

# Illinois Department of Public Health

# Disparities Report

2009—2014 Figures



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Released April 2017



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For exact data tables used to produce figures, please see companion document, **Tables on Health Disparities in Illinois 2009-2014** on the IDPH website at:

<http://www.dph.illinois.gov/sites/default/files/publications/publicationsoppshealth-disparities-report-2009-2014.pdf>

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# INTRODUCTION & BACKGROUND

This report compiles Illinois health disparity data with the intention of monitoring disparities and progress made over time. **Disparity is defined as lack of similarity; inequality; or difference.** Many types of disparities exist among people such as age, race, sexual identity or orientation, disability, socioeconomic status and geographic location. These disparities can significantly affect health outcomes among minority populations.

**Health** is defined by the World Health Organization (WHO) as **“a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”** Social, economical, behavioral, biological, and environmental factors all contribute to poor health and are typically referred to as **determinants of health.**

The U.S. Department of Health and Human Services (HHS) Healthy People 2020 establishes a set of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats. The HHS Office of Minority Health also established the National Partnership for Action to End Health Disparities (NPA) whose mission is to increase the effectiveness of programs that target the elimination of health disparities through coordination of partners, leaders, and stakeholders committed to ending health disparities. In the Healthy Illinois 2021 State Health Improvement Plan (SHIP), access to care and social determinants of health were identified as fundamental overarching issues to consider **when addressing** the three priorities—Maternal & Child Health, Chronic Disease, and Behavioral Health.

This report seeks to establish benchmarks for the improvements made by the Illinois Department of Public Health (IDPH) towards **reducing health disparities in Illinois.** The report is intended to be utilized by minority health, rural health, health promotion, health protection, disability, aging, emergency preparedness, maternal and child health, programs; policy makers; and other stakeholders, to tailor approaches to reducing health disparities. The data can also be used by local health departments, community health organizations, legislators, and academics institutions to improve planning, policy making, evaluation, data collection, and service delivery.

The report, while limited, contains sections on demographics, social determinants of health, health status, health behaviors, morbidity, mortality, quality of life, and access to care. The goal is for subsequent reports to identify additional topic areas to reflect expanded health indicators by race and ethnicity.

# DATA SOURCES & METHODS

Data from various sources were used for this report. All the sources are attributed under the figures. Most of the data on demographics and social determinants came from the U.S. Census Bureau's American Community Survey (ACS) from 2009 to 2014. The Illinois School Board of Education (ISBE) provided the data on high school drop outs. IDPH provided the morbidity and mortality data. All data provided are from 2009-2013, unless otherwise noted. Most of these data are available on the IDPH website.

**Disclaimer:** *From the multiple surveys used to produce these figures, there are varying definitions and categorizations of Race and Ethnicity. The race variables will be labeled as appropriate for each figure, but they are not consistent throughout the report.*

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# ACKNOWLEDGEMENTS

**We thank the following individuals for their review and invaluable input on this project**

**Jenny Aguirre**, Refugee Health Program, Center for Minority Health Services

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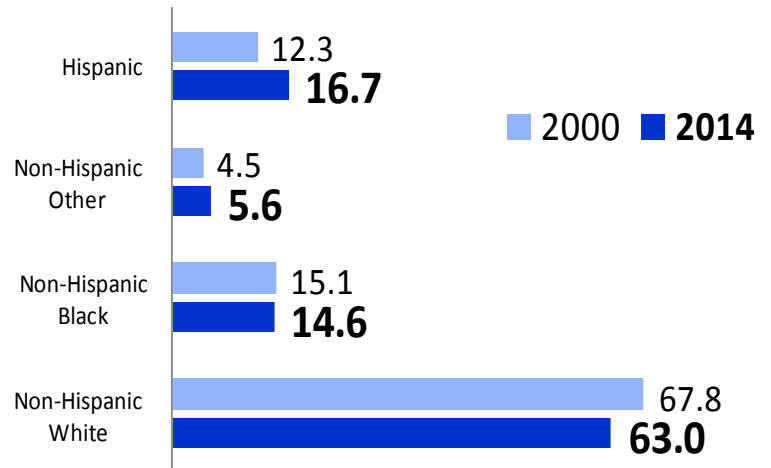


# DEMOGRAPHICS

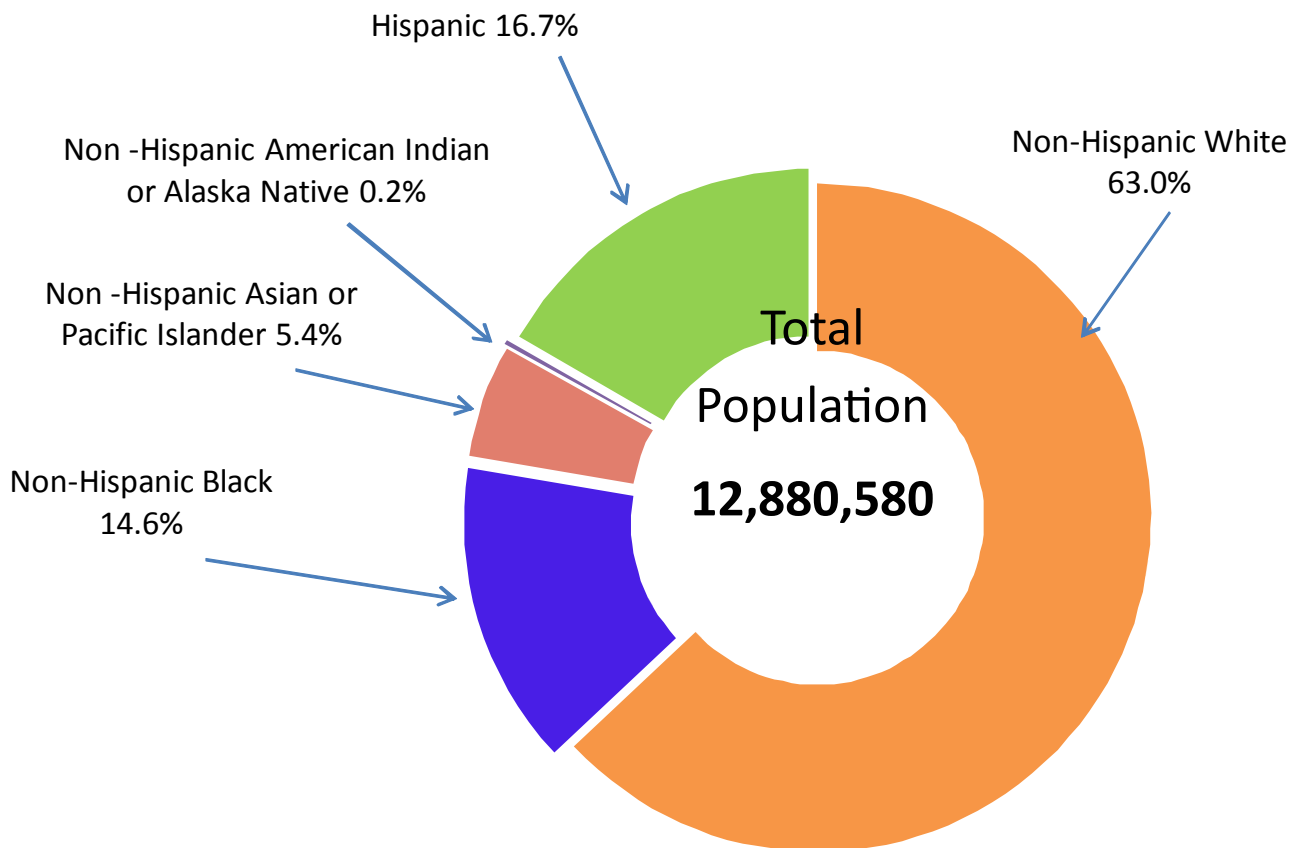
**Figure 1. Population estimate by Race and Ethnicity in Illinois, 2014**

**Figure 1** represents the population distribution by race in Illinois in 2014 compared to 2000. The proportion of population who identify as Hispanic increased by 4.4 percentage points, while the Non-Hispanic White population decreased by 4.8 percentage points.

The proportion of minorities living in Illinois has increased since 2000 but improvement in overall health outcomes continue to lag behind that of Whites.



**Figure 2. Population estimate by Race and Ethnicity in Illinois, 2014**



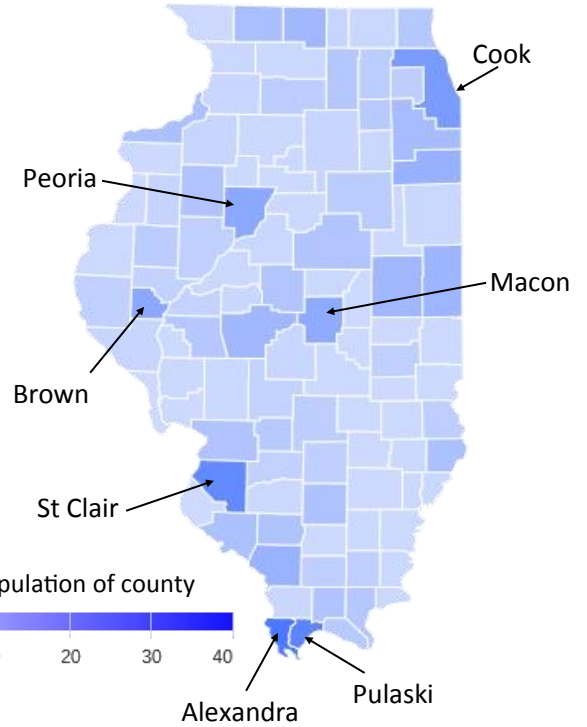
**Figure 3a-d. Population estimates by Race and Ethnicity by Illinois Counties, 2014**

Addressing disparities that affect the health of minorities should be a priority for a healthy Illinois as minority populations grow throughout the State.

