



State of Illinois
Illinois Department of Public Health

Illinois Disability and Health Data Report

Demographic and Health Profile
of Illinoisans with Disabilities
2013

June 2015



**DISABILITY AND
HUMAN
DEVELOPMENT
COLLEGE OF
APPLIED HEALTH
SCIENCES**



Acknowledgements

Thank you

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Learn More

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. 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 disabilities 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 disabilities. The final section provides data on children with special health care needs, who have or are at a 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 2013 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 risk behaviors, chronic health conditions and use of preventive services among adults. The survey is conducted using Random Digit Dialing techniques on both land lines and cell phones. Illinois contracts with Northern Illinois University to administer the surveys throughout the year and aims for a sample size of 5,000. 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 2013 *Illinois Disability and Health Data Report* addresses health status of adults with disabilities and children with special health care needs. Like previous reports, data for adults with disabilities were extracted from the Illinois Behavioral Risk Factor Surveillance System (IL BRFSS). The ILBRFSS questionnaire includes a pair of disability screening questions. One question inquires whether a respondent has an activity limitation due to physical, mental and/or emotional problems. Another asks 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 respond positively to either or both questions are labeled as “adults with disabilities.” The respondents who respond negatively to both questions are tallied as “adults without disabilities” and serve as representatives of the adult population without disabilities. 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 and 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.

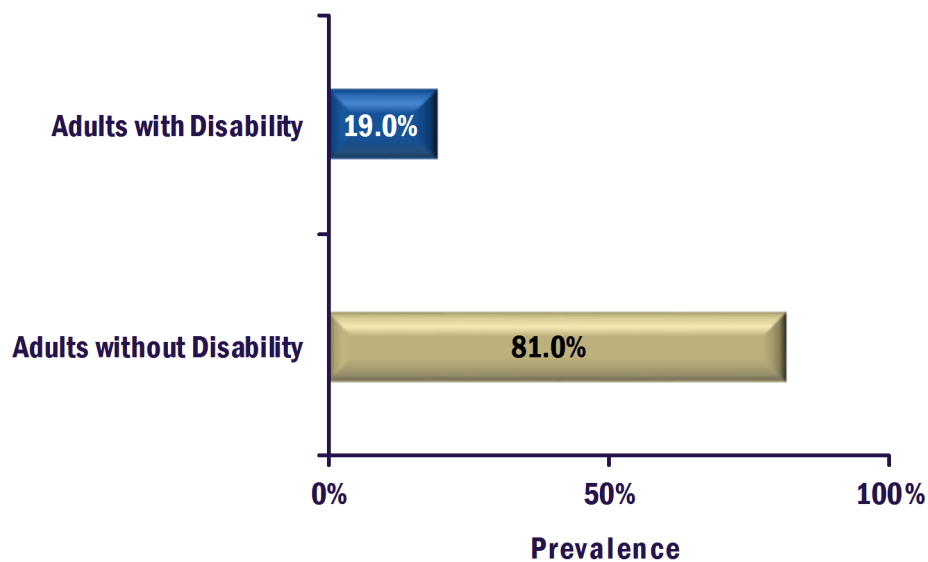
Section I: Prevalence of Disability in Illinois



Disability Among Illinois Adults

One in every five adults in Illinois has a disability. Figure 1 shows the proportion of Illinois adults who have disabilities. According to the 2013 Illinois Behavioral Risk Factor Surveillance System (ILBRFSS) data, 19.0 percent of Illinois adults were estimated to have disabilities (95% CI: 17.6% – 20.4%) in 2013.

Figure 1. Disability Prevalence Among Illinois Adults

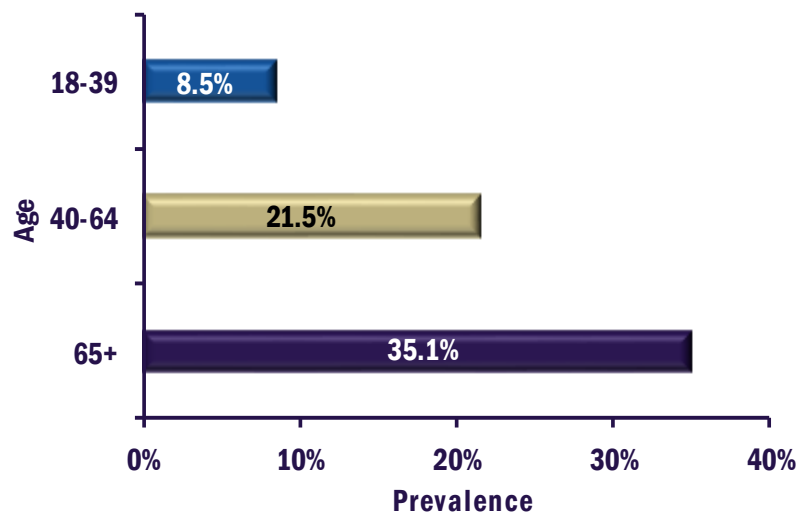


Source: 2013 ILBRFSS

Disability By Age

Older Illinoisans are more likely to have disabilities than their younger counterparts. Figure 2 shows how the prevalence of disability varies across three age groups. Each of the three 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 8.5 percent (95% CI: 6.8% – 10.7%) among young adults ages 18 to 39, to 21.5 percent (95% CI: 19.3% – 23.9%) among middle age adults ages 40 to 64, and to 35.1 percent (95% CI: 32.0% – 38.3%) among those ages 65 and older.

Figure 2. Disability Prevalence Among Illinois Adults by Age

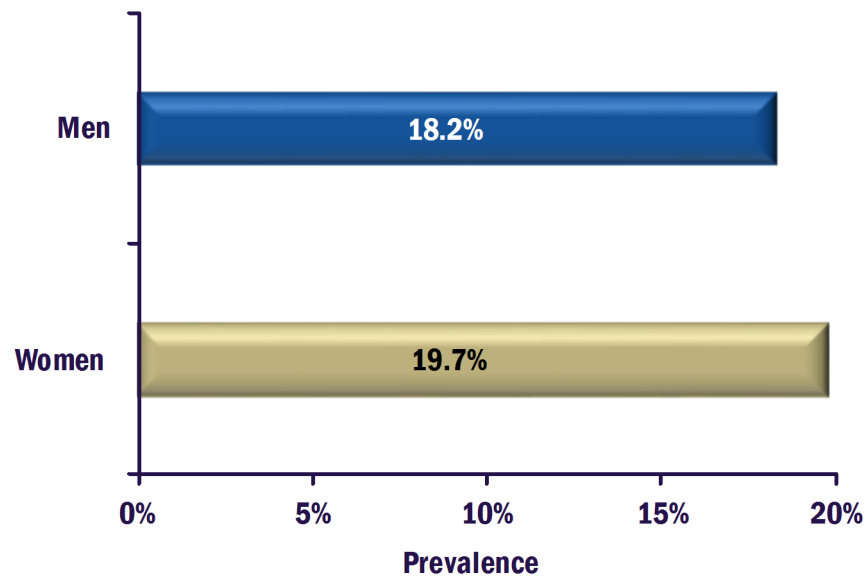


Source: 2013 ILBRFSS

Disability By Gender

The prevalence of disability between Illinois men and women is similar. Figure 3 describes the prevalence of disability among adults by gender. The prevalence of disability for men, 18.2 percent (95 % CI: 16.2% – 20.5%), in comparison to women, 19.7 percent (95% CI: 17.9% – 21.6%) was not different statistically.

