



State of Illinois
Illinois Department of Public Health

Illinois Disability and Health Data Report

Demographic and Health Profile
of Illinoisans with Disabilities
2012

June 2014



Acknowledgements

Thank you

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Learn More

To learn more about the Illinois Disability and Health Program, or to receive this 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. The report is intended to facilitate dialogue among key stakeholders in 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 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 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 those with disability. The final section provides data on children with special health care needs, who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition, and require more health and related services than other children in general.

Data Source

The data used for this report were extracted from the 2012 Illinois Behavioral Risk Factor Surveillance System (ILBRFSS). The ILBRFSS, conducted annually by the Illinois Department of Public Health, is a random telephone survey of community households designed to monitor health-related behaviors associated with chronic diseases and mortality among adults. Data were collected through telephone interviews from randomly selected adults, ages 18 years and older, at each sampled household. The data for children with special health care needs were extracted from the 2011-2012 National Survey of Children's Health (NSCH). The NSCH utilizes a randomized, household telephone survey to examine the physical and emotional health of children ages 0 to 17 years old.

About This Report

Screening of Target Populations

The 2012 *Illinois Disability and Health Data Report* addresses health status of adults with disability and children with special health care needs. Like previous reports, data for adults with disability were extracted from the Illinois Behavioral Risk Factor Surveillance System (ILBRFSS). 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 adult population without a disability. Data for children with special health care needs were extracted from the National Survey of Children’s Health. Regardless of medical diagnosis, children who have or are at risk of a chronic physical, developmental, behavioral or emotional condition, and use medication or health services more than children in general, are labeled as children with special health care needs. In the survey, these children are screened for the use of prescription medication and health and related services, and the presence of functional limitation.

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,” as well as “more likely” and “less likely,” indicate a statistically significant difference between groups. Expressions such as “similar” or “no difference” indicate the group difference was not statistically significant.

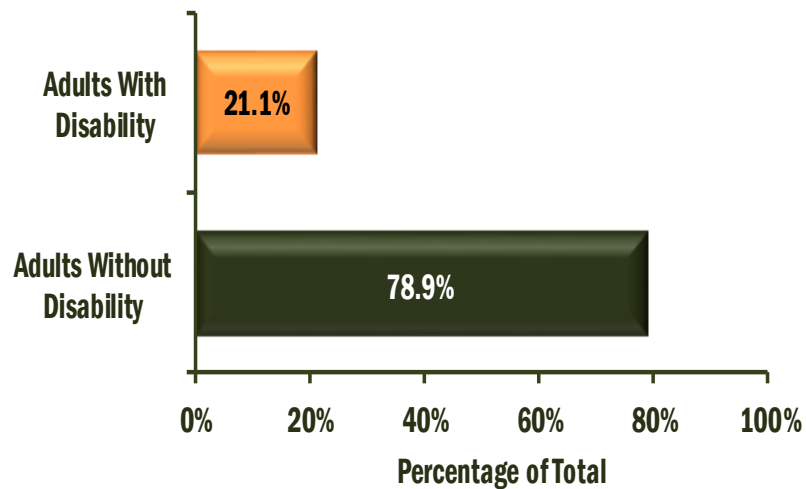
Section I: Prevalence of Disability in Illinois



Disability Among Illinois Adults

More than one in every five adults in Illinois has disability. Figure 1 shows the proportion of Illinois adults who have disability. According to the 2012 Illinois Behavioral Risk Factor Surveillance System (ILBRFSS) data, 21.1 percent of Illinois adults were estimated to have a disability (95% CI: 19.6% – 22.7%) in 2012.

Figure 1. Disability Prevalence Among Illinois Adults

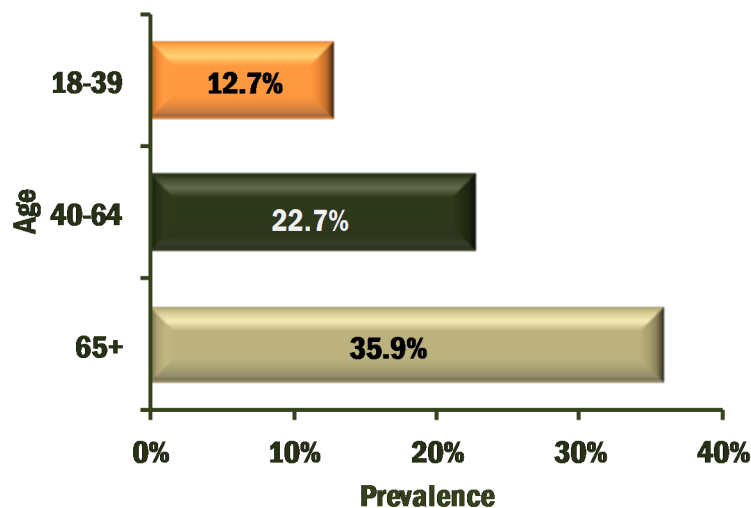


Source: 2012 ILBRFSS

Disability By Age

Older Illinoisans are more likely to have disability than their younger counterparts. Figure 2 shows how the prevalence of disability varies across three age groups. Each of the bars represent Illinois adults in three different age groups: ages 18 to 39, 40 to 64, and 65 or older. The prevalence of disability increases across the age groups from 12.7 percent (95% CI: 10.2% – 15.8%) among young adults ages 18 to 39, to 22.7 percent (95% CI: 20.5% – 25.0%) among middle age adults ages 40 to 64, and to 35.9 percent (95% CI: 33.1% – 38.7%) among those ages 65 and older.

Figure 2. Disability Prevalence Among Illinois Adults by Age

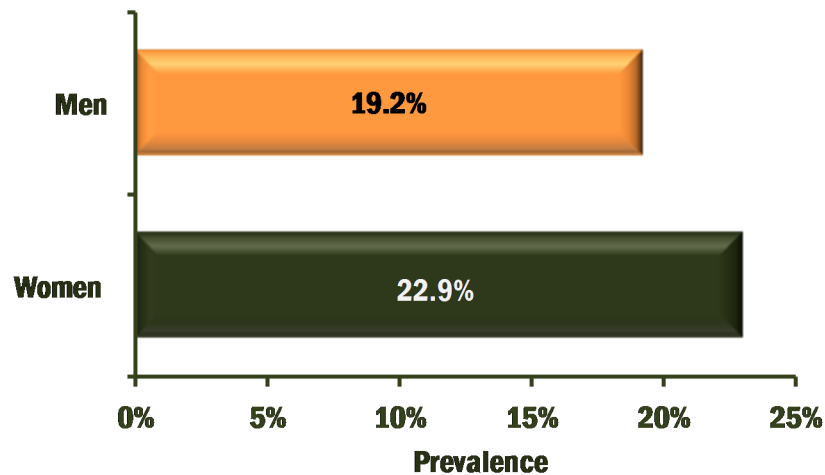


Source: 2012 ILBRFSS

Disability By Gender

The prevalence of disability between Illinois men and women are similar. Figure 3 describes the prevalence of disability among adults by gender. The prevalence of disability for men was 19.2 percent (95% CI: 17.0% – 21.6%), and for women, 22.9 percent (95% CI: 20.9% – 25.1%), and was not statistically different.

Figure 3. Disability Prevalence Among Illinois Adults by Gender

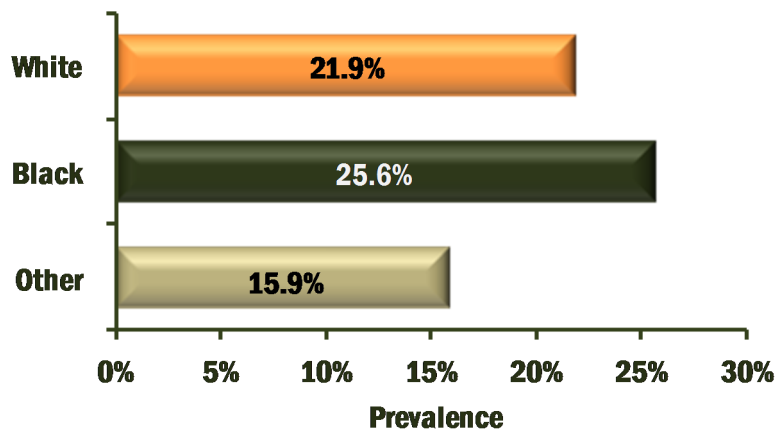


Source: 2012 ILBRFSS

Disability By Race

Figure 4 graphically shows disability prevalence across three racial groups. From the top, the bars represent white Americans, black or African Americans, and other racial groups, which include American Indians, Alaska Natives, Native Hawaiians, other Pacific Islanders and others. The prevalence of disability for each racial group was 21.9 percent (95% CI: 20.2% – 23.6%), 25.6 percent (95% CI: 20.5% – 31.6%), and 15.9 percent (95% CI: 12.6% – 19.8%), respectively. The prevalence reported by other racial group was significantly lower than for white and black American groups. The prevalence discrepancy between white and black racial groups does not reach statistical significance.

