Illinois Disability and Health Data Report

Demographic and Health Profile of Illinoisans with Disabilities
2005-2006

January 2009
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To learn more about the Illinois Disability and Health Program, or to receive the report in accessible formats, contact the Illinois Department of Public Health, Disability and Health Program at 217-782-3300, TTY 800-547-0466.
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About This Report

Purpose of the Report

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

Contents of the Report

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

Data Source

The data used for this report were extracted from the 2005 and the 2006 Illinois Behavioral Risk Factor Surveillance System (ILBRFSS). The ILBRFSS, conducted annually by the Department, is a random telephone survey of community households in the state designed to monitor health-related behaviors associated with chronic diseases and mortality among Illinois adults. Data were collected through telephone interviews from randomly selected adults, ages 18 years and older, at each sampled household.
**Disability Screening**

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

**Data Analysis**

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

Almost one in every five adults in Illinois has disability. Figure 1 below graphically shows the proportion of Illinois adults who have disability. According to the 2006 Illinois Behavioral Factor Surveillance System (ILBRFSS) data, 18.8 percent of Illinois adults were estimated to have a disability (95 percent CI: 17.5 percent – 20.1 percent) in 2006.

Figure 1. Disability Prevalence Among Illinois Adults

Source: 2006 ILBRFSS
Disability by Age

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

Figure 2 below visually demonstrates how the prevalence of disability in Illinois varies across three age groups. Each of the three bars in the figure represents Illinois adults in three different age groups: from the top, ages 18 to 39, 40 to 64, and 65 or older. In Illinois, the prevalence of disability increases across the age groups from 9.1 percent (95 percent CI: 7.5 percent - 11.0 percent) among young adults aged 18 to 39, to 20.9 percent (95 percent CI: 19.1 percent - 22.9 percent) among middle age adults aged 40 to 64, and to 37.3 percent (95 percent CI: 34.3 percent - 40.5 percent) among those aged 65 and older.

Figure 2. Disability Prevalence Among Illinois Adults by Age

Source: 2006 ILBRFSS
Disability by Gender

Illinois men and women reported similar disability prevalence. Figure 3 below describes prevalence of disability among Illinois adults by gender. The two horizontal bars represent men and women, respectively. Slightly more women reported having disability than men: 19.9 percent (95 percent CI: 18.3 percent - 21.5 percent) vs. 17.6 percent (95 percent CI: 15.7 percent - 19.7 percent), respectively. The difference between the two groups does not reach statistical significance, however.

Figure 3. Disability Prevalence Among Illinois Adults by Gender

Source: 2006 ILBRFSS
Disability by Race

Figure 4 graphically shows disability prevalence across three race groups. From the top, each of the three bars in the figure represents white Americans, black or African Americans, and other race groups which include American Indians, Alaska Natives, Native Hawaiians, other Pacific Islanders, and others. The prevalence of disability for each race group was 18.8 percent (95 percent CI: 17.5 percent - 20.2 percent), 22.7 percent (95 percent CI: 18.8 percent - 27.3 percent), and 11.9 percent (95 percent CI: 7.8 percent - 17.8 percent), respectively. The prevalence reported by other race groups was significantly lower than that for black or African Americans. The prevalence discrepancies between white and black race groups, and other and white race groups does not reach statistical significance.

Source: 2006 ILBRFSS
Disability by Hispanic Origin

Illinois adults with Hispanic origin reported a lower prevalence of disability than those with non-Hispanic origin. Figure 5 contrasts disability prevalence by Hispanic origin. Each of the two bars in the figure represents Illinois adults who are non-Hispanic origin, top bar, and Hispanic origin, bottom bar. Illinois adults who are Hispanic origin reported a substantially lower prevalence when compared to their counterparts who are non-Hispanics: 11.1 percent (95 percent CI: 7.6 percent - 15.9 percent) vs. 19.9 percent (95 percent CI: 18.6 percent - 21.2 percent), respectively.