Figure 3. Disability Prevalence Among Illinois Adults by Gender

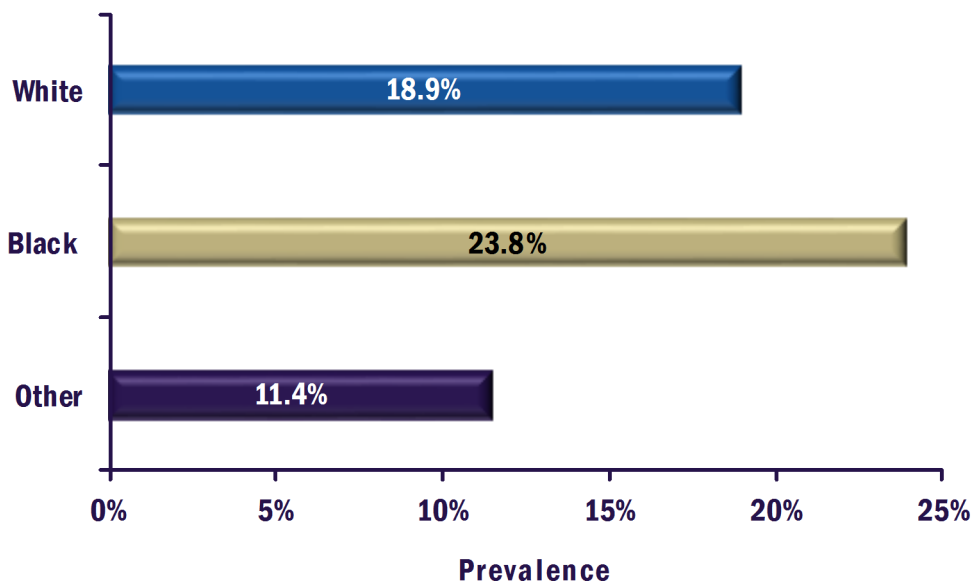


Source: 2013 ILBRFSS

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 18.9 percent (95% CI: 17.4% – 20.4%), 23.8 percent (95% CI: 19.2% – 29.0%), and 11.4 percent (95% CI: 7.4% – 17.3 %), respectively. The prevalence reported by other racial groups was lower than for white and black American groups. The prevalence discrepancy between white and black racial groups do not reach statistical significance.

Figure 4. Disability Prevalence Among Illinois Adults by Race



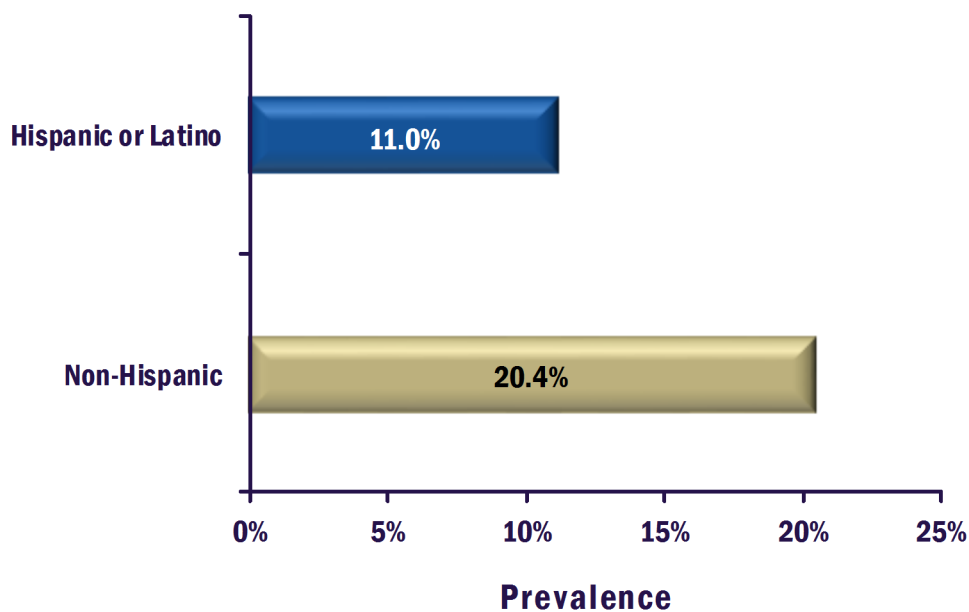
Source: 2013 ILBRFSS

Disability By Hispanic Origin

Illinois adults of Hispanic origin are less likely to have disabilities 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: 11.0 percent (95% CI: 7.7% – 15.6%) vs. 20.4 percent (95% CI: 18.9% – 21.9%).

Figure 5. Disability Prevalence Among Illinois Adults by Hispanic Origin

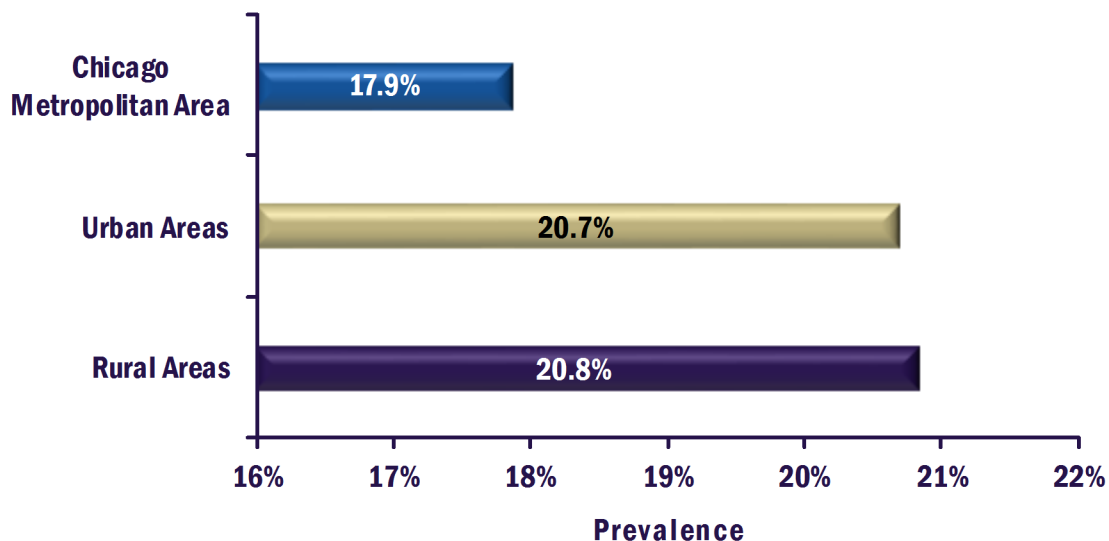


Source: 2013 ILBRFSS

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 Chicago metropolitan area, 17.9 percent (95% CI: 16.0% – 19.9%), other urban areas, 20.7 percent (95 % CI: 17.9% – 23.7%), and rural areas, 20.8 percent (95 % CI: 18.4% – 23.5%), are not statistically different.

Figure 6. Disability Prevalence Among Illinois Adults by Geographic Area



Source: 2013 ILBRFSS

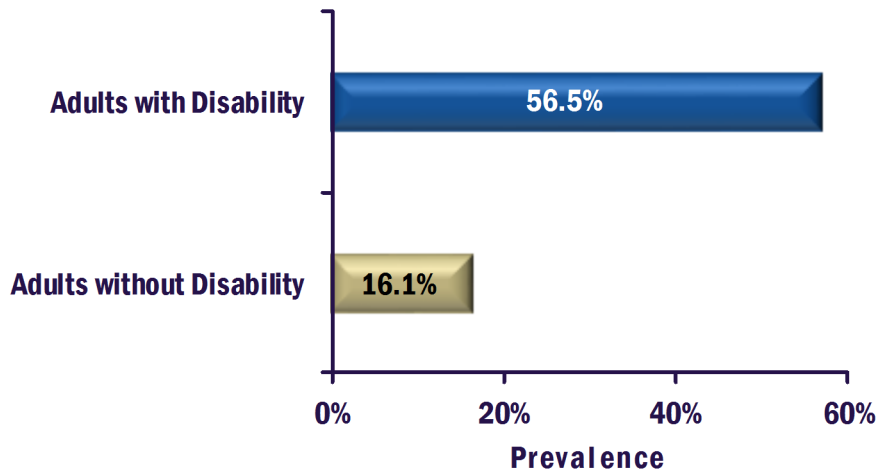
Section II: Chronic Disease Prevalence Among People With Disabilities in Illinois



Arthritis

Arthritis prevalence is significantly higher among Illinoisans with disabilities than those without disabilities. Figure 7 below shows the prevalence of arthritis across the two groups with and without disabilities. In Figure 7, the top bar shows 56.5 percent (95% CI: 52.4% – 60.6%) of adults with disabilities 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 disabilities, represented in the bottom bar, is 16.1 percent (95% CI: 14.7% – 17.5%).