Figure 4. Disability Prevalence Among Illinois Adults by Race

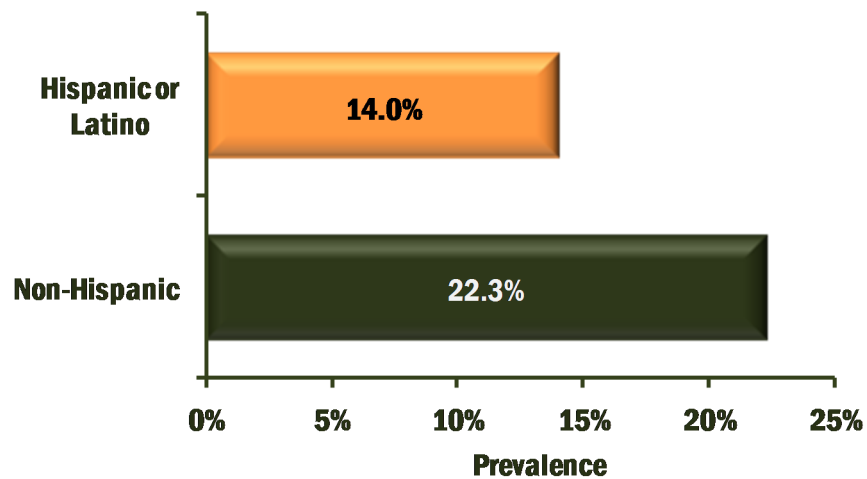


Source: 2012 ILBRFSS

Disability By Hispanic Origin

Illinois adults of Hispanic origin are less likely to have disability than those of non-Hispanic origin. Figure 5 contrasts disability prevalence by Hispanic origin. Illinois adults of Hispanic origin reported a substantially lower prevalence when compared to their counterparts who are non-Hispanic: 14.0 percent (95% CI: 10.1% – 19.1%) vs. 22.3 percent (95% CI: 20.7% – 24.0%).

Figure 5. Disability Prevalence Among Illinois Adults by Hispanic Origin

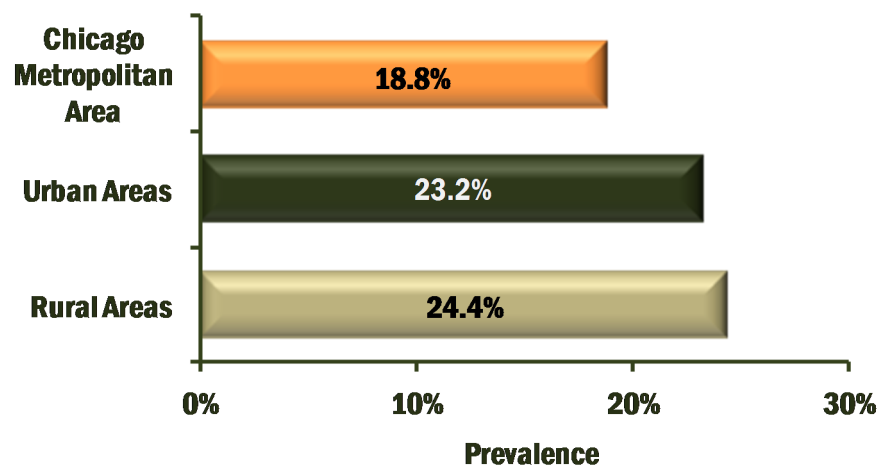


Source: 2012 ILBRFSS

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). The prevalence of disability for the Chicago metropolitan area, 18.8 percent (95% CI: 16.9% – 20.9%), other urban areas, 23.2 percent (95% CI: 19.5% – 27.4%), and rural areas, 24.4 percent (95% CI: 21.6% – 27.5%) are not statistically different.

Figure 6. Disability Prevalence Among Illinois Adults by Geographic Area



Source: 2012 ILBRFSS

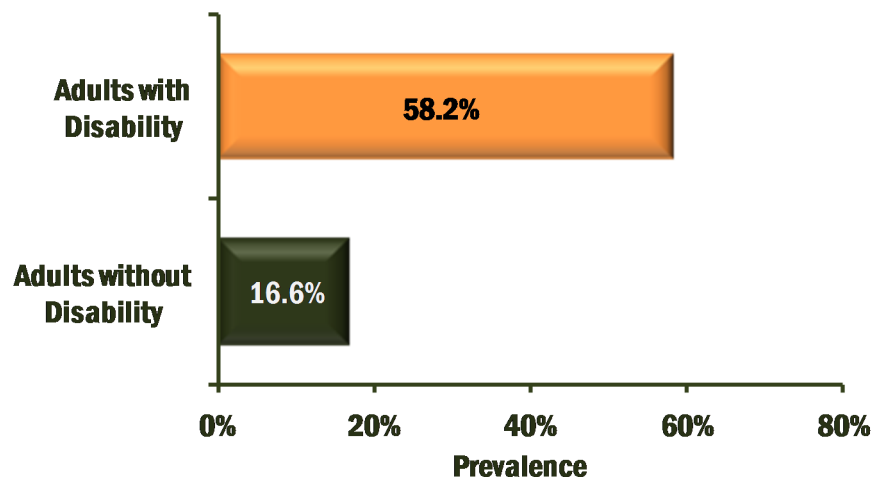
Section II: Chronic Disease Prevalence Among Persons With Disability in Illinois



Arthritis

Arthritis prevalence is significantly higher among Illinoisans with disability than those without disability. In Figure 7, the top bar shows 58.2 percent (95% CI: 53.9% – 62.4%) of adults with disability have ever been told by a doctor or other health professional they have arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. The rate for adults without disability, represented in the bottom bar, is 16.6 percent (95% CI: 15.3% – 18.0%).

Figure 7. Prevalence of Arthritis by Disability Status

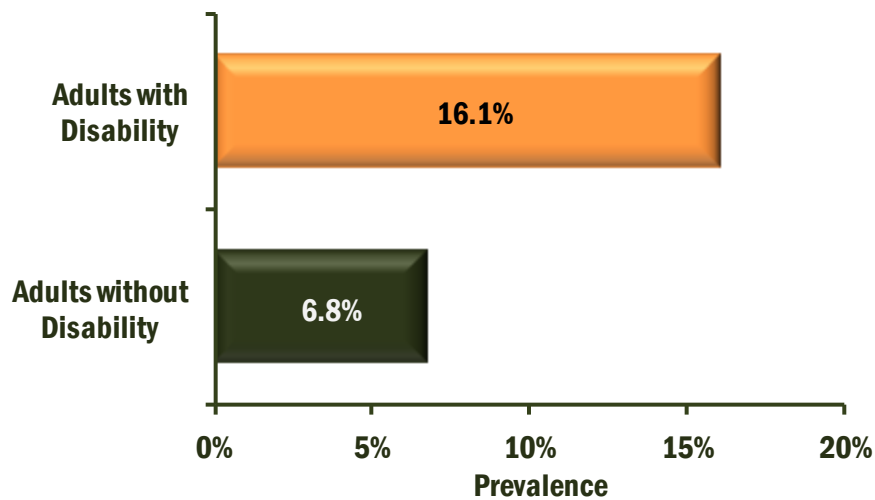


Source: 2012 ILBRFSS

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. The prevalence of asthma among adults with disability, represented in the top bar of the figure, is 16.1 percent (95% CI: 13.1% – 19.6%). The prevalence rate for adults with disability is higher than that of adults without disability, which is 6.8 percent (95% CI: 5.7% – 8.0%).

