

**2020 Illinois KIDS COUNT Report**

Indicators of Child Well-Being:  
Social Determinants of Health

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## Mission Statement

Voices for Illinois Children, *Powered by YWCA Metropolitan Chicago* is an independent advocacy group that champions strong public policies and investments for all children in our state.

## Acknowledgments

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## KIDS COUNT Data Center

If you are interested in looking  
at more data for Illinois or other  
states in the nation, please be  
sure to visit the Annie E. Casey  
Foundation's KIDS COUNT  
Data Center website at [https://  
datacenter.kidscount.org/](https://datacenter.kidscount.org/).

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## We have all been through difficult times these past few months.

The coronavirus pandemic and the death of George Floyd have refocused a light on the stark health and economic disparities that exist in our country depending on one's race or ethnicity.

We began writing this report months before the worldwide pandemic and protests across the world. In some respects, it is discouraging to see that many of the differences illustrated in this report have existed for years—in some cases, decades. However, this point in time should also provide us with renewed energy to tackle these disparities.

Every person in our state, and particularly every child, needs to be treated with respect and dignity. Eliminating systemic racism, removing obstacles to opportunity, and providing our communities with the necessary resources are key to this effort. No child should be denied the chance for a healthy and successful life.

As a woman of color, I have faced discrimination as have millions across our state. I refuse to let that stop me from creating a state that respects and provides opportunities to everyone. The disparities illustrated in this report cannot continue. I do not intend to let Voices for Illinois Children to allow them to continue.

Last year, our organization worked with members of the Illinois Senate to secure the passage of Senate Resolution 386, which calls on the state of Illinois to apply a racial, ethnic, and inclusion lens in all its policies, programs, and practices. The resolution is based on principles Voices had already adopted for itself. However, even if every non-profit and corporation across the state adopted the same principles, it would not be enough.

We can do much better as a state when it comes to equal access to health care. We can do much better when it comes to providing economic opportunity for all. We can do much better in providing adequate housing and nutrition to every man, woman, and child in this state.

I hope this report will serve as a foundation for action. Whether it is passage of a state Racial Impact Note, redistribution of housing resources, better access to child care, greater economic opportunity, or eliminating obstacles to high-quality health care, the challenge ahead of us is to see that all children—regardless of race, ethnicity, or zip code—have the same promise and opportunity. I invite you to join us in these efforts.

A handwritten signature in black ink, reading "Tasha Green Cruzat".

Tasha Green Cruzat  
*Executive Director, Voices for Illinois Children,  
Powered by YWCA Metropolitan Chicago*

*Spring 2020*

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Even before the coronavirus pandemic, this report would have illustrated the significant role public health and other publicly funded programs play in the health and well-being of Illinois children and their families.

Medicaid covered 44% of all births in Illinois in 2017.<sup>1</sup> Nearly 40% of Illinois children receive health insurance through Medicaid or other means-tested public insurance.<sup>2</sup> Even with insurance, some Illinois families still have difficulty accessing health care in a timely fashion for their children. In Federal Fiscal Year (FFY) 2019, 1,770,000 Illinois residents (or 14% of the state population) received benefits under the Supplemental Nutrition Assistance Program (previously known as food stamps). Of that number, almost 65% of the participants were in families with children.<sup>3</sup> In FFY 2019, more than one million Illinois children participated in the National School Lunch Program and 442,135 children benefitted from the school breakfast program.<sup>4</sup>

Many Illinois children are enrolled in these programs because of their household's economic conditions. In 2018, the child poverty rate stood at 16% (meaning they were at or below 100% of the federal poverty level).<sup>5</sup> Of all Illinois children, 7% lived in extreme poverty (at or below 50% of the federal poverty level).<sup>6</sup> How will those numbers look at the end of 2020 with the pandemic resulting in job layoffs and households facing reduced income?

Housing, education levels, household and family incomes, and transportation also affect our children's health. This report highlights those numbers and recognizes the significant role the U.S. Census plays in federal funding for programs addressing those areas. In FFY 2017, more than 300 federal programs utilized census data in some fashion to distribute \$1.5 trillion dollars to state and local governments, non-profits, businesses, and households.<sup>7</sup> Will the pandemic cause an even lower response rate in hard-to-count census tracts, reduce the impact of door-to-door work by the Census Bureau, and result in data that increases the undercount of young children—particularly children of color?

The Illinois Office of Management and Budget has already predicted a revenue shortfall of \$2.7 billion for this fiscal year, which ends June 30th. The Governor plans to address that shortfall through budget cuts, short-term borrowing, and delaying repayment of money borrowed from other state funds. Combined with those repayments in the next fiscal year, Illinois is looking at a revenue shortfall of between \$6.2 and \$7.4 billion depending on whether voters approve a graduated income tax in the fall. Even with additional federal funding, how will the state address an increased need for medical, housing, and nutrition services? As the state examines the services it delivers, the role public health and other publicly funded programs play in children's health, and its finances, we hope this report will help steer that discussion. We are one state and one community. We cannot allow the health of our children to take a back seat.





IN OUR 2019 REPORT, we documented pervasive racial and ethnic inequalities throughout the state in almost every indicator of child well-being for which data were available.<sup>8</sup> In areas of socioeconomics, education, and housing, many children of color have fallen behind and have little access to resources they need compared to other groups. We argued then and argue now that racial and ethnic disparities persist because racism persists. Racial and ethnic disparities are not the result of natural causes, biological or cultural inferiority, or the inability of some groups to “make it.” These disparities are outcomes that resulted from a long racial history of policies, practices, beliefs, and mores that provided more opportunities to “white” groups and fewer opportunities to “non-white” groups (housing segregation is a prime example).<sup>9</sup>

The coronavirus pandemic has done much to show us the racial and ethnic fissures that have always existed in Illinois and in the United States at large. The data show that coronavirus is having a disproportionate effect on black Illinoisans. Even though black people averaged 14% of the total population of Illinois in 2014-2018, they made up 34.5% of the state’s coronavirus deaths as of May 4, 2020.<sup>10</sup> They are currently the only racial or ethnic group in the state overrepresented in coronavirus deaths. In Chicago, there has also been an explosion in coronavirus cases in the city’s Latinx community.<sup>11, (1)</sup> In the accompanying maps and charts, we can see in which zip codes the rates of coronavirus are highest, as well as the different death rates for racial and ethnic groups in Illinois.<sup>12, (2)</sup>

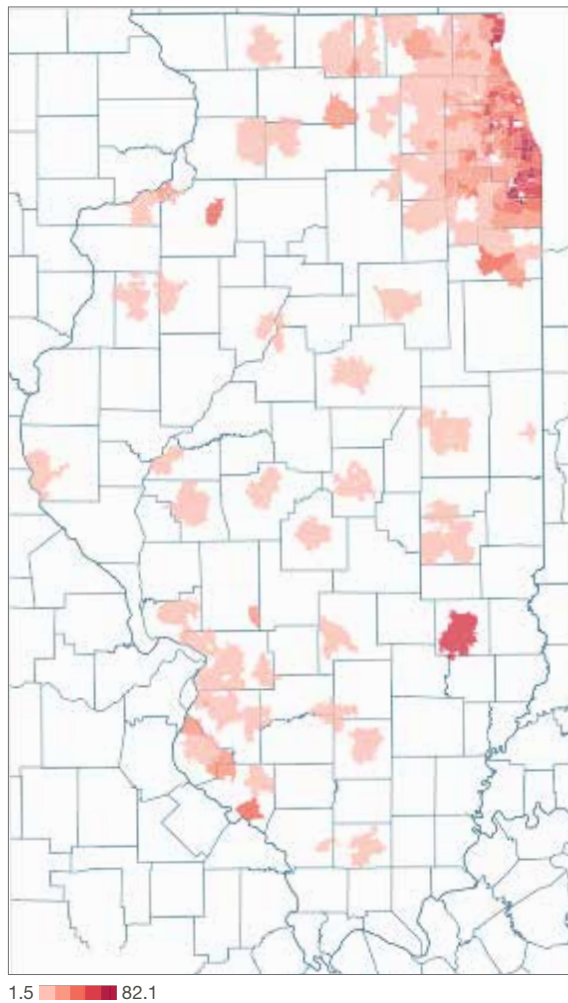
Although the situation is constantly changing and the Illinois Department of Public Health is updating its data, these results illustrate an ongoing health catastrophe for Illinois’ communities of color. We highlight these disparities to show how the social environments in which people find themselves continue to affect group outcomes. Some racial and ethnic groups have far less access to resources that might serve as a barrier between themselves and the risks associated with coronavirus infection: jobs with employer-provided health insurance, safe housing, close proximity to medical centers, access to private transportation, and regular access to medical care, just to name a few.

With this report, we show that these gaps persist in Illinois. With the onset of the coronavirus pandemic, we expect these gaps to widen in the coming months and years. However, these disparities are not set in stone. They can be changed if we have the political will to do it. If we start addressing these disparities now, all children in Illinois can have a better and brighter future ahead.

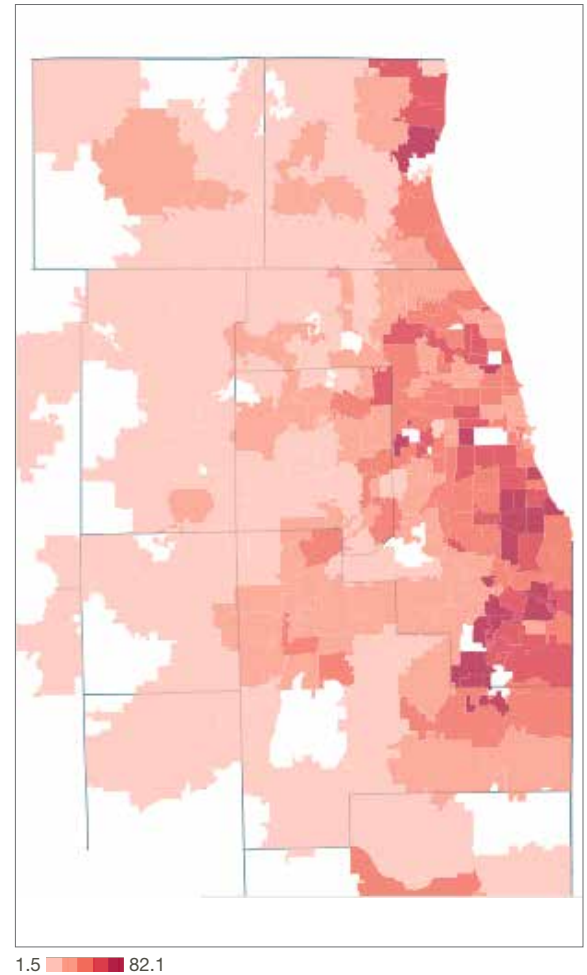
(1) It is worth noting that in Little Village, a mostly Latinx neighborhood of Chicago, a demolition company imploded a smokestack which blanketed the area in a cloud of dust in the middle of a respiratory pandemic (see: Raymond, Marcella. 2020. “City Investigating After Smokestack Demolition Covers Little Village in Dust.” WGN-TV. Retrieved April 27, 2020 [<https://wgntv.com/news/coronavirus/lightfoot-launches-investigation-after-smokestack-demolished-in-little-village/>]).

(2) Several zip codes have been excluded from these maps because they represented statistical outliers. Outliers are cases that have particularly high or low values which make the rate of cases in many zip codes look lower or higher than they really are. The following zip codes were excluded from the maps but we include their data here (all data points represent the number of cases per 10,000 population): 60064 = 108.9; 60104 = 87.4; 60141 = 277.8; 60466 = 109.6; 60612 = 84.2; 60624 = 83.2; 60645 = 102.9; 62992 = 130.4

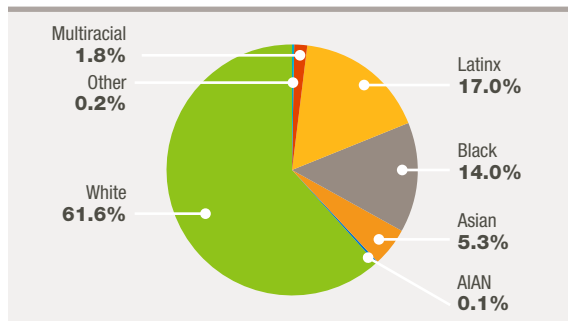
Rate (per 10,000 population) of positive COVID cases as of April 22, 2020 (excluding outliers)



Rate (per 10,000 population) of positive COVID cases in Cook, DuPage, Kane, Lake, McHenry, and Will County zip codes as of April 22, 2020 (excluding outliers)

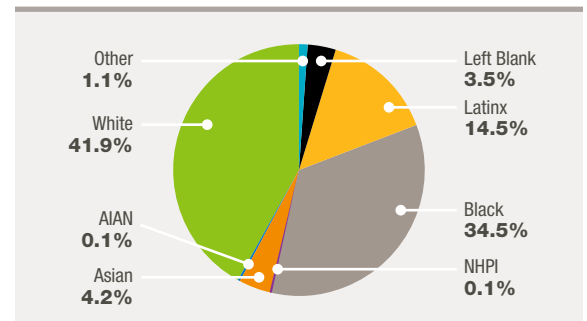


Racial and ethnic demographics of Illinois (2014-2018)



SOURCE: U.S. Census Bureau's American Community Survey, ACS Demographic and Housing Estimates, 2014-2018 5-Year Estimates, Table DP05

Racial and ethnic demographics of coronavirus deaths in Illinois as of May 4, 2020



SOURCE: Illinois Department of Public Health. n.d. "COVID-19 Statistics." Illinois Department of Public Health. Retrieved May 4, 2020 (<http://www.dph.illinois.gov/covid19/covid19-statistics>)

NOTE: The Illinois Department of Public Health did not provide data for people who identify as multiracial.

# Illinois County Map







## Total child population in Illinois

2008-2012	3,104,994
2013-2017	2,952,062

SOURCE: U.S. Census Bureau's American Community Survey, Children Characteristics, 2008-2012 and 2013-2017 5-Year Estimates, Table S0901

The decrease in number of children is statistically significant.

## Racial and ethnic demographics of Illinois children from 2008-2012 to 2013-2017

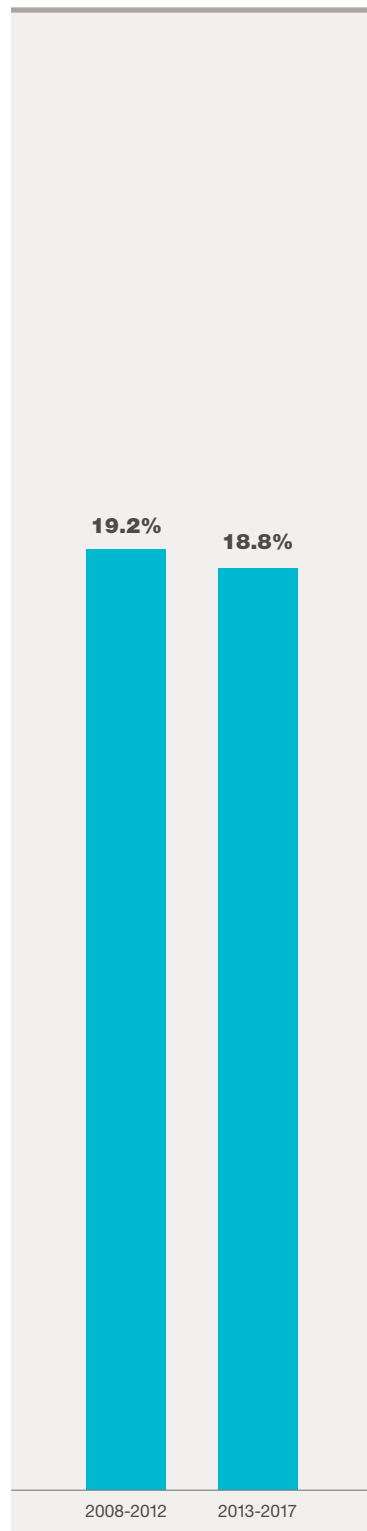
	2008 -2012	MOE	2013 -2017	MOE	Difference	Significance
<b>Race</b>						
AIAN alone	0.2%	0.1%	0.2%	0.1%	0.0%	
Asian alone	4.2%	0.1%	4.6%	0.1%	+0.4%	*
Black alone	16.6%	0.1%	15.7%	0.1%	-0.9%	*
Multiracial alone	4.3%	0.1%	5.2%	0.1%	+0.9%	*
NHPI alone	0.0%	0.1%	0.0%	0.1%	0.0%	
Other alone	8.8%	0.2%	8.3%	0.1%	-0.5%	*
White alone	65.9%	0.2%	65.9%	0.1%	0.0%	
<b>Ethnicity</b>						
Latinx (of any race)	23.1%	0.1%	24.4%	0.1%	+1.3%	*
White alone (not Latinx)	53.1%	0.1%	51.7%	0.1%	-1.4%	*

SOURCE: U.S. Census Bureau's American Community Survey, Children Characteristics, 2008-2012 and 2013-2017 5-Year Estimates, Table S0901

\* Denotes statistically significant difference.

