



State of Illinois



DISABILITY AND HUMAN DEVELOPMENT COLLEGE OF APPLIED HEALTH SCIENCES



Smoking

Among Illinois Adults with Disability

Illinois Disability and Health Program Data Brief

June 2016

Smoking, which harms nearly every organ of the body and causes many cancers, cardiovascular diseases, and respiratory illnesses, is the leading preventable cause of morbidity and mortality. Generally, smoking rates are higher for people with disabilities than for people without disabilities as seen in the table below. Because people with disabilities are less likely than people without disabilities to receive preventive health care, they are more susceptible to illness and disease. Smoking prevalence and the lack of preventive medical services put people, particularly those with disabilities, at risk for declining health, decreased levels of activity, and increased functional dependence.

Tobacco Smoking Rate by Disability Status across Center for Independent Living (CIL) Service Areas: 2010 – 2014

Center for Independent Living	Percentage of Adults Who Currently Smoke				Survey Year
	With Disability	Without Disability	Gap *	Increase or Decrease **	
Access Living & Progress Center	16.9%	16.3%	0.6%	3.8%	2014
Advocates For Access	24.8%	20.1%	4.7%	23.6%	2013
AIM	13.8%	10.0%	3.8%	38.4	2014
IL-IA (IL. only)	26.5%	14.2%	12.3%	86.5%	2013
IL Valley	19.8%	22.5%	-2.7%	-12.2%	2013
IMPACT	28.6%	24.3%	4.3%	17.8%	2011-2012
Jacksonville Area	--	18.3%	--	--%	2012
Lake	23.0%	12.1%	10.9%	90.1%	2014
LIFE	20.3%	10.3%	10.0%	96.5%	2012-2013
LINC	18.8%	17.4%	1.4%	7.8%	2011
Northwestern	17.4%	13.3%	4.1%	30.8%	2014
Opportunities for Access	20.5%	20.1%	0.4%	2.1%	2011
Options	22.0%	16.7%	5.3%	31.8%	2012 & 2014
PACE	31.9%	15.9%	16.0%	100.8%	2011-2012
RAMP	16.2%	14.3%	2.0%	14.0%	2014
Southern IL	29.0%	28.1%	0.8%	3.0%	2010
SAIL	28.5%	20.8%	7.7%	37.0%	2011-2012
Springfield	30.3%	25.1%	5.2%	20.7%	2011-2012
Stone-Hayes	25.0%	19.1%	5.9%	31.0%	2013
West Central	26.7%	16.2%	10.5%	65.1%	2012-2013
Will-Grundy	20.9%	12.8%	8.1%	63.3%	2014
Southeastern 3 Counties without a CIL	21.1%	21.1%	-0.1%	-0.3%	2010
Southern 6 Counties without a CIL	27.2%	20.5%	6.7%	32.7%	2010

* A percentage rate gap between adults with disability and adults without disability
 ** Percentage increase or decrease calculated as follows: smoking rate gap divided by smoking prevalence for adults without disability

The combined estimate for the Access Living CIL and the Progress Center CIL is extracted from the 2014 Illinois Behavioral Risk Factor Surveillance System. The estimate for persons with disability for the Jacksonville CIL was suppressed because it was statistically unstable. The estimate for the Opportunities for Access CIL is based on the following six counties: Clinton, Effingham, Fayette, Marion, and Washington surveyed in 2011 because the remaining eight counties in the service area were surveyed in 2010 using a different statistical weight.

Data Source: 2010-2014 Round 5 Illinois County Behavioral Risk Factor Surveys (ICBRFS), a random-digit telephone survey of community households conducted by the Illinois Department of Public Health. The survey gathers information on health status and health risk factors among Illinois county residents who are 18 years of age and older. All data analyses are conducted using a statistical weight to produce prevalence estimates across CIL service areas. These prevalence estimates may or may not represent actual smoking prevalence.

Disability Screening: Survey participants who responded positively to either or both of the following questions in the ICBRFS were identified as having a disability: 1) limited in any way in activities because of physical, mental, or emotional problems; 2) have a health problem that requires the use of special equipment, such as a cane, a wheelchair, a special bed, or a special telephone.

Smoking Rate represents the percentage of current tobacco smokers. Adults who smoke tobacco are defined as adults who have smoked more than 100 cigarettes over their lifetime and currently smoke either regularly or occasionally. It was estimated using a statistical weight for each of the CIL service areas. The statistical weight was primarily based on the probability of each survey respondent being selected in the survey on the basis of sex, age, race, and ethnic origin.

Illinois Centers for Independent Living (CILs) by Service Area (County)

CILs	Service Area (County)
Access Living & Progress Center	Cook
Advocates for Access	Fulton, Peoria, Tazewell, and Woodford
AIM	DuPage, Kane, and Kendall
Illinois-Iowa (IL only)	Henry, Mercer, and Rock Island
Illinois Valley	Bureau, LaSalle, Marshall, Putnam, and Stark
IMPACT	Bond, Calhoun, Greene, Jersey, Macoupin, and Madison
Jacksonville Area	Cass, Mason, Morgan, and Scott
Lake	Lake and McHenry
LIFE	Dewitt, Ford, Livingston, and McLean
LINC	Monroe, Randolph, and St Clair
Northwestern	Carroll, Jo Daviess, Lee, Ogle, and Whiteside
Opportunities for Access	Clay, Clinton, Edwards, Effingham, Fayette, Hamilton, Jasper, Jefferson, Marion, Wabash, Washington, Wayne, and White
Options	Iroquois and Kankakee
PACE	Champaign, Douglas, Edgar, Piatt, and Vermillion
RAMP	Boone, De Kalb, Stephenson, and Winnebago
Southern Illinois	Franklin, Gallatin, Hardin, Jackson, Perry, Saline, and Williamson
SAIL	Clark, Coles, Cumberland, Macon, Moultrie, and Shelby
Springfield	Christian, Logan, Menard, Montgomery, and Sangamon
Stone-Hayes	Henderson, Knox, and Warren
West Central	Adams, Brown, Hancock, McDonough, Pike, and Schuyler
Will-Grundy	Grundy and Will
Southeastern 3 Counties without a CIL	Crawford, Lawrence, and Richland
Southern 6 Counties without a CIL	Alexander, Johnson, Massac, Pope, Pulaski, and Union

This Data Brief is prepared by the Illinois Disability and Health Program, a statewide project initiated jointly by the Illinois Department of Public Health and the University of Illinois at Chicago. The goal of the program is to reduce and prevent chronic health conditions among Illinois citizens with a disability and promote their health, well-being, and quality of life. The Illinois Disability and Health Program represents an effort to include those with a disability in ongoing health promotion and disease prevention activities and to raise public and professional awareness of disability issues to increase access to health care for persons with disability. Funding for this project is provided by the U.S. Centers for Disease Control and Prevention through a cooperative agreement (Grant #: 2NU59DD000938-04). To learn more about the project and how to become involved, contact the program at 217-782-3300, TTY 800-547-0466 (hearing impaired use only).