Figure 7. Prevalence of Arthritis by Disability Status

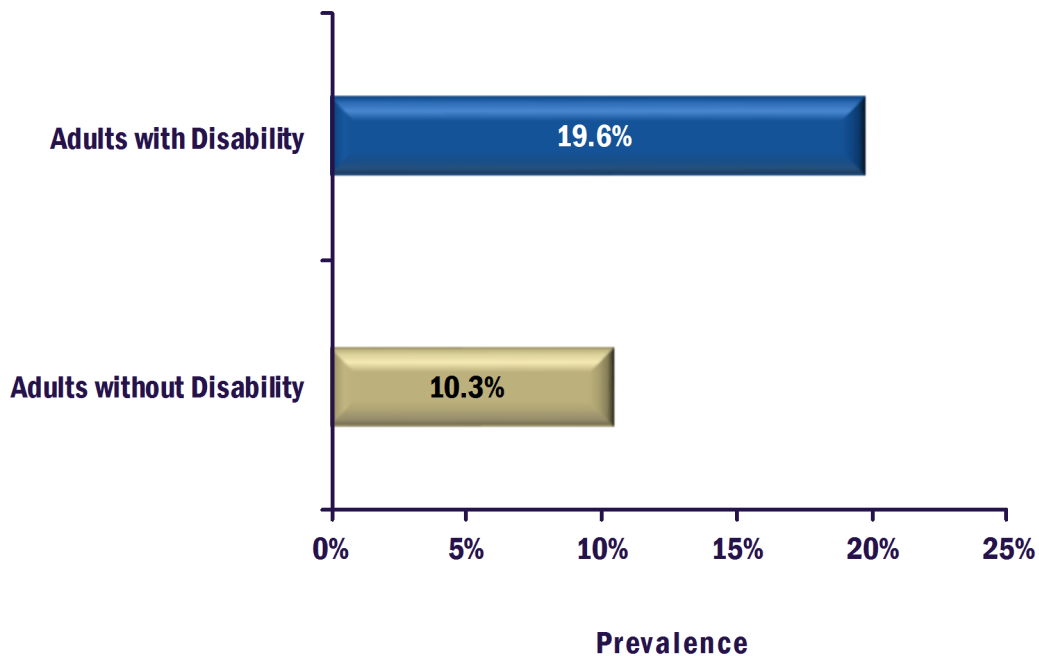


Source: 2013 ILBRFSS

Asthma

Illinoisans with disabilities are more likely to have asthma than their counterparts without disabilities. Shown in Figure 8 is the prevalence of doctor-diagnosed asthma between Illinois adults with and without disabilities. Prevalence of asthma among adults with disabilities, represented in the top bar of the figure, is 19.6 percent (95% CI: 16.7% – 22.8%). The prevalence rate for adults with disabilities is higher than that of adults without disabilities, which is 10.3 percent (95% CI: 9.1% – 11.7%).

Figure 8. Prevalence of Asthma by Disability Status

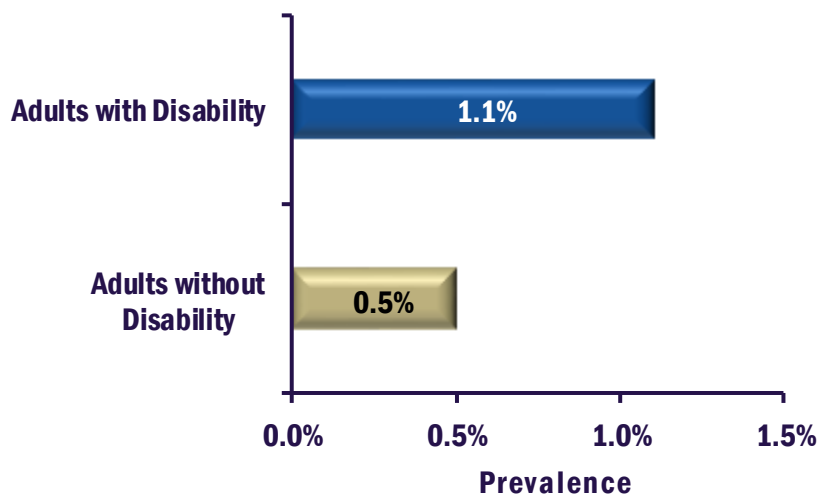


Source: 2013 ILBRFSS

Pre-Diabetes

Pre-diabetes is a risk factor for the development of type 2 diabetes, heart disease and stroke. The term pre-diabetes means the blood glucose level is higher than normal, but not high enough to be diagnosed as diabetes. Healthy lifestyle changes may be able to prevent further increase in blood glucose level and the development of type 2 diabetes. The prevalence of pre-diabetes is higher among Illinoisans with disabilities than those without disabilities. Figure 9 below summarizes the prevalence of pre-diabetes between adults with disabilities, represented in the top bar of the figure, and adults without disabilities, represented in the bottom bar. The top bar shows that 1.1 percent (95% CI: 0.6% – 1.8%) of adults with disabilities have ever been told by a doctor that they have pre-diabetes. The bottom bar shows that 0.5 percent (95% CI: 0.3% – 0.8%) of adults without disabilities have ever been told that they have pre-diabetes.

Figure 9. Prevalence of Pre-Diabetes by Disability Status

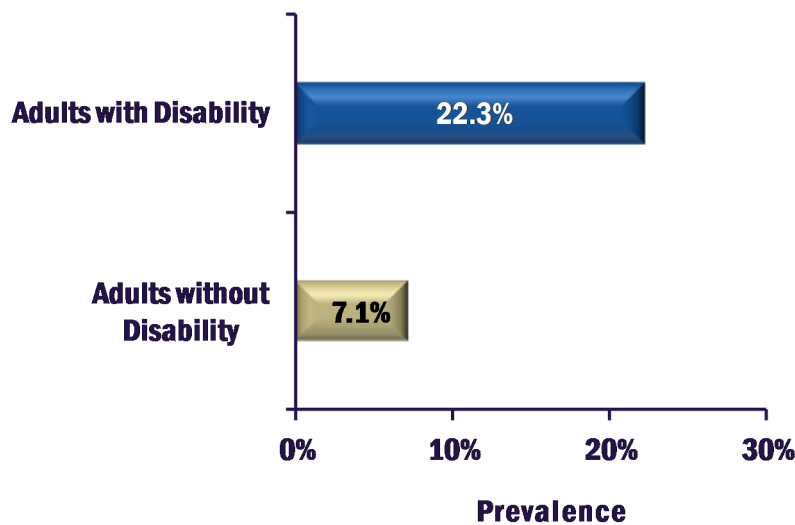


Source: 2013 ILBRFSS

Diabetes

Prevalence of diabetes is higher among Illinoisans with disabilities than those without disabilities. Figure 10 summarizes the prevalence of diabetes between adults with disabilities, represented in the top bar of the figure, and adults without disabilities, represented in the bottom bar. The top bar shows that 22.3 percent (95% CI: 19.3% – 25.5%) of adults with disabilities have ever been told by a doctor that they have diabetes. The bottom bar shows that 7.1 percent (95% CI: 6.1% – 8.3 %) of adults without disabilities have ever been told that they have diabetes.

Figure 10. Prevalence of Diabetes by Disability Status

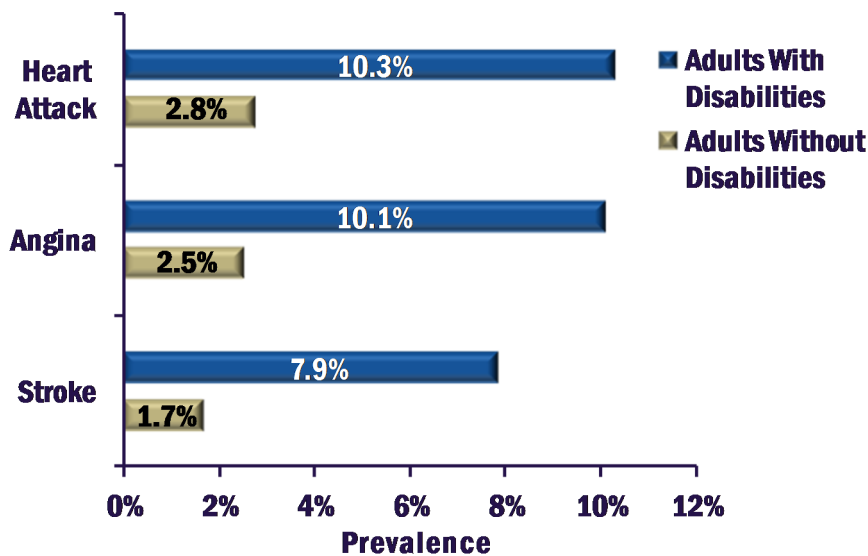


Source: 2013 ILBRFSS

Cardiovascular Disease

Cardiovascular disease, which includes a wide variety of heart and blood vessel diseases, is much more prevalent among Illinoisans with disabilities than it is among those without disabilities. Figure 11 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 disabilities, 10.3 percent (95% CI: 8.3% – 12.8%), and for adults without disabilities, 2.8 percent (95% CI: 2.2% – 3.5%). Prevalence of angina, represented in the two middle bars, is 10.1 percent (95% CI: 8.2% – 12.4%) for adults with disabilities, and 2.5 percent (95% CI: 2.0% – 3.1%) for adults without disabilities. The bottom two bars of the figure show 7.9 percent (95% CI: 6.1% – 10.0%) of adults with disabilities and 1.7 percent (95% CI: 1.1% – 2.4%) of adults without disabilities reported ever having a stroke.