Figure 8. Prevalence of Asthma by Disability Status

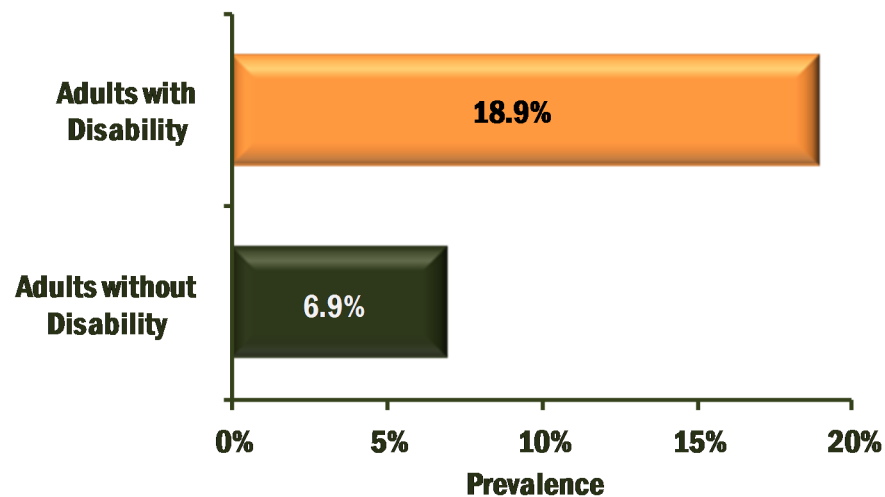


Source: 2012 ILBRFSS

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 18.9 percent (95% CI: 16.2% – 21.9%) of adults with disability have ever been told by a doctor that they have diabetes. The bottom bar shows that 6.9 percent (95% CI: 5.9% – 8.0%) of adults without disability have ever been told that they have diabetes. While not shown in Figure 9, the prevalence of pre-diabetes, which is a risk factor for diabetes, heart disease and stroke, also is higher among Illinoisans with disability than those without disability: 2.0 percent (95% CI: 1.2% – 3.4%) vs. 0.8 percent (95% CI: 0.5% – 1.2%), respectively.

Figure 9. Prevalence of Diabetes by Disability Status

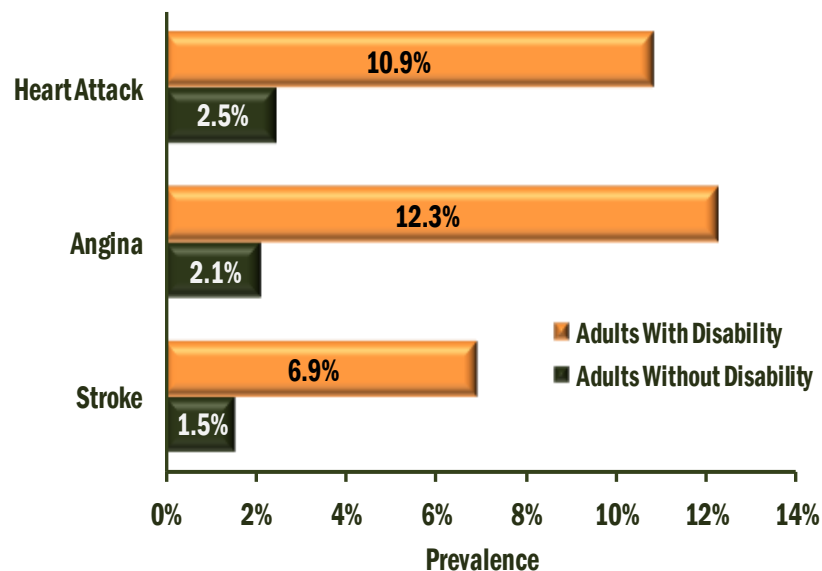


Source: 2012 ILBRFSS

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, 10.9 percent (95% CI: 8.6% – 13.6%), and for adults without disability, 2.5 percent (95% CI: 2.0% – 3.1%). Prevalence of angina, represented in the two bars in the middle, is 12.3 percent (95% CI: 10.2% – 14.8%) for adults with disability, and 2.1 percent (95% CI: 1.7% – 2.7%) for adults without disability. The two bars at the bottom of the figure show 6.9 percent (95% CI: 5.4% – 8.9%) of adults with disability and 1.5 percent (95% CI: 1.2% – 2.0%) of adults without disability reported ever having a stroke.

Figure 10. Prevalence of Cardiovascular Disease by Disability Status

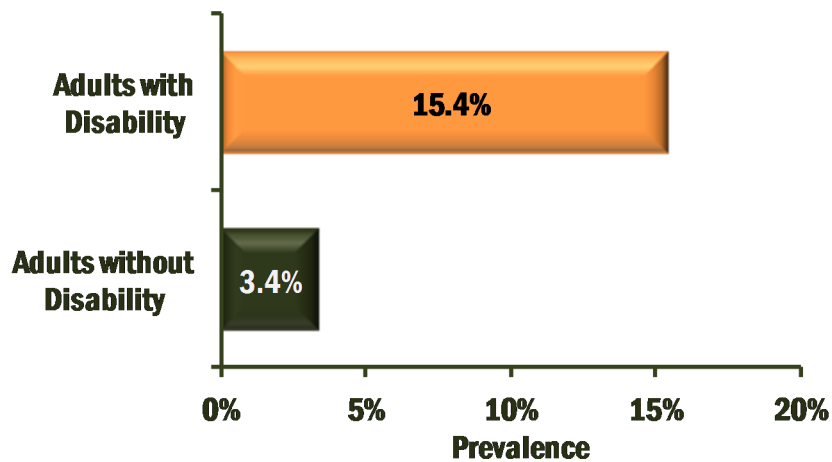


Source: 2012 ILBRFSS

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema and chronic bronchitis, is more prevalent among Illinoisans with disability than it is among those without disability. Figure 11 summarizes the prevalence of COPD between Illinois adults with and without disability. Prevalence of COPD among adults with disability, represented in the top bar of the figure, is 15.4 percent (95% CI: 12.9% – 18.4%). The prevalence rate for adults without disability, represented in the bottom bar, is 3.4 percent (95% CI: 2.7% – 4.2%).

Figure 11. Prevalence of Chronic Obstructive Pulmonary Disease

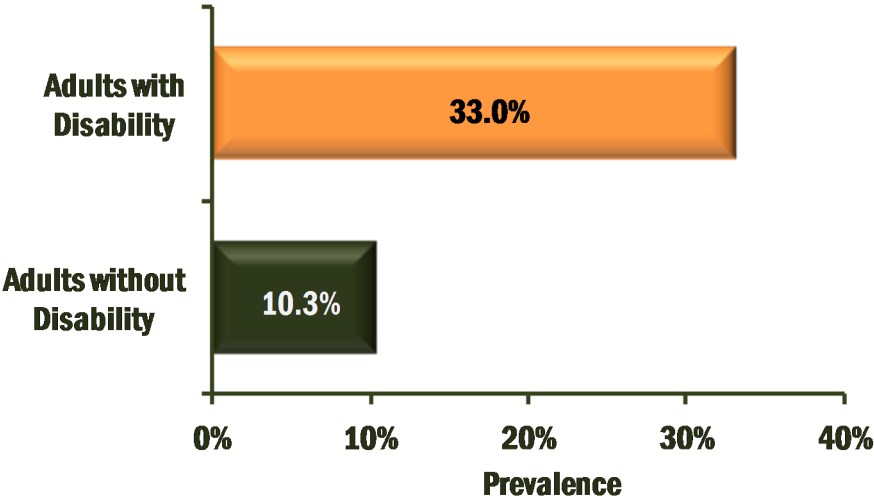


Source: 2012 ILBRFSS

Depressive Disorder

Depressive disorder, which includes depression, major depression, dysthymia or minor depression, is more prevalent among Illinoisans with disability than it is among those without disability. Figure 12 summarizes the prevalence of depressive disorder by disability status. Prevalence of depressive disorder among adults with disability is 33.0 percent (95% CI: 29.2% – 37.1%). The prevalence rate for adults without disability is 10.3 percent (95% CI: 9.1% – 11.7%).