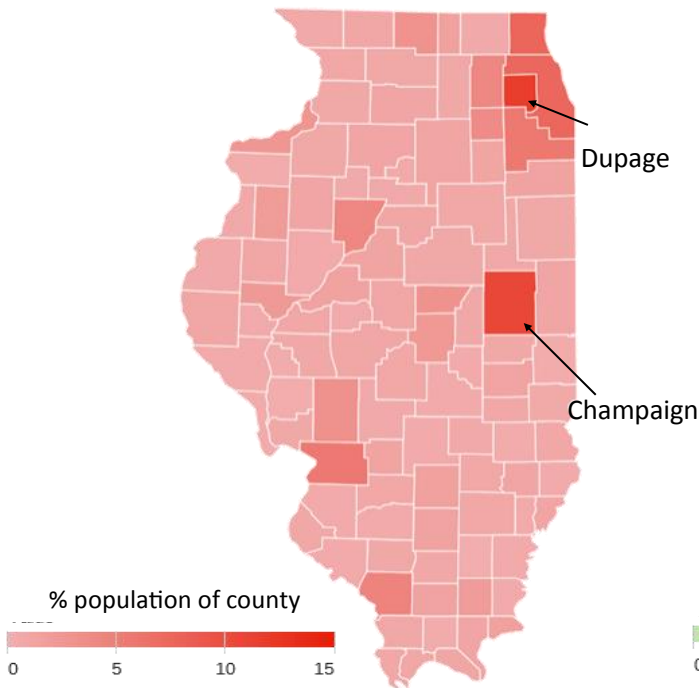
**a. Non-Hispanic White**



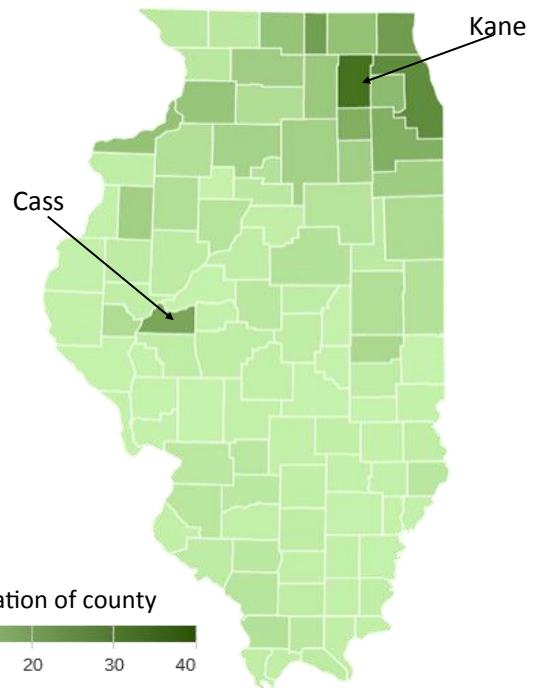
**b. Non-Hispanic Black**



**c. Non-Hispanic Asian, Pacific Islander, American Indian or Alaska Native**

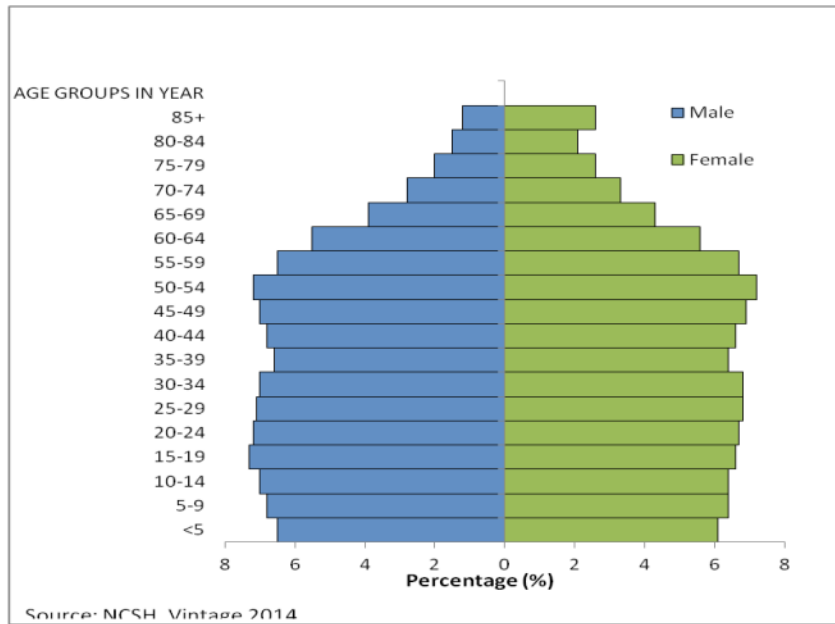


**d. Hispanic (of any Race)**



Darker areas represent counties with a higher concentration of that particular Race or Ethnicity.

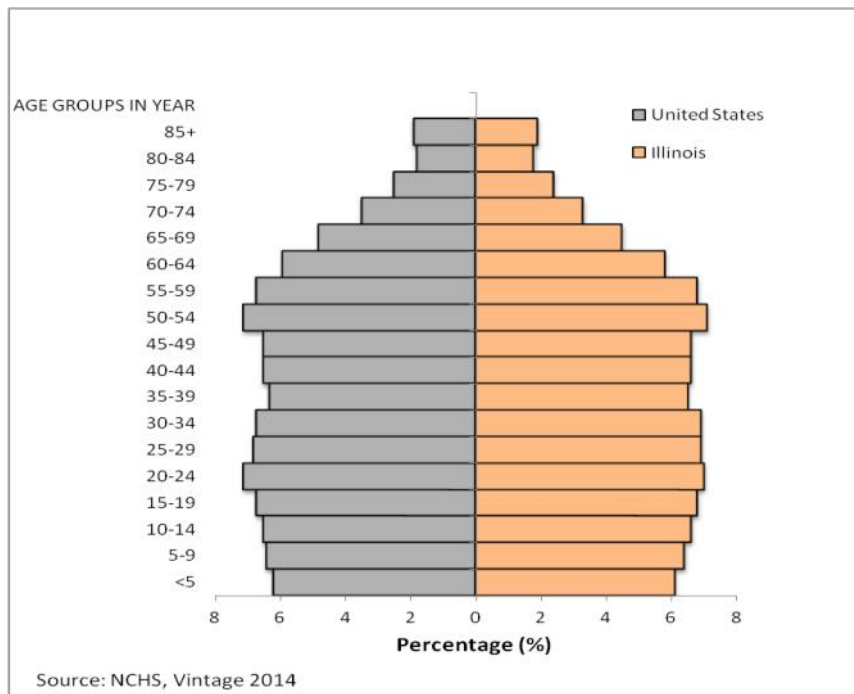
**Figure 4. Percent Distribution of Population by Age and Sex for Illinois, 2014**



Though there are more male babies born than females, the proportion of males and females evens out by early adulthood and females eventually surpass males in life expectancy, leaving more elderly women than men.

The general population has aged, while birth rates have decreased. These can lead to a decrease in the population in the long run.

**Figure 5. Percent Distribution of Population by Age for Illinois and the United States, 2014.**



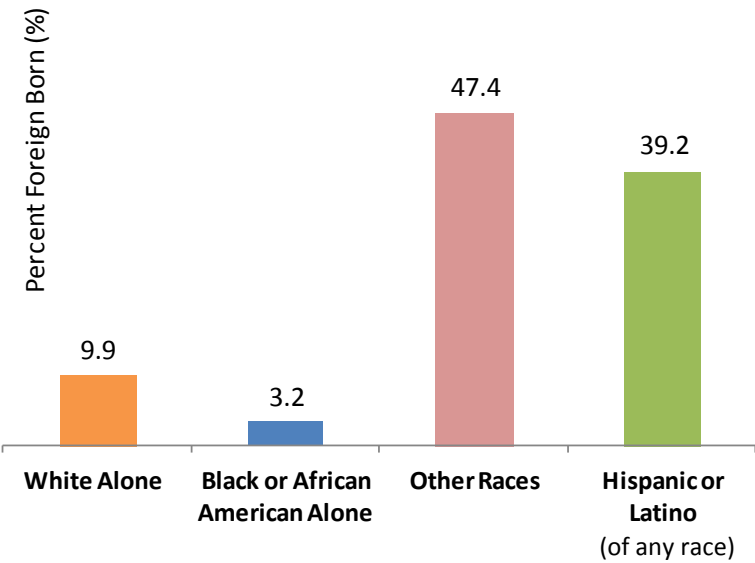
Generally, the U.S. and Illinois have comparable population age patterns. The population is aging and the birth rate has decreased. These can lead to a decrease in population in the long run barring immigration of young individuals, or sudden increase in birth rates.