Figure 5. Disability Prevalence Among Illinois Adults by Hispanic Origin

Source: 2006 ILBRFSS
Disability by Geographic Area

Figure 6 summarizes the prevalence of disability across the three areas of the state: Chicago metropolitan area (i.e., city of Chicago, counties of Cook, Lake, McHenry, Kane, DuPage and Will), other urban areas (i.e., counties of Champaign, DeKalb, Kankakee, Kendall, Macon, Madison, Peoria, Rock Island, Sangamon, St. Clair, Tazewell, McLean, and Winnebago), and the rural areas (i.e., remaining 83 rural counties). There is no statistical difference in the prevalence of disability across Chicago metropolitan area, 17.4 percent (95 percent CI: 15.8 percent - 19.2 percent), the other urban areas, 20.9 percent (95 percent CI: 18.3 percent - 23.8 percent), and rural areas, 20.6 percent (95 percent CI: 18.2 percent - 23.3 percent).

Figure 6. Disability Prevalence Among Illinois Adults by Geographic Area

Source: 2006 ILBRFSS
Section II: Chronic Disease Prevalence Among Persons With Disability in Illinois
Arthritis

Arthritis prevalence is higher among Illinoisans with disability than those without disability. Figure 7 below shows the prevalence of arthritis across the two groups with and without disability. In Figure 7, the bar on the top shows that 60.7 percent (95 percent CI: 56.7 percent – 64.6 percent) of adults with disability have ever been told by a doctor or other health professional that they have arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia. The rate for adults without disability, represented in the bottom bar, is 18.1 percent (95 percent CI: 16.9 percent – 19.5 percent).

Figure 7. Prevalence of Arthritis by Disability Status

Source: 2005 ILBRFSS
Asthma

Illinoisans with disability are more likely to have asthma than their counterparts without disability. Shown in Figure 8 is the prevalence of doctor-diagnosed asthma between Illinois adults with and without disability. Prevalence of asthma among adults with disability, represented in the top bar of the figure, is 22.0 percent (95 percent CI: 19.0 percent – 25.4 percent). The prevalence rate for adults with disability is higher than that of adults without disability, which is 10.9 percent (95 percent CI: 9.6 percent – 12.3 percent).

Figure 8. Prevalence of Asthma by Disability Status

Source: 2006 ILBRFSS
Diabetes

Prevalence of diabetes is higher among Illinoians with disability than those without disability. Figure 9 summarizes the prevalence of diabetes between adults with disability, represented in the top bar of the figure, and adults without disability, represented in the bottom bar. The top bar shows that 17.3 percent (95 percent CI: 14.9 percent – 20.0 percent) of adults with disability have ever been told by a doctor that they have diabetes. The bottom shows that 6.0 percent (95 percent CI: 5.2 percent – 7.0 percent) of adults without disability have ever been told that they have diabetes.

Figure 9. Prevalence of Diabetes by Disability Status

Source: 2006 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, 12.2 percent (95 percent CI: 10.2 percent – 14.6 percent), and for adults without disability, 2.1 percent (95 percent CI: 1.7 percent – 2.7 percent). Prevalence of angina, represented in the two bars in the middle, is 12.6 percent (95 percent CI: 10.5 percent – 15.1 percent) for adults with disability, and 2.8 percent (95 percent CI: 2.2 percent – 3.5 percent) for adults without disability. The two bars at the bottom of the figure show that 7.8 percent (95 percent CI: 6.2 percent – 9.7 percent) of adults with disability and 0.9 percent (95 percent CI: 0.7 percent – 1.2 percent) of adults without disability ever had stroke.