(3) Statistical significance refers to the probability of differences across time or groups existing by chance. When two estimates are different and statistically significant, it means that the probability of that difference existing by chance is relatively low. When we utilize the U.S. Census Bureau's American Community Survey data in this report, in most instances we use 5-year estimates in the period from 2013 to 2017. These estimates represent 5-year averages. So, for example, when we note above that 0.2% of Illinois children in 2013-2017 were AIAN, it means that, on average, Illinois' child population was 0.2% AIAN between January 1, 2013 and December 31, 2017. When we use estimates from the American Community Survey, we also include margins of error (MOE). MOE's refer to statistical "wiggle room" in estimates, and should be interpreted as: estimate +/- MOE. For example, an estimated poverty rate of 10% with a 1% MOE means that the statisticians at the U.S. Census Bureau are 90% sure that the real poverty rate is somewhere between 9% and 11% (i.e., 10% +/- 1%).

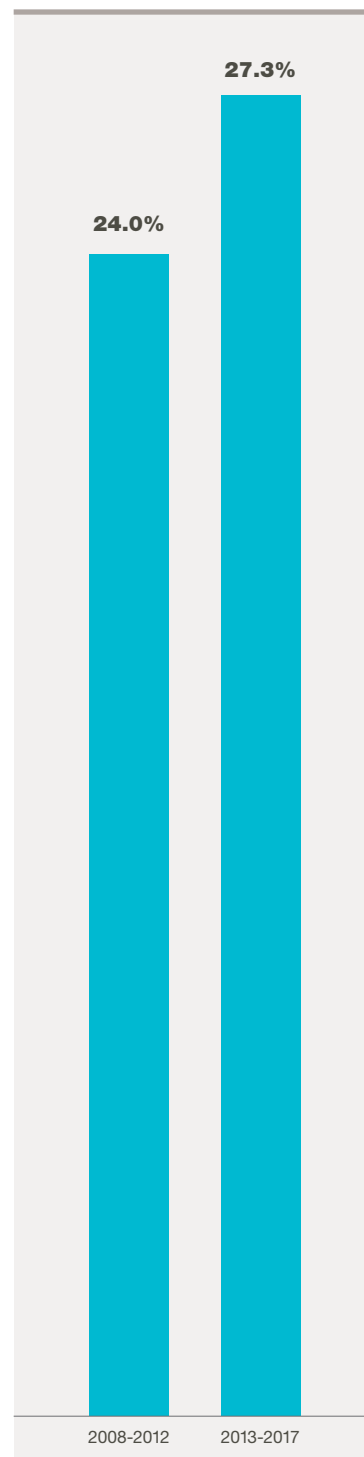
Percent of Illinois children living below poverty level



SOURCE: U.S. Census Bureau's American Community Survey, Children Characteristics, 2008-2012 and 2013-2017 5-Year Estimates, Table S0901

The decrease from 2008-2012 to 2013-2017 is not statistically significant.

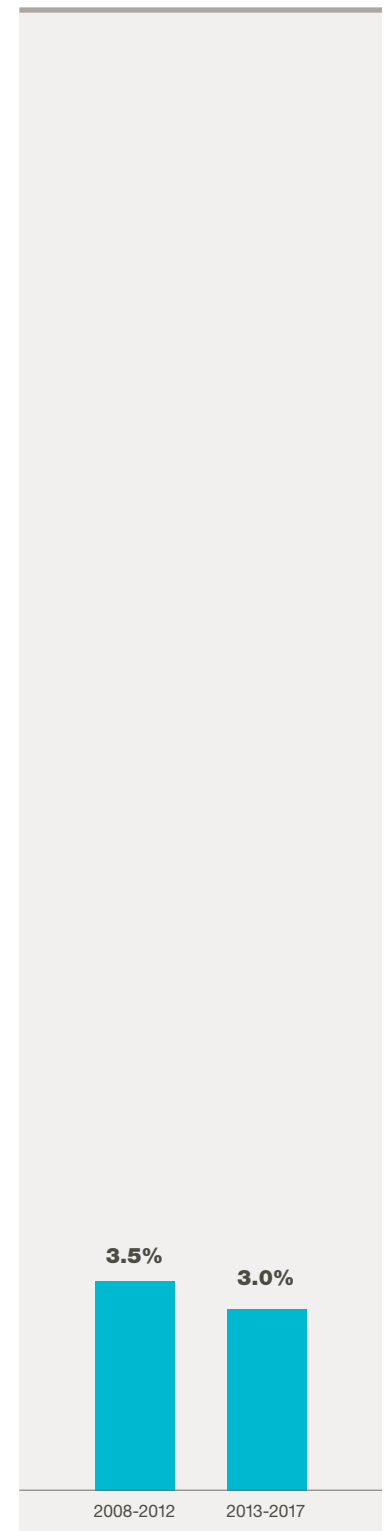
Percent of Illinois children living in households with Supplemental Security Income (SSI), cash public assistance income, or food stamps/ SNAP benefits



SOURCE: U.S. Census Bureau's American Community Survey, Children Characteristics, 2008-2012 and 2013-2017 5-Year Estimates, Table S0901

The increase from 2008-2012 to 2013-2017 is statistically significant.

Percent of Illinois children who are foreign-born



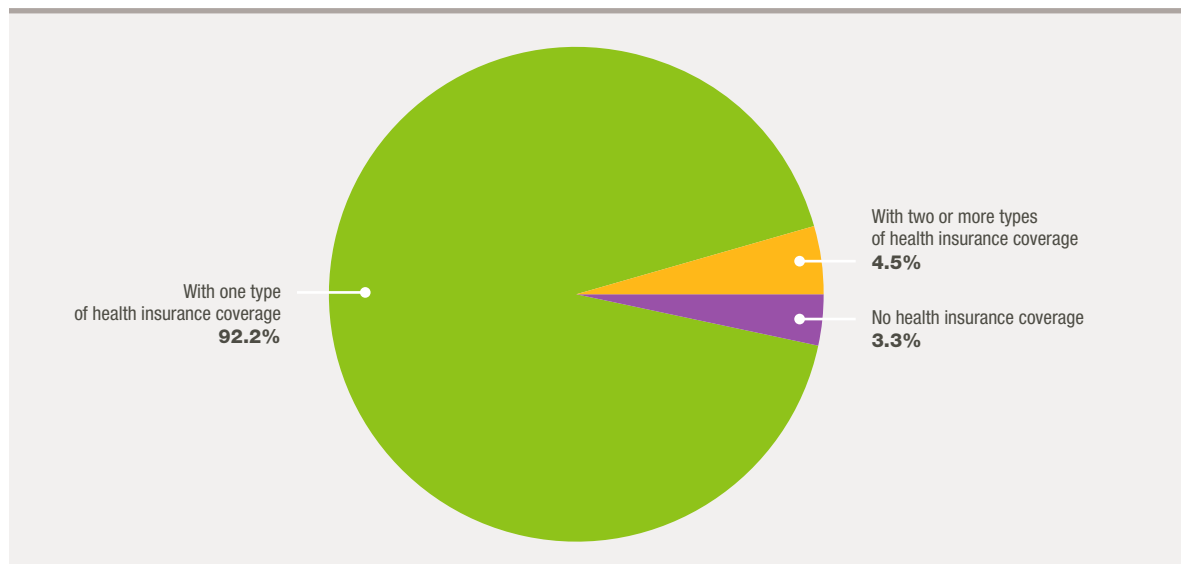
SOURCE: U.S. Census Bureau's American Community Survey, Children Characteristics, 2008-2012 and 2013-2017 5-Year Estimates, Table S0901

The decrease from 2008-2012 to 2013-2017 is statistically significant.

## HEALTH INSURANCE COVERAGE

According to data from the U.S. Census Bureau's American Community Survey, almost 104,000 (or 3.3%) of children under the age of 19 did not have health insurance. Most children under the age of 19 had one type of health insurance coverage, while the remaining 4.5% had two or more kinds of health insurance coverage.<sup>13</sup>

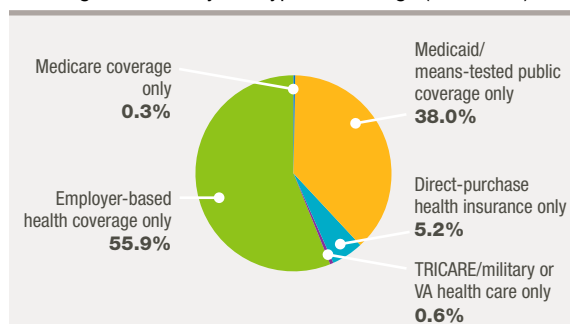
Types of health insurance coverage for Illinoisans under age 19 (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Types of Health Insurance by Age (Universe: Civilian Noninstitutionalized Population), 2013-2017 5-Year Estimates, Table B27010

**Of children with only one type of coverage, most (55.9%) had employer-based insurance. 38% of Illinois children under the age of 19 were on Medicaid or some other means-tested insurance.**<sup>14</sup>

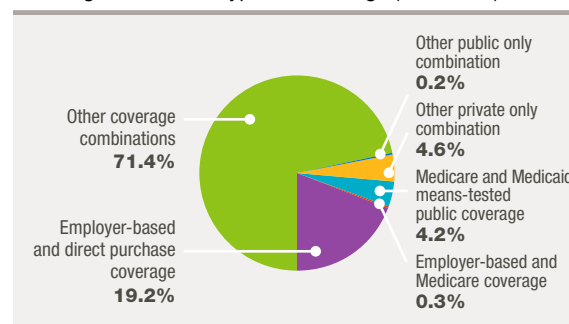
Types of health insurance coverage for Illinoisans under age 19 with only one type of coverage (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Types of Health Insurance Coverage by Age (Universe: Civilian Noninstitutionalized Population), 2013-2017 5-Year Estimates, Table B27010

**Among children with more than one type of health insurance coverage, most were covered under "other" coverage combinations.<sup>14</sup> The next largest group was covered by a combination of employer-based insurance and direct-purchase coverage.**<sup>15</sup>

Types of health insurance coverage for Illinoisans under age 19 with two types of coverage (2013-2017)

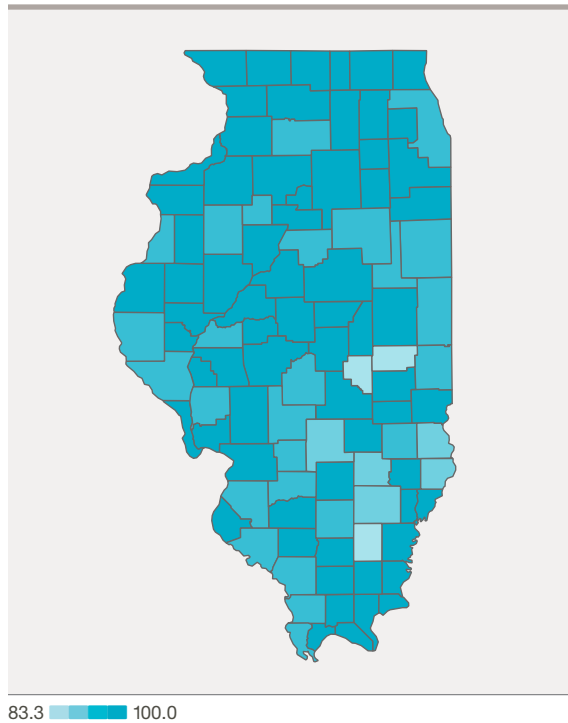


SOURCE: U.S. Census Bureau's American Community Survey, Health Insurance Coverage by Ratio of Income to Poverty Level in the Past 12 Months by Age, 2013-2017 5-Year Estimates, Table C27016

(4) The census bureau notes that "other" health insurance refers to any other plan that is not employer- or union-based, direct purchase, Medicare, Medicaid, TRICARE or other military health care, or coverage from the Indian Health Service (see page 73 of the following: U.S. Census Bureau. n.d. American Community Survey and Puerto Rico Community Survey 2017 Subject Definitions. Retrieved December 19, 2019 [[https://www2.census.gov/programssurveys/acs/tech\\_docs/subject\\_definitions/2017\\_ACSSubjectDefinitions.pdf?#](https://www2.census.gov/programssurveys/acs/tech_docs/subject_definitions/2017_ACSSubjectDefinitions.pdf?#)]).

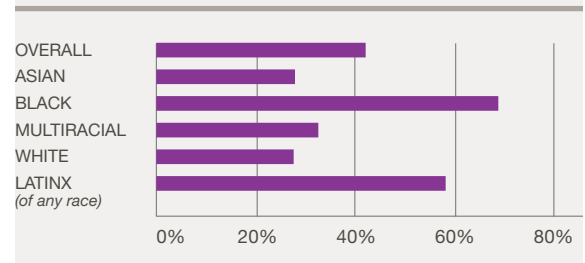


Percent of children under age 19 with health insurance (2013-2017)



**Based on Integrated Public Use Microdata Series (IPUMS) data for the year 2017, overall just over 42% of Illinois toddlers (ages 1 to 3) were on Medicaid. These rates differ significantly by race and ethnicity, with black, Latinx, and multiracial toddlers being the only groups using Medicaid more than or equal to the state rate.<sup>16</sup>**

Percent of Illinois toddlers (ages 1 to 3) on Medicaid by race and ethnicity\* (2017)

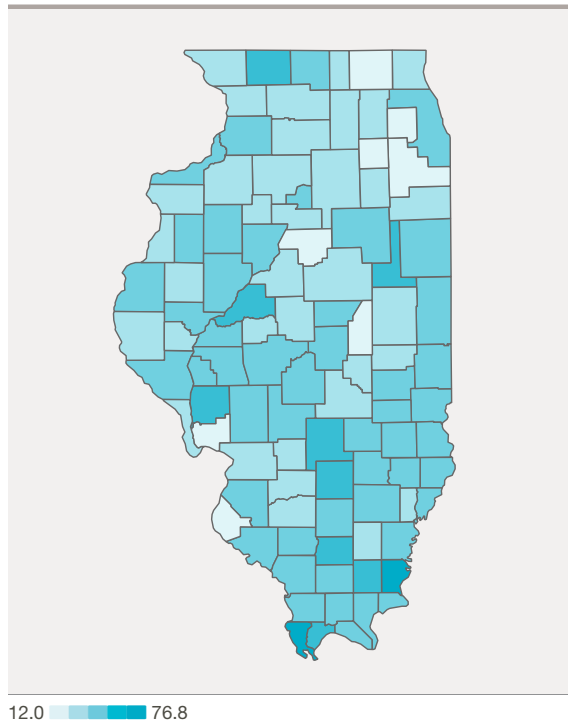


SOURCE: Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 10.0 [dataset]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V10.0>

NOTE: Children identified as AIAN and Other have not been included in this chart because sample sizes were too small for estimates to be reliable.

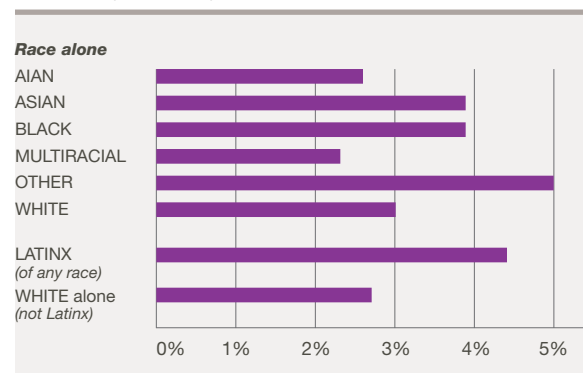
\* All groups besides "Latinx (of any race)" should be considered non-Latinx.

Percent of children under age 19 with Medicaid/means-tested public coverage (2013-2017)



**Although most children in Illinois are insured, there are some racial and ethnic disparities among those who are uninsured. Children who are Asian, black, other, or Latinx (of any race) other tend to be uninsured at rates slightly higher than that of children who are multiracial, white, or AIAN.<sup>17, (5)</sup>**

Percent of Illinois children under age 19 without health insurance (2013-2017)



AIAN = American Indian or Alaska Native

SOURCE: U.S. Census Bureau's American Community Survey, Health Insurance Coverage Status by Age, 2013-2017 5-Year Estimates, Tables C27001A-I

(5) In this report, "AIAN" refers to those who identify as American Indian or Alaska Native, and "NHPI" refers to those who identify as Native Hawaiian or other Pacific Islander.

## SOCIOECONOMIC DATA ON UNINSURED CHILDREN

Median family income for children ages 0-17 by insurance status (2017)

	With insurance	Without insurance
<b>Overall</b>	<b>\$ 70,250</b>	<b>\$ 49,000</b>
<b>Race</b>		
AIAN	\$ 59,650	\$232,100*
Asian	\$101,200	\$ 74,000
Black	\$ 35,800	\$ 27,000
Multiracial	\$ 67,000	\$ 70,000
Other	\$ 45,300	\$ 40,000
White	\$ 84,900	\$ 53,200
<b>Ethnicity</b>		
Latinx	\$ 48,900	\$ 45,100
Not Latinx	\$ 80,150	\$ 50,400

SOURCE: Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 10.0 [dataset]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V10.0>

\* Estimate is based on a relatively small sample size, so this should be interpreted with caution.