The **health of foreign born racial and ethnic populations** can be impacted by their ability to access quality health care. Barriers such as language, cultural beliefs and attitudes, difference in disease prevalence, access to cultural and linguistically appropriate services, navigating the health care system, and other socio-economic factors can negatively impact population health.

**Figure 6. Percent of Foreign Born Population by Race and Ethnicity for Illinois, 2009-2013**



About 47.4 percent of the other races population in Illinois were foreign born.

Other races includes Asian, American Indian and Alaska Natives, Native Hawaiian and Pacific Islander, other, or bi/multi-racial.

39.2 percent of the Hispanic or Latino group were foreign born.

Source: U.S. Census Bureau, 2009-2013 American Community Survey

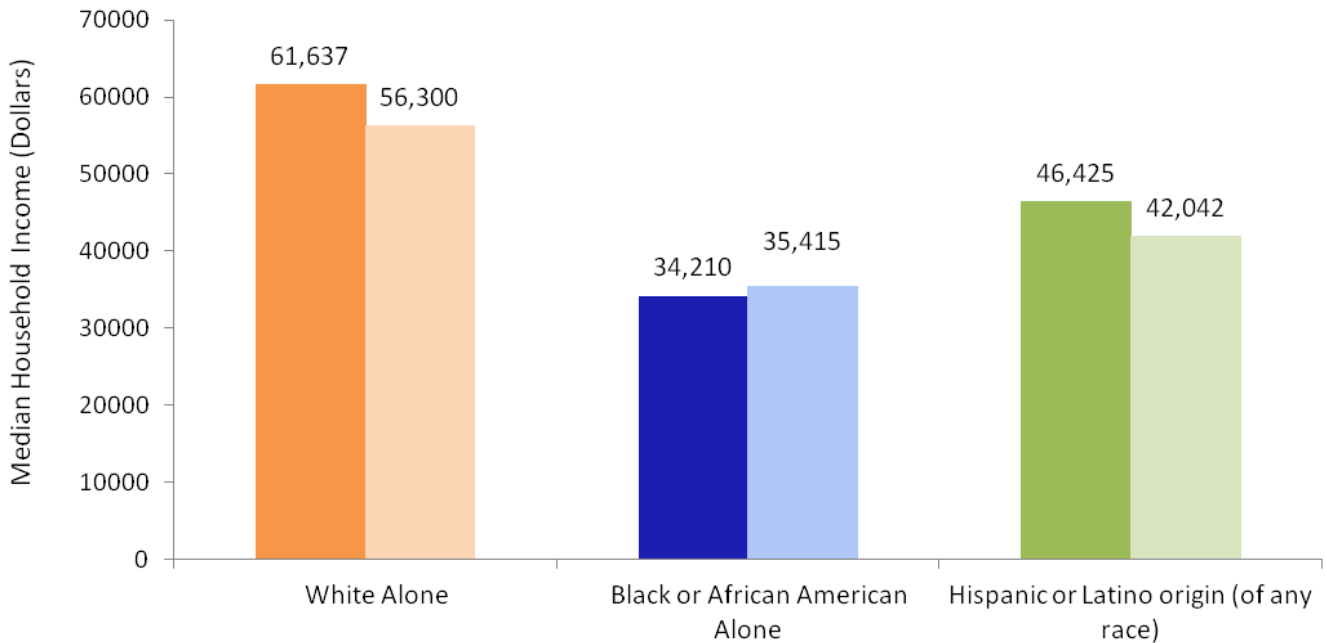


# SOCIAL DETERMINANTS OF HEALTH

**Social determinants of health** are conditions in the environment in which people are born, grow, live, work, and age. Health is determined, in part, by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships.

The disparity between Black income and the income of all other races is large, which has an adverse effect upon the Black population's health status.

**Figure 7. Median Household Income by Race and Ethnicity for Illinois and United States, 2009-2013**



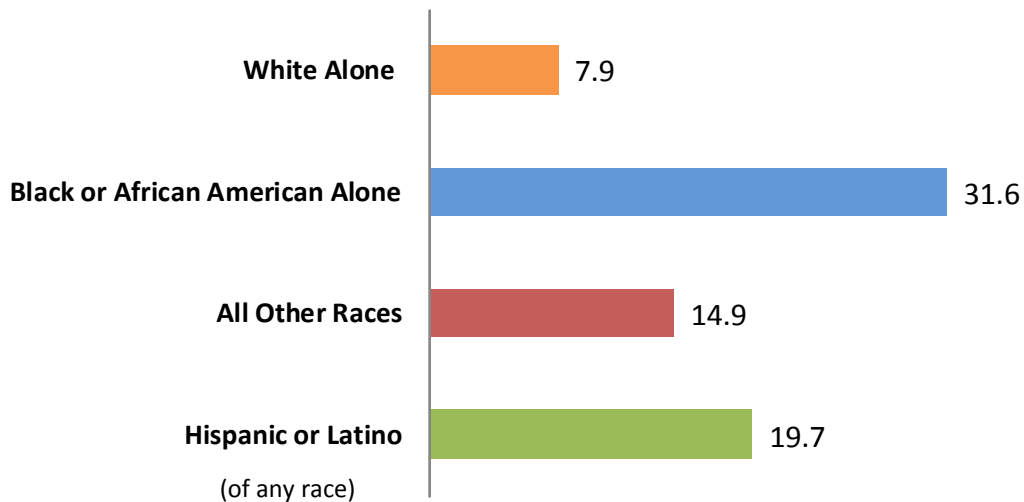
Note: Darker Color Illinois , Lighter Color United States



The Black Alone Population in Illinois had lower median household income compared to the Black or Black Population in the United States. However, the White population in Illinois had higher median household income than the White population in the U.S.

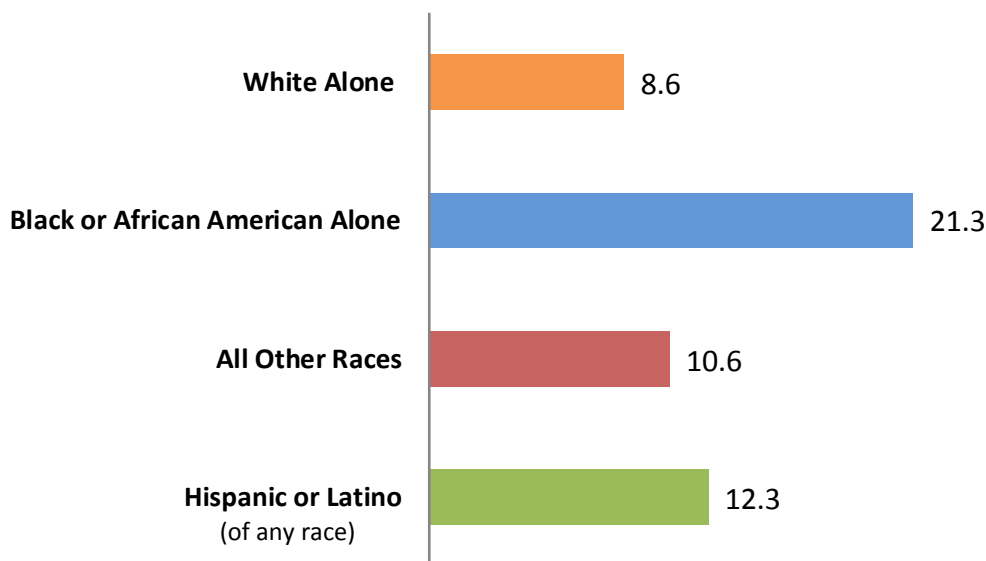
There is a wide gap in income disparities between Black income when compared to the income of White and Hispanic/Latino. Income is strongly related to other social determinants of health such as access to quality health care, quality education, and healthy environments.

**Figure 8. Percent of Total Households Receiving Food Stamps in Illinois by Race/Ethnicity, 2009-2013**



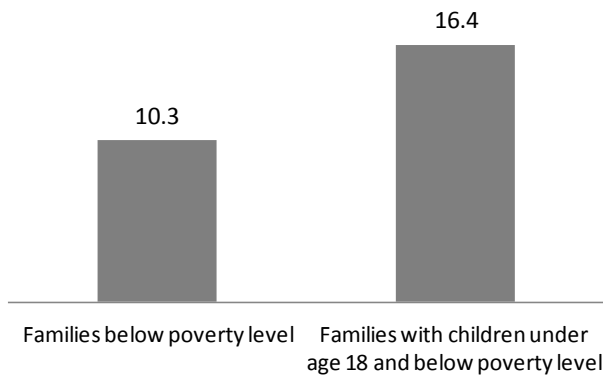
Black households were the highest percentage receiving food stamps in Illinois. This corresponds with the household income disparities shown in **Figure 7**, suggesting one reason for the disparity in receiving food stamps. The second highest recipients of food stamps were Hispanic households.

**Figure 9. Unemployment Rate for Population 16 Years and Over in Illinois by Race/Ethnicity, 2009-2013**



The unemployment rate for Black Alone population was more than double (21.3%) all other race and ethnicity groups, and nearly 3 times that of Whites. The health effects of unemployment goes beyond lack of income, to include other factors such as stress, lack of health insurance, and low high school graduation rates. The second highest unemployment rate (12.3%) was among the Hispanic or Latino population.