Figure 11. Prevalence of Cardiovascular Disease by Disability Status

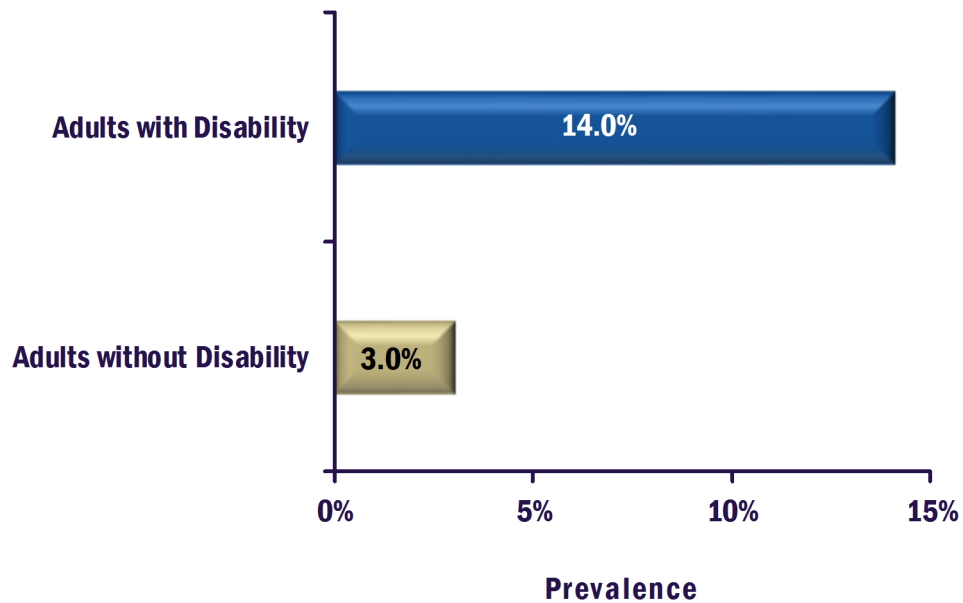


Source: 2013 ILBRFSS

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD), which includes emphysema and chronic bronchitis, is more prevalent among Illinoisans with disabilities than it is among those without disabilities. Figure 12 summarizes the prevalence of COPD between Illinois adults with and without disabilities. Prevalence of COPD among adults with disabilities, represented in the top bar of the figure, is 14.0 percent (95% CI: 11.6% – 16.7%). The prevalence rate for adults without disabilities, represented in the bottom bar, is 3.0 percent (95% CI: 2.4% – 3.7%).

Figure 12. Prevalence of Chronic Obstructive Pulmonary Disease

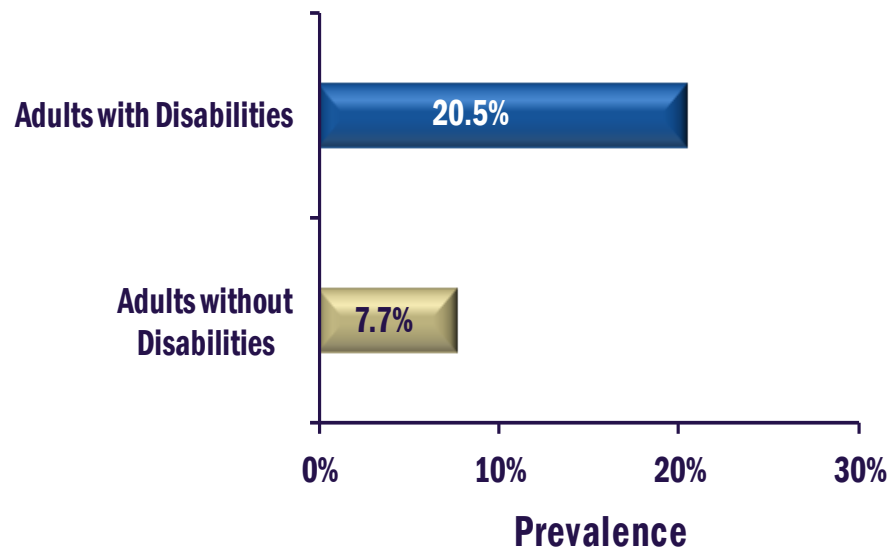


Source: 2013 ILBRFSS

Cancer

Illinoisans with disabilities are more likely to have cancer than those without disabilities. Shown in Figure 13 is the prevalence of doctor-diagnosed cancer between Illinois adults with and without disabilities. Prevalence of cancer among adults with disabilities is 20.5 percent (95% CI: 17.6% – 23.6%). The prevalence rate for adults with disabilities is higher than that of adults without disabilities, which is 7.7 percent (95% CI: 6.8% – 8.6%).

Figure 13. Prevalence of Cancer by Disability Status



Source: 2013 ILBRFSS

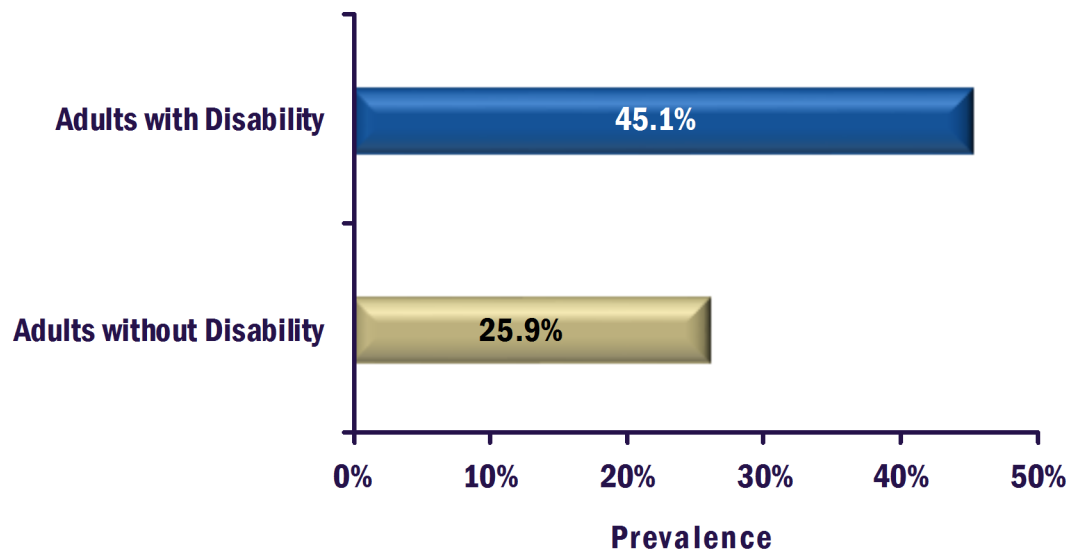
Section III: Risk Factors for Chronic Disease



Obesity

Illinois adults with disabilities are more likely to be obese (i.e., Body Mass Index equal to or greater than 30.0) than those without disabilities. Figure 14 summarizes the prevalence of obesity among Illinois adults by disability status. The top bar shows 45.1 percent (95% CI: 41.1% – 49.2%) of adults with disabilities reported being obese compared to 25.9 percent (95% CI: 24.0% – 27.9%) of adults without disabilities, represented in the bottom bar.