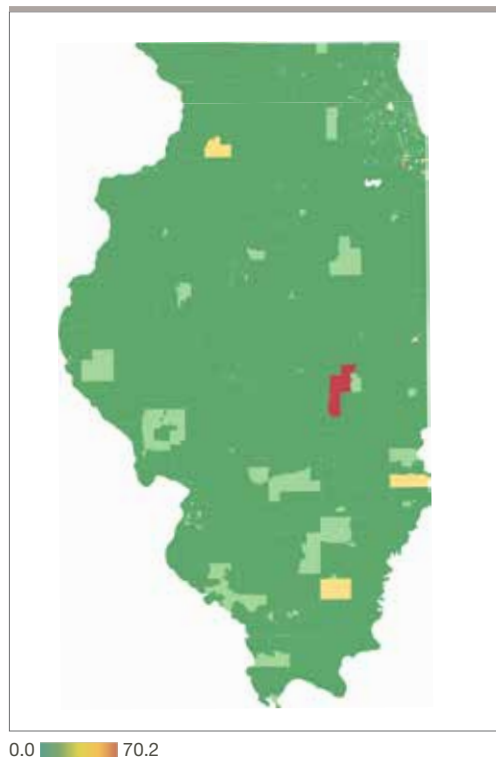
Insurance status for children (ages 0-17) below and above 135% federal poverty line (FPL) (2017)

	Greater than 135% of the FPL		Less than or equal to 135% of the FPL	
	Without insurance	With insurance	Without insurance	With insurance
<b>Overall</b>	<b>2.6%</b>	<b>97.4%</b>	<b>3.6%</b>	<b>96.4%</b>
<b>Race</b>				
AIAN*	1.8%	98.2%	0.0%	100.0%
Asian	2.5%	97.5%	2.9%	97.1%
Black	2.6%	97.4%	3.6%	96.4%
Multiracial	2.4%	97.6%	1.0%	99.0%
Other	4.0%	96.0%	4.0%	96.2%
White	2.5%	97.5%	4.0%	96.0%
<b>Ethnicity</b>				
Latinx	3.9%	96.1%	3.3%	96.7%
Not Latinx	2.2%	97.8%	3.8%	96.2%

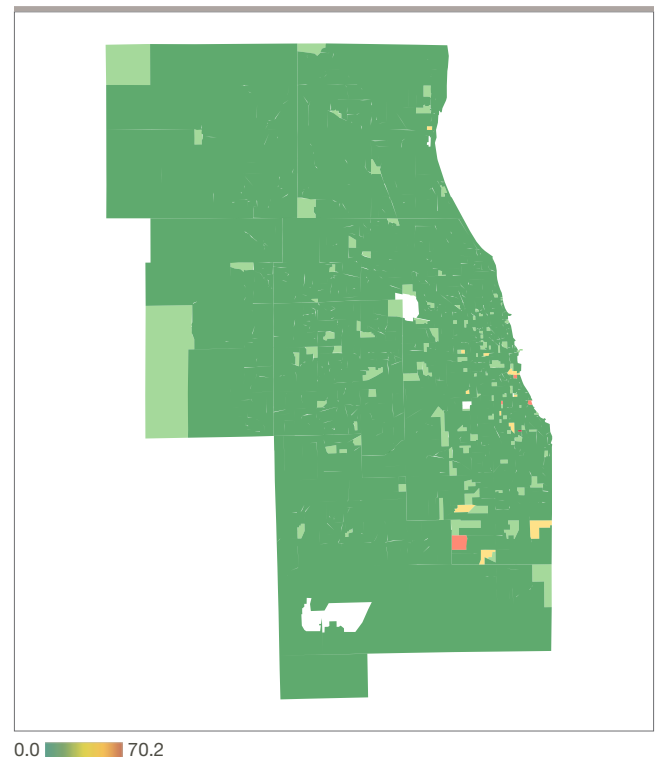
SOURCE: Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek. IPUMS USA: Version 10.0 [dataset]. Minneapolis, MN: IPUMS, 2020. <https://doi.org/10.18128/D010.V10.0>

\* Estimates are based on a relatively small sample size, so they should be interpreted with caution.

Percent of children uninsured by census tract (2013-2017)

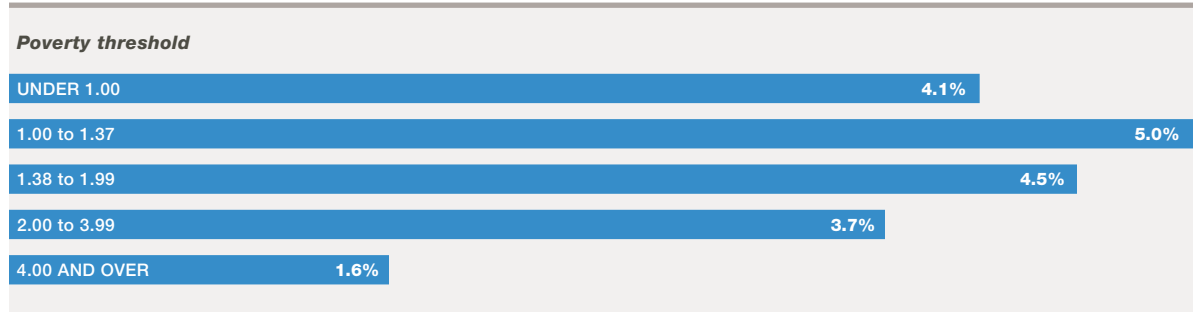


Percent of children uninsured by census tracts in Cook, DuPage, Kane, Lake, McHenry, and Will Counties (2013-2017)



**Finally, children tend to be uninsured at higher rates when they are further beneath the poverty threshold (the lower the threshold, the lower the amount of money).<sup>18</sup> The group with the highest rate of uninsured children is 1.00 to 1.37 of the ratio of income to poverty.**

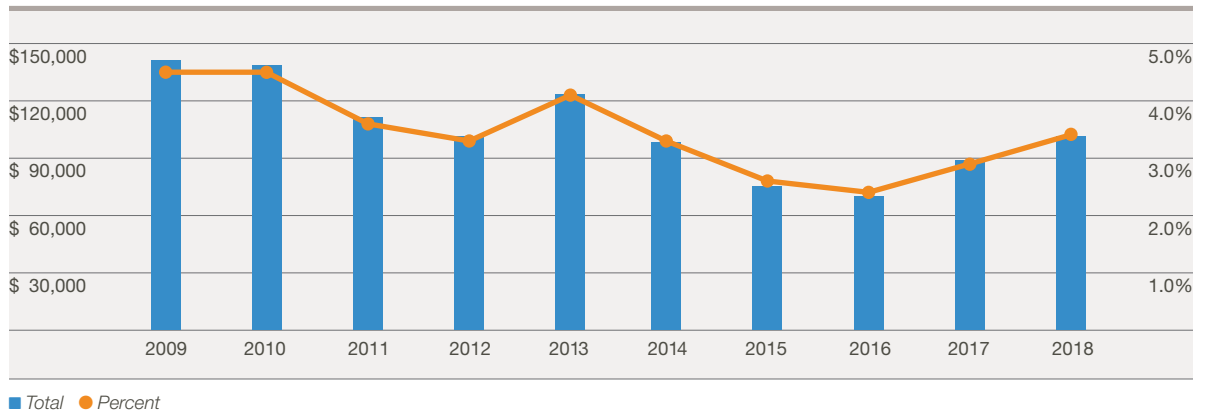
Illinois children under age 19 without health insurance coverage in the past 12 months by ratio of income to poverty level (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Health Insurance Coverage Status by Ratio of Income to Poverty Level in the Past 12 Months by Age (Universe: Civilian Noninstitutionalized Population for Whom Poverty Status is Determined), 2013-2017 5-Year Estimates, Table C27016

**Trend data show an overall decrease in the raw total and percentage of uninsured children in Illinois from 2009 to 2016. However, in 2017 and 2018 there have been increases in the number and percentage of children who are uninsured.<sup>19</sup>**

Total and percent of Illinois children uninsured (2009-2018)



SOURCE: U.S. Census Bureau's American Community Survey, Selected Characteristics of the Uninsured in the United States, 2009-2018 1-Year Estimates, Table S2702

NOTE: Information from 2009-2016 is for children under 18; information from 2017-2018 is for children under 19.

In an article examining a national increase in uninsured children by more than 400,000 from 2016-2018, authors from Georgetown University's Health Policy Institute wrote that contributing factors may have been:<sup>20</sup>

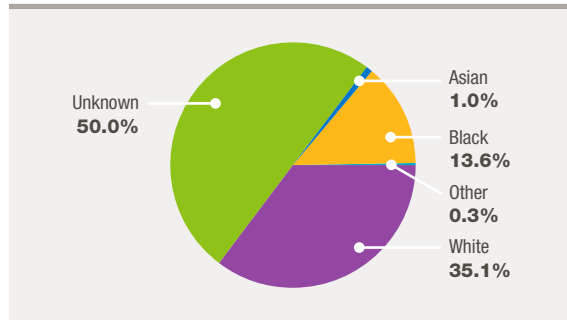
- > Repeal of the individual mandate penalty at the end of 2017.
- > Delayed extension of the Children's Health Insurance Program.
- > Fewer available resources for Affordable Care Act outreach and enrollment efforts.
- > Debates about immigration and "public charge."<sup>21, (6)</sup>

It should also be noted that in 2017 Illinois experienced problems with approval of Medicaid applications (including redeterminations) as it began to use a new computer system.<sup>22</sup>

(6) The National Immigration Law Center defines "public charge" as follows: "'Public charge' or the 'public charge test' is used by immigration officials to decide whether a person can enter the U.S. or get lawful permanent resident (LPR) status. In this test, officials look at all a person's circumstances, including income, employment, health, education or skills, family situation, and whether a sponsor signed a contract ('affidavit of support') promising to support the person. Officials can also look at whether a person has used specific benefit programs" (Protecting Immigrant Families Campaign Staff 2019:no page number).

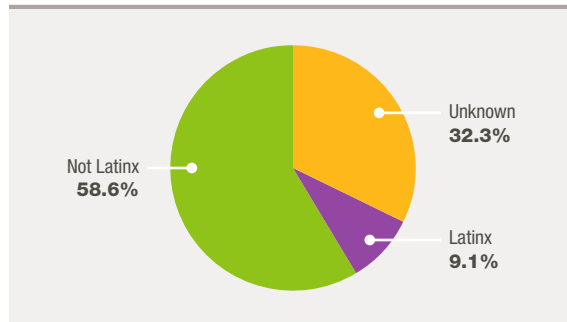
## ALL KIDS

Racial demographics of Illinois All Kids enrollees (FY2019) (n=1,017,996)



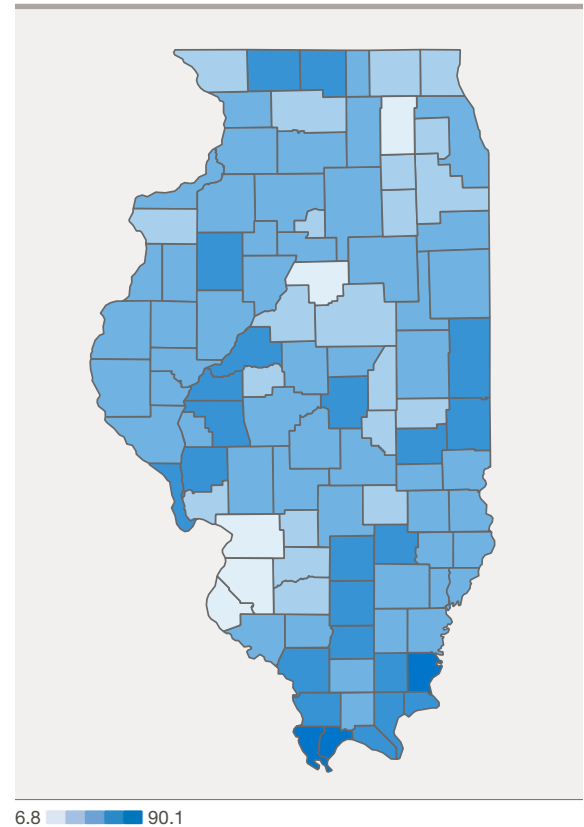
SOURCE: Illinois Department of Healthcare and Family Services

Ethnic demographics of Illinois All Kids enrollees (FY2019) (n=1,018,181)



SOURCE: Illinois Department of Healthcare and Family Services

Percentage of children enrolled in All Kids (FY2019)



**Illinois' All Kids program served more than 1.2 million children under the age of 19 in FY 2019.<sup>(7)</sup> The program delivers health insurance, regardless of immigration status or health condition, to children under the age of 19 if they live in Illinois and meet the family income and insurance requirements. All Kids includes federal funding from Medicaid and the Children's Health Insurance Program (CHIP) as well as state funding—part of which is used to cover children otherwise not eligible for health care coverage under Medicaid or CHIP.<sup>23, (8)</sup>**

**In 2011, the Illinois General Assembly approved HB 5420, which required at least 50% of the individuals eligible for Healthcare and Family Service medical benefit programs (including CHIP and All Kids) be enrolled in a care coordination program by 2015. In 2016, HFS put out a request for proposals to expand Medicaid coverage from 64.5% of the Medicaid population to 80%.<sup>24</sup> On January 1, 2018, HFS rebooted the Illinois Medicaid managed care program, launching HealthChoice Illinois with the agency contracting with seven health plans.<sup>25</sup> For Fiscal Year 2019, 79% of the children served by the All Kids Program were enrolled in managed care organizations.**

(7) In FY2019, average enrollment of All Kids across the state was about 1.01 million. The unique enrollee count was 1.235 million. Voices recognizes that as it is issuing this report, the landscape for medical coverage in Illinois and the United States is changing rapidly due to the coronavirus pandemic. As of this writing, Illinois has seen a total of over 634,000 new jobless claims since March 14, 2020 (Chiwaya and Wu 2020). Although we may not know the full scope of job losses until well after this crisis is over, we at Voices are deeply concerned that children are potentially losing their parent's employer-based health insurance coverage. See the following for more information on job losses in Illinois as well as throughout the nation: Chiwaya, Nigel, and Jiachuan Wu. 2020. "The Coronavirus Has Destroyed the Job Market. See Which States Have Been Hit the Hardest." NBC News. Retrieved April 21, 2020 (<https://www.nbcnews.com/business/economy/unemployment-claims-state-see-how-covid-19-has-destroyed-jobn1183686>).

(8) Data for the race and ethnicity of All Kids enrollees show a large percentage of "unknowns." Listing one's race or ethnicity when enrolling in Illinois' All Kids program is not required as part of the enrollment application process to determine whether or not a child is eligible.



Amount spent by categories for children 0-18 years old (FY2019)

<b>Category</b>	<b>MCO Payments</b>	<b>Fee-for-Service Payments</b>	<b>Total</b>
Dental	\$ 143,462,881	\$ 21,676,875	\$ 165,139,757
Inpatient	\$ 269,461,594	\$ 309,378,526	\$ 578,840,120
Mental Health	\$ 176,727,090	\$ 197,401,525	\$ 374,128,615
Other	\$ 272,647,323	\$ 386,212,550	\$ 658,859,873
Outpatient	\$ 217,621,265	\$ 59,721,953	\$ 277,343,218
Pharmacy	\$ 194,193,895	\$ 114,835,536	\$ 309,029,431
Physicians	\$ 199,236,846	\$ 56,765,215	\$ 256,002,061
Substance Abuse	\$ 3,354,306	\$ 3,923,218	\$ 7,277,524
<b>Total</b>	<b>\$1,476,705,201</b>	<b>\$1,149,915,397</b>	<b>\$2,626,620,599</b>

SOURCE: Illinois Department of Healthcare and Family Services

## THE IMPACT OF THE DECENNIAL CENSUS

The decennial census impacts billions of dollars in health care spending and can impact a child's life for ten years or more. Originally mandated by the United States Constitution for the apportionment of seats in the U.S. House of Representatives, it now affects more than \$1.5 trillion in federal spending to state and local governments, non-profits, and businesses across the nation.<sup>26</sup>

Illinois, like other states, is heavily dependent on federal funding to provide health care for children in the state. 38% of Illinois children are covered by Medicaid/means-tested public insurance.<sup>27</sup> The monthly child enrollment for Medicaid and CHIP stood at 1.3 million in December of 2019.<sup>28</sup> On average, the state receives reimbursement for approximately half of its Medicaid expenditures. The state receives funding for CHIP as a block grant. Most Medicaid funding for children's health, CHIP funding, and additional state funding are part of the state's All Kids program.<sup>29, (9)</sup> In state fiscal year 2019, the state spent more than \$2.6 billion on the program.<sup>30</sup>

However, All Kids is only one program the state runs that impacts children's health. Other state agencies run programs, including the Illinois Department of Public Health and the Illinois Department of Human Services, that cover infant mortality, maternal and child health, and lead poisoning screening, among others. Federal funding plays a major role in providing health care to Illinois children and the federal government allocates much of that funding based on census data.

### Medicaid

The formula used to calculate federal Medicaid reimbursement levels includes census-derived average income per person data.

### Children's Health Insurance Program (CHIP)

CHIP uses income data from the Census Bureau to help determine eligibility and allocation of funds.

### Hospitals

As you will see later in this report, hospitals use census data in developing community assessments that they file with the federal government. The Department of Health and Human Services also uses census data to study service delivery and patient well-being at the national, state, and local levels.