**Figure 10. Percentage of Families Living Below 100% of the Federal Poverty Level in Illinois, 2009-2013**



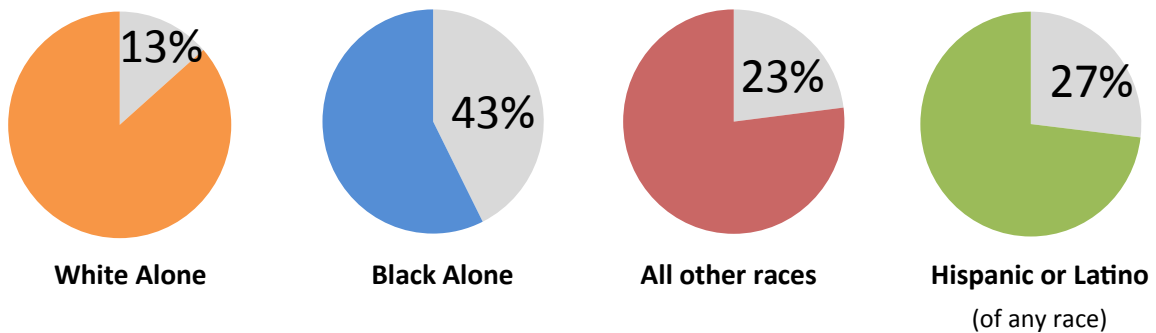
Families with young children were more likely to be living below 100% of the poverty level.

"Children who experience poverty before the age of nine are at higher risk of developing behavioral disorders, greater morbidity for chronic disease, and even premature death."

"Childhood poverty, cumulative risk exposure, and mental health in emerging adults." *Clinical Psychological Science* 2.3 (2014): 287-296.



**Figure 11. Percentage of Children Under 18 Years of Age and Below 100% of Federal Poverty Level in Illinois by Non-Hispanic White, Non-Hispanic Black, and Hispanic (of any race), 2009-2013**



Black Alone had the highest percentage of children less than 18 years of age living below poverty level (approximately 43%). Hispanic or Latino children were the next highest percentage of children below poverty level and White Alone children had the lowest percentage below poverty level.

Growing up in poor neighborhoods can have adverse health outcomes due to factors such as stress, exposure to gangs and violence, poor food options, hunger, sub-standard schools, lack of health care services, high unemployment, and pollution.

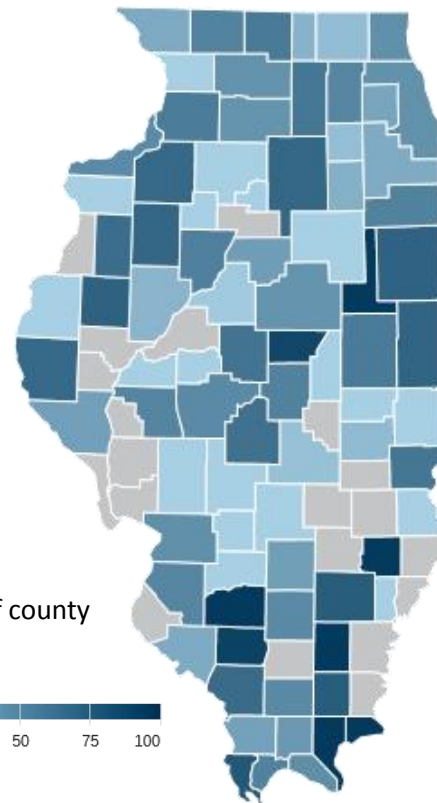
**Figure 12a-c: Percentage of Children Under 18 Years of Age and Below 100% of Poverty Level in Illinois Counties by Race/Ethnicity, 2009-2013**

**a. Non-Hispanic White**

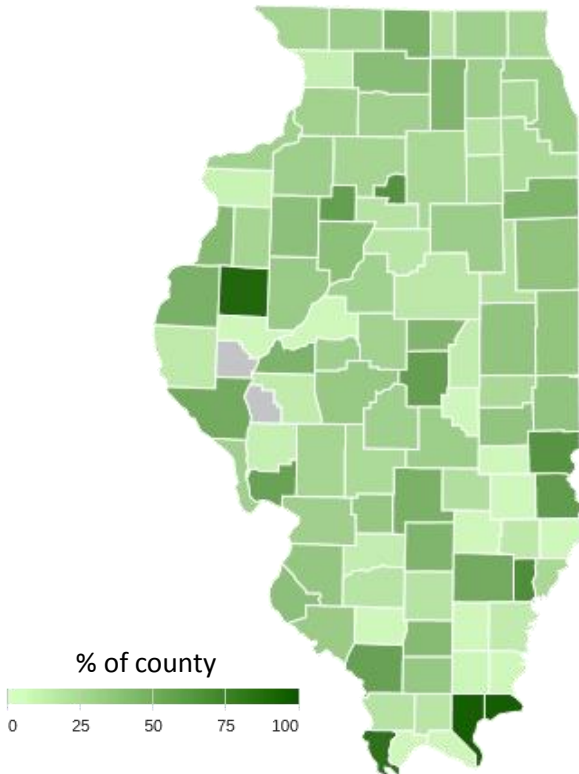


Children under the age of 18 whose families are below 100% of the FPL are spread throughout the state but are particularly concentrated in the southern part of the state for all racial/ethnic groups

**b. Non-Hispanic Black**



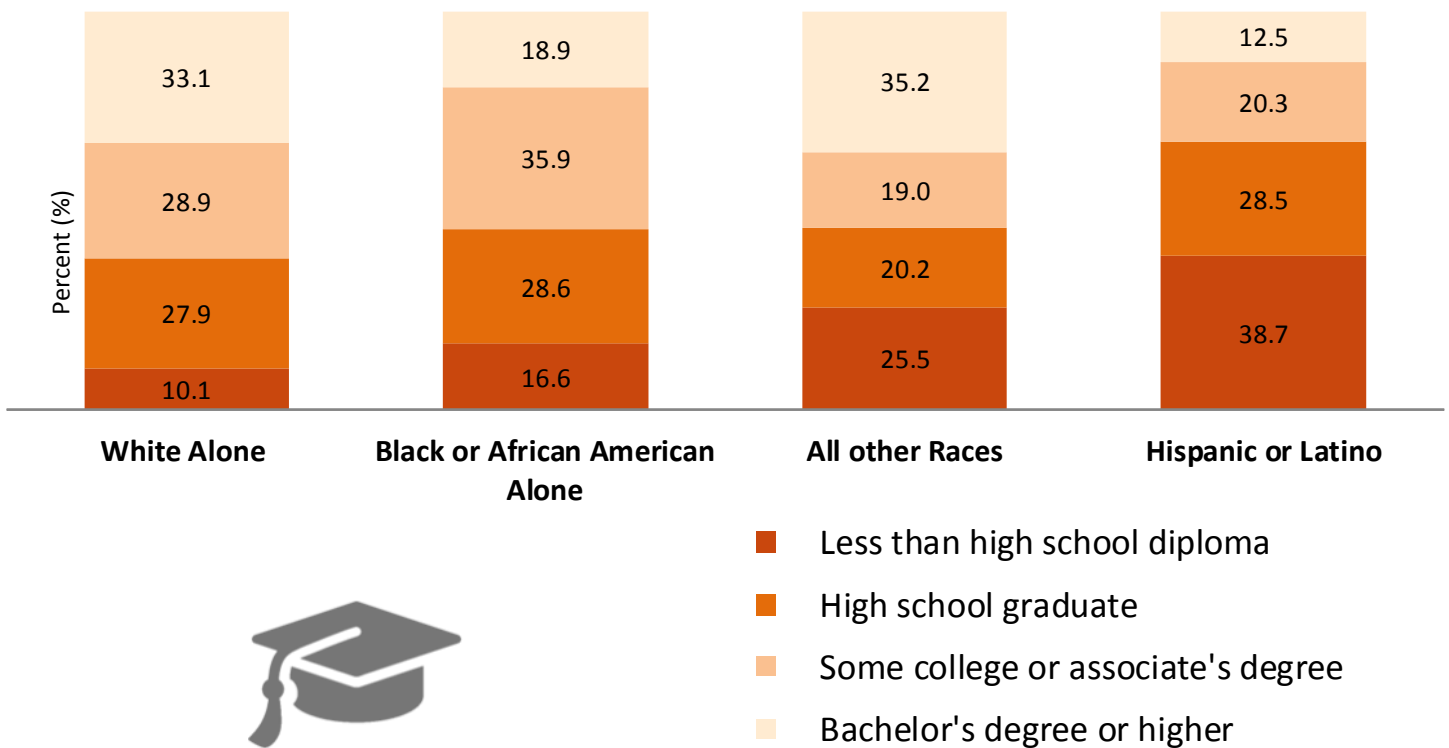
**c. Hispanic (of any Race)**



**Note:** Darker areas represent counties with a higher percentage of children that are living below the poverty level.

Gray counties indicate that either none or too few sample observations were available to compute an estimate.