Figure 10. Prevalence of Cardiovascular Disease by Disability Status

Source: 2006 ILBRFSS
Section III:  
Risk Factors for Chronic Disease
Obesity

Illinois adults with disability are more likely to be obese (i.e., Body Mass Index equal to or greater than 30.0) than their counterparts without disability. Figure 11 summarizes the prevalence of obesity among Illinois adults by disability status. The bar on the top shows that 35.6 percent (95 percent CI: 32.2 percent - 39.2 percent) of adults with disability reported being obese compared to 22.2 percent (95 percent CI: 20.6 percent - 23.9 percent) of adults without disability, represented in the bottom bar. The national goal included in the Healthy People 2010 is to reduce the rate to 15 percent by the year 2010 (i.e., Objective 19-2).

Figure 11. Obesity Prevalence Among Illinois Adults by Disability Status

Source: 2006 ILBRFSS
Exercise

Illinoisans with disability engage in exercise less frequently than Illinoisans without disability. Figure 12 compares the proportion of adults who engage in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise, other than regular job, in the past month) by disability status. The bar on the top indicates that 62.1 percent (95 percent CI: 58.7 percent – 65.5 percent) of adults with disability participated in any physical activity or exercise in the past month. The rate is lower than that the rate reported by adults without disability, 81.2 percent (95 percent CI: 79.5 percent – 82.8 percent), shown in the bottom bar.

Figure 12. Percent of Illinois Adults Who Participated in Any Physical Activity or Exercise in the Past Month by Disability Status

Source: 2006 ILBRFSS
Fruits and Vegetables

Only one in every four Illinoisans with disability eats five or more servings of fruits and vegetables each day. Figure 13 shows the rate of Illinoisans who eat five or more servings of fruits and/or vegetables per day. The bar on the top shows that 26.5 percent (95 percent CI: 23.1 percent – 30.1 percent) of adults with disability eat five or more servings of fruits and vegetables per day. The rate for adults without disability, 24.3 percent (95 percent CI: 22.6 percent – 26.0 percent), shown in the bottom bar, is similar to that for adults with disability. For adults, eating two cups of fruit and two and a half cups of vegetables per day is typically recommended, while the recommended intake for each individual may vary largely depending on his/her activity levels.

Figure 13. Percent of Illinois Adults Who Eat Five or More Fruits or Vegetables Per day by Disability Status

Source: 2005 ILBRFSS
Cigarette Smoking

Smoking prevalence in Illinois is much higher than the Healthy People 2020 Target.

Figure 14 shows the proportion of Illinois adults who reported smoking cigarettes by disability status. Twenty-two percent (22.7 percent, 95 percent CI: 19.7 percent - 26.0 percent) of Illinois adults with disability, shown in the top bar, smoked cigarettes compared to 20.0 percent (95 percent CI: 18.3 percent - 21.8 percent) of those without disability, shown in the bottom bar. There is no statistical difference between the two groups. These rates are significantly higher when compared to the Healthy People 2010 target of 12 percent (i.e., Objective 27-1a).

Figure 14. Percentage of Illinois Adult Cigarette Smokers by Disability Status

Source: 2006 ILBRFSS
Falls

Illinoisans with disability are at a higher risk of injury from falls than Illinoisans without disability. Figure 15 compares the rate of adults, ages 45 or older, who have fallen at least once during the past three months by disability status. The bar on the top shows that the rate is 26.0 percent (95 percent CI: 22.7 percent – 29.6 percent) for adults with disability. The rate for adults without disability, 10.0 percent (95 percent CI: 8.7 percent – 11.6 percent) shown in the bottom bar, is much lower.

Figure 15. Percent of Illinois Adults, Ages 45 and older, Who Have Fallen During the Past Three Months by Disability Status

Source: 2006 ILBRFSS
Section IV:
Quality of Life Among Persons with Disability
Satisfaction with Life

Illinoisans with disability are less likely to be satisfied with their life than those without disability. Figure 16 below compares the proportion of adults who are “very satisfied with life” by disability status. Illinois adults with disability, represented in the top bar, reported that 29.5 percent (95 percent CI: 26.3 percent - 32.8 percent) were very satisfied with their life. The rate for those without disability, represented in the bottom bar, was 46.7 percent (95 percent CI: 44.6 percent - 48.7 percent); substantially higher than their counterparts.