Figure 14. Obesity Prevalence Among Illinois Adults by Disability Status

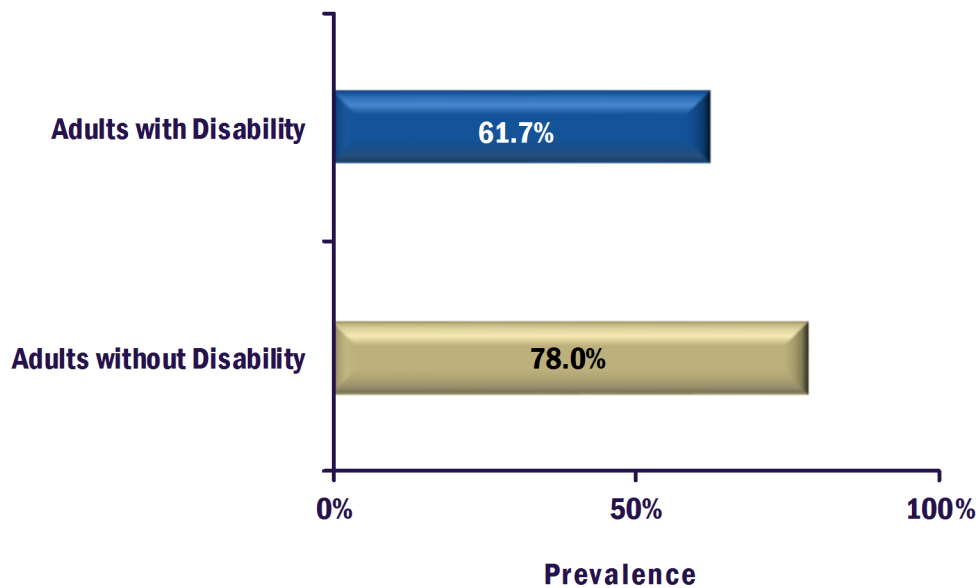


Source: 2013 ILBRFSS

Exercise

Illinoisans with disabilities engage in exercise less frequently than Illinoisans without disabilities. Figure 15 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 top bar indicates 61.7 percent (95% CI: 57.7% – 65.4%) of adults with disabilities participated in any physical activity or exercise in the past month. The rate is lower than the rate reported by adults without disabilities, 78.0 percent (95% CI: 76.0% – 79.8%), shown in the bottom bar.

Figure 15. Percent of Illinois Adults Who Participated in Physical Activity or Exercise in the Past Month by Disability Status

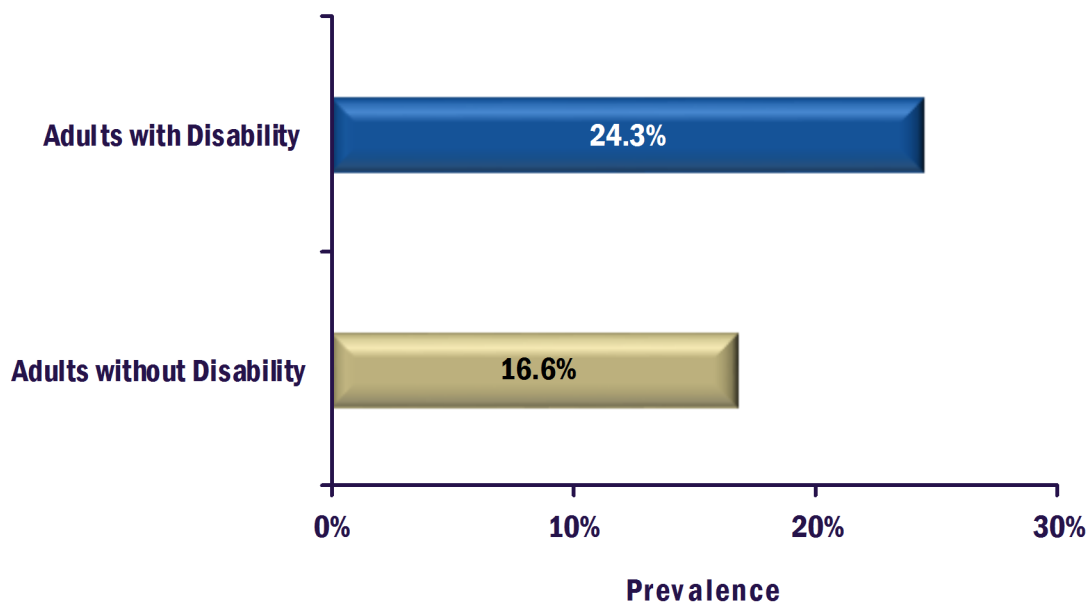


Source: 2013 ILBRFSS

Cigarette Smoking

Smoking prevalence in Illinoisans with disabilities is higher than that for Illinoisans without disabilities. Figure 16 shows the proportion of Illinois adults who reported being current smokers by disability status. The top bar shows 24.3 percent (95% CI: 20.7% – 28.2%) of adults with disabilities are currently smoking cigarettes compared to 16.6 percent (95% CI: 15.0% – 18.3%) of those without disabilities, shown in the bottom bar.

Figure 16. Percentage of Illinois Adult Cigarette Smokers by Disability Status

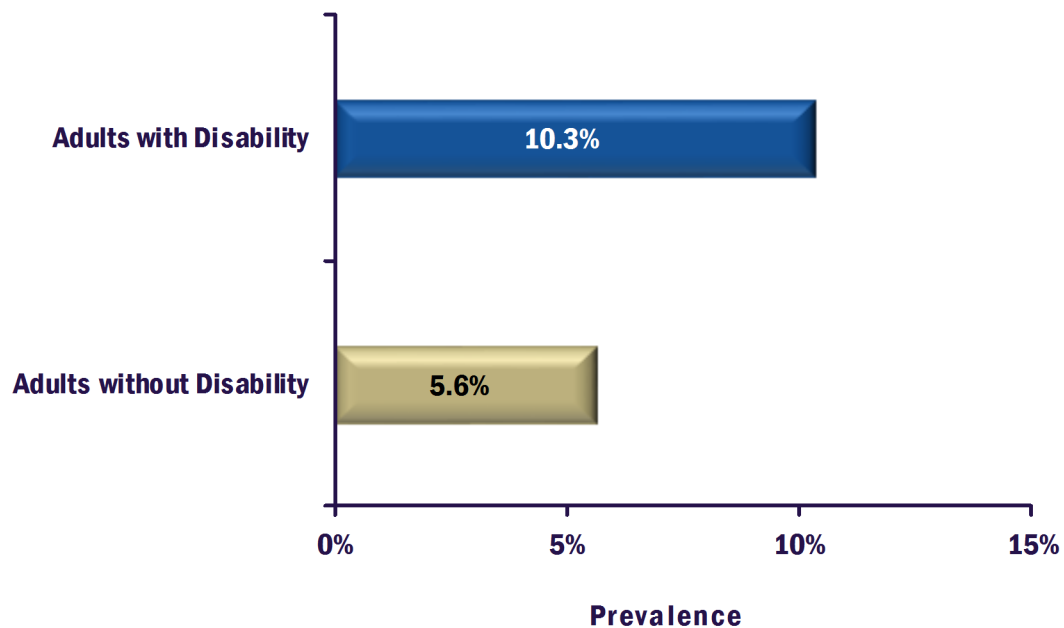


Source: 2013 ILBRFSS

Smoking Cessation

The Illinois Tobacco Quitline is a free resource for people who are trying to quit smoking. The proportion of Illinois adults with and without disabilities who have heard about the Quitline is not significantly different (65.1% vs. 57.2%, respectively). Among those who have heard about it, similarly, there is no difference in accessing its phone counseling services for tobacco cessation between the two groups. Figure 17 shows the proportion of Illinois adults who have heard about the Quitline, who then reported calling the Tobacco Quitline by disability status. The top bar shows 10.3 percent (95% CI: 6.0% – 17.1%) of adults with disabilities called the Tobacco Quitline, compared to 5.6 percent (95% CI: 3.6% – 8.5%) of those without disabilities, shown in the bottom bar.