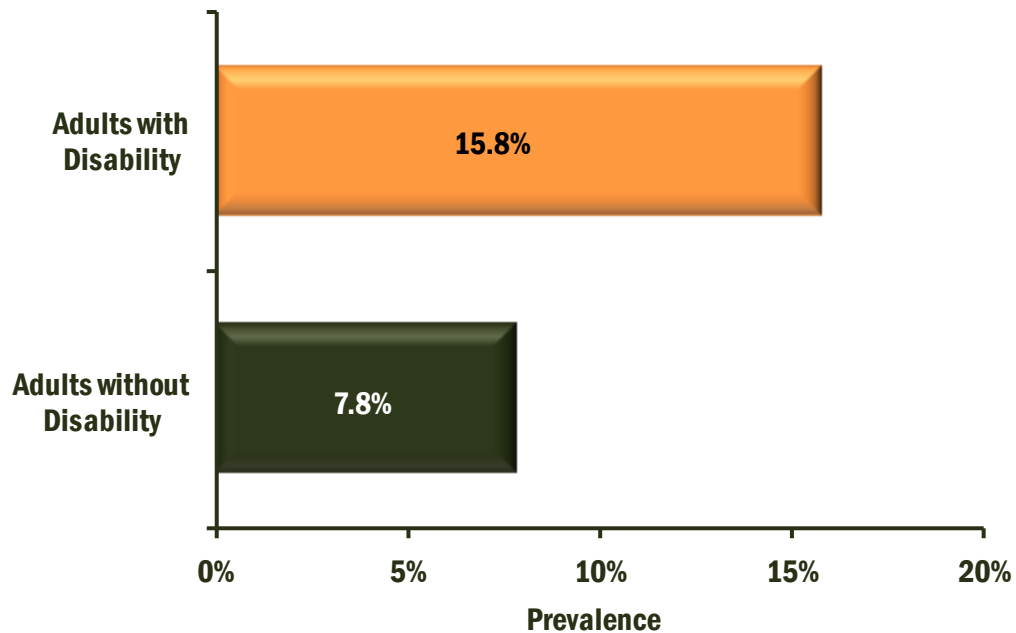
Figure 12. Prevalence of Depressive Disorder by Disability Status



Source: 2012 ILBRFSS

Illinoisans with disability are more likely to have cancer than those without disability. Shown in Figure 13 is the prevalence of doctor-diagnosed cancer between Illinois adults with and without disability. Prevalence of cancer among adults with disability is 15.8 percent (95% CI: 13.5% – 18.4%). The prevalence rate for adults with disability is higher than that of adults without disability, which is 7.8 percent (95% CI: 6.9% – 8.8%).

Figure 13. Prevalence of Cancer by Disability Status



Source: 2012 ILBRFSS

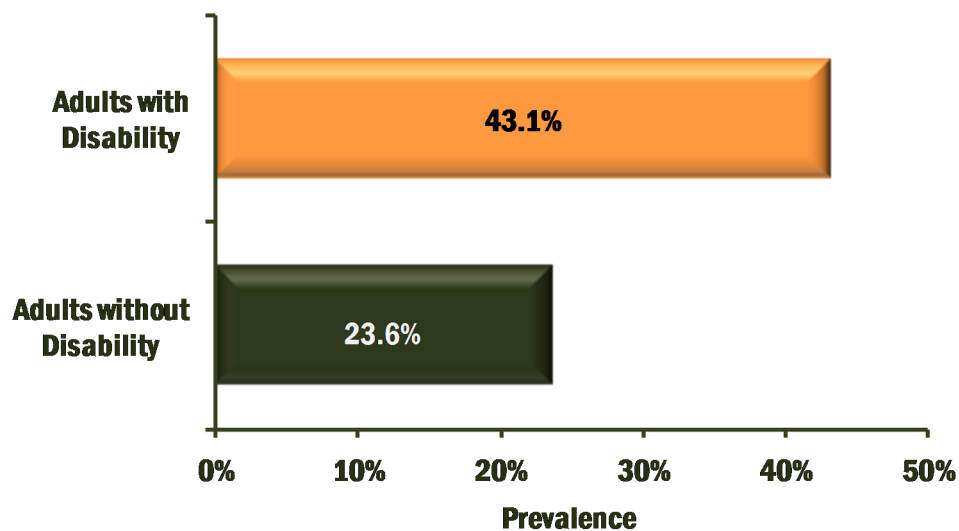
Section III: Risk Factors for Chronic Disease



Obesity

Illinois adults with disability are more likely to be obese (i.e., Body Mass Index equal to or greater than 30.0) than those without disability. Figure 15 summarizes the prevalence of obesity among Illinois adults by disability status. The bar on the top shows 43.1 percent (95% CI: 39.0% – 47.2%) of adults with disability reported being obese compared to 23.6 percent (95% CI: 21.9% – 25.5%) of adults without disability, represented in the bottom bar.

Figure 15. Obesity Prevalence Among Illinois Adults by Disability Status

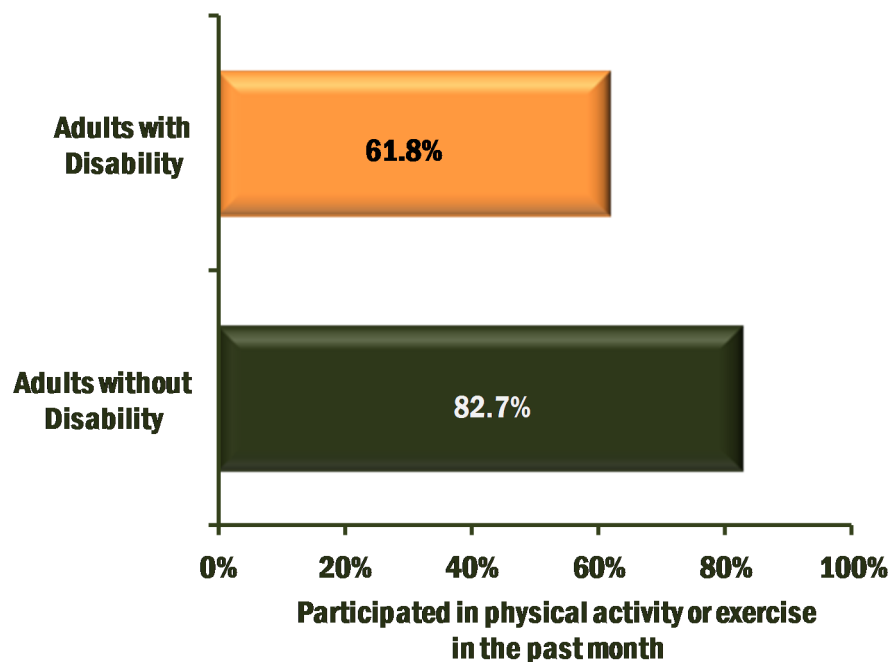


Source: 2012 ILBRFSS

Exercise

Illinoisans with disability engage in exercise less frequently than Illinoisans without disability. Figure 16 compares the proportion of adults who engage in physical activities or exercise, such as running, calisthenics, golf, gardening or walking aside from their regular job, in the past month by disability status. The bar on the top indicates 61.8 percent (95% CI: 57.8% – 65.6%) of adults with disability participated in physical activity or exercise in the past month. The rate is lower than the rate reported by adults without disability, 82.7 percent (95% CI: 81.0% – 84.3%), shown in the bottom bar.

