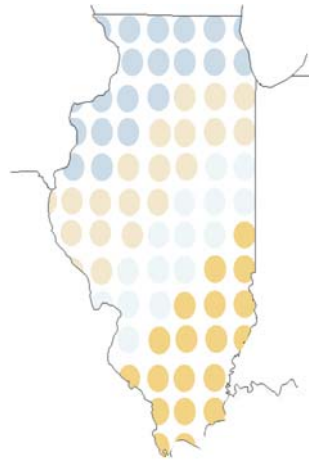
Illinois adults with disability reported fewer healthy days in a month than those without disability. Figure 21 below shows the average number of healthy days reported by Illinois adults with and without disability. The average number of the healthy days reported by Illinois adults with disability was 17.1 days (95 percent CI: 16.3 percent – 18.0 days) per month, which is graphically shown by the top bar in the graph. Adults without disability, represented in the bottom bar, reported 25.6 (95 percent CI: 25.3 percent – 25.9 days) healthy days during the past 30 days.

Figure 21. Self-reported Number of Healthy Days During the Past 30 Days by Disability Status



Source: 2008 ILBRFSS

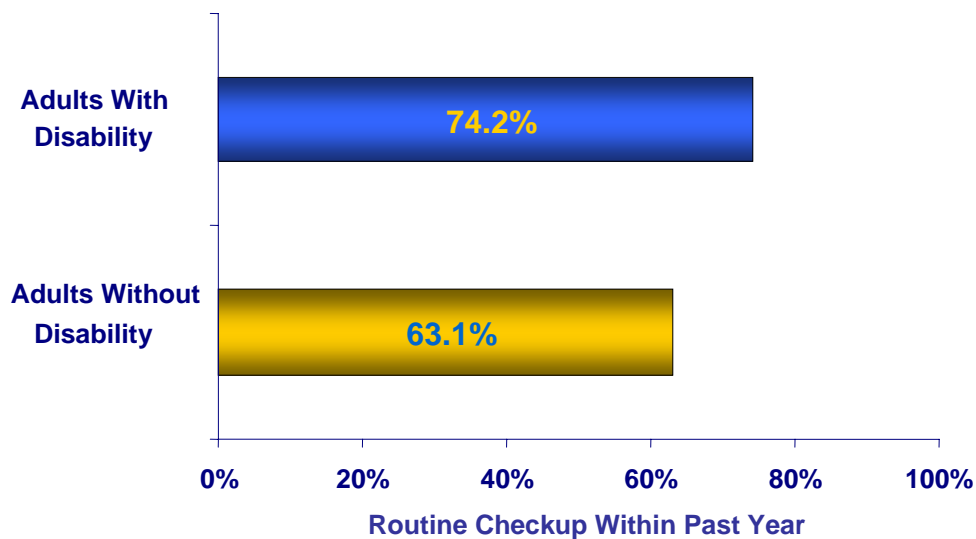
Section V: Access to Health Care and Screenings



Routine Checkup

Illinois adults with disability are more likely to have had a routine physical checkup within the past year than those without disability. Figure 22 below represents the proportion of Illinois adults who visited a doctor for a routine checkup, a general physical exam, within the past year by disability status. Represented in the top bar, 74.2 percent (95 percent CI: 70.5 percent – 77.7 percent) of Illinois adults with disability received the routine physical checkup within the past year. The rate was higher 63.1 percent (95 percent CI: 60.9 percent – 65.3 percent) than that reported by Illinois adults without disability, represented in the bottom bar.