Figure 17. Percent of Illinois Adults Who Called the Tobacco Quit Line by Disability Status

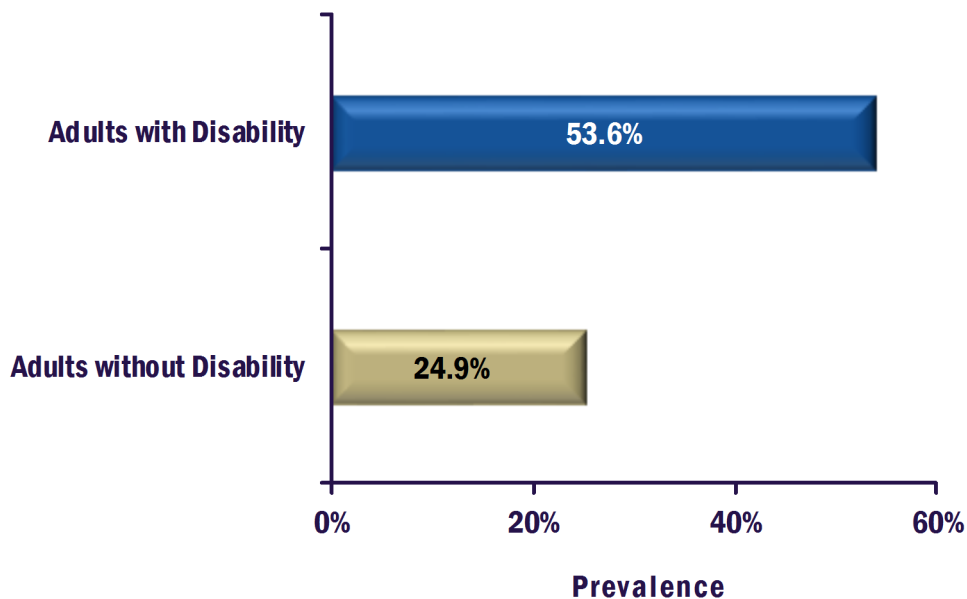


Source: 2013 ILBRFSS

High Blood Pressure

A higher rate of Illinoisans with disabilities reported having high blood pressure than those without disabilities. Figure 18 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 top bar shows that the rate is 53.6 percent (95% CI: 49.6% – 57.7%) for adults with disabilities. The rate for adults without disabilities, 24.9 percent (95% CI: 23.2% – 26.7%) shown in the bottom bar, is much lower.

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

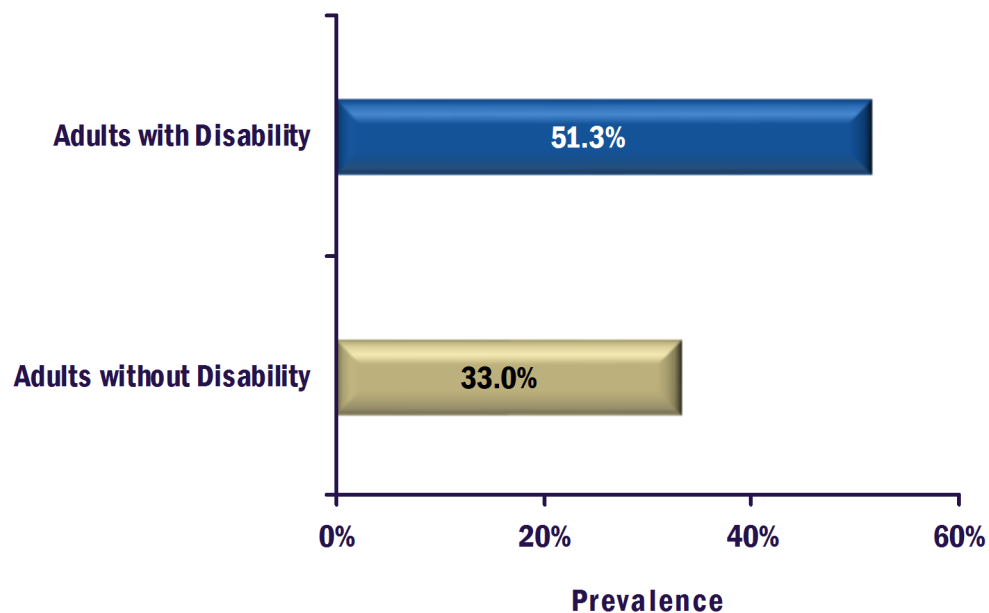


Source: 2013 ILBRFSS

High Blood Cholesterol

High blood cholesterol is more prevalent among Illinoisans with disabilities than it is among those without disabilities. Of Illinois adults who ever checked blood cholesterol, Figure 19 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 top bar shows the rate is 51.3 percent (95% CI: 47.1% – 55.5%) for adults with disabilities. The rate for adults without disabilities, 33.0 percent (95% CI: 30.9% – 35.1%) is shown in the bottom bar.

Figure 19. Percent of Illinois Adults Who Have Been Told They Have High Blood Cholesterol by Disability Status



Source: 2013 ILBRFSS

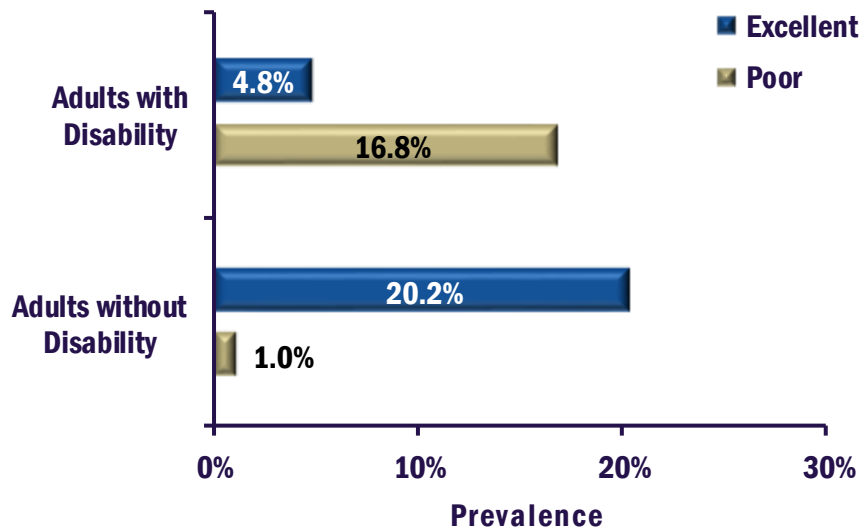
Section IV: Quality of Life Among People With Disabilities



Self-rated Health Status

Illinoisans with disabilities rated their health status less favorably than those without disabilities. Figure 20 contrasts how Illinois adults with and without disabilities perceive their health status differently. The two top bars of the graph show 4.8 percent (95% CI: 3.2% – 7.0%) of adults with disabilities rated their health as “excellent” and that 16.8 percent (95% CI: 14.0% – 19.9%) rated it as poor. For adults without disabilities, represented in the two bottom bars, the rate was 20.2 percent (95% CI: 18.6% – 22.0%) and 1.0 percent (95% CI: 0.7% - 1.5 %), respectively. More than three times as many adults with disabilities reported their health as poor compared to adults with disabilities who reported excellent health. For those without disabilities, only a few rated their health as poor.

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

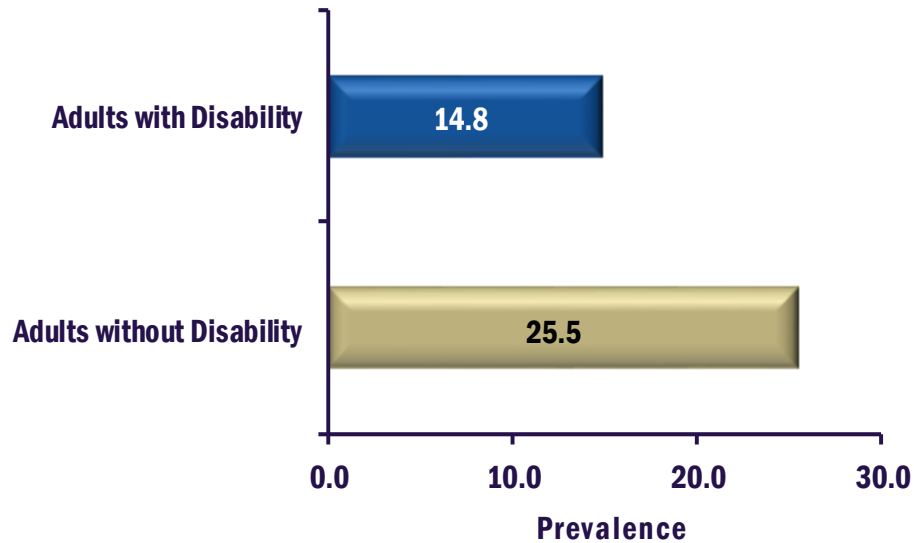


Source: 2013 ILBRFSS

Healthy Days

Illinois adults with disabilities reported fewer healthy days in a month than those without disabilities. Figure 21 shows the average number of healthy days reported by Illinois adults with and without disabilities. The average number of the healthy days reported by Illinois adults with disabilities was 14.8 days (95% CI: 13.8 days – 15.8 days) in the past 30 days, which is shown by the top bar in the graph. Adults without disabilities, represented in the bottom bar, reported 25.5 healthy days (95% CI: 25.1 days – 25.8 days) during the past 30 days.