(9) According to the Illinois Department of Healthcare and Family Services website, "The All Kids program offers many Illinois children comprehensive healthcare that includes doctor's visits, hospital stays, prescription drugs, vision care, dental care and medical devices like eyeglasses and asthma inhalers. Some families pay monthly premiums for the coverage, but rates for middle-income families are significantly lower than they are on the private market" (Illinois Department of Healthcare and Family Services n.d.).

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### **Supplemental Nutrition Program for Women, Infants and Children (WIC)**

WIC administrators use census poverty data for eligibility and other census data to decide monthly food voucher prices, as well as state allocations.<sup>31</sup>

More than 300 other federal programs use census data to determine funding. Some directly impact health systems while others impact social determinants of health. Below is just a fraction of the programs using census data:<sup>32</sup>

Affordable Care Act (ACA) Childhood Obesity Research Demonstration	Leaking Underground Storage Tank Trust Fund Corrective Action Program
Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	Low Income Home Energy Assistance
Air Pollution Control Program Support	Lower Income Housing Assistance Program—Section 8 Moderate Rehabilitation
Autism Collaboration, Accountability, Research, Education, and Support	Maternal and Child Health Services Block Grant to the States
Basic Health Program (Affordable Care Act)	Mental and Behavioral Health Education and Training Grants
Block Grants for Community Mental Health Services	National Family Caregiver Support, Title III, Part E
Block Grants for the Prevention and Treatment of Substance Abuse	National Health Service Corps
Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	Nonpoint Source Implementation Grants
Child Abuse and Neglect State Grants	Nurse Corps Loan Repayment Program
Child Care and Development Block Grant	Preschool Development Grants
Child Care Mandatory and Matching Funds	Preventive Health and Health Services Block Grant
Continuum of Care Program	Rural Child Poverty Nutrition Center
Coordinated Services and Access to Research for Women, Infants, Children, and Youth	Rural Development Multi-Family Housing Revitalization Demonstration Program
Developmental Disabilities Basic Support and Advocacy Grants	Rural Rental Housing Guaranteed Loans (Section 538)
Disadvantaged Health Professions Faculty Loan Repayment Program	School Breakfast Program

*Programs continue on next page*

Programs continued from previous page

Emergency Food Assistance Program (Administrative Costs)	Social Services Block Grant
Family Violence Prevention and Services/ Domestic Violence Shelter and Supportive Services	Solid Waste Management Grants
Fresh Fruit and Vegetable Program	Special Education—Preschool Grants
Grant Program to Establish a Fund for Financing Water and Wastewater Projects	Special Education—Grants for Infants and Families
Grants for New and Expanded Services under the Health Center Program	State Public Water System Supervision
Guardianship Assistance	Stephanie Tubbs Jones Child Welfare Services Program
Hazardous Waste Management State Program Support	Summer Food Service Program
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	Telehealth Programs
Healthy Communities Grant Program	Title IV-E Adoption Assistance
Healthy Start Initiative	Violence Against Women Formula Grants
Healthy, Hunger-Free Kids Act of 2010 Childhood Hunger Research and Demonstration Projects	Water and Waste Disposal Loans and Grants (Section306C)
Household Water Well System Grant Program	Water and Waste Disposal Systems for Rural Communities
Housing Trust Fund	Weatherization Assistance for Low-Income Persons
Lead-Based Paint Hazard Control in Privately-Owned Housing	Youth Homelessness Demonstration Program

The 2010 census missed nearly 36,000 Illinois children under the age of five, or just over 4% of children in that age range.<sup>33</sup> Nationally, children under age five represent one of the most undercounted demographic groups. By one estimate, the 2010 census failed to account for one million children under age five nationally, or 4.6% of children in this age group.<sup>34</sup>

State agencies, local government agencies, non-profits, and businesses use census data for a wide range of planning purposes and programmatic decisions. These items include considerations about housing, transportation, and business location. It impacts school funding and child care. Furthermore, the decisions derived from the census may last ten or more years—a timeframe covering most of an individual's childhood. This is why it is so important that everyone—and especially young children—is counted in the census.

## Tracie L. Smith, MPH

*Director, Population Health and Research Analytics*

*Ann & Robert H. Lurie Children's Hospital of Chicago*

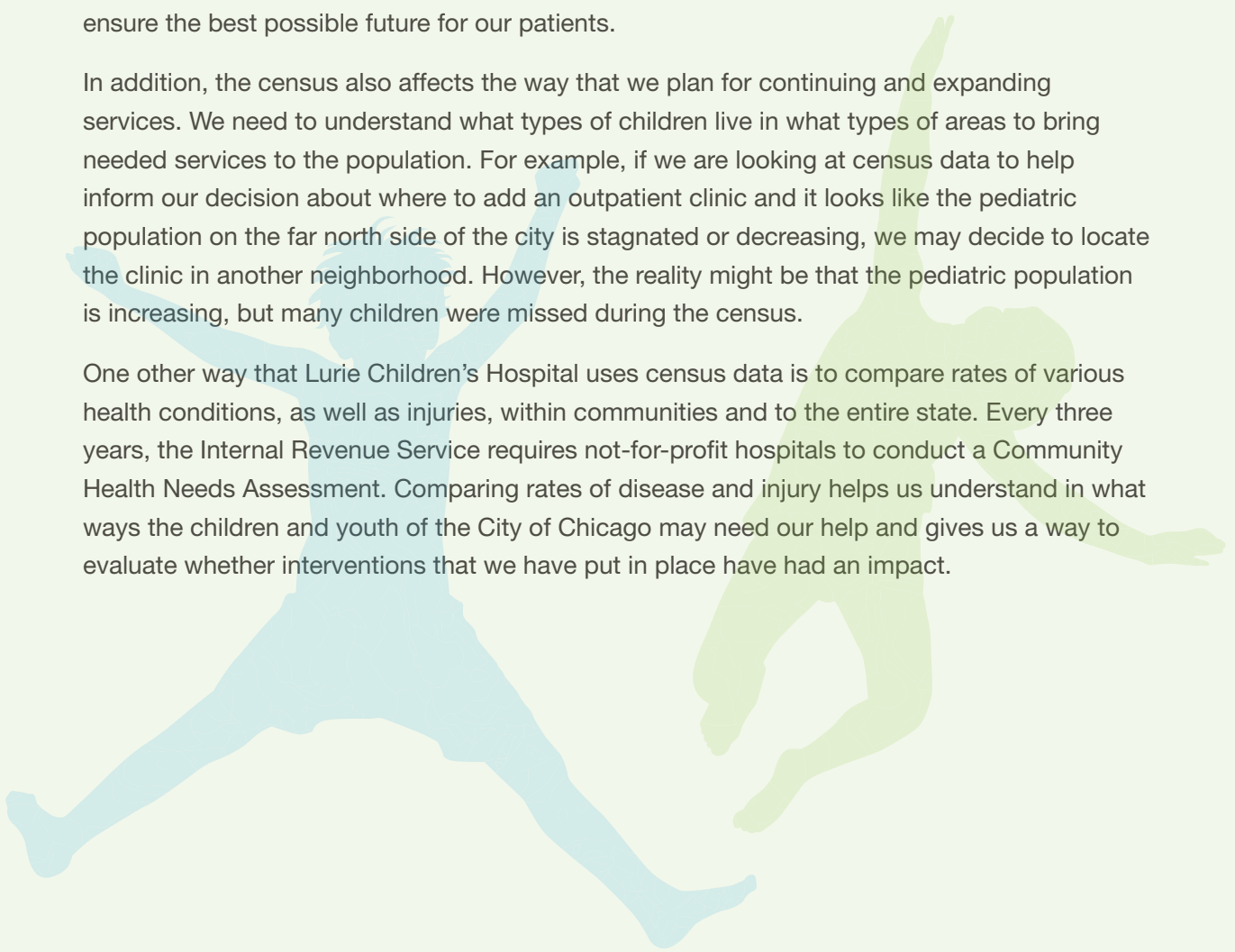
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**AS A REGIONAL SPECIALTY HOSPITAL**, Ann & Robert H. Lurie Children's Hospital of Chicago cares for critically ill and injured children who come to us from every corner of Illinois, as well as 44 other states and 47 countries. Over 50 percent of our patients are insured by Medicaid, and 80 percent of the children in our Academic General Pediatrics clinics are insured by Medicaid. 62 percent of our beds are licensed as intensive care beds.

As the state's largest provider of Medicaid services, we know how important it is to count every child who needs our services. We are dedicated to our patients before birth, through childhood and adolescence, and beyond. Striving for the best for our patients means advocating for programs that benefit them, such as Medicaid, food stamps/SNAP, and foster care, to name a few. An undercount of the population during the decennial census would potentially cause a reduction in funding for these critical programs on which many of our patients rely. If funding is cut, this will, in turn, make delivering health care more difficult for the populations affected. To do our part, we are educating staff and encouraging patients to participate to ensure the best possible future for our patients.

In addition, the census also affects the way that we plan for continuing and expanding services. We need to understand what types of children live in what types of areas to bring needed services to the population. For example, if we are looking at census data to help inform our decision about where to add an outpatient clinic and it looks like the pediatric population on the far north side of the city is stagnated or decreasing, we may decide to locate the clinic in another neighborhood. However, the reality might be that the pediatric population is increasing, but many children were missed during the census.

One other way that Lurie Children's Hospital uses census data is to compare rates of various health conditions, as well as injuries, within communities and to the entire state. Every three years, the Internal Revenue Service requires not-for-profit hospitals to conduct a Community Health Needs Assessment. Comparing rates of disease and injury helps us understand in what ways the children and youth of the City of Chicago may need our help and gives us a way to evaluate whether interventions that we have put in place have had an impact.

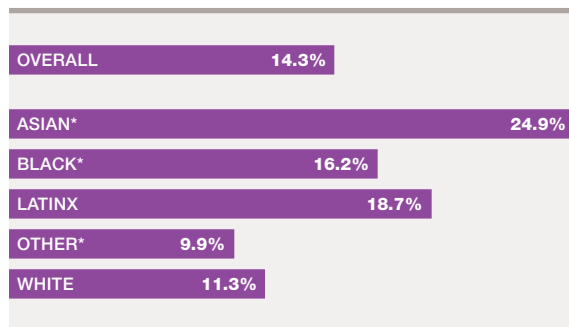




## ACCESS TO HEALTH CARE

Although children in Illinois are mostly insured, the kind of care children have access to is a significant issue because insurance does not necessarily translate into access to care, especially for those who are on Medicaid.<sup>35, (10)</sup> According to data from the National Survey of Children's Health, children of color in general appear to be more likely to have not seen a doctor, nurse, or other health professional in the past year.<sup>36</sup>

Percent of Illinois children who did not see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations, or any other kind of medical care in the past 12 months (2016-2017) (n=1,552)

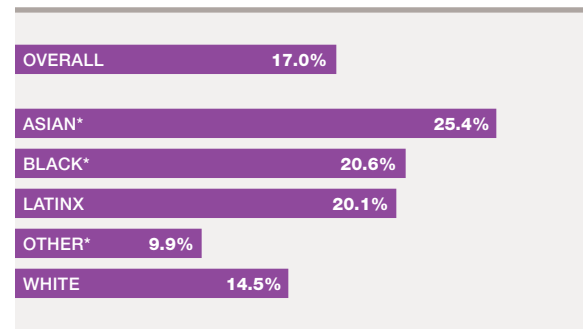


SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 12/10/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 4.1: During the past 12 months, did this child see a doctor, nurse, or other health care professional for sick-child care, well-child check-ups, physical exams, hospitalizations or any other kind of medical care?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

Children of color also appear to be more likely to have not seen a doctor, nurse, or other health care professional for a preventive check-up in the past year.<sup>37</sup>

Percent of Illinois children who did not visit a doctor, nurse, or other health care professional to receive a preventive check-up in the past 12 months (2016-2017) (n=1,547)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 12/18/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 4.1a: During the past 12 months, how many times did this child visit a doctor, nurse, or other health care professional to receive a preventive check-up?

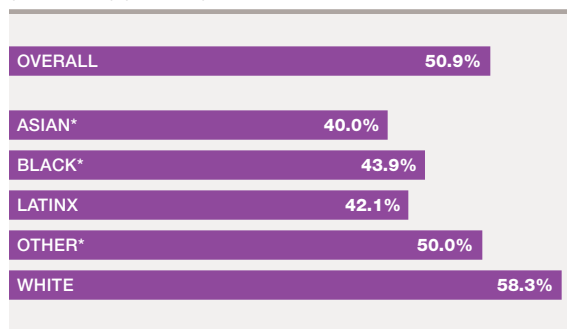
\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

(10) Previous research has found that Medicaid users encounter various barriers when trying to access medical care, including issues with transportation (Syed, Gerber, and Sharp 2013), work and family obligations (Allen et al. 2017), and lack of access to primary care (Kellermann and Weinick 2012).

According to the American Academy of Pediatrics, a medical home “is an approach to providing comprehensive primary care that facilitates partnerships between patients, clinicians, medical staff, and families. It is a medical practice organized to produce higher quality care and improved cost efficiency” (American Academy of Pediatrics n.d.:no page number).<sup>38</sup> In medical homes, patient care is coordinated by a medical team working collaboratively with each other to ensure better health outcomes for patients.

**Overall, just over half of Illinois children received care in a medical home in 2016-2017. Asian, black, and Latinx children generally received this kind of care less often than the state rate and the rate for white children. Children identified as “other” were slightly lower but similar to the state rate.<sup>39</sup>**

Percent of Illinois children who received coordinated, ongoing, comprehensive care within a medical home (2016-2017) (n=1,553)

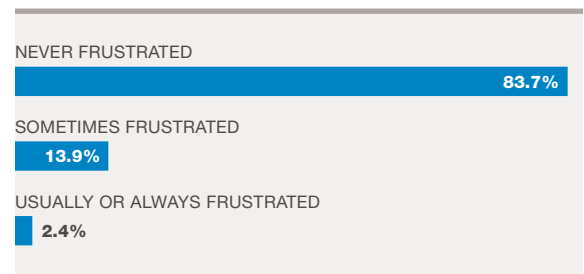


SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 4/28/20 from [www.childhealthdata.org](http://www.childhealthdata.org). Indicator 4.12: Did this child receive coordinated, ongoing, comprehensive care within a medical home?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

**Although most people reported never being frustrated in their efforts to get services for their children in the past year, 16.3% reported being sometimes, usually, or always frustrated.<sup>40</sup>**

Percent of Illinois respondents who were frustrated in their efforts to get medical services for their child during the past 12 months (2016-2017) (n=1,538)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 12/10/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 4.20: During the past 12 months, how often were you frustrated in your efforts to get services for this child?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

## MANAGED CARE ORGANIZATIONS

### 2018 Statewide Managed Care Organization Scores and Ratings

	<b>Blue Cross Community Health Plans</b>	<b>CountyCare Health Plan (serves Cook County only)</b>	<b>Harmony Health Plan</b>	<b>Illinicare Health Plan</b>	<b>Meridian Health Plan</b>	<b>Molina Healthcare</b>	<b>NextLevel Health Partners (serves Cook County only)</b>
<b>Plan</b>	<b>Rating and rate</b>	<b>Rating and rate</b>	<b>Rating and rate</b>	<b>Rating and rate</b>	<b>Rating and rate</b>	<b>Rating and rate</b>	<b>Rating and rate</b>
<i>Child Medicaid</i> How well doctors communicate (CAHPS composite)	● 93.85%	● 93.77%	● 90.05%	● 92.08%	● 92.08%	● 92.04%	NA NA
<i>Child Medicaid</i> Rating of personal doctor (CAHPS global rating)	● 77.92%	● 84.57%	● 76.26%	● 71.69%	● 71.69%	● 75.58%	NA NA
<i>Child Medicaid</i> Getting needed care (CAHPS composite)	● 75.57%	● 81.11%	● 77.41%	NA NA	NA NA	● 80.41%	NA NA
<i>Child Medicaid</i> Getting care quickly (CAHPS composite)	● 82.18%	● 83.24%	● 84.14%	● 82.13%	● 82.13%	● 83.90%	NA NA

**Performance ratings come in 5 levels:** ● HIGHEST ● HIGH ● AVERAGE ● LOW ● LOWEST

SOURCE: Illinois Department of Healthcare and Family Services. n.d. "2018 Cook County Scores & Ratings." Illinois Department of Healthcare and Family Services. Retrieved April 29, 2020 ([https://www.illinois.gov/hfs/healthchoice/reportcard/Pages/cook\\_sc.aspx](https://www.illinois.gov/hfs/healthchoice/reportcard/Pages/cook_sc.aspx)); Illinois Department of Healthcare and Family Services. n.d. "2018 Statewide Scores & Ratings." Illinois Department of Healthcare and Family Services. Retrieved April 29, 2020 ([https://www.illinois.gov/hfs/healthchoice/reportcard/Pages/statewide\\_sc.aspx](https://www.illinois.gov/hfs/healthchoice/reportcard/Pages/statewide_sc.aspx)).