Figure 16. Percent of Illinois Adults Who Participated in Physical Activity or Exercise in the Past Month by Disability Status

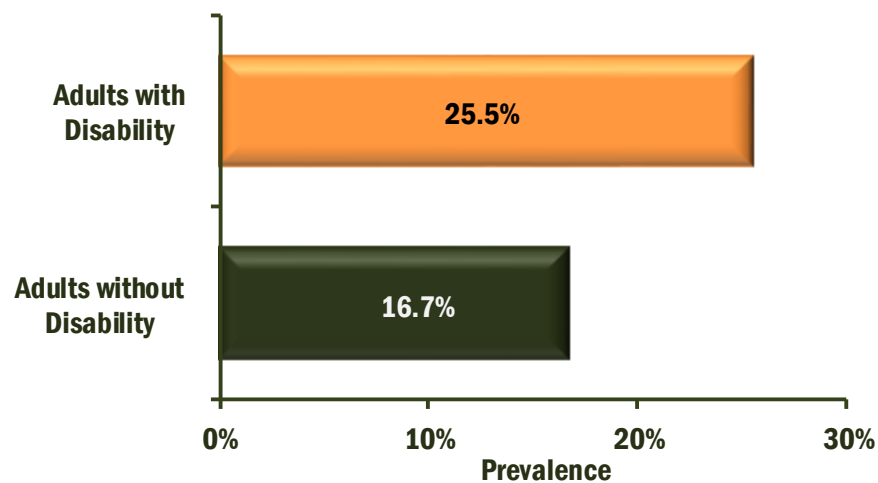


Source: 2012 ILBRFSS

Cigarette Smoking

Smoking prevalence in Illinoisans with disability is higher than that for Illinoisans without disability. Figure 17 shows the proportion of Illinois adults who reported smoking cigarettes currently by disability status. The bar on the top shows 25.5 percent (95% CI: 21.5% – 29.9%) of adults with disability are currently smoking cigarettes compared to 16.7 percent (95% CI: 15.0% – 18.6%) of those without disability, shown in the bottom bar.

Figure 17. Percentage of Illinois Adult Cigarette Smokers by Disability Status

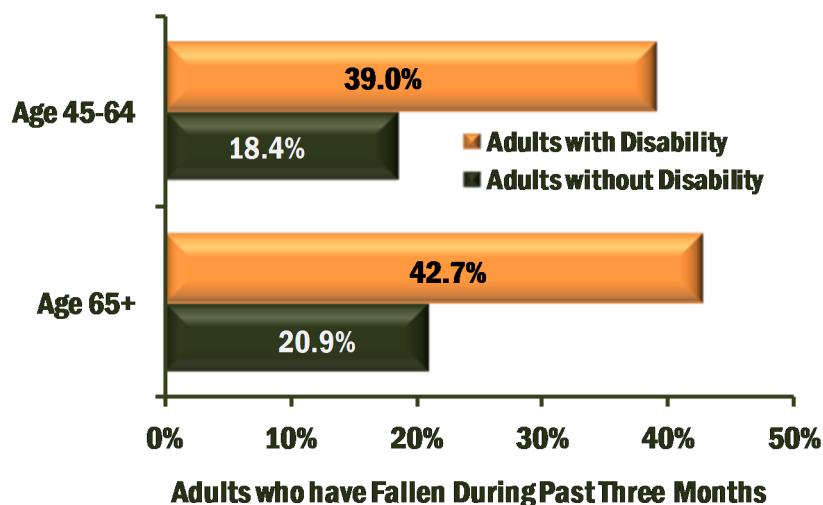


Source: 2012 ILBRFSS

Falls

Illinoisans with disability are at a higher risk of injury from falls than Illinoisans without disability. Figure 18 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 the rate is 39.0 percent (95% CI: 33.6% – 44.7%) for adults with disability and 18.4 percent (95% CI: 16.0% – 21.1%) for adults without disability. The two bottom bars represent adults ages 65 and older by disability status. In this age group, the rate is 42.7 percent (95% CI: 37.8% – 47.7%) for adults with disability and 20.9 percent (95% CI: 18.2% – 23.9%) for adults without disability.

Figure 18. Percent of Illinois Adults, Ages 45 and Older, Who Have Fallen During the Past Three Months by Disability Status



Source: 2012 ILBRFSS

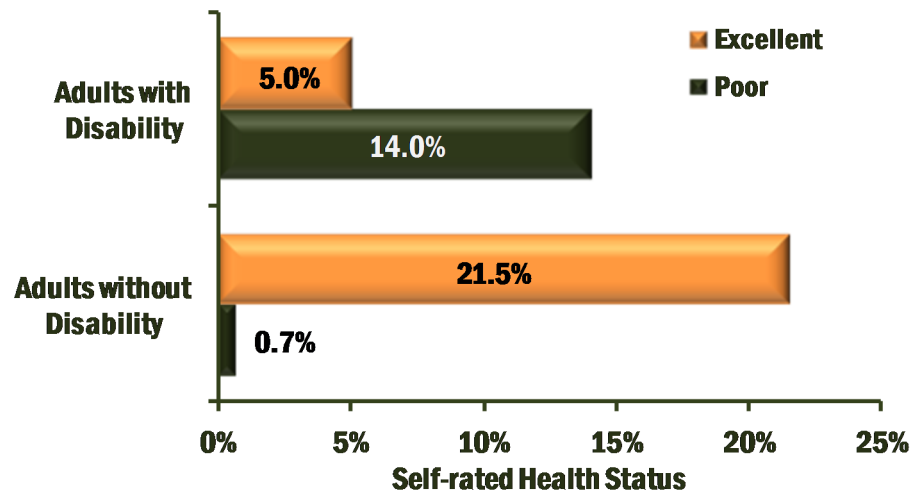
Section IV: Quality of Life Among Persons With Disability



Self-rated Health Status

Illinoisans with disability rated their health status less favorably than their counterparts without disability. Figure 19 contrasts how Illinois adults with and without disability perceive their health status differently. The two bars at the top of the graph show 5.0 percent (95% CI: 3.3% – 7.6%) of adults with disability rated their health as “excellent” and that 14.0 percent (95% CI: 11.5% – 17.0%) rated it as poor. For adults without disability, represented in the two bottom bars, the rate was 21.5 percent (95% CI: 19.8% – 23.3%) and .7 percent (95% CI: .5% - 1.1%), respectively. Almost three times as many adults with disability reported their health as poor compared to adults with disability who reported excellent health. For those without disability, only a few rated their health as poor.

Figure 19. Self-rated Health Status Among Illinois Adults by Disability Status

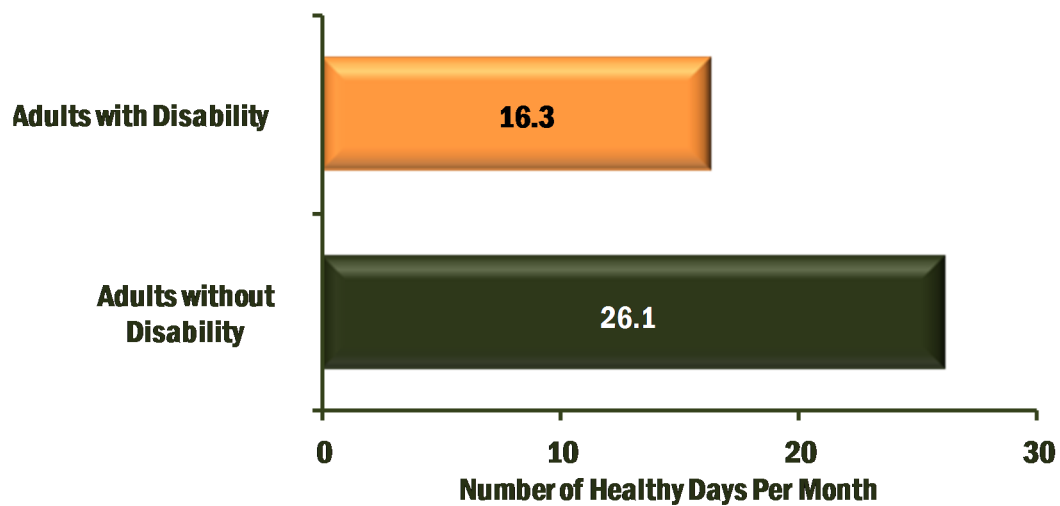


Source: 2012 ILBRFSS

Healthy Days

Illinois adults with disability reported fewer healthy days in a month than those without disability. Figure 20 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 16.3 days (95% CI: 15.6 days – 16.9 days) in the past 30 days, which is graphically shown by the top bar in the graph. Adults without disability, represented in the bottom bar, reported 26.1 healthy days (95% CI: 25.9 days – 26.4 days) during the past 30 days.