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



Source: 2013 ILBRFSS

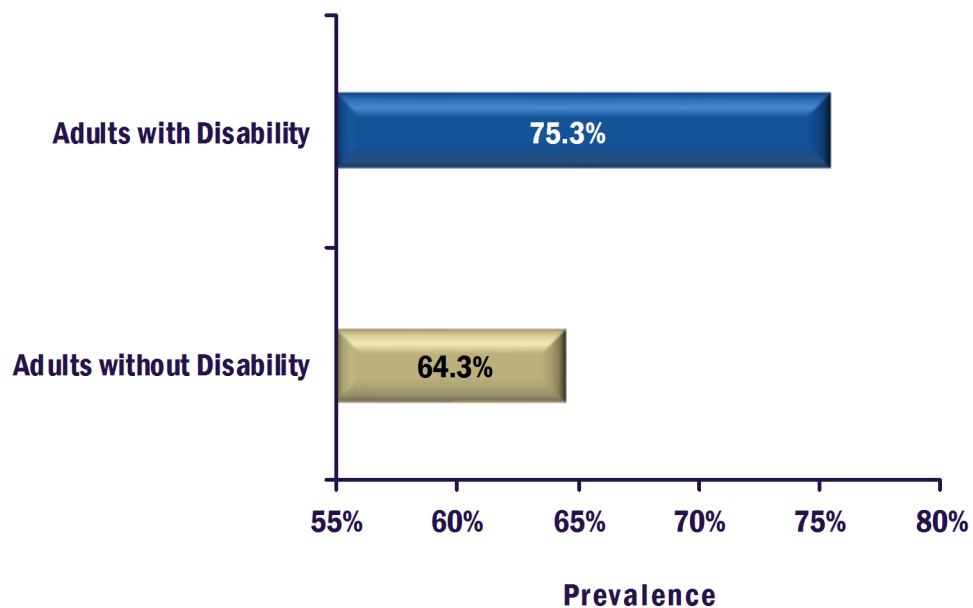
Section V: Access to Health Care and Screenings



Routine Checkup

Illinois adults with disabilities are more likely to have had a routine physical checkup within the past year than those without disabilities. Figure 22 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, 75.3 percent (95% CI: 71.4% – 78.8%) of Illinois adults with disabilities received the routine physical checkup within the past year. The rate was higher than that reported by Illinois adults without disabilities, 64.3 percent (95% CI: 62.2% – 66.4%) represented in the bottom bar.

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

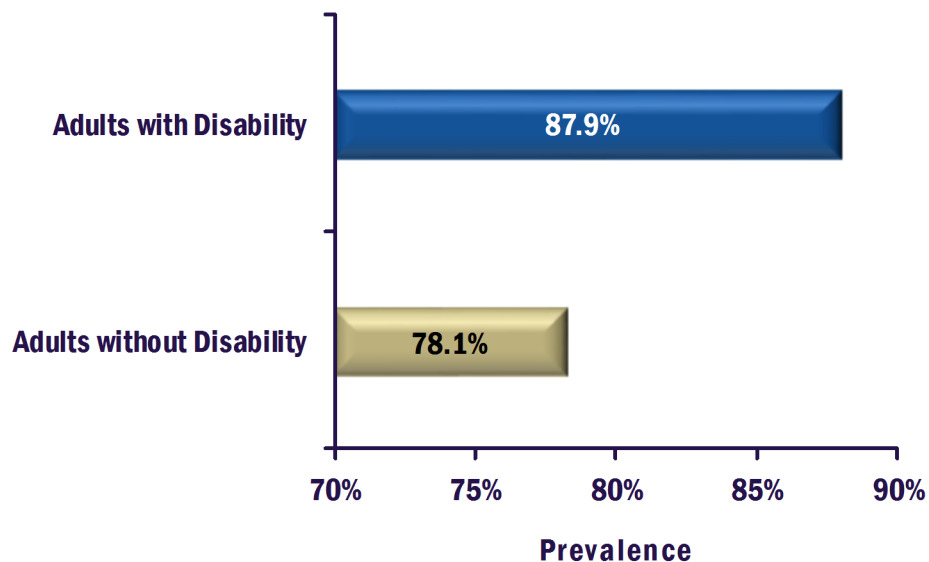


Source: 2013 ILBRFSS

Usual Primary Care Provider

Illinois adults with disabilities are more likely to have a usual primary care provider than those without disabilities. Figure 23 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, 87.9 percent (95% CI: 84.2% – 90.8%) of Illinois adults with disabilities 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 disabilities, 78.1 percent (95% CI: 76.1% – 80.1%).

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

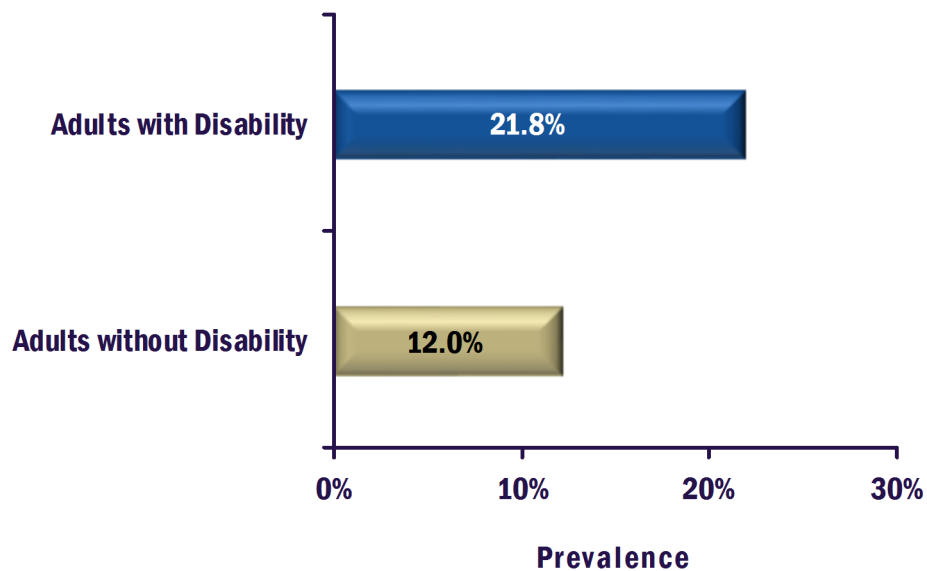


Source: 2013 ILBRFSS

Economic Barrier in Access to Health Care

For Illinoisans with disabilities, costs associated with health care may hinder their use of such services. Figure 24 compares the proportion of Illinois adults who avoided visiting a doctor due to cost by the presence of disabilities. Represented in the top bar is the rate for Illinois adults with disabilities who avoided doctor visits due to cost. The rate, 21.8 percent (95% CI: 18.3% – 25.7%), is higher compared to 12.0 percent (95% CI: 10.5% – 13.7%) for those without disabilities shown in the bottom bar.

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

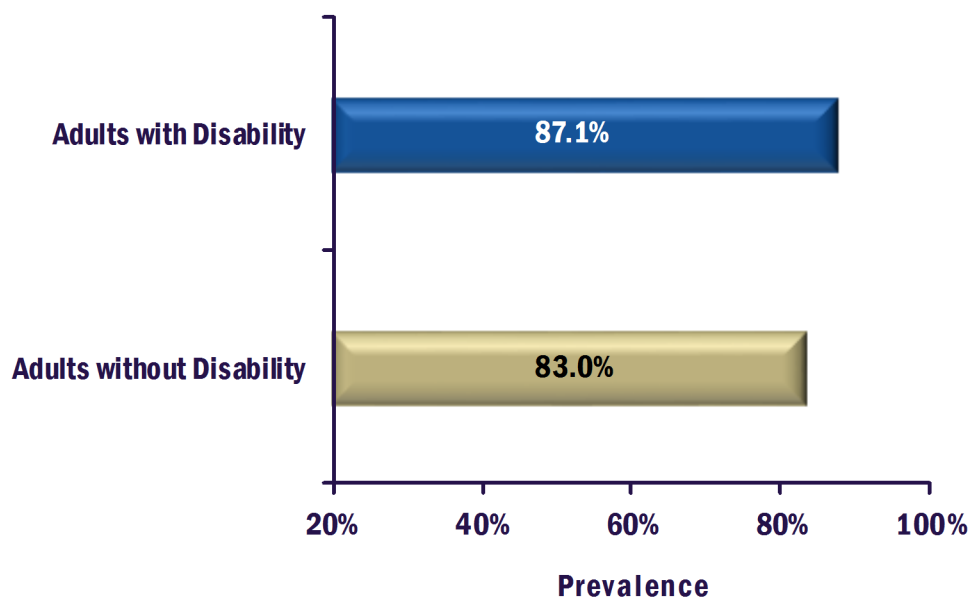


Source: 2013 ILBRFSS

Health Insurance Coverage

The rate of health insurance coverage between adults with disabilities and those without are similar. Figure 25 compares the proportion of Illinois adults who have health insurance coverage by the presence of disability. Represented in the top bar, the rate is 87.1 percent (95% CI: 83.3% – 90.1%) for Illinois adults with disabilities who have health insurance coverage. The rate for adults without disabilities, shown in the bottom bar, is 83.0 percent (95% CI: 81.0% – 84.8%). The rate of health insurance coverage is not statistically different on the basis of disability.