Each year, the Department of Healthcare and Family Services releases survey data from people enrolled in Managed Care Organizations (MCO) asking how they feel about services provided to them. Services to children routinely rank low or lowest when compared to national Medicaid ratings. In other words, although a significant number of children have health insurance through Medicaid, MCO's rank relatively low in getting children needed care, getting care to children quickly, communicating with patients, and on ratings of personal doctors.<sup>41</sup>

# Designing a Blueprint to Improve the Health of Illinois' Rural Children

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*Southern Illinois University School of Medicine*

## **ILLINOIS' RURAL COMMUNITIES ARE POPULATED WITH DYNAMIC, INNOVATIVE, AND TALENTED CITIZENS.**

However, rural areas face unique challenges and health disparities compared to residents in metropolitan areas. These differences result in a much sicker and underserved rural Illinois compared to its urban counterpart. Rural counties have higher rates of smoking, obesity, child poverty, and teen pregnancies compared to urban counties.<sup>42</sup> More uninsured adults live in rural areas, causing rural hospitals to close and/or cut vital services.<sup>43</sup> Rural hospitals also provide fewer mental health services.<sup>44</sup> Therefore, Illinois' 1.5 million rural residents are more likely to die from the five leading causes of death (cardiovascular disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke) than residents living in our state's metropolitan regions.<sup>45</sup>

In August 2018, influential stakeholders from government, health care, public health, philanthropy, and academia met in Springfield, Illinois for the Illinois Rural Health Summit to share perspectives on the state of rural health in Illinois. The Summit focused on both traditional health care topics as well as the social and community issues affecting health. The ultimate goal was to build policy blueprints to improve the health of rural Illinoisans through sustainable, innovative programs and policies.

Feedback and conversation prior to the Summit helped identify the most pressing health topics in rural Illinois: health care delivery, mental health, lack of a health workforce, the opioid epidemic, healthy housing, nutrition and fitness, caring for the aging population, and children's growth and development. The Summit's attendees then began to craft solutions. These issues and initial findings were detailed in the Rural Health Summit's first publication, "The State of Rural Illinois: Great Challenges and a Path Forward."<sup>46</sup>

The Summit brought forward a number of challenges unique to Illinois and America's rural children. Rural children have a higher rate of exposure to adverse childhood experiences, including parental separation/divorce, parental death, household incarceration, household violence, household mental illness, household substance abuse, and economic hardship.<sup>47</sup> Brain development and learning ability are negatively affected by these adverse experiences. Ultimately, mental health disorders or worse are common results. Suicide is now the second leading cause of death between ages 10 and 34.

The reasons behind these rural-urban health disparities start with the challenging socioeconomic and education conditions that exist in many rural communities. A higher percentage of children in rural areas compared with urban areas had parents who experienced financial difficulties meeting basic needs such as food and housing.<sup>48</sup> Children in rural areas also more often lacked amenities and lived in neighborhoods in poor condition.<sup>49</sup> Only 48 percent of children in Illinois' smaller, mostly rural counties attend pre-kindergarten compared to 55 percent of their urban counterparts.<sup>50</sup> These poor socioeconomic and educational conditions lead to rural children having a poor foundation for building healthy futures.

Since releasing the original report, the Southern Illinois University (SIU) School of Medicine Department of Population Science and Policy, in partnership with the University of Illinois at Chicago School of Public Health, SIU's Paul Simon Public Policy Institute, SIU School of Medicine Center for Rural Health and Social Service Development, and the Illinois Department of Public Health collaborated with rural stakeholders, academics, the business community, legislators, community leaders, and others to identify recommendations to improve rural health.

With a planned release in 2020, the Rural Health Summit policy recommendations will address the following eight topics: economic development and health, mental health, building a rural health workforce, addressing the opioid epidemic, children's growth and development, health and housing, caring for the aging population, and rural nutrition and fitness. These policy recommendations represent hundreds of hours of research, conversations, and first-hand experience from rural experts and residents.

As our partners examined the area of children's growth and development, three policy recommendations emerged as a blueprint for action to help improve the socioeconomic, health, and education outcomes for our state's rural children.

**> Invest in the future of Illinois' rural children by ensuring that every child in rural America has access to affordable, high quality pre-kindergarten programs.**

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The importance of high quality pre-kindergarten for Illinois' rural children is increasingly apparent as child care costs increase and kindergarten readiness scores fall. Governmental investment in pre-kindergarten programs can help, and the benefits of these programs are well-documented. Investment in these programs has shown a 13 percent yearly return (larger than the return on equities in the stock market from World War II to the Great Recession), achieved through a combination of reduced health care costs, greater earnings, higher IQ, greater likelihood to be employed full-time, and crime reduction.<sup>51</sup>

**> Increase the funding for rural school-based health centers (SBHC's) to allow children the opportunity to receive quality, affordable, and comprehensive health care.**

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Children in rural areas simply have less access to care than children in urban areas. Children in rural areas are less likely to get preventative care or visit a dentist, and less likely to receive information on exercise, health eating/dieting, and smoking.<sup>52</sup> Transportation and medical professional shortages contribute to this gap in access. One potential solution to this problem is school-based health centers (SBHC's). Studies have found that SBHC's, especially in rural areas, have improved educational achievement and attainment, such as higher GPA's and reduced suspension rates, as well as improved health outcomes including increased vaccination rates, prevention services utilization, and reduced emergency department visits.

**> Invest research and program funds to design new models specific to rural communities aligning childhood service sectors that provide integrated, personalized, and comprehensive services to children and families.**

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A new, bold strategy needs to emerge in designing and piloting a care system to help rural communities create and implement individualized health and education success plans for children and their families. Our current system often works on a belief that children will benefit from identical treatment, disconnected from the social and economic factors specific to individual families. This care system needs to be unique to the geographical, cultural, and technological realities of rural America. It also needs to create the necessary linkages between the education, health care, and social service sectors with shared data platforms, common metrics for evaluation, and comprehensive treatment plans.

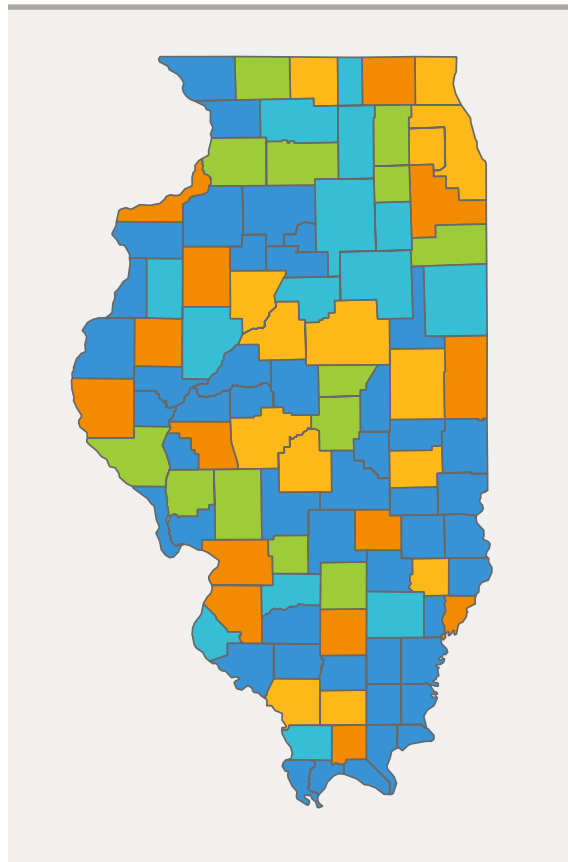
Illinois' rural communities need greater attention and investment, harnessing its existing innovation into meaningful and sustainable improvement. As Illinois faces important decisions in the months and years ahead, it is vital to consider the needs of our rural children and their families. These recommendations from the Illinois Rural Health Summit hope to serve as a catalyst for action. Together, we hope the analysis and conversation that follow serve as a blueprint to improve the lives of children and families in Illinois' rural communities.

## PEDIATRIC SERVICES BY COUNTY

According to data from the Health Resources and Services Administration (HRSA), in 2017 there were 47 Illinois counties that did not have any practicing patient-care pediatricians.<sup>53, (11)</sup> Considering previous research on the matter, this is not entirely surprising; children in rural counties tend to have less access to health specialists and more health problems than children in suburban and urban areas.<sup>54</sup>

One persistent issue has been in incentivizing young doctors to practice in underserved areas, including (but not limited to) rural areas. Some states have begun to address this issue by offering benefits to young doctors. The State of Georgia, for example, has offered student debt relief to medical students if they commit to practicing in underserved areas.<sup>55</sup>

Patient care pediatricians per 1,000 children  
(includes Office-Based, Hospital Residents,  
and Hospital-Based (FT) Staff (2017)



■ No patient care pediatricians  
■ 0.07 to 0.27  
■ 0.28 to 0.36  
■ 0.37 to 0.52  
■ 0.53 to 1.44

There are currently a few programs in Illinois designed to provide financial assistance to medical school students from rural Illinois areas, as well as a loan repayment grant the state provides to qualifying physicians. Sponsored by the Illinois Farm Bureau and Illinois State Medical Society, the Rural Illinois Medical Student Assistance Program (RIMSAP) “is designed to provide doctors in rural communities in Illinois” by giving loans (a maximum of \$50,000 over four years) to rural medical students attending the University of Illinois Medical School (Anon n.d.:no page number).<sup>56</sup>

In addition to RIMSAP, there is also the Illinois National Health Service Corps State Loan Repayment Program (SLRP). According to the Illinois Department of Public Health, “Program funds are used to repay educational loans of physicians, nurse practitioners, physician assistants, nurse midwives, dentists and psychiatrists who agree to serve full-time or half-time in federally designated health professional shortage areas (HPSA) in Illinois without regard for their ability to pay” (Anon n.d.:no page number).<sup>57, (12)</sup> Medical professionals who are eligible for loan repayment assistance from the state are family practice physicians, obstetricians/gynecologists, internal medicine physicians, pediatricians, dentists, advanced practice nurses, physician assistants, psychiatrists, and certified nurse midwives.<sup>58</sup> Full-time professionals must make a two-year minimum commitment and half-time professionals must make a four-year minimum commitment to qualify for up to \$50,000 of loan repayment.<sup>59</sup>

(11) “Patient care pediatricians” refers to pediatricians who are office-based, hospital residents, and/or hospital-based, full-time staff.

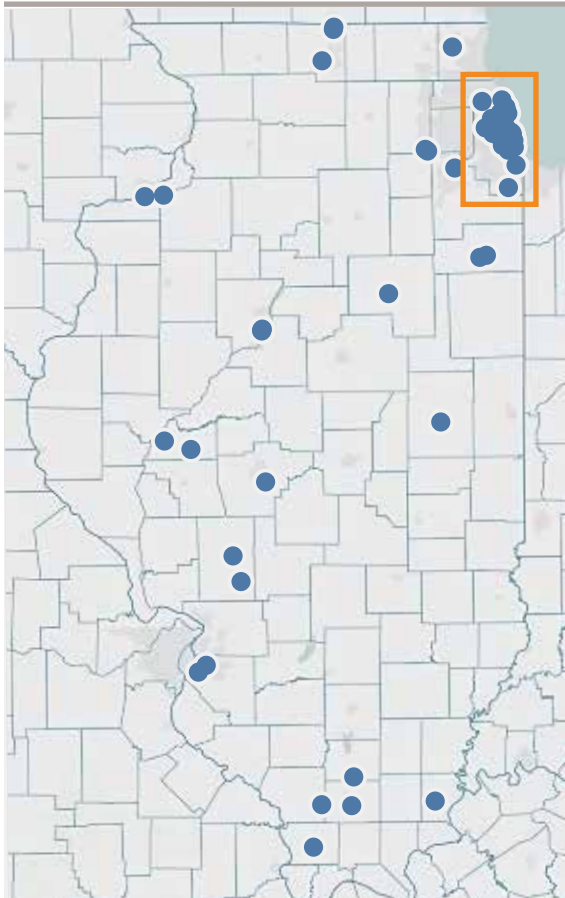
(12) The Bureau of Health Workforce website defines a health professional shortage area (HPSA) as an area “that [indicates] health care provider shortages in primary care, dental health; (sic) or mental health. These shortages may be geographic-, population-, or facility-based” (Anon 2020:no page number). See the following for more information: Anon. 2020. “Health Professional Shortage Areas (HPSAs).” Bureau of Health Workforce. Retrieved May 18, 2020 (<https://bhw.hrsa.gov/shortage-designation/hpsas>). It should be noted that not all HPSA’s are located in rural areas. For more information on HPSA’s in Illinois, see: <https://data.hrsa.gov/tools/shortage-area>.



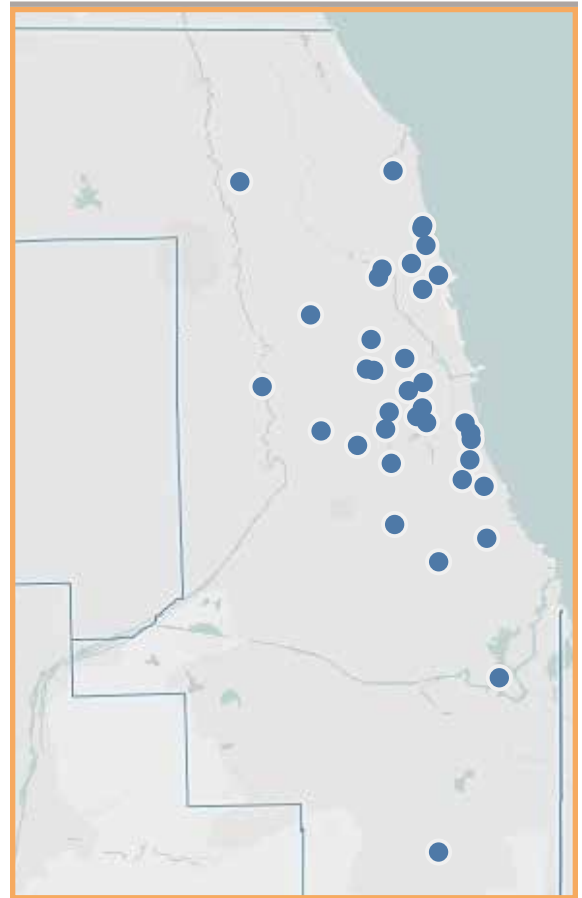
## SCHOOL-BASED HEALTH CENTERS<sup>60</sup>

According to data from the Illinois Department of Public Health (IDPH), there are 65 school-based health centers (SBHC's) in Illinois.<sup>61, (13)</sup> The purpose of SBHC's is to provide primary health care, mental health care, dental care, social services, and health education to children at or near their schools, particularly in areas and in populations where "transportation, time, costs, and lack of continuity of care" are significant issues (Love et al. 2019:no page number).<sup>62</sup> Previous research suggests that SBHC's are effective in improving a variety of health and education outcomes, including increases in immunizations, decreases in hospital utilization, decreases in teen pregnancy, and increases in grade point averages, as well as significant cost-savings to Medicaid programs.<sup>63</sup> However, only 19 of Illinois' 102 counties have SBHC's. Thirty-eight of the 65 SBHC's (58.5%) are located in Cook County with 33 being located within the city of Chicago alone.

Certified school-based health centers in Illinois



Certified school-based health centers (Cook County)

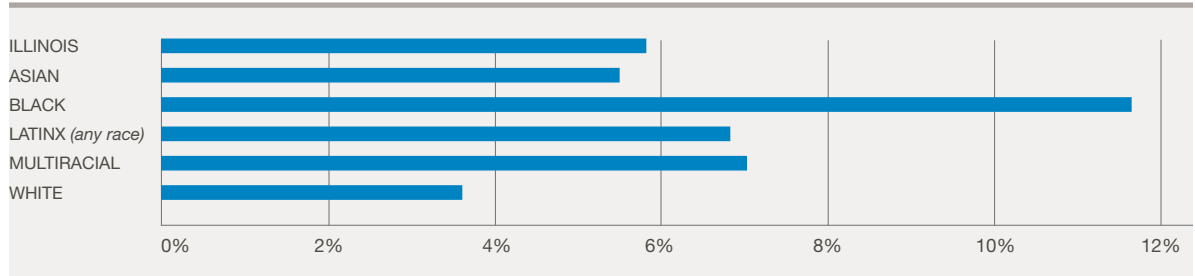


(13) Knopf et al. define school-based health centers as follows: "... SBHC's are defined as clinics that provide health services to students in pre-Kindergarten through Grade 12. Services may be offered onsite (i.e., school-based centers) or offsite (i.e., school-linked centers) and are often established in schools that serve predominantly low-income communities" (2016:no page number).

## BIRTH DATA

**Overall, the percentage of women receiving no or late prenatal care in Illinois was relatively low at 5.8%. However, black expectant mothers received no or late prenatal care at the highest rate (11.6%). Rates for Latinx (6.8%) and multiracial (7.0%) expectant mothers also exceeded the state rate, while Asian (5.5%) expectant mothers fell just beneath that threshold. White expectant mothers had the lowest rates of no or late prenatal care at 3.6%.<sup>64</sup>**

Percentage of Illinois mothers who received no or late\* prenatal care (2017)



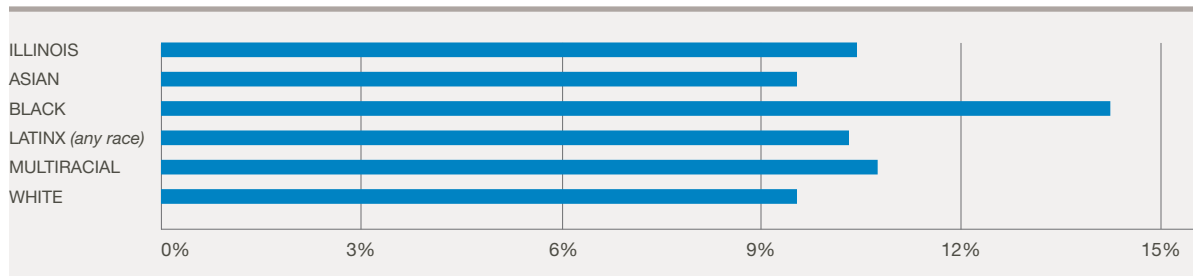
NOTE: Due to data suppression constraints, reliable estimates could not be calculated for people who identified as American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander.