Figure 22. Percent of Illinois Adults Who Had Routine Checkup Within Past Year

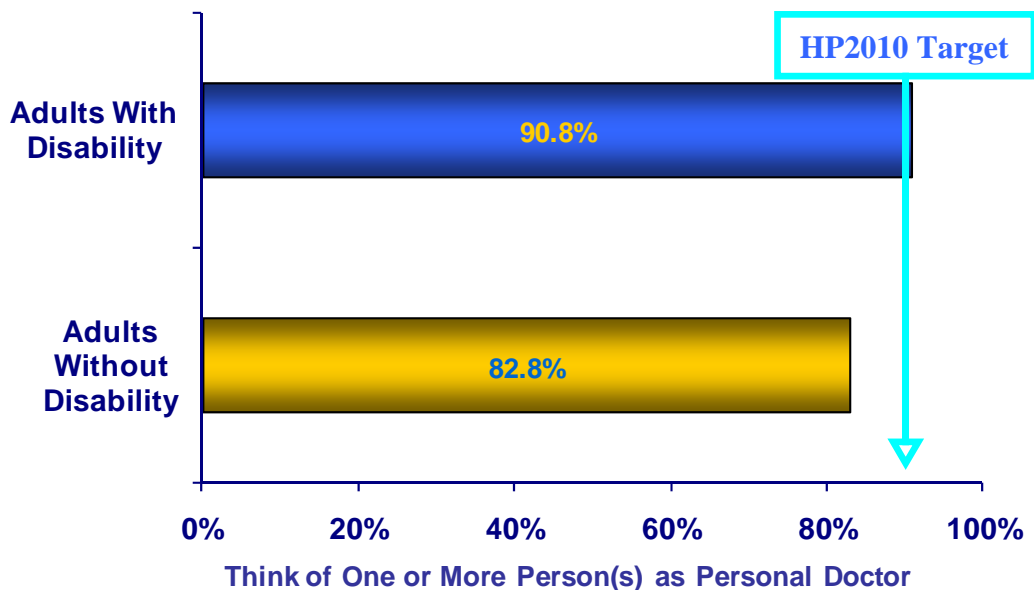


Source: 2008 ILBRFSS

Usual Primary Care Provider

Illinois adults with disability are more likely to have a usual primary care provider than those without disability. Figure 23 below represents the proportion of Illinois adults who think of one or more person(s) as their personal doctor or health care provider by disability status. Represented in the top bar, 90.8 percent (95 percent CI: 87.3 percent – 93.4 percent) of Illinois adults with disability reported having one or more person(s) whom they think of as their personal doctor or health care provider. The rate meets the *Healthy People 2010* target of 90 percent (i.e., Objective 1-5). The rate for Illinois adults without disability, represented in the bottom bar, was 82.8 percent (95 percent CI: 80.8 percent – 84.7 percent).

Figure 23. Percent of Illinois Adults Who Have One or More Person(s) as a Personal Doctor or Health Care Provider