Figure 25. Percent of Illinois Adults Who Had Health Insurance Coverage

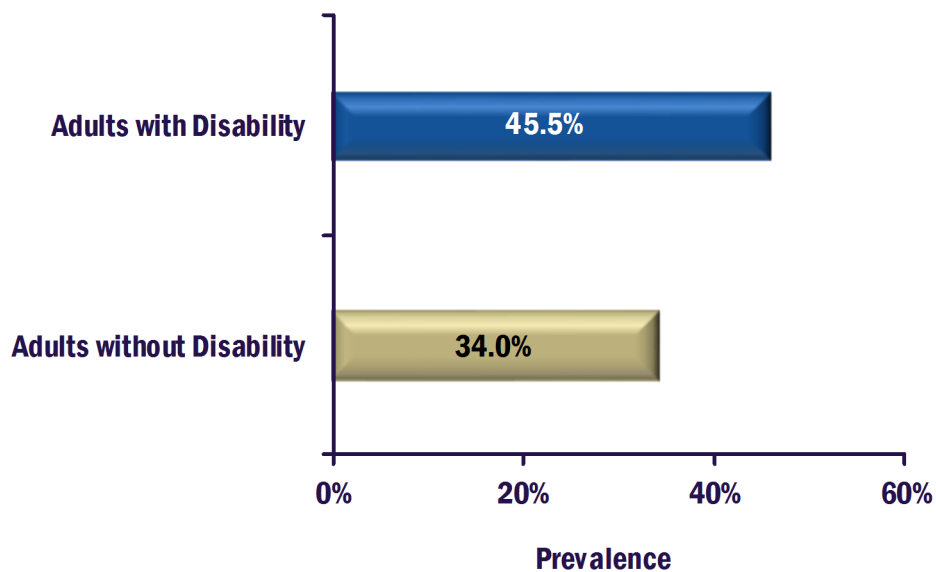


Source: 2013 ILBRFSS

Immunization

Illinoisans with disabilities are more likely to receive immunization against influenza than those without disabilities. Figure 26 represents the proportion of Illinois adults who have received vaccinations against influenza. The proportion of Illinois adults with disabilities who received a flu shot during the past 12 months, shown in the top bar, was 45.5 percent (95% CI: 41.4% – 49.6%). The rate for adults without disabilities, shown in the bottom bar, is 34.0 percent (95% CI: 31.9% – 36.0%).

Figure 26. Percent of Illinois Adults Who Received Flu Shot



Source: 2013 ILBRFSS

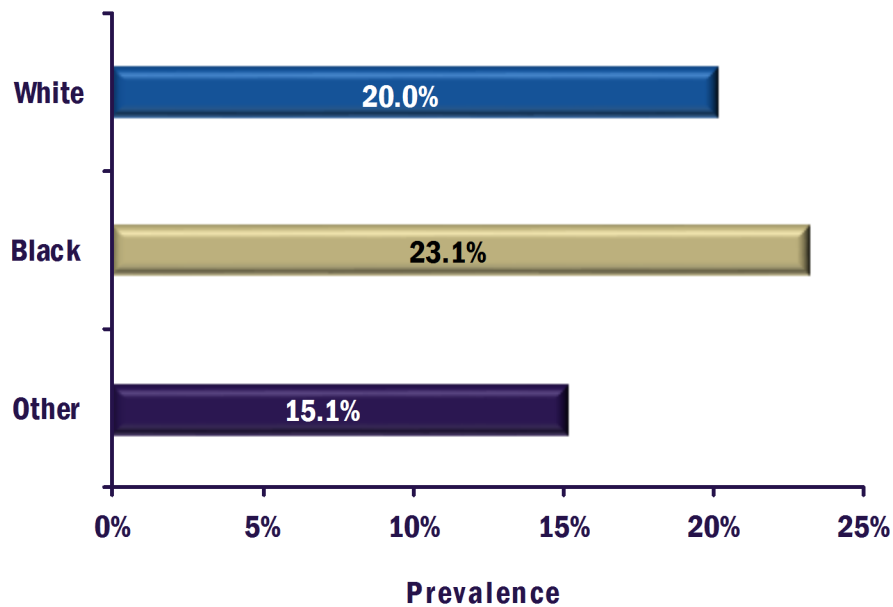
Section VI: Children with Special Health Care Needs



Children with Special Health Care Needs by Race

Figure 27 shows the prevalence of children with special health care needs by race. Each of the three bars in the figure represent a different racial group. From the top, approximately 20.0 percent (95% CI: 17.3% - 23.1%) of white children in Illinois have special health care needs in comparison to 23.1 percent (95% CI: 17.0% - 30.6%) of black children represented in the second bar, and 15.1 percent (95% CI: 10.3% - 21.6%) of children in the other racial category. The rate of children with special health care needs is not statistically different on the basis of race.

Figure 27. Percent of Illinois Children with Special Health Care Needs by Race

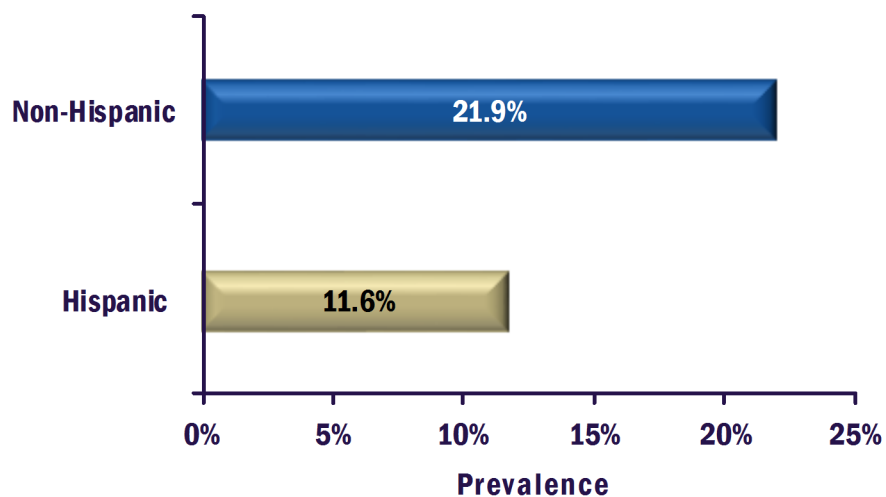


Source: 2011 National Survey of Children's Health

Children with Special Health Care Needs by Hispanic Origin

In 2011, Illinois children of Hispanic descent are less likely to have special health care needs than their non-Hispanic counterparts. The top bar in Figure 28 shows that there is a higher prevalence of special health care needs among non-Hispanic children at 21.9 percent (95% CI: 19.2% - 24.8 %). The bottom bar shows 11.6 percent (95% CI: 8.0% - 16.6%) of Hispanic children reported having special health care needs.

Figure 28. Children with Special Health Care Needs by Hispanic Origin




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 disabilities. 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 disabilities in the state and their access to health screenings and preventive services. Understanding the extent of disability and the life circumstances facing Illinoisans with disabilities 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, communication barriers, lack of service providers trained about disability issues, lack of or inadequate public policies/ services to address access and health care needs and lack of sharing of information and resources among agencies and health providers about disability issues. 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 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 disabilities and informing its findings to various stakeholders who are interested in promoting the health and wellness of individuals with disabilities.

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 to work together to improve the quality of life for Illinoisans with and without disabilities.

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.