SOURCE: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2017, on CDC WONDER Online Database, October 2018. Accessed at <http://wonder.cdc.gov/natality-current.html> on Jul 2, 2019 3:28:41 PM

\* "Late" prenatal care refers to anyone who started prenatal care in the third trimester of pregnancy.

**Data show that black women give birth to preterm children higher than the state rate, as well as every other racial and ethnic group. Research literature on the subject notes that it is not entirely understood why preterm births occur at higher rates among black women, although some evidence suggests that segregation and psychosocial stressors may be significant contributing factors.<sup>65</sup> Asian and white mothers gave birth to preterm babies at rates lower than that of the state rate, while Latinx and multiracial women gave birth preterm at rates matching that of the state rate.<sup>66</sup>**

Preterm Illinois births by race and ethnicity (2017)

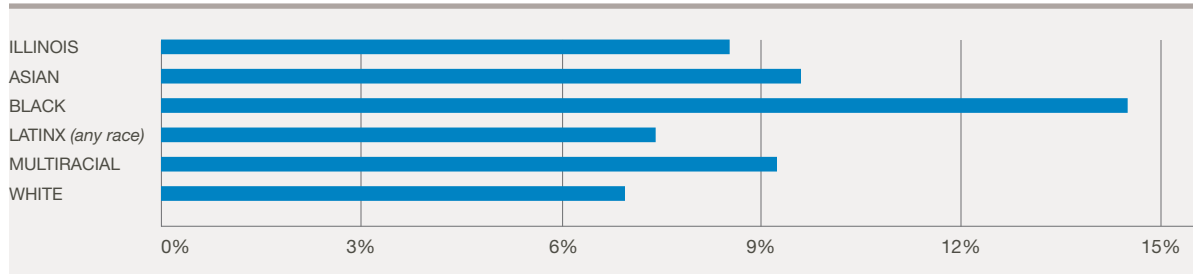


NOTE: Due to data suppression constraints, reliable estimates could not be obtained for people who identified as American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander.

SOURCE: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2017, on CDC WONDER Online Database, October 2018. Accessed at <http://wonder.cdc.gov/natality-current.html> on Aug 7, 2019 3:13:42 PM

**Black women give birth to babies with low birth weight at higher rates than any other racial and ethnic group, while Latinx and white babies have the lowest rates in the state.<sup>67</sup> And, as Debbink and Bader (2011) note, racial disparities in low birth weight have persisted even though more women of color are now receiving prenatal health care.<sup>68</sup> Although a full review of the factors associated with low birth weight among black infants is not possible here, a number of studies have suggested possible links between low birth weight and racial discrimination, racial segregation, and the long-term effects of concentrated social disadvantage.<sup>69</sup>**

Percentage of Illinois children born at low birth weight (<2,500 grams) by race and ethnicity (2017)

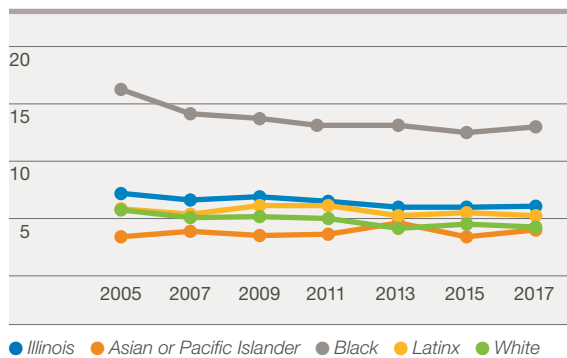


NOTE: Due to data suppression constraints, reliable estimates could not be calculated for people who identify as American Indian or Alaska Native and Native Hawaiian and Other Pacific Islander.

SOURCE: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2007-2017, on CDC WONDER Online Database, October 2018. Accessed at <http://wonder.cdc.gov/natality-current.html>.

**Although infant mortality rates have fallen drastically at the national level for every group since 1915, there has always been a much higher infant mortality rate for black infants.<sup>70</sup> Data from the last 15 years shows that Illinois is no exception.<sup>71</sup> Low birth weight and preterm births are also heavily implicated in infant mortality.<sup>72</sup> Higher rates of preterm births and low birth weights among black infants should be considered as factors in the consistently unequal infant mortality rates in Illinois, particularly for black infants.**

Infant mortality rate (per 1,000 births) in Illinois by race and ethnicity

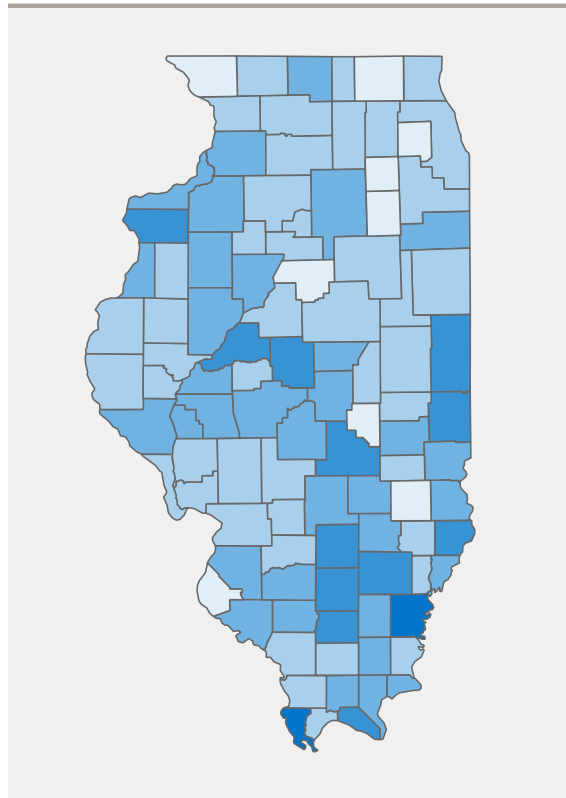


SOURCE: Annie E. Casey Foundation's KIDS COUNT Data Center, n.d. "Infant Mortality by Race." Retrieved March 24, 2020 (<https://datacenter.kidscount.org/data/tables/21-infant-mortality-by-race?loc=15&loc=2>).

As with other disparities in birth outcomes for different racial and ethnic groups, the disparity between black infants and infants in other racial and ethnic groups is not entirely understood. However, researchers are beginning to pay more attention to the cumulative stresses associated with racism that may have a significant impact on black infant mortality.<sup>73</sup> Tellingly, women of African descent who immigrate to the U.S. have infant mortality rates similar to those of white infants. However, Bellazaire and Skinner write that "within one generation, rates of preterm birth and low birthweight (significant risk factors for infant death) begin to mirror those of African American women" (2019:no page number). This suggests that the gap between mortality in black infants and infants in other racial and ethnic groups is due to social factors rather than biological ones.<sup>74</sup>

In 2017, Illinois teens gave birth at a rate of 4.8%, or just over 7,100 statewide. The rate of teen births differs significantly across geographic region, with Alexander County having the highest teen birth rate (14.3%), and Monroe County having the lowest teen birth rate (0.3%).<sup>75</sup>

Percent of births by teens (2017)

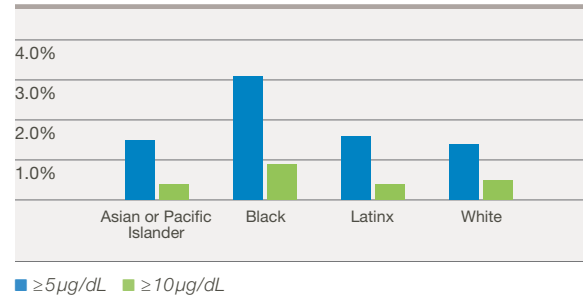


0.3 14.3

## CHILD BLOOD LEAD LEVELS

The Illinois Department of Public Health has noted that Illinois has one of the highest child lead poisoning rates in the nation.<sup>76, (14)</sup> Their data show that black children outpace other racial and ethnic groups when it comes to having higher blood lead levels. As the World Health Organization (WHO) notes, “There is no known ‘safe’ blood lead concentration; even blood lead concentrations as low as 5 µg/dL, may be associated with decreased intelligence in children, behavioral difficulties and learning problems” (2019:no page number).<sup>77</sup>

Illinois children with confirmed blood lead levels by race and ethnicity (2017)

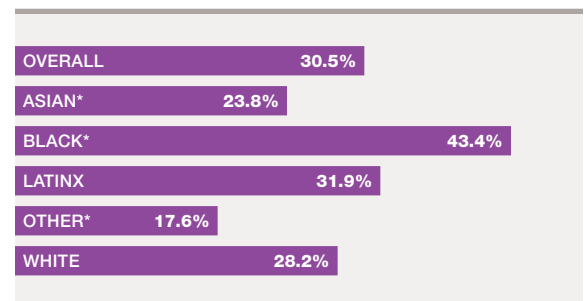


SOURCE: Fokum, Frida D., Tina Estrop, Kert McAfee, and Ken McCann. 2019. Illinois Lead Program 2017 Annual Surveillance Report. Springfield, IL: Illinois Department of Public Health. Asian or Pacific Islander n = 8,810; Black n = 47,374; Latinx n = 55,609; White n = 72,372. These sample sizes mean, for example, that of the 8,810 Asian or Pacific Islander children tested, 1.5% of them had confirmed blood lead levels of ≥5µg/dL.

## BODY MASS INDEX

Available data show that obesity is a problem for nearly a third of children ages 10 to 17 in Illinois. The problem is worse among black (43.4%) and Latinx (31.9%) children in that age group. A significant body of research suggests that obesity rates are related to social indicators of health such as “low-income status, overconsumption of calorie-dense, nutrient-poor food and drinks, lack of recreational spaces limiting physical activity, and poor health care access” (Subica et al. 2016:80).<sup>78</sup>

Illinois children ages 10 to 17 with body mass index (BMI) at or above 85th percentile (2016-2017) (n=740)



Source: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 08/26/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 1.4a: Is this child currently overweight or obese, based on Body Mass Index (BMI)-for-age, age 10-17 years?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

(14) Zimmerman, Kamal, and Palmer (2019) note that a significant proportion of Illinois' housing was built before 1978, which is the year that lead was banned in house paint. “Furthermore,” they write, “Chicago required that lead pipes be used in residential construction until 1986, which led to Chicago having the largest number of lead service lines nationwide. Statewide, at least 414,895 lead service lines are still in use” (2019:no page number). American Community Survey data from 2013-2017 show that Illinois has the 7th highest rate of housing built in or prior to 1979 in the nation (67.4%).

**Rates of reported sexually transmitted diseases among Illinois youth increase substantially as children get older. This is likely due to the fact that the rate of sexual activity among youth increases as they get older (according to data about Illinois high schoolers from the Centers for Disease Control).<sup>79, (15)</sup>**

Illinois reported STD cases and rates per 100,000 population by age (2017)

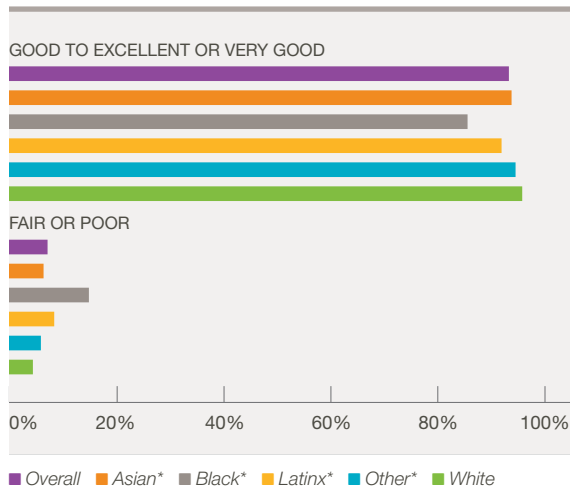
Age group <sup>(16)</sup>	Chlamydia	Gonorrhea	Primary and secondary syphilis	Early syphilis
0 to 4	4.1	1.4	0.0	0.0
5 to 9	1.0	0.6	0.0	0.0
10 to 14	60.9	18.6	0.0	0.1
15 to 19	2,160.0	527.8	4.7	9.0

SOURCE: Illinois Department of Public Health (IDPH). n.d. "Illinois Reported STD Cases and Rates Per 100,000 Population by Sex 2014-2018." Illinois Department of Public Health. Retrieved March 24, 2020 (<http://www.dph.illinois.gov/sites/default/files/publications/std-cases-and-rates-demographics-2014-2018.pdf>).

## ORAL HEALTH

**Overall, Illinoisans tended to rate the condition of their children's teeth very high, although black children have fair or poor teeth conditions higher than any other racial and ethnic group.<sup>80</sup> In addition, black, Latinx, and other children have faced oral health problems like toothaches, bleeding gums, decayed teeth, or cavities more frequently than white or Asian respondents. These groups have higher rates of oral health problems than the overall state rate.<sup>81</sup>**

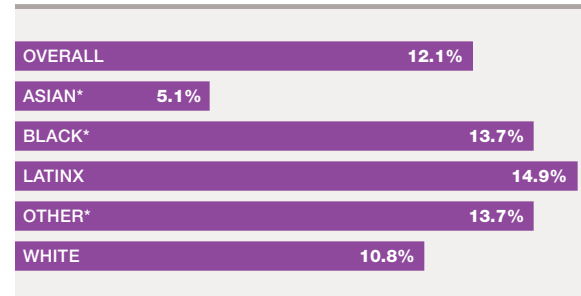
Condition of child's teeth, ages 1 to 17 (2016-2017) (n=1,483)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 08/26/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 1.2: How would you describe the condition of this child's teeth, age 1-17 years?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

Percent Illinois children ages 1 to 17 who have had oral health problems such as toothaches, bleeding gums, decayed teeth, or cavities in the past 12 months (2016-2017) (n=1,487)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 08/26/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 1.2a: During the past 12 months, has this child had oral health problems such as toothaches, bleeding gums or decayed teeth or cavities, age 1-17 years?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

(15) Data from the CDC show that in 2017, 38% of Illinois high schoolers had had sexual intercourse. Those rates steadily increased depending on what age they were; 22.1% of 9th graders, 29.8% of 10th graders, 44% of 11th graders, and 58.5% of 12th graders reporting having sexual intercourse.

(16) Data were unavailable as to why children ages 0 to 4 and ages 5 to 9 had sexually transmitted diseases.

## ASTHMA<sup>(17)</sup>

Data from the Illinois Department of Public Health Community Map show that the emergency room asthma visit rate for children from 2015 to 2017 is 75.22 per 10,000. For Latinx and white children, their rates are lower than the state rate at 54.93 and 36.55, respectively. However, for black children, the rate is more than three times that of the state rate.<sup>82</sup>

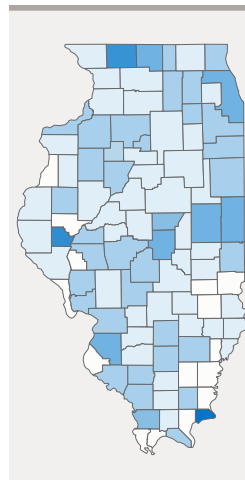
Pediatric emergency department asthma visit rates (per 10,000) in Illinois by race and ethnicity (2015-2017)

ALL RACES	75.2
BLACK	227.2
LATINX	54.9
WHITE	36.5

SOURCE: Illinois Department of Public Health Community Map, Pediatric Emergency Department Asthma Visit Rate (per 10,000): All Race, White, Black Hispanic, 1/1/2015 to 12/31/2017 data set, accessed 12/3/2019 (<http://www.healthcarereportcard.illinois.gov/maps>)

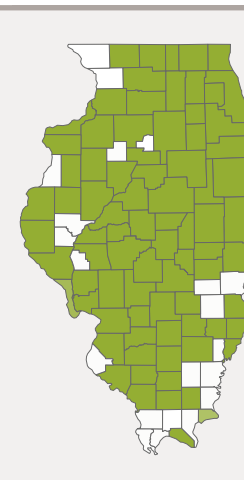
For counties on which data are available, black children far outpace Latinx and white children in pediatric emergency asthma visits. In Boone County, which has the lowest black/white disparity, the black rate is almost three times that of the white rate. In Peoria County, which has the lowest black/Latinx disparity, the black rate is almost 2.7 times that of the Latinx rate. In most counties, the Latinx rate also outpaces the white rate, but not by as much as the black/Latinx or black/white disparities. In Boone, LaSalle, Rock Island, and Madison Counties, the Latinx rate is lower than the white rate.