**Figure 13. Educational Attainment for the Population 25 years and over in Illinois by Race/Ethnicity, 2009-2013**



Note: High school graduate includes equivalency

The Hispanic or Latino population were the highest percentage (38.7%) to have less than high school diploma. 33.1 percent of Whites, 18.9 percent Black, and 12.5 percent Hispanics or Latinos completed a bachelor’s degree or higher.

“Education is critical to social and economic development and has a profound impact on population health.”

*Zimmerman, Wolf, Haley: Understanding Relationship Between Education and Health*

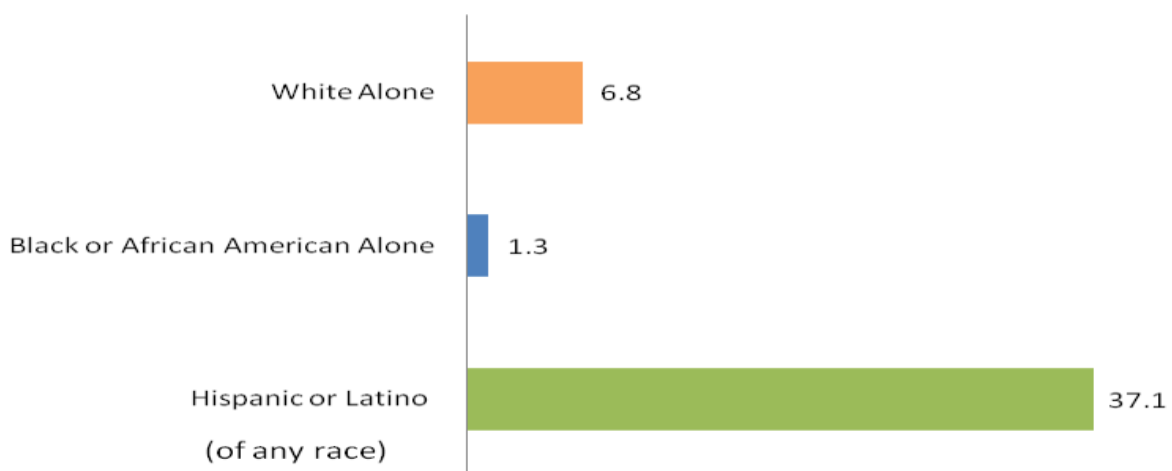
Education attainment is linked to better health outcomes. Individuals who attain better than a high school diploma tend to have more influence over their own health outcomes. They are more knowledgeable about their health, and as a result, make better health choices.

Education occurs at the individual level with access to resources that will help develop skills which in turn lead to better paying jobs with health benefits. However, there are upstream challenges on the social, economic, and policy levels that have profound impact on disadvantaged communities.



**Figure 14. Percent of Population Age 5 Years and Over who Speaks English less than Very Well in Illinois by Race/Ethnicity, 2009-2013**

*Limited English Proficient person (LEP)= A person who reports speaking English less than “Very Well”*



About 37.1 percent of the Hispanic or Latino population 5 years and over reported speaking English less than very well compared to about 6.8 percent of the White Alone population 5 years and over. Lack of access to culturally and linguistically appropriate resources can hinder a population’s ability to live, work, thrive, and grow into healthy productive citizens in their communities.

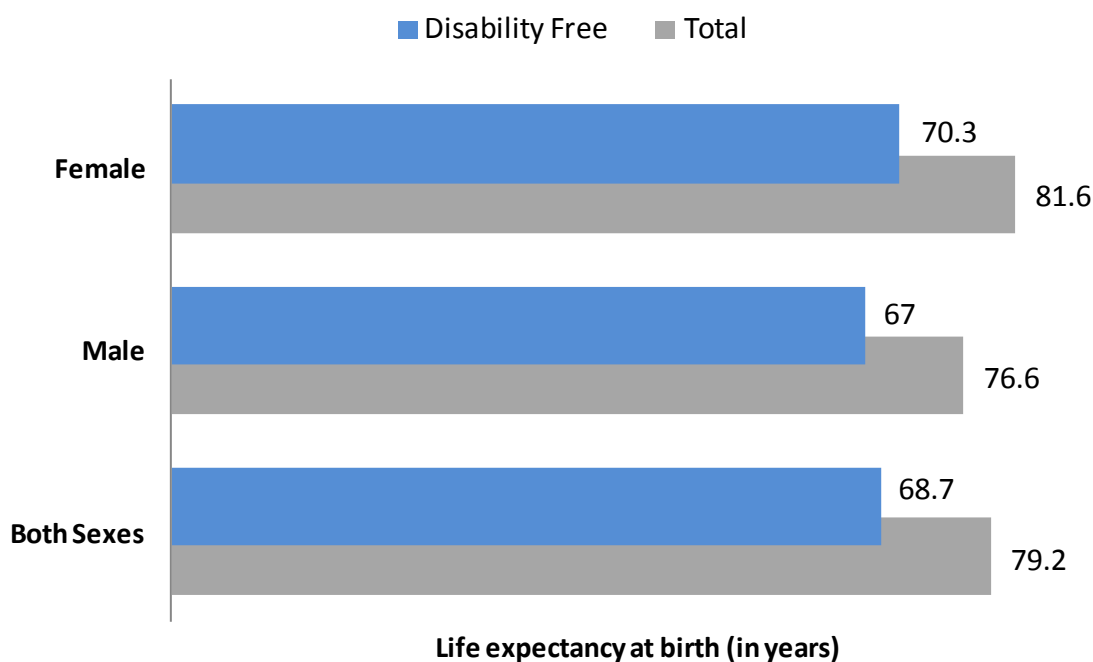


# HEALTH STATUS AND BEHAVIOR

*Health* can be described as “a dynamic condition resulting from a body’s constant adjustment and adaptation in response to stresses and changes in the environment”. Individual behavior, physical environment, education level, language barrier, genetics, legislative policies, employment, and transportation are all factors that can influence health outcomes.

This section covers disability, health insurance, access to care, health status, morbidity/chronic disease, prenatal care, and low birth weight and references data from relevant programs within IDPH.

**Figure 15. Total and Disability-Free Life Expectancy at Birth in Illinois by Sex, 2009-2013**

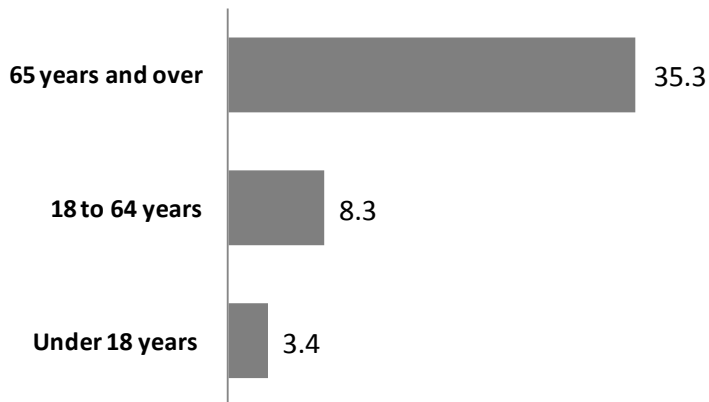


On average, the life expectancy at birth of both sexes is 79.2, but females have higher life expectancies than males.



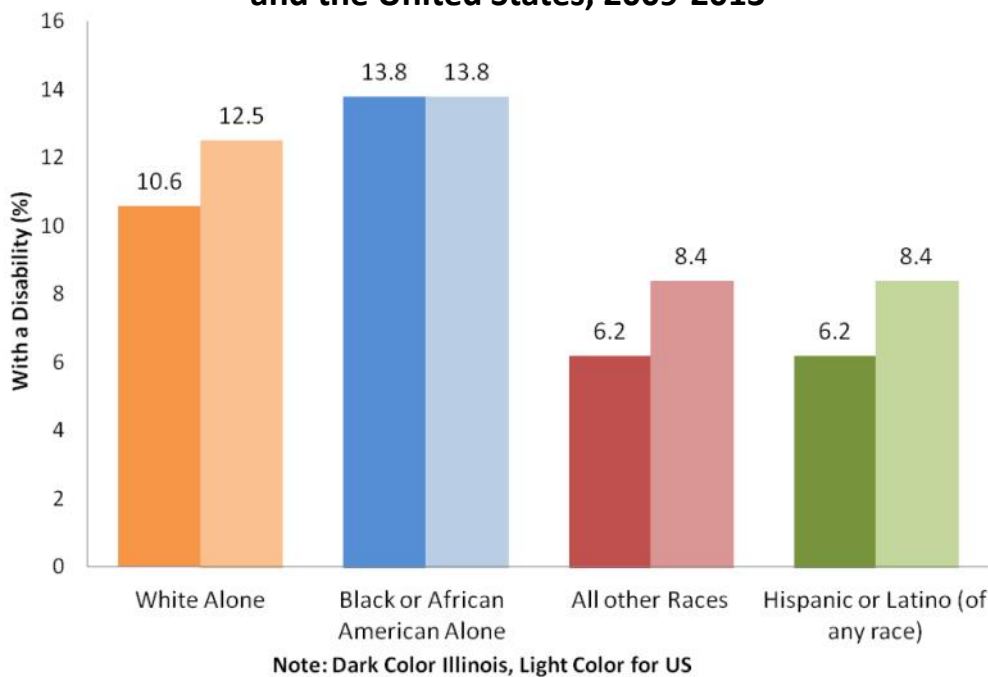


**Figure 16. Disability Status in Illinois by Age, 2009-2013**



In Illinois, 35.3% of the population 65 years and over lived with a disability during 2009-2013. About 8.3 % of the population ages 18 to 64 years were living with a disability. 3.4 % of the population under age of 18 years lived with disability during 2009-2013.