Figure 20. Self-reported Number of Healthy Days During the Past 30 Days by Disability Status



Source: 2012 ILBRFSS

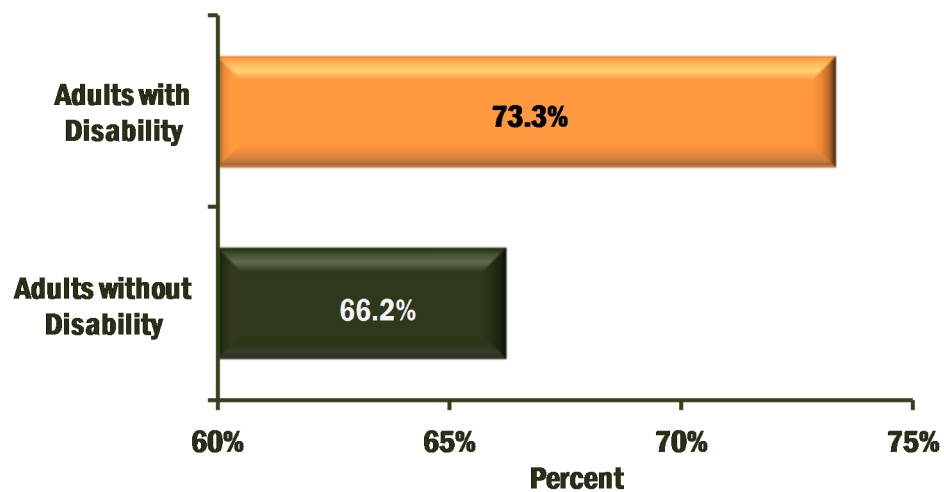
Section V: Access to Health Care and Screenings



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 21 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, 73.3 percent (95% CI: 69.2% – 77.1%) of Illinois adults with disability received a routine physical checkup within the past year. The rate was higher than that reported by Illinois adults without disability, 66.2 percent (95% CI: 64.1% – 68.3%) represented in the bottom bar.

Figure 21. Percent of Illinois Adults Who Had Routine Checkup Within Past Year

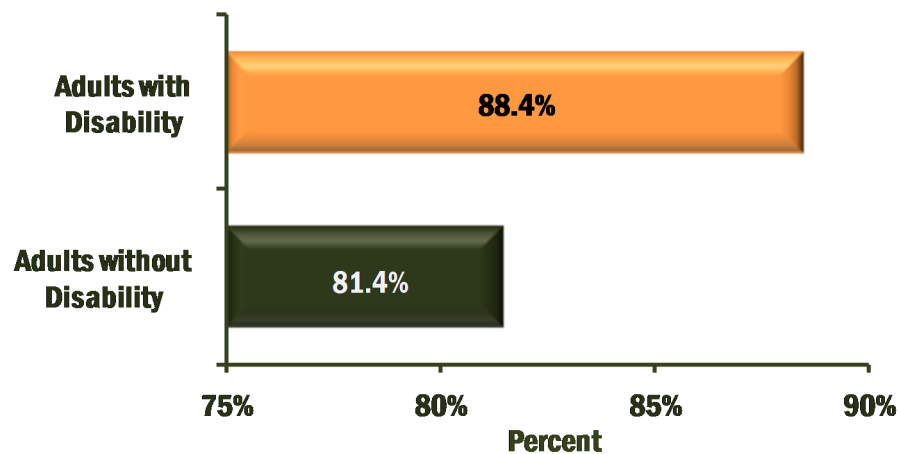


Source: 2012 ILBRFSS

Usual Primary Care Provider

Illinois adults with disability are more likely to have a usual primary care provider than those without disability. Figure 22 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, 88.4 percent (95% CI: 84.9% – 91.2%) 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 is higher than that for adults without disability, 81.4 percent (95% CI: 79.5% – 83.2%).

Figure 22. Percent of Illinois Adults Who Have One or More Person(s) as a Personal Doctor or Health Care Provider

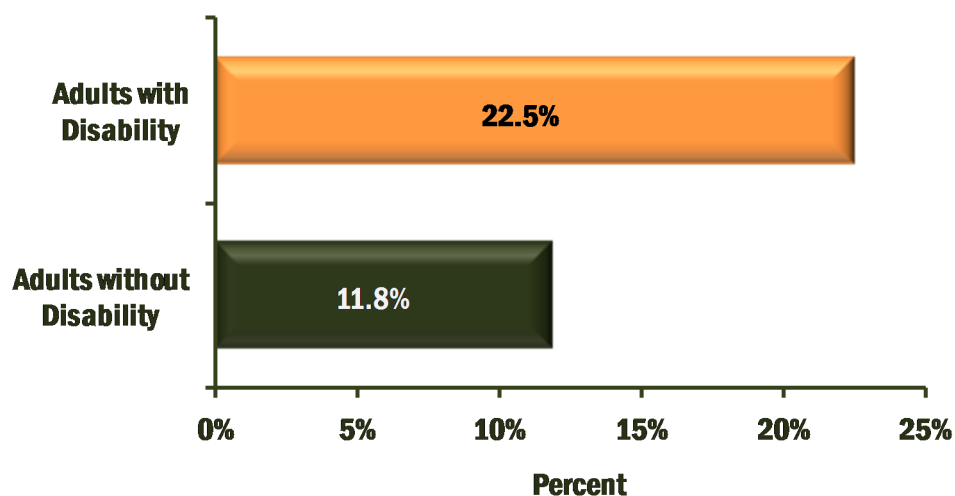


Source: 2012 ILBRFSS

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 23 compares the proportion of Illinois adults who avoided visiting a doctor due to cost by the presence of disability. Represented in the top bar is a rate for Illinois adults with disability who avoided doctor visits due to cost. The rate, 22.5 percent (95% CI: 18.8% – 26.7%), is higher compared to 11.8 percent (95% CI: 10.3% – 13.6%) for those without disability shown in the bottom bar.

Figure 23. Percent of Illinois Adults Who Avoided Doctor Visits Due to Cost by Disability Status

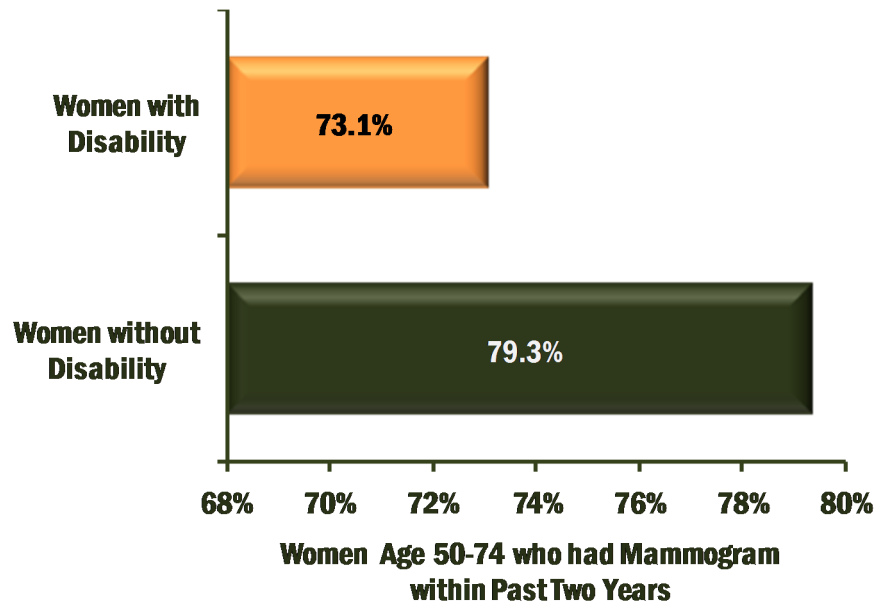


Source: 2012 ILBRFSS

Mammography

Illinois women with and without disability reported a similar rate of having a mammogram. Figure 24 summarizes the percentage of Illinois women, age 50 to 74 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 (73.1%, 95% CI: 67.2% – 78.2%) and those without disability (79.3%, 95% CI: 76.1% - 82.2%).