Pediatric emergency department asthma visit rates (per 10,000) in Illinois (2015-2017)



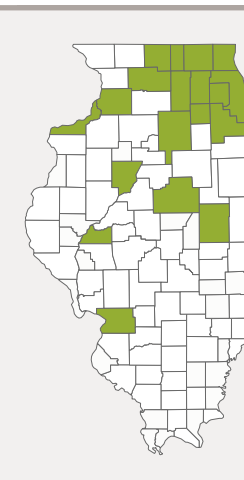
16.0 195.2

Pediatric emergency department asthma visit rate for white children (per 10,000) in Illinois (2015-2017)



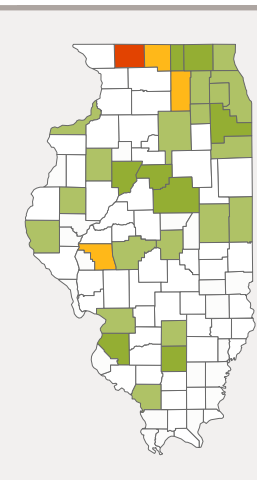
19.2 614.5

Pediatric emergency department asthma visit rate for Latinx children (per 10,000) in Illinois (2015-2017)



19.2 614.5

Pediatric emergency department asthma visit rate for black children (per 10,000) in Illinois (2015-2017)



19.2 614.5

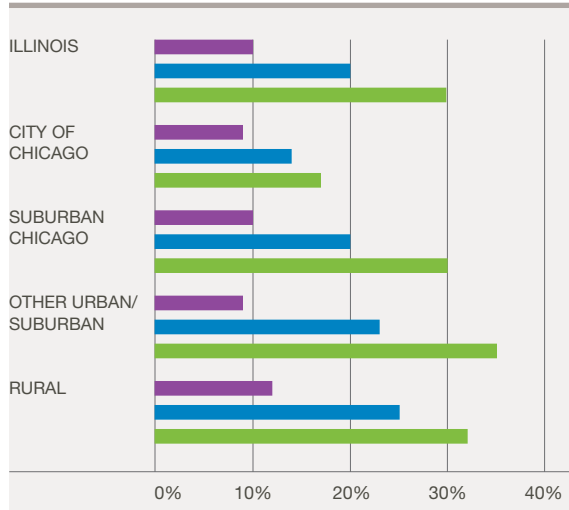
(17) The Illinois Department of Public Health does not provide data for all counties, which is reflected in the included maps.



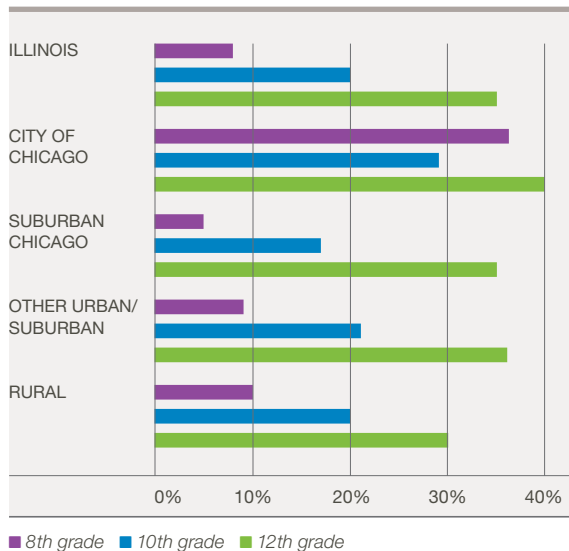
## TOBACCO AND DRUG USE

Overall, it appears that Illinois students' usage of alcohol and marijuana increases as they age (in the case of the charts here, more students use alcohol and marijuana as they move from 8th to 12th grade).<sup>83, (18)</sup>

Percentage of Illinois students who have used tobacco or vaping products in the past year, by grade in school (2018)



Percentage of Illinois students who have used marijuana in the past year, by grade in school (2018)



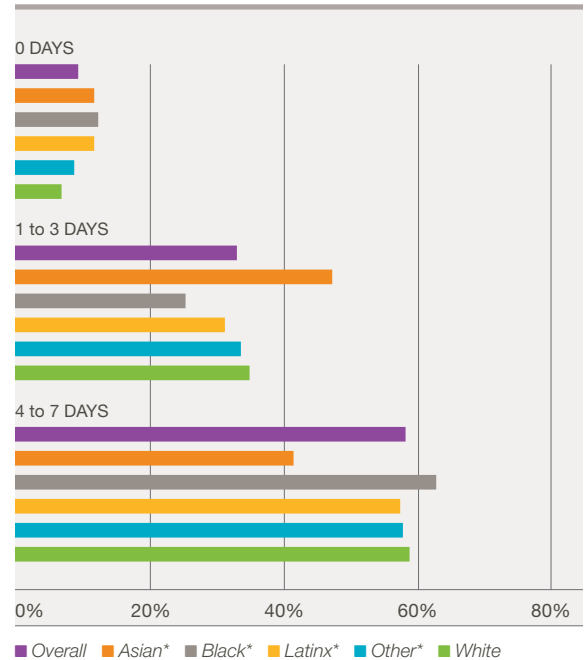
SOURCE FOR ABOVE GRAPHS: Center for Prevention Research and Development. 2018. *Illinois Youth Survey 2018 Frequency Reports: City of Chicago, Suburban Chicago, Other Urban/Suburban, and Rural*. Champaign, IL: CPRD, School of Social Work, University of Illinois.

(18) The Illinois Center for Prevention Research and Development defines Illinois regions as the following: (1) Suburban Chicago = Cook (excluding Chicago), DeKalb, DuPage, Grundy, Kane, Kendall, Lake, McHenry, and Will Counties; (2) Other urban/suburban = Alexander, Bond, Boone, Calhoun, Champaign, Clinton, Crawford, DeWitt, Ford, Henry, Jackson, Jersey, Kankakee, Macon, Macoupin, Madison, Marshall, McLean, Menard, Mercer, Monroe, Peoria, Piatt, Rock Island, Sangamon, St. Clair, Stark, Tazewell, Vermilion, Williamson, Winnebago, and Woodford Counties; (3) Rural = Adams, Brown, Bureau, Carroll, Cass, Christian, Clark, Clay, Coles, Cumberland, Douglas, Edgar, Edwards, Effingham, Fayette, Franklin, Fulton, Gallatin, Greene, Hamilton, Hancock, Hardin, Henderson, Iroquois, Jasper, Jefferson, Jo Daviess, Johnson, Know, LaSalle, Lawrence, Lee, Livingston, Logan, Marion, Mason, Massac, McDonough, Montgomery, Morgan, Moultrie, Ogle, Perry, Pike, Pope, Pulaski, Putnam, Randolph, Richland, Saline, Schuyler, Scott, Shelby, Stephenson, Union, Wabash, Warren, Washington, Wayne, White, and Whiteside Counties.

## PHYSICAL ACTIVITY

Overall, most children get physical activity for at least an hour four to seven days of the week.<sup>84</sup>

Number of days child exercised, played a sport, or participated in physical activity for at least 60 minutes in the past week, ages 6 to 17 (2016-2017) (n=1,066)

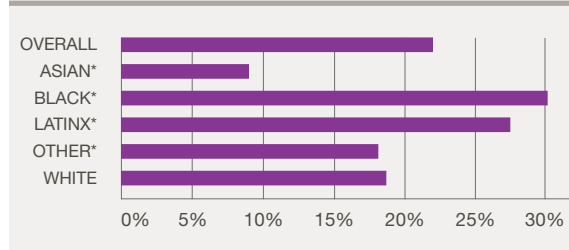


SOURCE: Indicator 1.5: During the past week, on how many days did this child exercise, play a sport, or participate in physical activity for at least 60 minutes, age 6-17 years? Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 08/26/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org).

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

## ADVERSE CHILDHOOD EXPERIENCES<sup>85</sup>

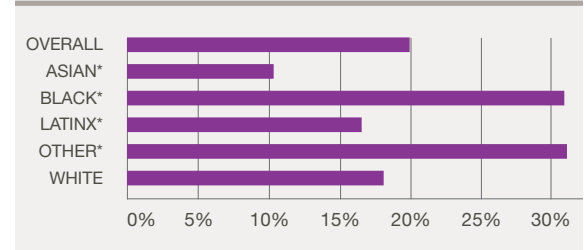
Percent of Illinoisans who found it somewhat often or very often hard to get by on family income since the birth of a child (2016-2017) (n=1,525)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/17/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13a: Since this child was born, how often has it been very hard to get by on your family's income—hard to cover the basics like food or housing?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

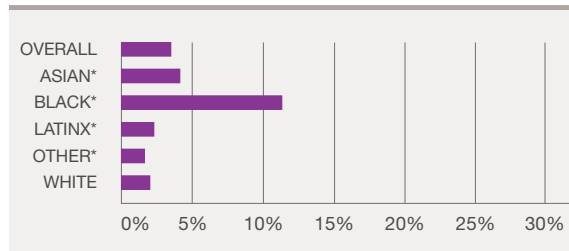
Percent of Illinois children who have ever experienced a parent/guardian who got divorced or separated (2016-2017) (n=1,510)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/17/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13b: To the best of your knowledge, has this child ever experienced the following: parent or guardian who got divorced or separated?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

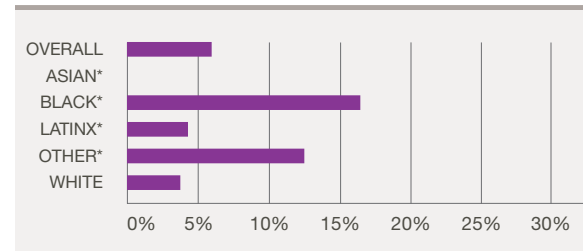
Percent of Illinois children who have ever experienced the death of a parent or guardian (2016-2017) (n=1,508)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/17/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13c: To the best of your knowledge, has this child ever experienced the following: parent or guardian died?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

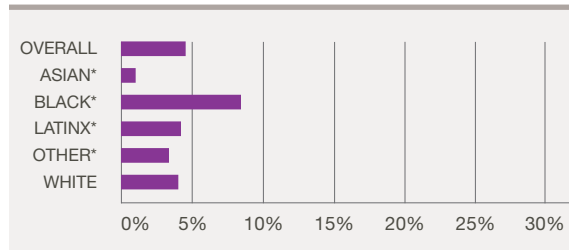
Percent of Illinois children who have ever experienced having a parent or guardian in jail (2016-2017) (n=1,504)



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/17/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13d: To the best of your knowledge, has this child ever experienced the following: parent or guardian served time in jail?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

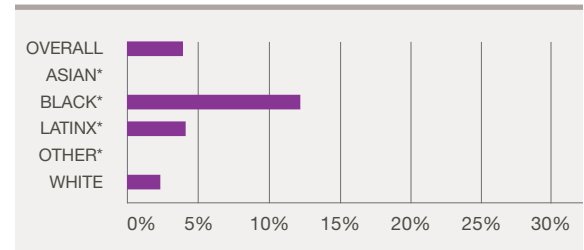
**Percent of Illinois children who have ever witnessed domestic violence (2016-2017) (n=1,508)**



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/17/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13e: To the best of your knowledge, has this child ever experienced the following: saw or heard parents or adults slap, hit, kick, punch one another in the home?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

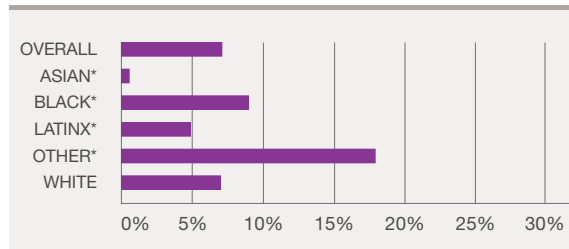
**Percent of Illinois children who have ever been a victim of violence or witnessed violence in his or her neighborhood (2016-2017) (n=1,504)**



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/17/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13f: To the best of your knowledge, has this child ever experienced the following: was a victim of violence or witnessed violence in his or her neighborhood?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

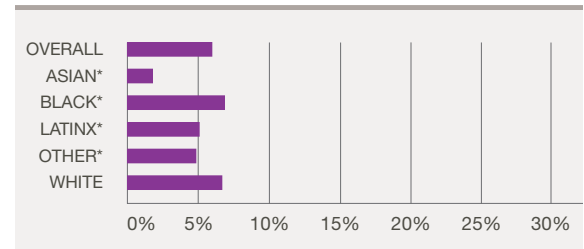
**Percent of Illinois children who have ever experienced living with anyone who was mentally ill, suicidal, or severely depressed (2016-2017) (n=1,506)**



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/18/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13g: To the best of your knowledge, has this child ever experienced the following: live with anyone who was mentally ill, suicidal, or severely depressed?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

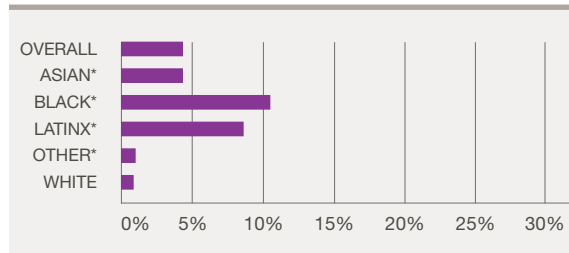
**Percent of Illinois children who have ever experienced living with anyone who had a problem with alcohol or drugs (2016-2017) (n=1,504)**



SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/18/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13h: To the best of your knowledge, has this child ever experienced the following: lived with anyone who had a problem with alcohol or drugs?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

Percent Illinois children who have ever experienced being treated or judged unfairly because of his or her race or ethnic group (2016-2017) (n=1,508)



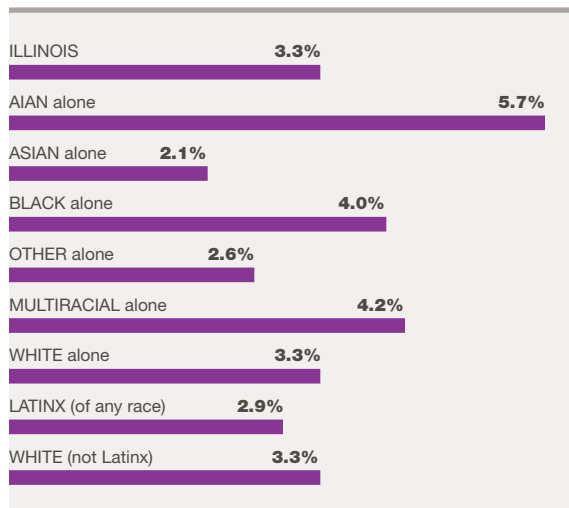
SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/18/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 6.13i: To the best of your knowledge, has this child ever experienced the following: treated or judged unfairly because of his or her race or ethnic group?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

## CHILDREN WITH DISABILITIES

U.S. Census Bureau data shows that over 98,000 Illinois children have a disability, defined by the Bureau as one or a combination of hearing, vision, cognitive, ambulatory, self-care, and independent living difficulties.<sup>86</sup> AIAN, black, and multiracial children appear to have disabilities at higher rates than the state rate, as well as other racial and ethnic groups.