**Figure 17. Disability Status by Race and Ethnicity for Illinois and the United States, 2009-2013**



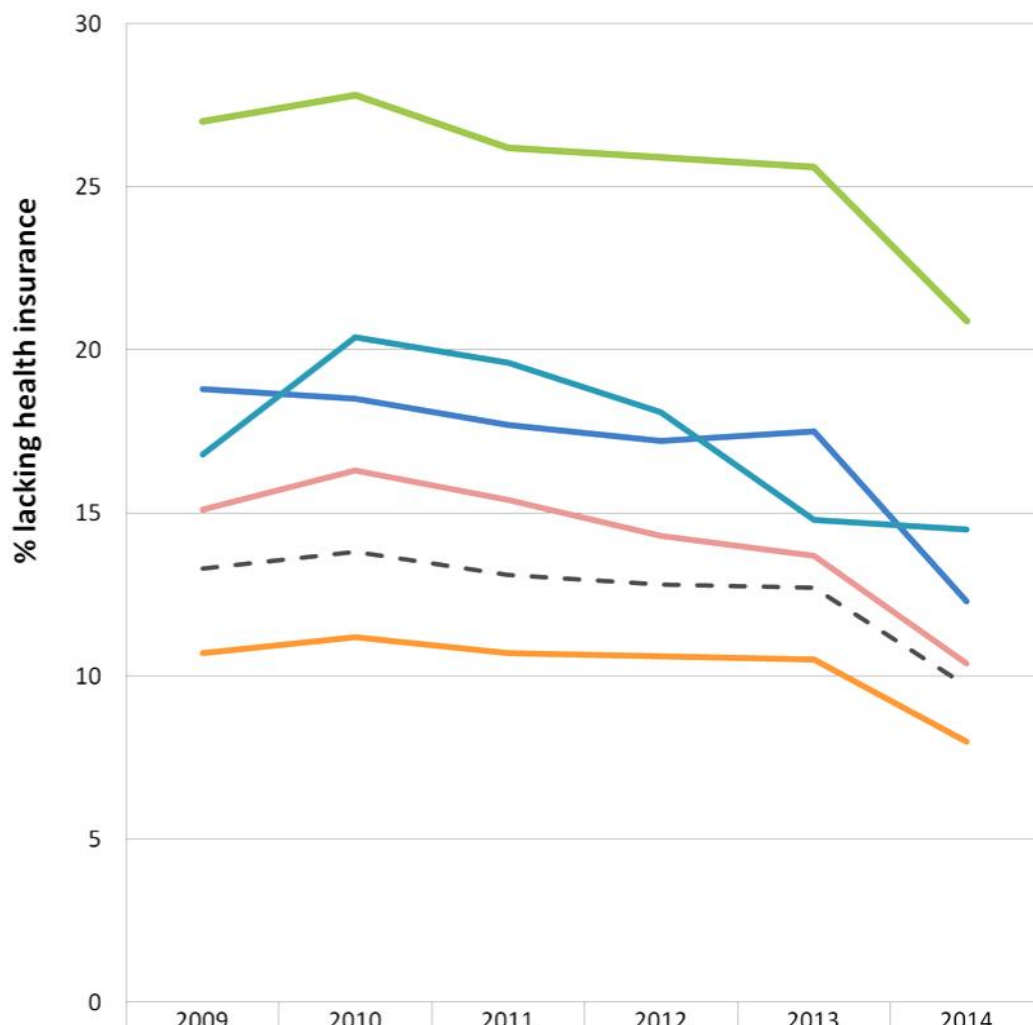
The percentage of population with disability is lower in Illinois than in the U.S. for all races except Black, which is equal for Illinois and the U.S., and is the highest.

About 10.6 % of the White population had a disability in Illinois, while about 12.5 % of the U.S. had a disability. The proportion of the Black population living with disability was 13.8% for both Illinois and the U.S.

About 6.2 % and 8.4 % of the Hispanic or Latino Population in Illinois and the U.S. respectively had some form of disability.

**Figure 18. Annual Percent of Illinois Population Uninsured by Race/Ethnicity, 2009-2014**

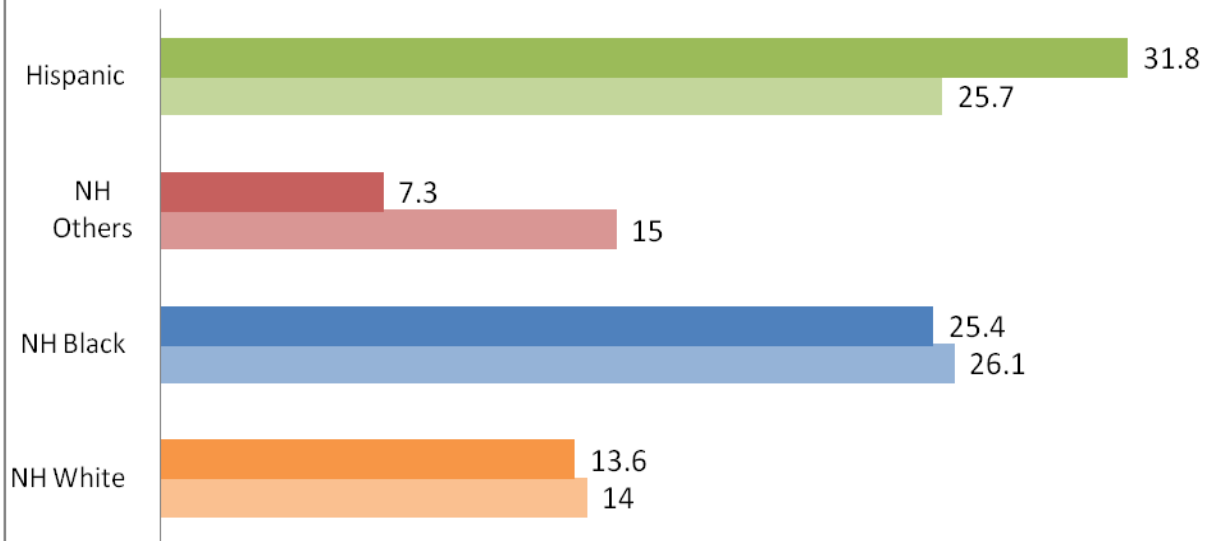
The decline in uninsured individuals between 2011 and 2014 can be attributed to the implementation of the Affordable Care Act (ACA).



Since 2009, the proportion of the population of Illinois without health insurance coverage has declined for all races and ethnicities. However, the rate of uninsured Hispanic/Latinos is still high at 20.9%. This high disparity can be attributed to mistrust of the system, concerns about immigration status, uncertainty about navigating the health care system, language barrier, and lack of cultural competence.

Making health insurance available for all individuals leads to better health outcomes. Ensuring equity in accessing and utilizing health care services makes for a healthier workforce and a thriving economy.

**Figure 19. Percentage of Population Self Reporting Health Status as "Poor" or "Fair" Health in Illinois by Race/Ethnicity, 2011 & 2014**



Note: Light Color 2011, Dark Color 2014

Source: Illinois BRFSS 2011 & 2014

Note: Health status variable is calculated from one or more BRFSS questions

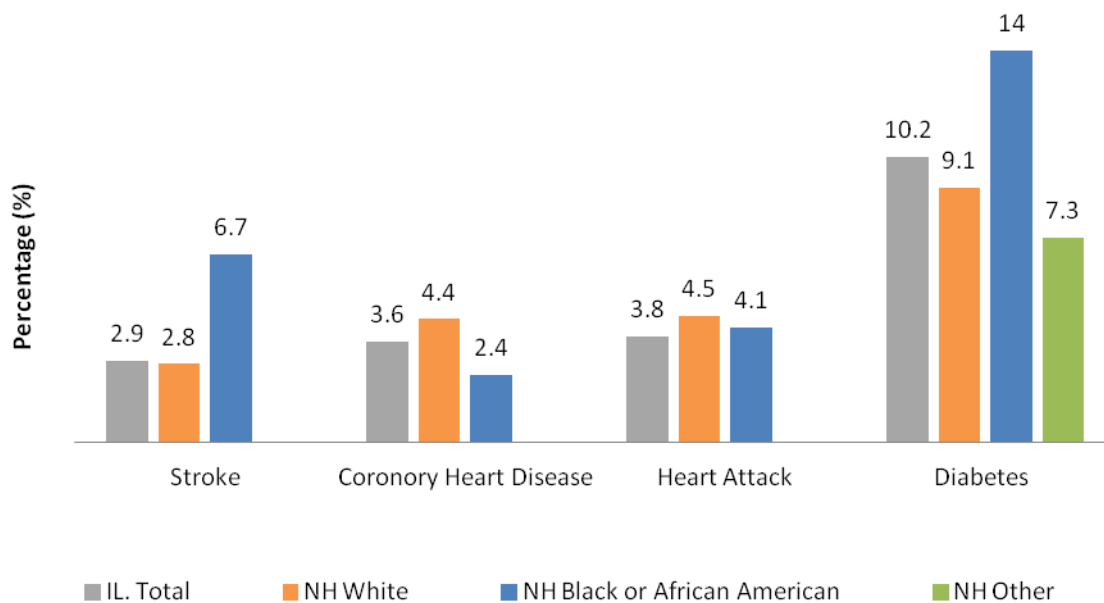


In 2014, Hispanics were the highest number of respondents who self reported their health status as poor or fair. Great caution should be taken when interpreting self-reported data. Many inferences can be deduced based on how the question was interpreted in Spanish. Societal factors and other stressors such as illegal or legal migration and integration into a new culture might contribute to the down grade of this group's health assessment.