Figure 16. Self-reported Satisfaction With Life Among Illinois Adults by Disability Status

Source: 2006 ILBRFSS
Self-rated Health Status

Illinoisans with disability rated their health status less favorably than their counterparts without disability. Figure 17 contrasts how Illinois adults with and without disability perceive their health status differently. The two bars on top of the graph show that 5.3 percent (95 percent CI: 3.9 percent - 7.1 percent) of adults with disability rated their health as “excellent” and that 15.3 percent (95 percent CI: 12.9 percent - 18.0 percent) rated it as poor. For adults without disability, represented in the two bottom bars, the rate was 21.8 percent (95 percent CI: 20.2 percent - 23.5 percent) and 1.0 percent (95 percent CI: .6 percent - 1.5 percent), respectively. Nearly three times as many adults with disability reported their health as poor compared to those who reported excellent health. For those without disability, only a few rated their health as poor.

Figure 17. Self-rated Health Status Among Illinois Adults by Disability Status

Source: 2006 ILBRFSS
Healthy Days

Illinois adults with disability reported fewer healthy days in a month than those without disability. Figure 18 below shows the average number of healthy days reported by Illinois adults with and without disability. The average number of the healthy days reported by Illinois adults with disability was 16.1 days (95 percent CI: 15.2 percent – 17.0 days) per month, which is graphically shown by the top bar in the graph. Adults without disability, represented in the bottom bar, reported 26.0 (95 percent CI: 25.7 percent – 26.3 days) healthy days during the past 30 days.

Figure 18. Self-reported Number of Healthy Days During the Past 30 Days by Disability Status

Source: 2006 ILBRFSS
Section V: Access to Health Care and Screenings
**Routine Checkup**

Illinois adults with disability are more likely to have a routine physical checkup than those without disability. Figure 19 below represents the proportion of Illinois adults who visited a doctor for a routine checkup, a general physical exam, within the past year by disability status. Represented in the top bar, 75.7 percent (95 percent CI: 72.5 percent – 78.7) of Illinois adults with disability received the routine physical checkup past year. The rate was higher than 63.3 percent (95 percent CI: 61.2 percent – 65.3) reported by Illinois adults without disability, represented in the bottom bar.

**Figure 19. Percent of Illinois Adults Who Had Routine Checkup Within Past Year**

Source: 2006 ILBRFSS
Usual Primary Care Provider

Illinois adults with disability are more likely to have a usual primary care provider than those without disability. Figure 20 below represents the proportion of Illinois adults who can think of one or more person as a personal doctor or health care provider by disability status. Represented in the top bar, 90.2 percent (95 percent CI: 87.5 percent – 92.4) of Illinois adults with disability reported to have one more person whom they can consider as their personal doctor or health care providers. The rate has exceeded the Health People 2010 target of 90 percent (i.e., Objective 1-5). The rate for Illinois adults without disability, represented in the bottom bar, was 79.1 percent (95 percent CI: 77.1 percent – 81.0).

Figure 20. Percent of Illinois Adults Who Have One or More Person as a Personal Doctor or Health Care Provider

Source: 2006 ILBRFSS
**Access to Health Care**

For Illinoisans with disability, costs associated with health care appear to hinder their use of such services. Figure 21 and 22 in this and the next page show that Illinois adults with disabilities are less likely to access health services due to cost than those without disability. Figure 21 compares the proportion of Illinois adults who avoided visiting doctor due to cost by the presence of disability. The rate for Illinois adults with disability, 16.3 percent (95 percent CI: 13.6 percent - 19.4 percent) represented in the top bar, is higher compared to 11.5 percent (95 percent CI: 10.0 percent - 13.2 percent) for those without disability shown in the bottom bar.

