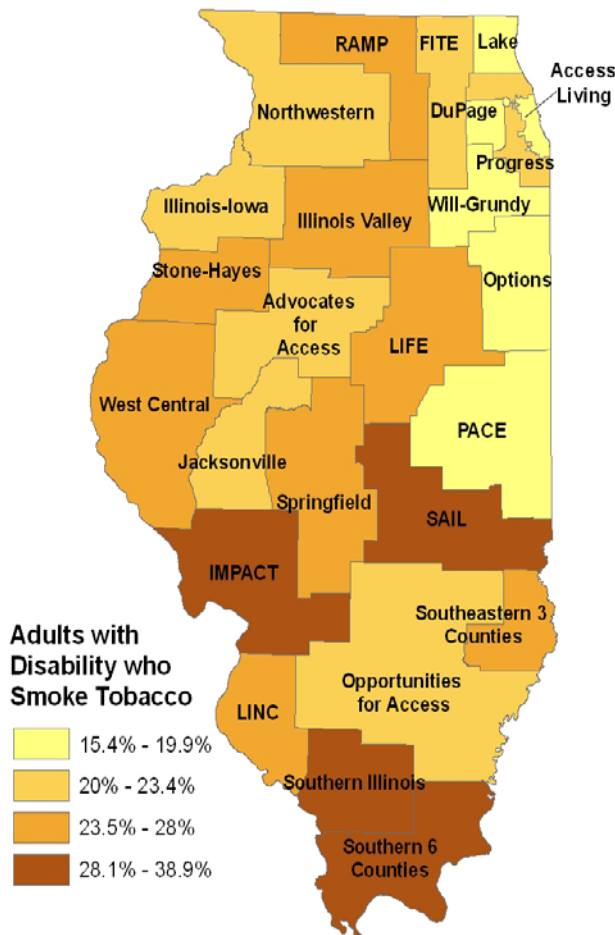


Smoking

Among Illinois Adults With Disability

Smoking Prevalence Among Illinois Adults With Disability by Center for Independent Living (CIL) Service Areas (2007-2009)



Smoking Prevalence

Gap = smoking prevalence difference between adults with disability and adults without disability
Percentage increase is calculated as follows: smoking prevalence gap divided by smoking prevalence for adults without disability

CIL	Disability	Without Disability	Gap	% Increase
Access Living	16.6%	13.6%	3.0%	22.1%
Advocates for Access	21.0%	15.1%	5.9%	39.1%
DuPage	19.9%	22.0%	-2.1%	-9.7%
FITE	22.8%	15.6%	7.2%	46.2%
Illinois-Iowa (Illinois only)	23.4%	18.8%	4.6%	24.5%
Illinois Valley	25.8%	19.5%	6.3%	32.3%
IMPACT	30.1%	19.5%	10.6%	54.4%
Jacksonville	22.7%	21.4%	1.3%	6.1%
Lake	19.0%	13.3%	5.7%	42.9%
LIFE	24.3%	18.2%	6.1%	33.5%
LINC	24.8%	16.0%	8.8%	55.0%
Northwestern	22.5%	18.5%	4.0%	21.6%
Opportunities for Access	22.4%	22.4%	0.0%	0.0%
Options	16.8%	25.0%	-8.2%	-32.8%
PACE	18.8%	22.8%	-4.0%	-17.5%
Progress	20.8%	17.8%	3.0%	16.9%
RAMP	25.0%	21.2%	3.8%	17.9%
Southern Illinois	32.1%	24.4%	7.7%	31.6%
SAIL	32.4%	21.2%	11.2%	52.8%
Springfield	27.3%	20.7%	6.6%	31.9%
Stone-Hayes	28.0%	16.8%	11.2%	66.7%
West Central	25.9%	22.3%	3.6%	16.1%
Will-Grundy	15.4%	20.5%	-5.1%	-24.9%
Southeastern 3 Counties	26.1%	21.6%	4.5%	20.8%
Southern 6 Counties	38.9%	29.2%	9.7%	33.2%
Total	21.2%	17.7%	3.5%	19.8%

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 to the right. People with disabilities who smoke increase their risk of developing chronic conditions that might adversely interact with their primary disabling condition. Also, people with disabilities are less likely than people without disabilities to receive preventive health care and so are more susceptible to illness and disease. Disparities in smoking prevalence and the use of preventive medical services put people, particularly those with disabilities, at risk for declining health, decreased levels of activity, and increased functional dependence.

Data Source: 2007-2009 Round 4 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.

Disability Screening: Survey participants who responded positive to either or both of the following two 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 health problem that requires use of special equipment, such as a cane, a wheelchair, a special bed or a special telephone?

Tobacco Smoking Prevalence: 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.

What can be done?

The underuse of preventive health care for people with disabilities may be a result of patient-provider miscommunication, lack of patient adherence, patient access problems (e.g., transportation), lack of provider training, staff's lack of knowledge on how to accommodate people with disabilities, poor coordination of care, and insufficient financial incentives. To effectively prevent and reduce tobacco use among people with disabilities, health system changes need to be promoted that reduce barriers limiting the ability of people with disabilities to access and use preventive health care. The inclusion of people with disabilities in smoking cessation programs will require overcoming the many barriers to preventive care that they experience. Ensuring that people with disabilities are included in state-based smoking cessation programs also can help eliminate these disparities and improve the quality of preventive health care for people with disabilities.

CILs	Service Area (County)
Access Living	Chicago
Advocates for Access CIL	Fulton, Peoria, Tazewell and Woodford
DuPage CIL	DuPage
FITE CIL	Kane, Kendall and McHenry
Illinois-Iowa CIL (Illinois counties only)	Henry, Mercer and Rock Island
Illinois Valley CIL	Bureau, LaSalle, Marshall, Putnam and Stark
IMPACT CIL	Bond, Calhoun, Greene, Jersey, Macoupin and Madison
Jacksonville Area CIL	Cass, Mason, Morgan and Scott
Lake CIL	Lake
LIFE CIL	DeWitt, Ford, Livingston and McLean
LINC CIL	Monroe, Randolph and St. Clair
Northwestern CIL	Carroll, Jo Daviess, Lee, Ogle and Whiteside
Opportunities for Access CIL	Clay, Clinton, Edwards, Effingham, Fayette, Hamilton, Jasper, Jefferson, Marion, Wabash, Washington, Wayne and White
Options CIL	Iroquois and Kankakee
PACE	Champaign, Douglas, Edgar, Piatt and Vermillion
Progress CIL	Suburban Cook
RAMP	Boone, DeKalb, Stephenson and Winnebago
Southern Illinois CIL	Franklin, Gallatin, Hardin, Jackson, Perry, Saline and Williamson
SAIL	Clark, Coles, Cumberland, Macon, Moultrie and Shelby
Springfield CIL	Christian, Logan, Menard, Montgomery and Sangamon
Stone-Hayes CIL	Henderson, Knox and Warren
West Central CIL	Adams, Brown, Hancock, McDonough, Pike and Schuyler
Will-Grundy CIL	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 Department of Public Health’s 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. Persons with a disability have an increased risk of chronic health conditions, such as arthritis, obesity, hypertension, and high cholesterol, when compared to those without a disability. As a group, however, persons with a disability have rarely been targeted by health promotion and disease prevention efforts. The Illinois Disability and Health Program represents an effort to include those with a disability in on-going health promotion and disease prevention activities and to raise 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 #: 5U59DD000271). To learn more about the project and how to become involved, contact the program at 217-557-2939, TTY 800-547-0466.