**Cardiovascular disease (CD)** is the leading cause of death in the United States and in Illinois. CD generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a **heart attack**, chest pain (angina), or **stroke** (*Mayo Clinic*). Other **heart** conditions, such as those that affect The **heart's** muscle, valves, or rhythm are also considered forms of **heart disease**. People with **diabetes** are at increased risk for **strokes** caused by blood clots.

In Illinois, heart disease is responsible for one in every four deaths.

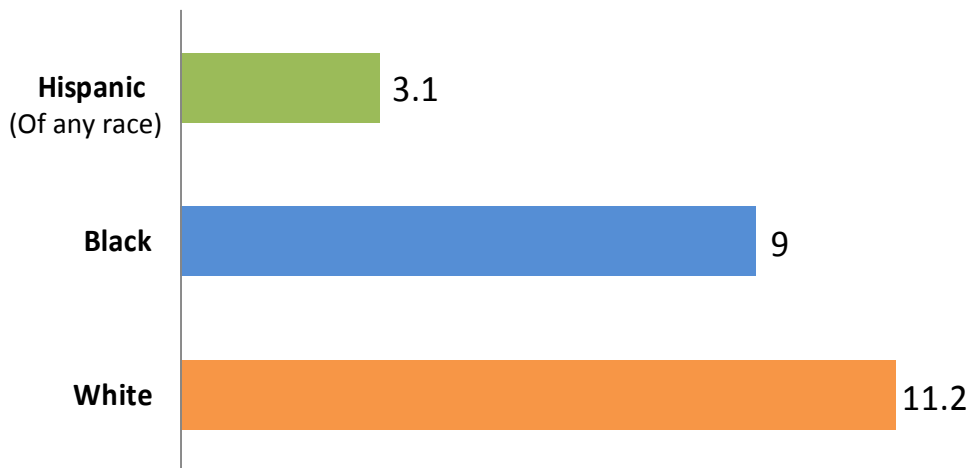
**Fig 20. Percent of Population Ever Told had a Stroke, Coronary Heart Disease, Heart Attack, or Diabetes in Illinois by Race/Ethnicity, 2014.**



Note: There are NO data Available for NH Others except Diabetes

The rate of stroke is more than double in Blacks compared to Whites in Illinois. Blacks and Hispanics face more prevention challenges and as a result are more likely to have a stroke.

**Figure 21. Percent of Pregnant Women who used Tobacco during Last Three Months of Pregnancy in Illinois by Race/Ethnicity, 2011**

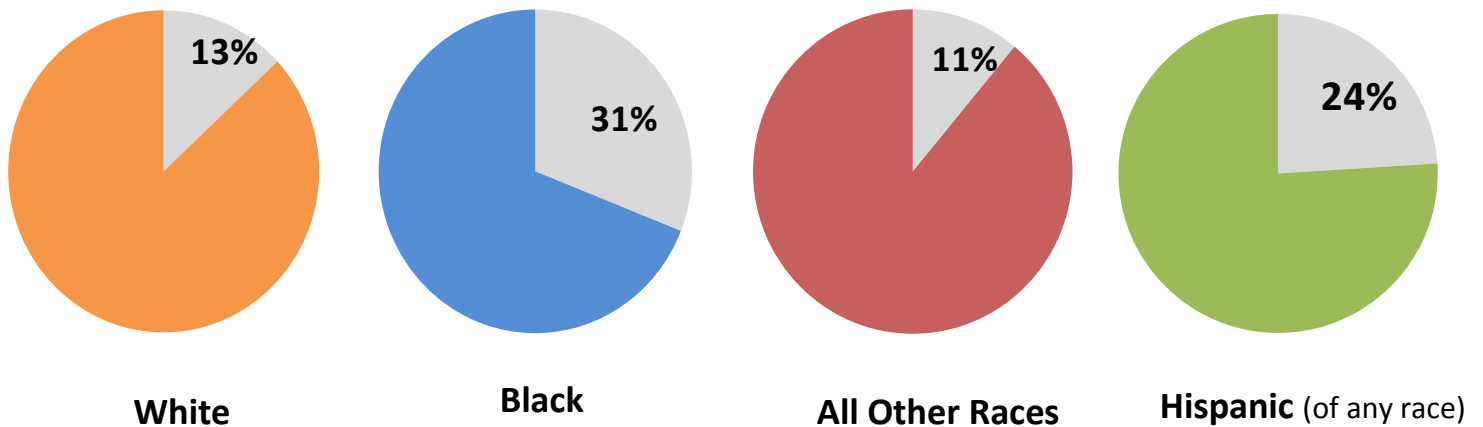


Note: All other races category was not computed due to insufficient sample size

In Illinois, the rate of White Mothers who used tobacco in their last three months of pregnancy in 2011, was higher than that of Blacks and Hispanics.

High risk behaviors such as tobacco use during pregnancy can cause pre-mature births and low birth weight. It can also lead to Sudden Infant Death (SID) and some birth defects.

**Figure 22. Percent of Pregnant Women Who Received No Prenatal care in First Trimester in Illinois by Race/Ethnicity, 2011**



In 2011, about **31 % of Black Mothers** and **24 % of Hispanic Mothers** received no prenatal care in Illinois. **12.9 % of White Mothers** and **11.2 % of All Other Races mothers** experienced inadequate prenatal care in Illinois. The most common reasons reported for not having early prenatal care were not knowing they were pregnant and not being able to pay for their visits.

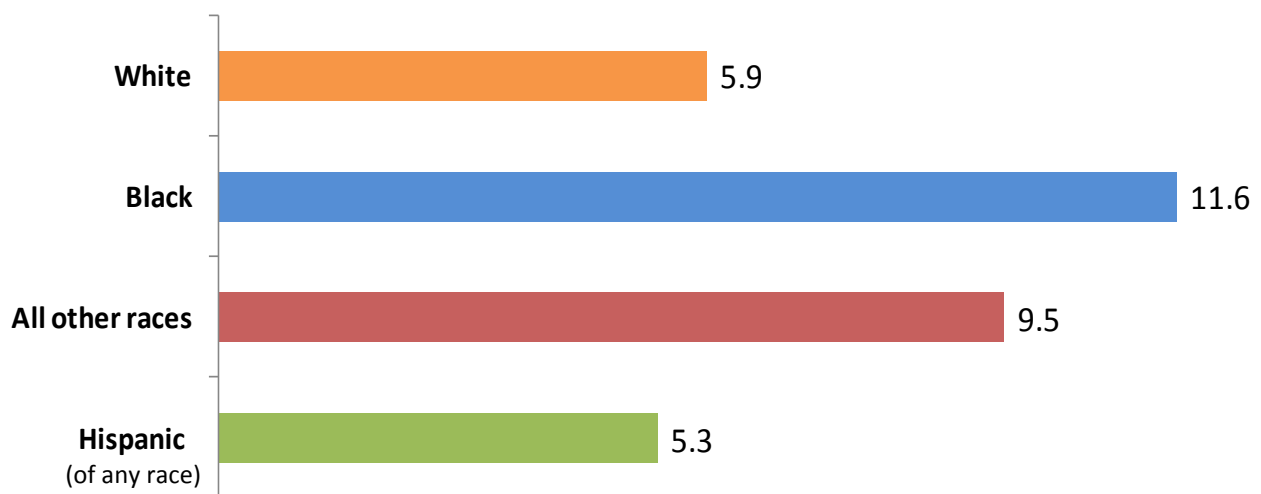
Prenatal Care is an important first step in ensuring that both mom and baby are off to a healthy start.



Low birth weight babies are more likely to develop health problems later in life than babies born at a healthy weight.