Figure 24. Percent of Illinois Women Age 50 to 74 Who Have Had a Mammogram Within the Last Two Years by Disability Status

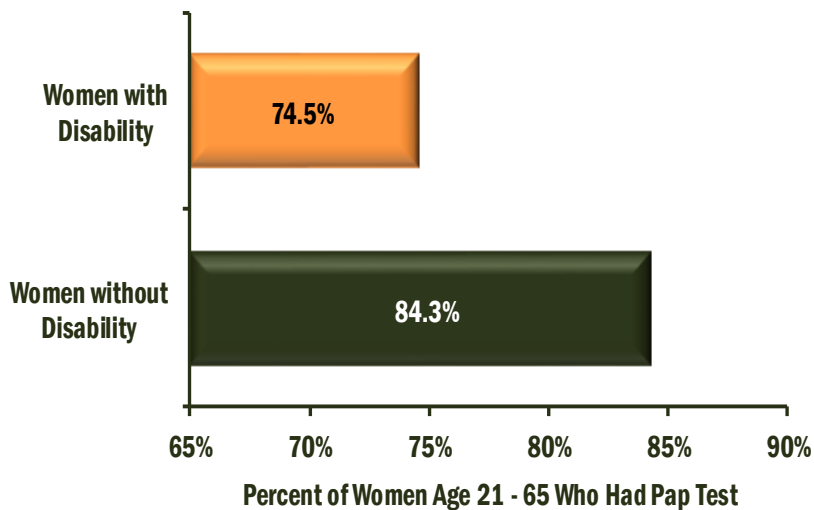


Source: 2012 ILBRFSS

Pap Test

It is recommended that all women, ages 21-65, have a pap test for cervical cancer every three years. Figure 25 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. Women with disability were less likely to have the test within three years compared to women without disability (74.5%, 95% CI: 68.5% – 79.8% vs. 84.3%, 95% CI: 81.8% – 86.5%).

Figure 25. Percent of Illinois Women Age 21 to 65 Who Have Had a Pap Test by Disability Status

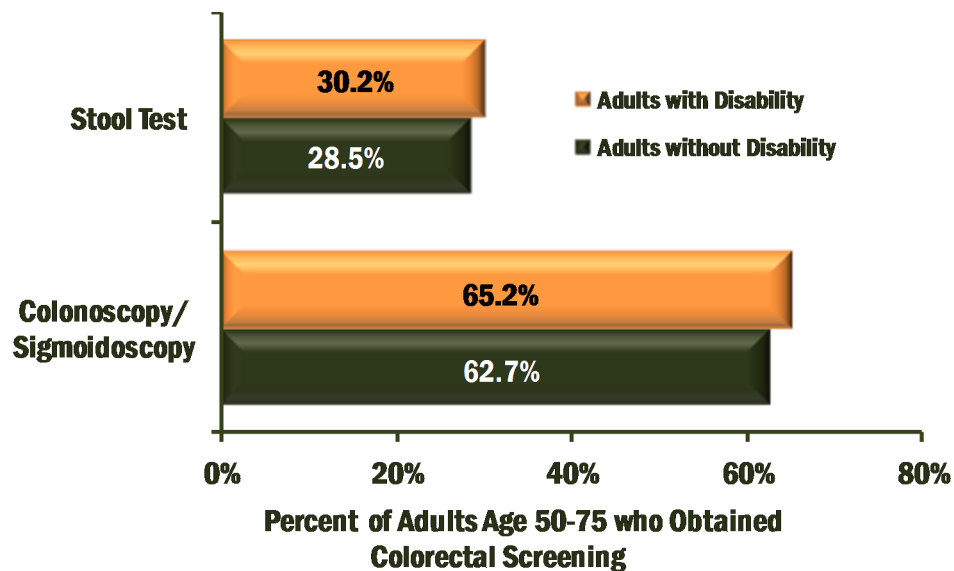


Source: 2012 ILBRFSS

Colorectal Cancer Screening

Figure 26 represents the proportion of Illinois adults with and without disability, ages 50 to 75 years, who have received two common colorectal cancer screenings: stool test and colonoscopy/sigmoidoscopy. Persons with disability are more likely to have had these tests than persons without disability. The rate for each group for the stool test is shown in the top two bars. The bottom two bars represent the rates for colonoscopy/sigmoidoscopy. The rate for Illinois adults with disability who have ever had a stool test is 30.2 percent (95% CI: 26.1% – 34.6%). There is no significant difference from the rate for Illinois adults without disability (28.5%, 95% CI: 25.9% – 31.2%). The rate for Illinois adults with disability who ever received a colonoscopy/sigmoidoscopy (65.2%, 95% CI: 60.2% – 69.8%) is higher compared to Illinois adults without disability (62.7%, 95% CI: 59.7% – 65.6%).

Figure 26. Percent of Illinois Adults Age 50 to 75 Obtaining Colorectal Screening

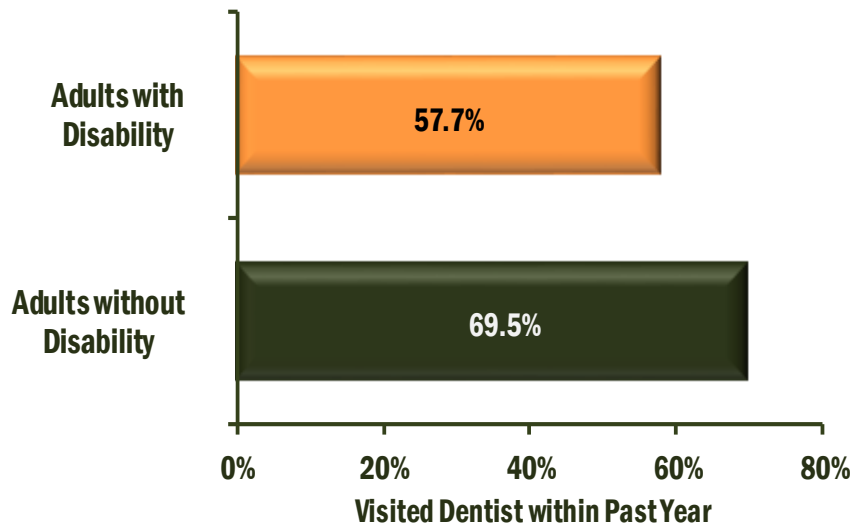


Source: 2012 BRFSS

Visit to Dentist

Illinoisans with disability are less likely to visit the dentist than those without disability. Figure 27 summarizes the proportion of Illinois adults who have visited the dentist within the past 12 months. The top bar shows 57.7 percent (95% CI: 53.7% – 61.7%) of adults with disability have visited the dentist within the past 12 months. The rate is lower than that of adults without disability, 69.5 percent (95% CI: 67.3% – 71.6%) shown in the bottom bar.

Figure 27. Percent of Illinois Adults Who Visited Their Dentist Within the Past 12 Months by Disability Status

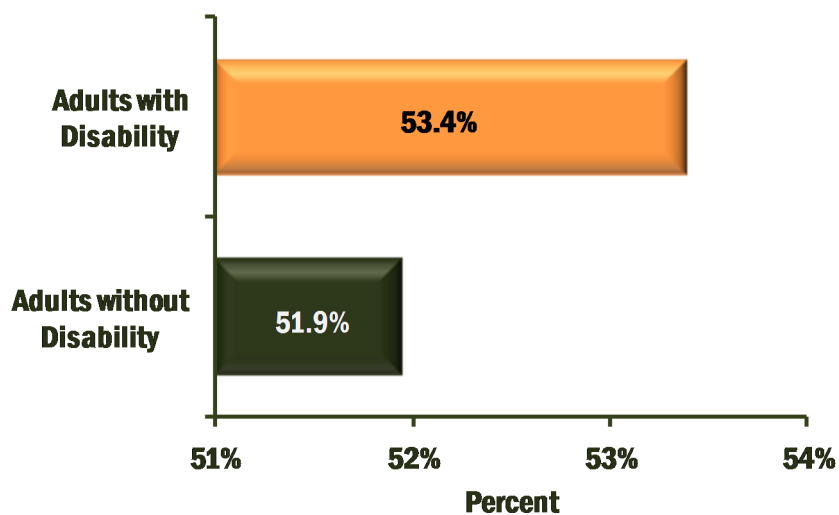


Source: 2012 ILBRFSS

Immunization

In 2012, the proportion of Illinois seniors with disability who received immunization against seasonal influenza did not differ from that of those without disability. Figure 28 represents the proportion of Illinois adults, ages 65 years and older, who have received vaccinations against influenza. The proportion of seniors with disability who received a flu shot during the past 12 months, shown in the top bar, was 53.4 percent (95% CI: 48.4% – 58.3%). The rate did not differ significantly from that of seniors without disability, 51.9 percent (95% CI: 48.3% – 55.6%) shown in the bottom bar.