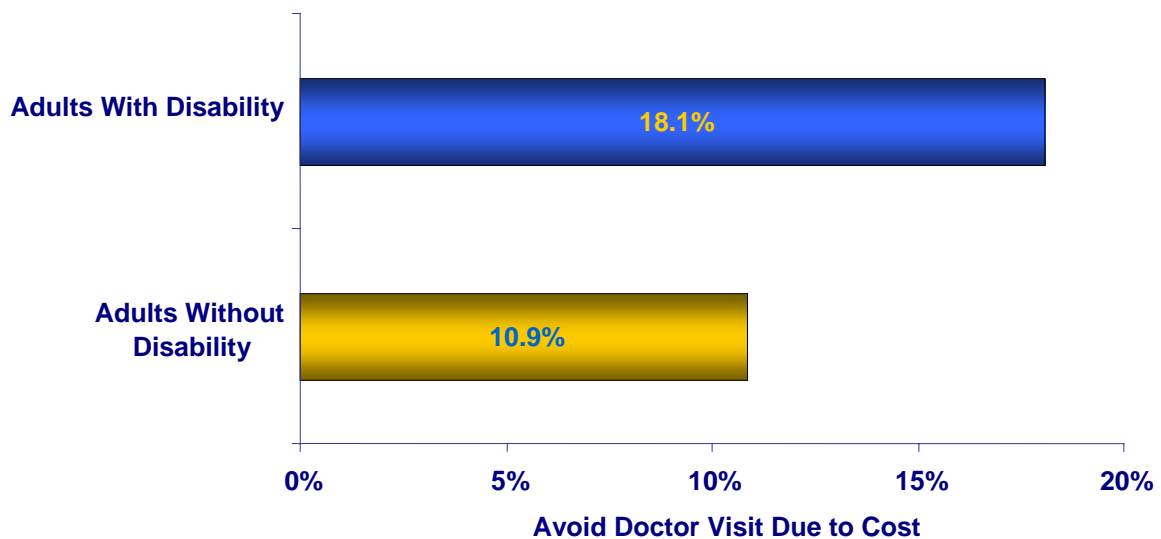


Source: 2008 ILBRFSS

Economic Barrier in Access to Health Care

For Illinoisans with disability, costs associated with health care appear to hinder their use of such services. Figure 24 shows that Illinois adults with disabilities are less likely to access health services due to cost than those without disability. Figure 22 compares the proportion of Illinois adults who avoided visiting a doctor due to cost by the presence of disability. The rate for Illinois adults with disability, 18.1 percent (95 percent CI: 15.1 percent - 21.5 percent) represented in the top bar, is higher compared to 10.9 percent (95 percent CI: 9.5 percent - 12.5 percent) for those without disability shown in the bottom bar.

Figure 24. Percent of Illinois Adults Who Avoided Doctor Visits Due to Cost by Disability Status

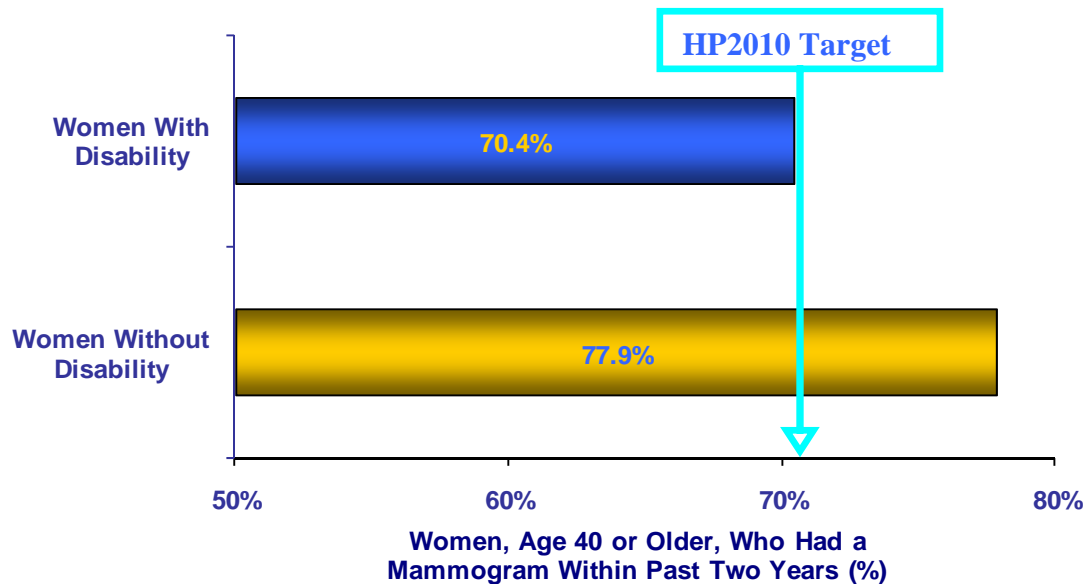


Source: 2008 ILBRFSS

Mammography

Illinois women with and without disability reported a similar rate of having a mammography. Figure 25 on the following page summarizes the percentage of Illinois women, age 40 years and older, who have received a mammogram within the last two years, by disability status. The top bar represents women with disability; the bottom bar represents women without disability. The rate was similar between women with disability (70.4 percent, 95 percent CI: 66.7 percent - 73.9 percent) and those without it (77.9 percent, 95 percent CI: 75.5 percent - 80. percent). The *Healthy People 2010* Objective 3-13 target is that 70 percent of women, ages 40 and older, receive mammography within the preceding two years by 2010.