**Figure 21. Percent of Illinois Adults Who Avoided Doctor Visits Due to Cost by Disability Status**

Source: 2006 ILBRFSS
The rate of Illinois adults who avoided filling prescriptions is shown in Figure 22 below. The rate of Illinois adults with disability, 20.0 percent (95 percent CI: 17.0 percent - 23.3 percent) represented in the top bar, is higher than that for Illinois adults without disability, 6.8 percent (95 percent CI: 5.7 percent - 8.0 percent) represented in the bottom bar.

Figure 22. Percent of Illinois Adults Who Avoided Filling Prescriptions Due to Cost by Disability Status

Source: 2006 ILBRFSS
Mammography

Illinois women with and without disability reported a similar rate of having a mammography. Figure 23 on the following page summarizes the percentage of Illinois women, age 40 years and older, who have received a mammogram within the last two years, by disability status. The top bar represents women with disability; the bottom bar represents women without disability. The rate was similar between women with disability (71.4 percent, 95 percent CI: 67.3 percent - 75.2 percent) and those without it (75.7 percent, 95 percent CI: 73.3 percent - 78.0 percent). The Healthy People 2010 Objective 3-13 target is that 70 percent of women, ages 40 and older, receive mammography within the preceding two years by 2010.

Figure 23. Percent of Illinois Women Age 40 and Older Who Have Had a Mammogram Within the Last Two Years by Disability Status

Source: 2006 ILBRFSS
Colorectal Cancer Screening

Figure 24 below represents the proportion of Illinois adults with disability, age 50 years old and older, who have received two common colorectal cancer screenings: stool test and sigmoidoscopy. The rate for the stool test is shown in the top bar. The bottom bar represents the rate for sigmoidoscopy. The proportion of Illinois adults with disability who have ever had a stool test (44.4 percent, 95 percent CI: 40.4 percent - 48.5 percent) remained lower than the Healthy People 2010 target of “50 percent within two preceding years (i.e., Objective 3-12a).” The proportion of those who ever received a sigmoidoscopy (59.9 percent, 95 percent CI: 55.8 percent - 63.8 percent), however, exceeded the Healthy People 2010 target of 50 percent (i.e., Objective 3-12b).

Figure 24. Percent of Illinois Adults Age 50 and Older Obtaining Colorectal Screening

Source: 2006 ILBRFSS
Oral Hygiene

Illinoisans with disability are less likely to access oral hygiene services than those without disability. Figure 25 summarizes the proportion of Illinois adults who have had their teeth cleaned by a dentist or oral hygienist within the past 12 months. The top bar shows that 60.4 percent (95 percent CI: 56.5 percent – 64.2 percent) of adults with disability have had their teeth cleaned within the past 12 months. The rate is lower than that of adults without disability, 68.2 percent (95 percent CI: 66.1 percent – 70.2 percent) shown in the bottom bar.

Figure 25. Percent of Illinois Adults Who Have Had Their Teeth Cleaned by Dentist or Oral Hygienist Within the Past 12 Months by Disability Status.

Source: 2006 ILBRFSS
**Immunization**

The proportion of Illinois seniors with disability who receive immunization against infectious disease is lower than the federally recommended level. Figure 28 below represents the proportion of Illinois adults with disability, age 65 years old and older, who have received vaccinations against influenza. The proportion of seniors with disability who received a flu shot during the past 12 month was 59.0 percent (95 percent CI: 52.8 percent – 65.0 percent). The *Healthy People 2010* target is 90 percent for flu vaccination (i.e., Objective 14-29a).

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

![Bar graph showing the percentage of adults with and without disability who received a flu shot.](Source: 2005 ILBRFSS)
**Call to Action**

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

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

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

Findings from this and the previous report suggest that people with disabilities will continue to comprise a major portion of the population base in Illinois and that state and local policymakers need to prepare for a growing population that will require services to remain integrated in their communities. Monitoring and tracking this growing
population at the state level will become more critical for future development and implementation of policies and programs that meet the unique needs of state residents with disabilities. The Illinois Disability and Health Program, with funding from 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 health of Illinoisans with disability and informing its findings to various stakeholders who are interested in promoting the health and wellness of citizens with disability.

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

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