Figure 28. Percent of Illinois Adults, Age 65 and Older, Who Received Flu Shot



Source: 2012 ILBRFSS

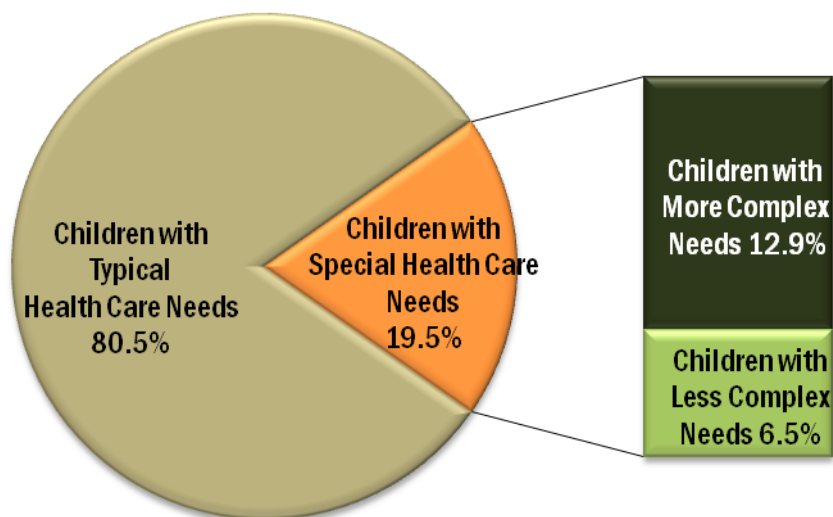
Section VI: Children with Special Health Care Needs



Children with Special Health Care Needs in Illinois

Approximately one in every five (19.5 percent, 95 percent CI: 17.2 percent – 22.0 percent) children in Illinois has special health care needs. Figure 29 breaks down children with special health care needs into two groups based on the intensity of their health care needs. Shown on the top are children with more complex health care needs who require various services (e.g., mental health, medical, educational services) and/or prescription medication regardless of presence of functional limitation. Shown on the bottom are children with less complex health care needs who require prescription medications only. The rate for children with more complex needs is 12.9 percent (95% CI: 11.0% – 15.1%) in comparison to 6.5 percent (95% CI: 5.2% – 8.1%) for children with less complex needs.

Figure 29. Percent of Children with Special Health Care Needs in Illinois and Subgroup Breakdown

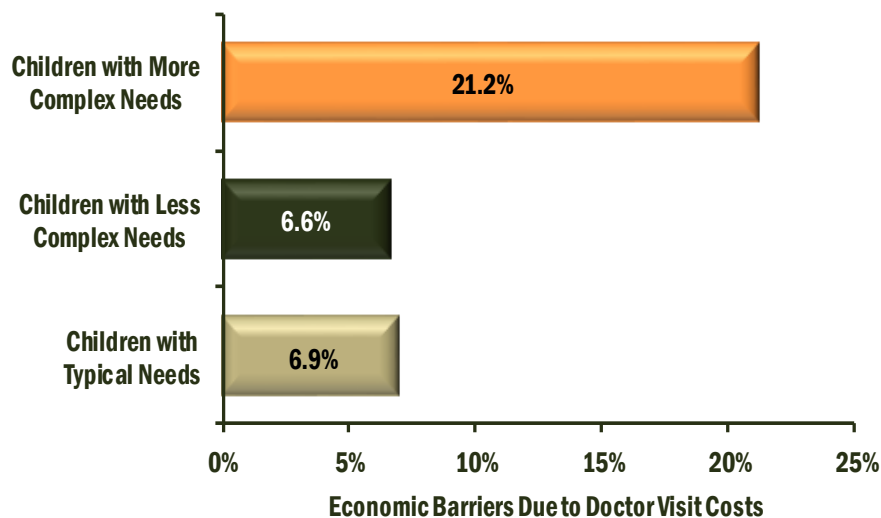


Source: 2011 National Survey of Children's Health

Economic Barrier in Access to Health Care

For Illinois families who support children with more complex health care needs, costs associated with health care appear to be a barrier. Figure 30 compares the proportion of families who reported being unable to pay for any medical bills across three subgroups of Illinois children. Represented in the top bar is the rate for families of children with more complex health care needs. The rate, 21.2 percent (95% CI: 15.2% - 28.8%) is significantly higher compared to 6.6 percent (95% CI: 9.7% – 11.6%) for Illinois families of children with less complex health care needs shown in the middle bar and 6.9 percent (95% CI: 5.3% - 8.9%) for families of children with typical health care needs represented in the bottom bar.

Figure 30. Percent of Illinois Children Who Experienced Economic Barriers Due to Doctor Visits Cost

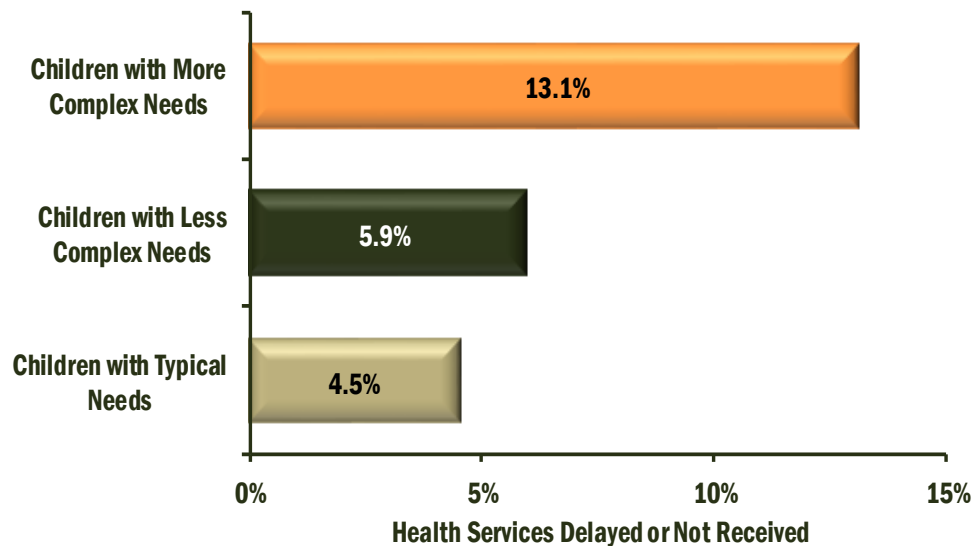


Source: 2011 National Survey of Children's Health

Delayed or Not Received Health Services

Illinois families of children with more complex health care needs are more likely to report needed health services being delayed or not received for their children in comparison to families of children with less complex health care needs and families of children with typical health care needs. The top bar represents the rate for families of children with more complex health care needs. The rate, 13.1 percent (95% CI: 8.2% - 20.3%), is higher compared to 5.9 percent (95% CI: 3.0% - 11.4%) for families of children with less complex health care needs shown in the middle bar and 4.5 percent (95% CI: 3.2% - 6.3%) for families of children with typical health care needs represented in the bottom bar.

Figure 31. Percent of Illinois Children Who Reported Services Delayed or Not Received



Source: 2011 National Survey of Children's Health


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 chronic health 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. The intent is to provide a clearer understanding of the health status of people with disability in the state and their access to health screening and preventive service. Understanding the extent of disability and the life circumstances facing Illinoisans with disability are critical steps to planning effective health promotion and prevention strategies for this large, but under-studied sub-population.

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 medical equipment, lack of service providers trained to work with people with disabilities, lack of or inadequate public policies/services addressing access and health care needs, lack of information sharing among agencies and health providers about disability issues, and available resources. These barriers often hinder people with disabilities from accessing health services and contribute negatively to health disparities between people with and without disabilities.

Findings from this and the previous reports suggest 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 specific 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, 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 to refine health promotion programs in state and local communities so 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.