Figure 25. Percent of Illinois Women Age 40 and Older Who Have Had a Mammogram Within the Last Two Years by Disability Status

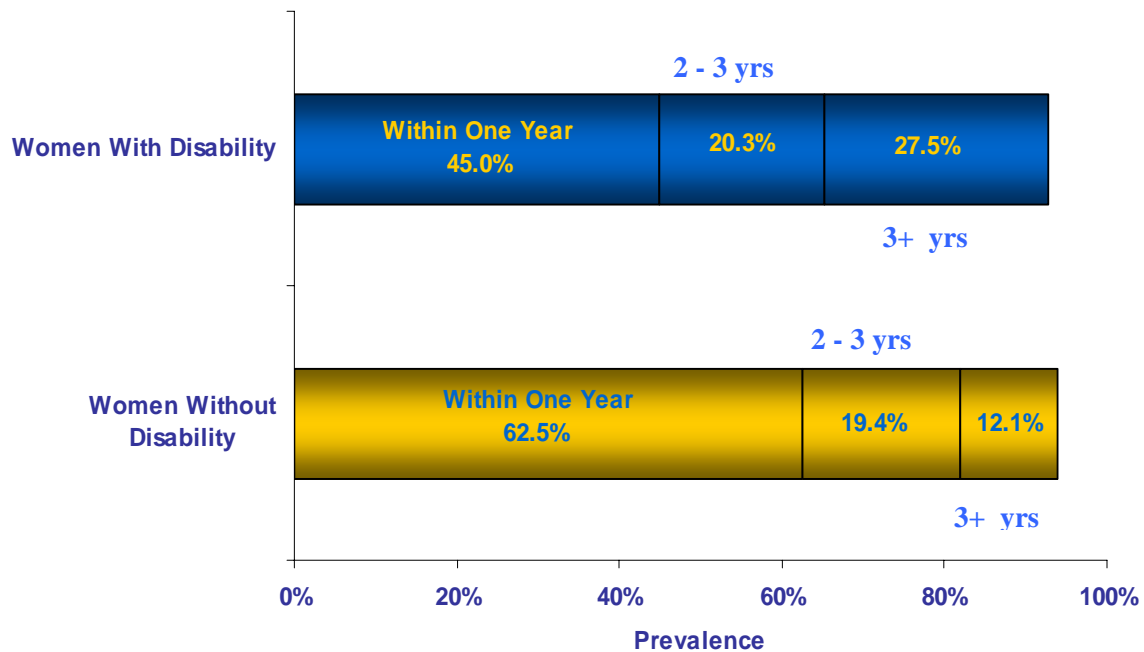


Source: 2008 ILBRFSS

Pap Test

It is recommended that all women, ages 18 and above, have a pap test for cervical cancer regularly. Figure 26 below summarizes the percentage of Illinois women who have received a pap test by disability status. The top bar represents women with disability; the bottom bar represents women without disability. Overall, most women have the pap test regardless of their disability status. Women with disability were less likely to have the test within one year compared to women without disability (45.0 percent, 95 percent CI: 40.7 percent – 49.4 percent vs. 62.5 percent, 95 percent CI: 59.9 percent – 64.9 percent). In contrast, women with disability were more likely to have the test three or more years ago compared to women without disability (27.5 percent, 95 percent CI: 24.3 percent – 30.9 percent vs. 12.1 percent, 95 percent CI: 10.8 percent – 13.5 percent).

Figure 26. Percent of Illinois Women Who Have Had a Pap Test by Disability Status