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**Figure 23. Percent Low Birth Weight in Illinois by Race/Ethnicity, 2011**

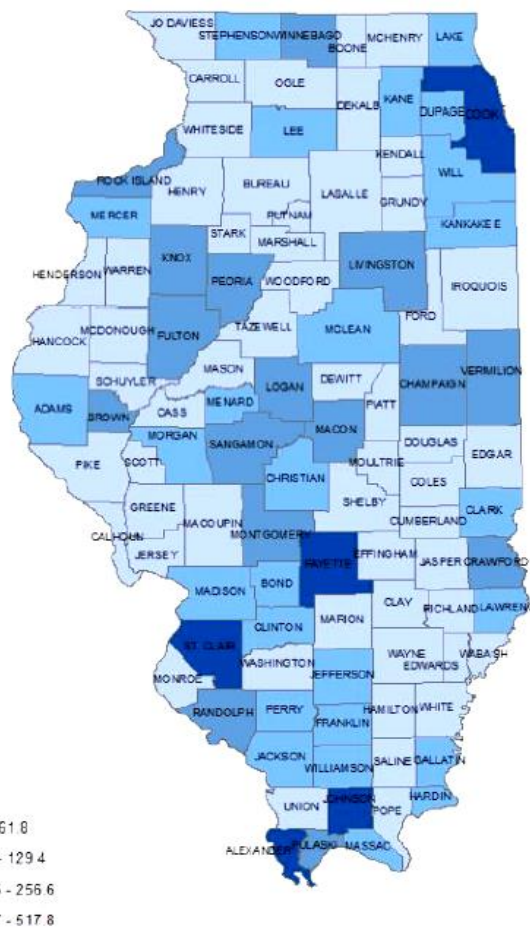


Babies who weigh less than 5 pounds, 8 ounces, at birth have a low birth weight. About **11.6 % of Black mothers had low birth weight babies in 2011** which represents the highest percent of low birth weight of any race in Illinois. There is a correlation between low birth weight babies and a mother's socio-economic status. Triggers such as stress, poor nutrition, poor health, unemployment, teenage pregnancy, and lack of prenatal care can result in low birth weight babies.

**Figure 24. Percentage of Persons Living with HIV Disease by Illinois Counties, 2013**

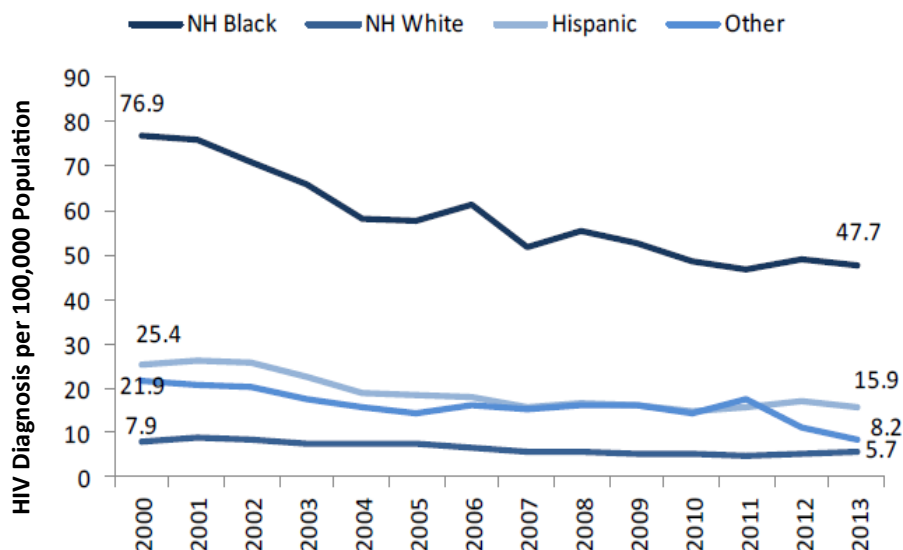
Cases of HIV have continued to decrease in Illinois over the past decade. There have been steep declines among heterosexual and intravenous drug users. Preventive measures such as syringe exchange programs and increased targeted HIV testing that is free have contributed to the decline.

- Blacks are twice as likely to be diagnosed with HIV than non-Hispanic whites.
- Black females have a higher infection rate than black men and other races.
- On average, one in five people diagnosed with HIV are Latino.



Through advancement in treatment options, HIV positive individuals can now live long and active lives.

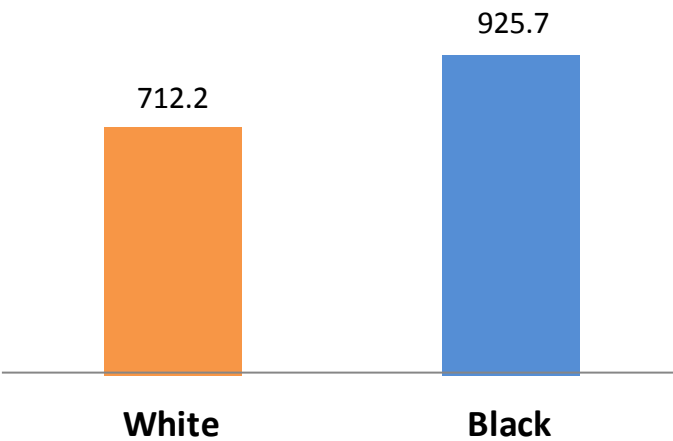
**Figure 25. Percentage of HIV Disease Diagnoses in Illinois by Race/Ethnicity and Year of Diagnosis, 2000-2013**



The percentage of Blacks diagnosed with HIV decreased significantly during 2000 to 2013 but the rate remains substantially higher than for all other racial/ethnic groups.

**Figure 26 a-e. Age-Adjusted Death Rates per 100,000 Population by Leading Causes of Death in Illinois by Race, 2012**

**a. Deaths by all causes**

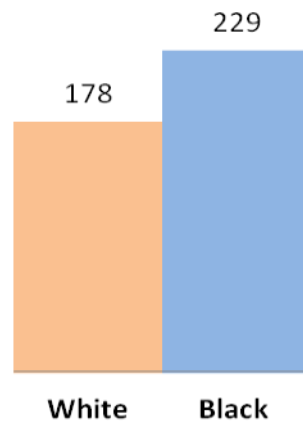


The age adjusted death rates for all causes of the Black population is 925.7 per 100,000. This rate is much higher than the rate for the White population which is 712.2 per 100,000.

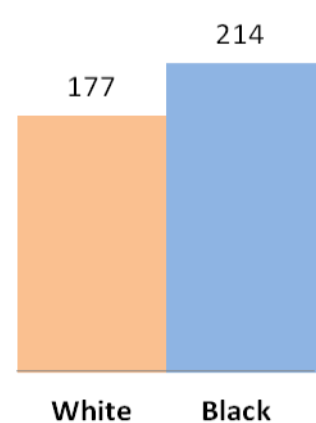


**By leading causes of death**

**b. Deaths by diseases of the heart**

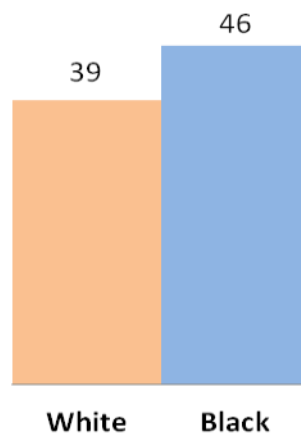


**c. Deaths by malignant neoplasms**

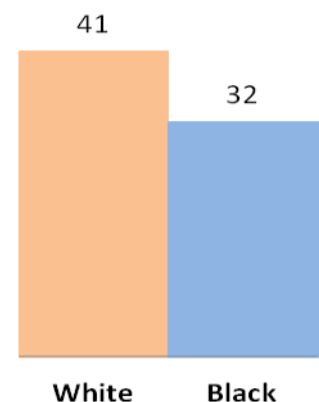


**Heart disease** kills more Americans than any of the leading causes of death. After adjusting for age, about 229 Blacks per 100,000 die of the disease compared to 178 per 100,000 Whites. Malignant Neoplasm represents the second-highest death rate for Blacks (214 Blacks per 100,000 compared with 177 Whites per 100,000), and cerebrovascular diseases (46 per 100,000 Blacks and 39 per 100,000 Whites). The death rate due to chronic lower respiratory disease was higher in the White population (41 per 100,000) than the Black population (32 per 100,000).

**d. Deaths by cerebrovascular disease**



**e. Deaths by chronic lower respiratory diseases**





# DISCUSSION & FUTURE STEPS



Illinois had a population of 12.8 million in 2014, and more than one third of its citizens (38%) are minorities. Minority populations are growing across the state. Substantial growth rate in minority populations has occurred in all downstate regions. The Champaign and Rockford regions experienced nearly 52 percent growth in minority populations followed by the Peoria region with nearly 48 percent. (*U.S. Census Bureau, American Community Survey 2011-2015; compiled by Rob Paral & Associates*).

Historically, minority groups have experienced a higher incidence of morbidity and mortality. While this report is limited to few selected factors/indicators, it does support the notion that wide health disparity gaps in Illinois exists. Applying resources through an equity lens can have profound effects on health outcomes and life expectancy for Illinois' most vulnerable populations.

**Limitations:** This report was an attempt to compile necessary data on health disparities in Illinois using available published data by IDPH. Unfortunately, most of the county level health indicators did not have race and ethnicity differentials because of small numbers, or because any data on this variable was not collected or released. Data on children's health characteristics in most cases were not available. This is an area that needs attention in order to provide disease prevention programs across the lifespan that will improve quality of life.

**Future Steps:** Asian, Latino, and refugee populations have steadily increased over the years. The continued diversification of the state presents a need for better data collection and more specialized health care and outreach efforts in minority communities.

Improving the quality of data collected, to be reflective of all race and ethnicity, can help guide policies and programs in areas of need and concern.

Forging alliances with community gate keepers and other leaders and seeking their advice and involvement in health equity planning for their communities is a way to gain a community's trust and pave the way for culturally appropriate prevention and care strategies to be implemented.

The Center for Minority Health Services plans to produce a health equity report annually that highlights IDPH efforts in bridging the health equity gaps in Illinois.

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