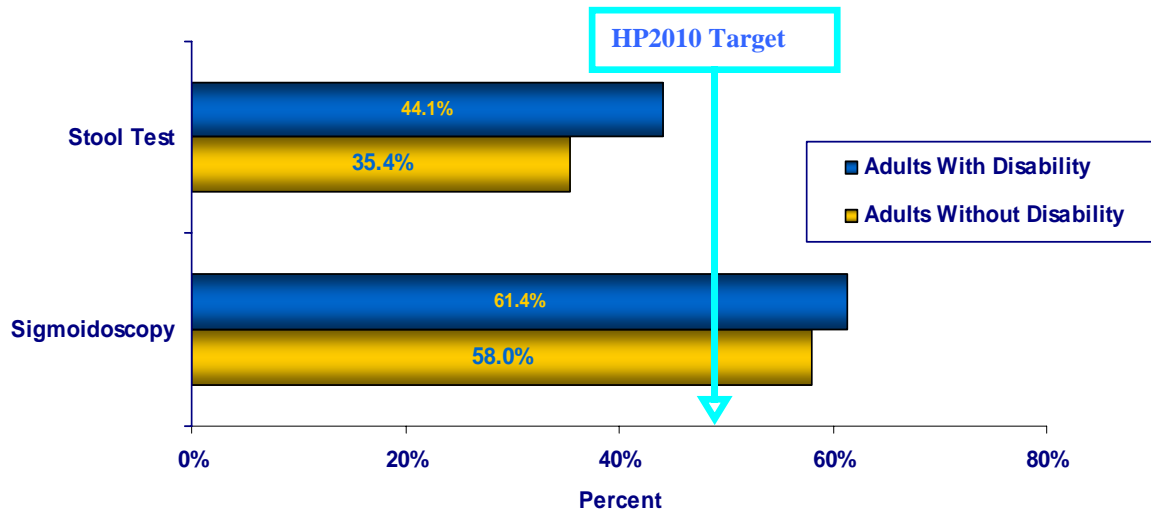


Source: 2008 ILBRFSS

Colorectal Cancer Screening

Figure 27 below represents the proportion of Illinois adults with and without disability, age 50 years old and older, who have received two common colorectal cancer screenings: stool test and sigmoidoscopy. The rate for the stool test is shown in the top bar. The bottom bar represents the rate for sigmoidoscopy. The proportion of Illinois adults with disability who have *ever* had a stool test (44.1 percent, 95 percent CI: 40.5 percent – 47.8 percent) remained lower than the *Healthy People 2010* target of “50 percent within two preceding years (i.e., Objective 3-12a).” The proportion of those who ever received a sigmoidoscopy (61.4 percent, 95 percent CI: 57.6 percent - 65.1 percent), however, exceeded the *Healthy People 2010* target of 50 percent (i.e., Objective 3-12b).

Figure 27. Percent of Illinois Adults Age 50 and Older Obtaining Colorectal Screening

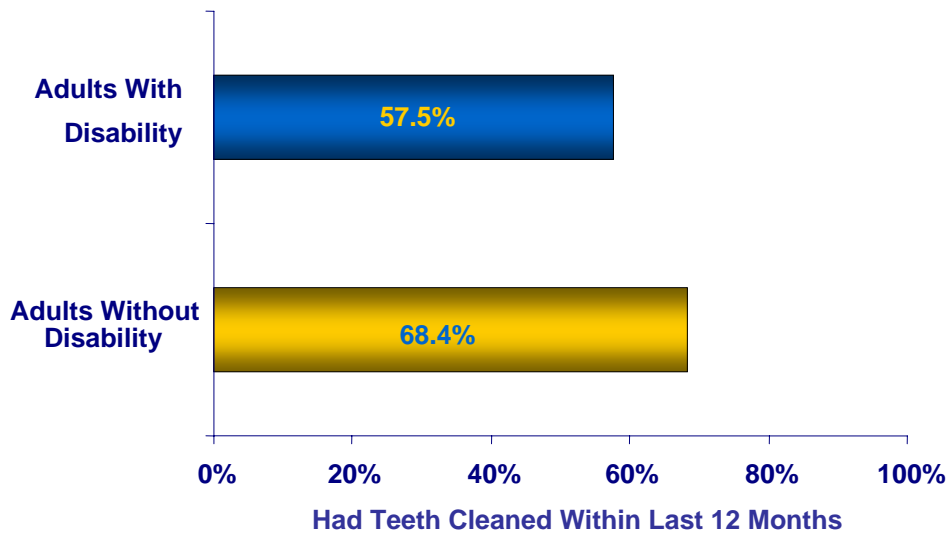


Source: 2008 ILBRFSS

Oral Hygiene

Illinoisans with disability are less likely to access oral hygiene services than those without disability. Figure 28 summarizes the proportion of Illinois adults who have had their teeth cleaned by a dentist or oral hygienist within the past 12 months. The top bar shows that 57.5 percent (95 percent CI: 53.6 percent – 61.5 percent) of adults with disability have had their teeth cleaned within the past 12 months. The rate is lower than that of adults without disability, 68.4 percent (95 percent CI: 66.1 percent – 70.6 percent) shown in the bottom bar.

Figure 28. Percent of Illinois Adults Who Have Had Their Teeth Cleaned by a Dentist or Oral Hygienist Within the Past 12 Months by Disability Status

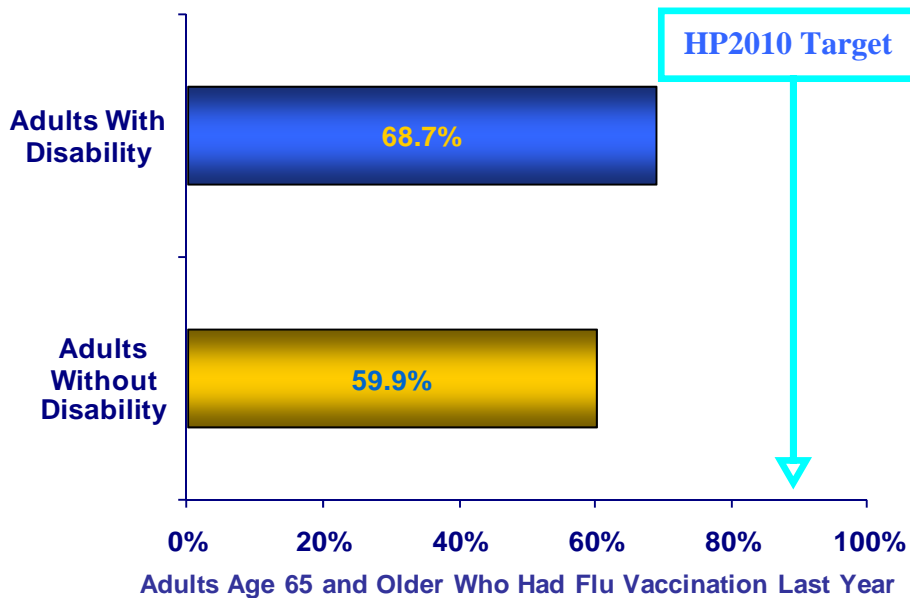


Source: 2008 ILBRFSS

Immunization

The proportion of Illinois seniors with disability who receive immunization against infectious disease is lower than the federally recommended level. Figure 29 below represents the proportion of Illinois adults with disability, age 65 years old and older, who have received vaccinations against influenza. The proportion of seniors with disability who received a flu shot during the past 12 months was 68.7 percent (95 percent CI: 64.4 percent – 72.8 percent). While the rate is higher than their counterparts without disability (59.9 percent, 95 percent CI: 56.1 percent – 63.6 percent), it does not reach the *Healthy People 2010* target of 90 percent (i.e., Objective 14-29a).

Figure 29. Percent of Illinois Adults With Disability, Age 65 and Older, Who Received Flu Shot

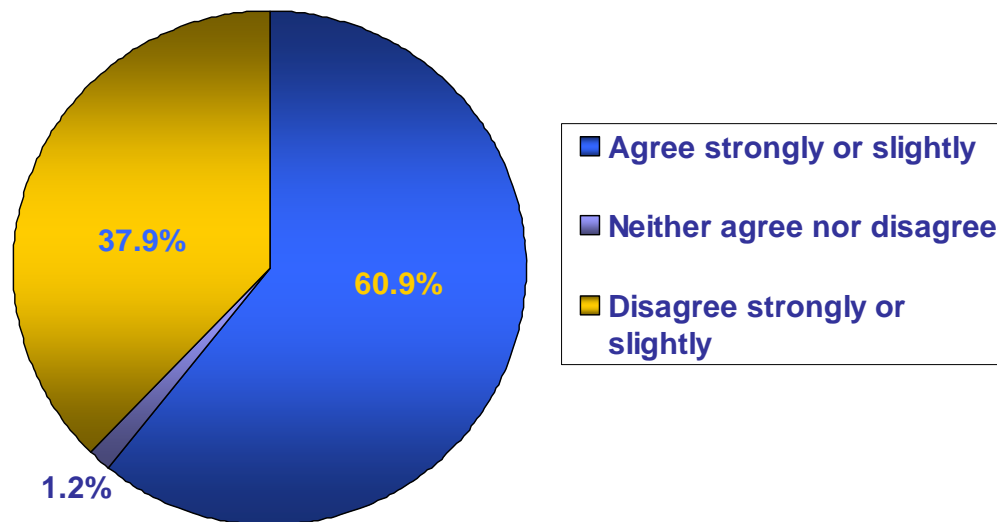


Source: 2008 ILBRFSS

Public Attitudes Toward Mental Illness

Persons with mental illness tend to have much higher levels of unhealthy behaviors than those without mental illness, which may exacerbate pre-existing chronic illnesses and increase the risk of developing additional diseases. Negative attitudes, misinformation or lack of proper knowledge on mental illness, however, may guide the general public to fear, reject, avoid, and discriminate against persons with mental illness, and may result in a decrease of their access to health services. Figure 30 summarizes the public attitudes of Illinoisans to mental illness. Although 60.9 percent (95 percent CI: 59.1 percent – 62.7 percent) of Illinois adults agree with the statement, “*People are generally caring and sympathetic to people with mental illness,*” more than one in three Illinoisans (37.9 percent, 95 percent CI: 66.1 percent – 39.8 percent) disagree with the statement.

Figure 30. Percent of Illinois Adults Who Agree or Disagree With the Statement, “People are generally caring or sympathetic to people with mental illness.”



Source: 2007 ILBRFSS

Call to Action

Having a disability does not necessarily mean the lack of health or poor health. People with disabilities can benefit from disease prevention and health promotion efforts as much as those without disability. Because people with disabilities are at an increased risk of developing additional health conditions (i.e., secondary conditions), practicing disease prevention and health promotion may be more critical in maintaining health and continuing active life in the community.

This report highlights demographic, health and health-related lifestyle characteristics of Illinois non-institutionalized people with disabilities. In addition, this report shows disparities in the rates of obtaining common health screenings between people with and without disabilities. Our intent is to provide a clearer understanding of the health status of people with disability in the state and their access to health service programs. Understanding the extent of disability and the life circumstances facing our citizens with disability are critical steps to planning effective health promotion and prevention strategies for this large, but under-studied sub-population in the state.

Reducing barriers and expanding access to various health services and health promotion programs in the community is a critical and urgent issue in supporting their independence. Traditionally, community health services have not been developed with all of the many needs of people with disabilities in mind. Thus, people with disabilities who want to utilize these services often experience access barriers including inaccessible medical facilities and equipment, transportation barriers, communication barriers, condition invisibility, confusion with other disabilities, service delivery attitudes, personal misconceptions, denial, lack of service awareness, and disability over identification.

Findings from this and the previous reports suggest that people with disabilities will continue to comprise a major portion of the population base in Illinois and that state and local policymakers need to prepare for a growing population that will require services to remain integrated in their communities. Monitoring and tracking this growing

population at the state level will become more critical for future development and implementation of policies and programs that meet the unique needs of state residents with disabilities. The Illinois Disability and Health Program, with funding from the U.S. Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Disability and Health Team, will continue its effort in monitoring the health of Illinoisans with disability and informing its findings to various stakeholders who are interested in promoting the health and wellness of citizens with disability.

Readers are encouraged to develop and refine health promotion programs in state and local communities so that they are more inclusive for people with disabilities, and work together to improve the quality of life for Illinoisans with and without disability.

To learn more about the Disability and Health Data Report, the Illinois Disability and Health Program, how to become involved, or to receive the report in an alternate format, contact the Illinois Department of Public Health, Disability and Health Program at 217-782-3300, TTY 800-547-0466.