Illinois children with a disability by race and ethnicity (2013-2017)



SOURCES: U.S. Census Bureau's American Community Survey, Sex by Age by Disability Status (Universe: Civilian Noninstitutionalized Population), 2013-2017 5-Year Estimates, Table B18101; U.S. Census Bureau's American Community Survey, Age by Disability Status (Universe: Civilian Noninstitutionalized Population), 2013-2017 5-Year Estimates, Tables B18101A-I

## FOOD INSECURITY

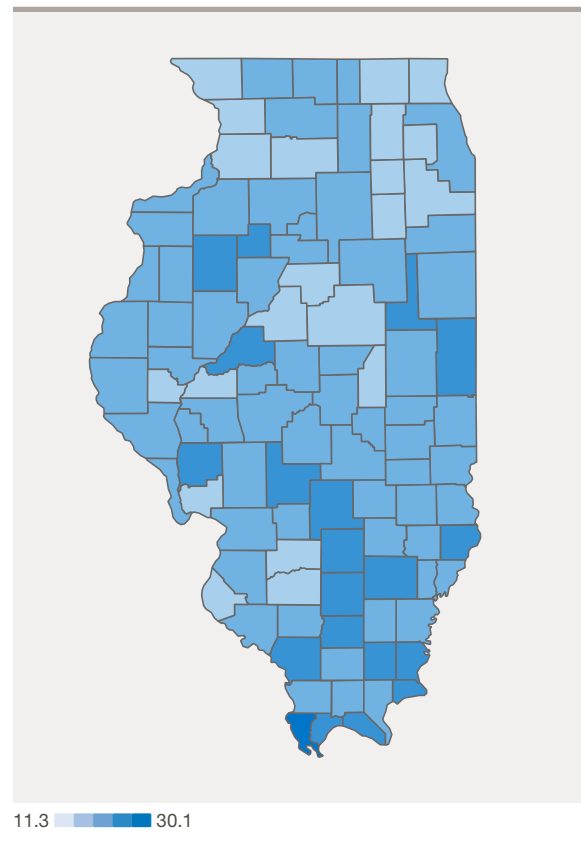
Data from the organization Feeding America show that almost 11% of Illinoisans faced food insecurity in 2017.<sup>87, (19)</sup> That rate was higher for children statewide at a rate of 15.7%. In fact, the rate of child food insecurity was higher than the overall rate in every single county in Illinois.<sup>88</sup>

Food insecurity rates in Illinois for the total population and for children (2017)

OVERALL	10.9%
CHILDREN	15.7%

SOURCE: Gundersen, C., A. Dewey, M. Kato, A. Crumbaugh, and M. Strayer. 2019. Map the Meal Gap 2019: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2017. Chicago, IL: Feeding America

Percent of children who face food insecurity (2017)

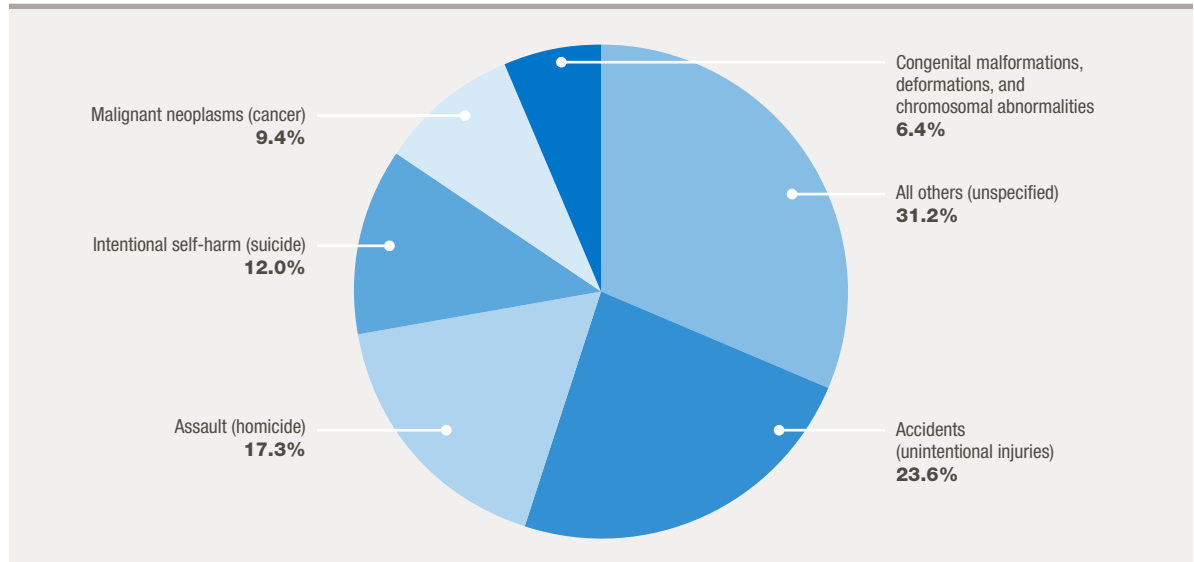


(19) The United States Department of Agriculture (USDA) defines "low food security" as "reports of reduced quality, variety or desirability of diet" and "little or no indication of reduced food intake." They define "very low food security" as "reports of multiple indications of disrupted eating patterns and reduced food intake" (United States Department of Agriculture Economic Research Service 2019:no page number).

## SAFETY

**For children ages 1 to 17, the number one cause of death was accidents (23.6%). It should be noted, however, that almost 30% of child deaths were caused by homicide or suicide.<sup>89</sup>**

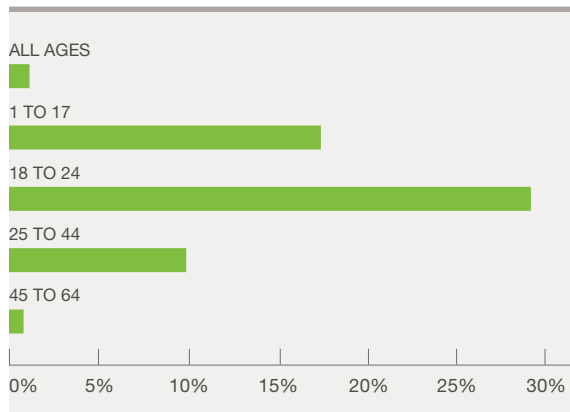
Top causes of death for Illinois children ages 1 to 17 (2017)



SOURCE: Illinois Department of Public Health (IDPH). n.d. "Leading Causes of Death by Age Group, Illinois Residents, 2017." Illinois Department of Public Health. Retrieved February 20, 2020 (<http://www.dph.illinois.gov/sites/default/files/Leading%20Causes%20of%20Death%20by%20Age%20Group%202017.pdf>).

**The homicide rate varies significantly by age group. Data show that the percentage of deaths by homicide is far higher for children age 1 to 17 and adults age 18 to 24 than it is for people in older age groups.<sup>90</sup>**

Percent of deaths by assault (homicide) by age group (2017)

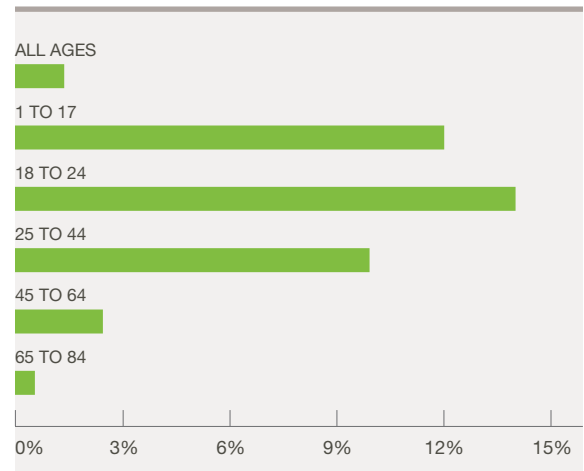


NOTE: Data for those age 65 and older not available.

SOURCE: Illinois Department of Public Health, Leading Causes of Death by Age Group, Illinois Residents, 2017, available at: <http://www.dph.illinois.gov/sites/default/files/Leading%20Causes%20of%20Death%20by%20Age%20Group%202017.pdf>

**Suicide rates by age group somewhat mirror homicide rates by age group; the highest rates of suicide are among children age 1 to 17 and adults age 18 to 24.<sup>91</sup>**

Percent of deaths by intentional self-harm (suicide) by age group (2017)



NOTE: Data for those age 85 and older not available.

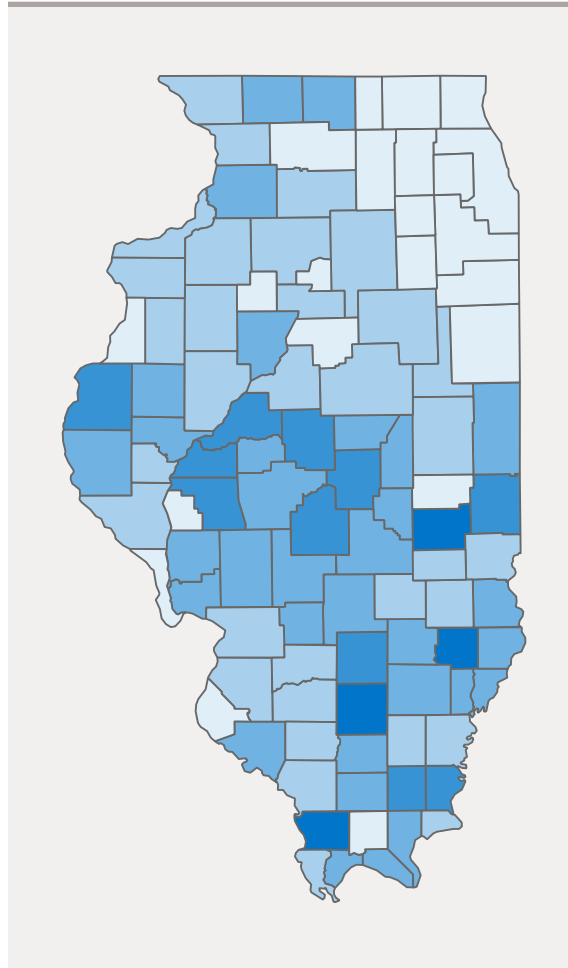
SOURCE: Illinois Department of Public Health, Leading Causes of Death by Age Group, Illinois Residents, 2017, available at: <http://www.dph.illinois.gov/sites/default/files/Leading%20Causes%20of%20Death%20by%20Age%20Group%202017.pdf>

## ABUSE AND NEGLECT

According to data collected by the Illinois Department of Children and Family Services, in FY2018

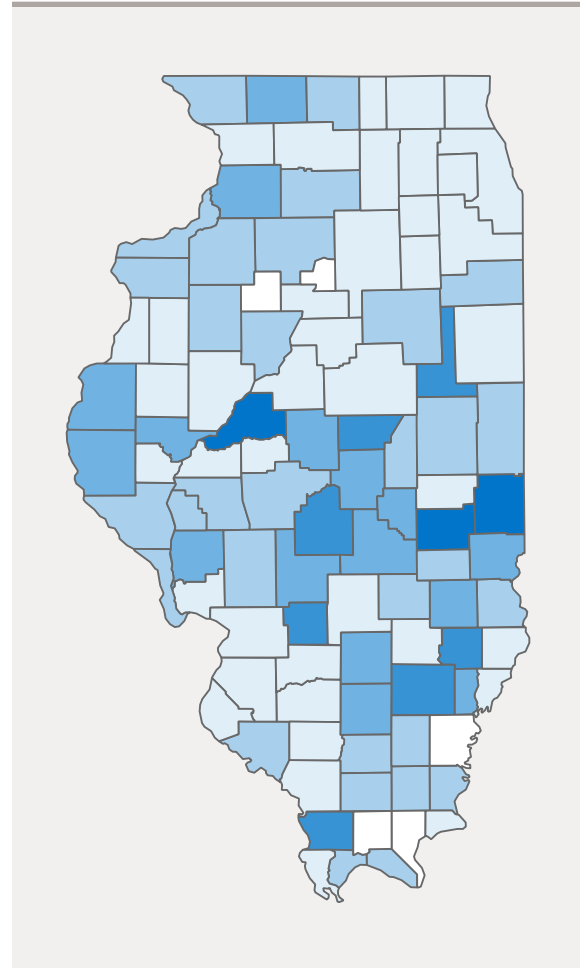
**8.9 per 1,000 Illinois children were indicated for abuse and neglect; children were indicated for sexual abuse at a rate of 1.4 per 1,000.<sup>92</sup>**

Rate (per 1,000 child population) of indicated abuse or neglect allegations (FY2018)



2.7 35.2

Rate (per 1,000 child population) of indicated sexual abuse allegations (FY2018)



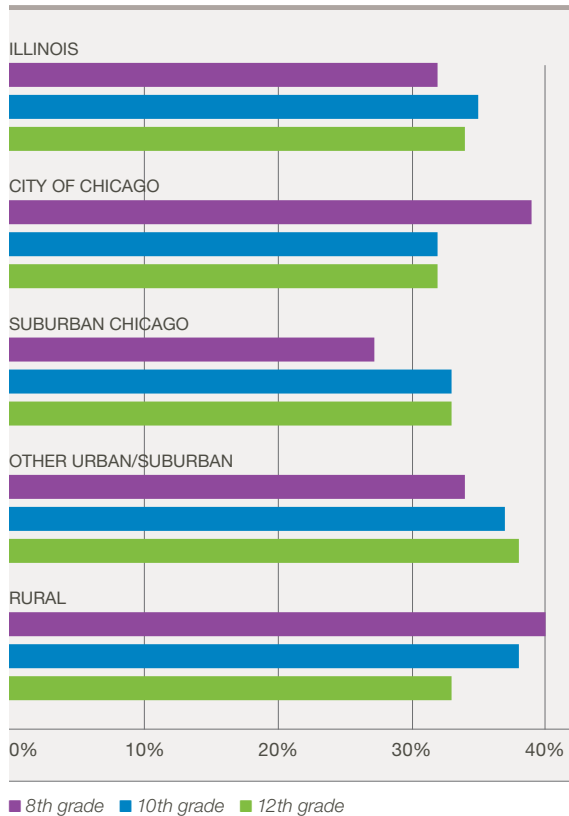
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## MENTAL HEALTH

According to data from the Center for Prevention Research and Development at the University of Illinois, significant proportions of children throughout Illinois struggle with feelings of sadness and hopelessness. Children throughout the state and in different grades have these feelings at rates between 27% (8th graders in suburban Chicago) and 40% (8th graders in rural areas).<sup>93</sup>

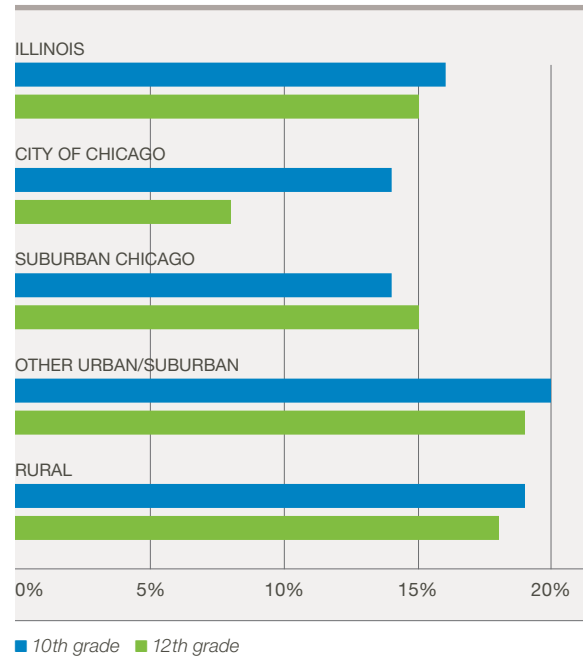
Percentage of Illinois students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, by grade and region (2018)



SOURCE: Center for Prevention Research and Development. 2018. *Illinois Youth Survey 2018 Frequency Reports: City of Chicago, Suburban Chicago, Other Urban/Suburban, and Rural*. Champaign, IL: CPRD, School of Social Work, University of Illinois

There is also a concerning percentage of children who have seriously considered suicide. For both 10th and 12th graders throughout the state, anywhere from 14% to 20% of children have felt this way (although a much lower proportion of 12th graders in Chicago, at 8%, have had these kinds of feelings).<sup>94</sup>

Percentage of Illinois students who seriously considered suicide in the past 12 months, by grade and region (2018)



SOURCE: Center for Prevention Research and Development. 2018. *Illinois Youth Survey 2018 Frequency Reports: City of Chicago, Suburban Chicago, Other Urban/Suburban, and Rural*. Champaign, IL: CPRD, School of Social Work, University of Illinois

Good health, whether at the individual, family, or community level, is based on social and environmental factors long known to health professionals.<sup>95</sup> These factors include quality of housing, the air people breathe, the water they drink, length of time it takes to get to an emergency room, and lack of access to healthy foods, among others.<sup>96</sup> Although personal choices undoubtedly contribute to health outcomes, “[in] many instances, the barriers to good health exceed an individual’s abilities, even with the greatest motivation, to overcome these obstacles on his or her own” (Braveman, Egerter, and Mockenhaupt 2011:S5).<sup>97</sup>

The social determinants of health are going to become even more pronounced in the wake of the COVID-19 (henceforth coronavirus) pandemic, which has quickly become the most significant public health issue of our lifetimes. In Illinois, Governor J.B. Pritzker closed all public schools due to the spread of coronavirus, and then shortly followed suit by closing all bars and restaurants.<sup>98</sup> The immediate implications of coronavirus on the nation’s health infrastructure are dire: there is a shortage of tests, and even in a “best case” scenario in which the outbreak is moderate, intensive care units throughout the U.S. could easily be overwhelmed by an influx of severely ill patients.<sup>99</sup> How the pandemic’s effects will intersect with already existing inequalities in housing, education, food access, health care access, and others remains to be seen.

Along with the health implications have come significant blows to the national economy. The April national unemployment rate hit 14.7% with total nonfarm payroll employment falling by 20.5 million in April.<sup>100</sup> According to the Illinois Department of Employment Security, it processed more than one million new unemployment claims from March 1st to May 2nd.<sup>101</sup>

On the ground, this has been impacting families throughout the nation. People who rely on wage labor in the restaurant and “gig” industries, for example, will be hit hardest due to social distancing measures.<sup>102, (20)</sup> Many parents have had to start juggling the dual responsibilities of parenthood and working from home.<sup>103</sup> For those working at jobs that do not provide paid sick leave or the ability to work from home, they are faced with the decision going to work and risking infection, or staying home from work and facing lost wages, possible termination,

eviction, and/or bankruptcy.<sup>104</sup> In Illinois alone, American Community Survey data estimate that over a third of citizens over the age of 16 who are employed work in industries that have been hardest hit by coronavirus economic shocks: (1) retail trade, (2) health care and social assistance, (3) arts, entertainment, and recreation, and (4) accommodation and food services. That is a total of about 2.085 million people.<sup>105</sup>

Although this situation is bleak, there is reason to be optimistic. In early April 2020, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act which, among other provisions, expands unemployment insurance benefits to those who have been laid off or furloughed because of Illinois’ shelter-in-place order.<sup>106</sup> Public schools throughout the state have continued to serve free meals to students in need of nutrition assistance.<sup>107</sup> Chicago Public Schools plans to distribute 100,000 laptops, iPads, and Chromebooks to students in an effort to help students without computers at home.<sup>108</sup>

We began writing this report about children’s health long before coronavirus was a known public health threat. However, in light of this current crisis the goal of this report remains the same: to start a conversation about how people’s social environments—where they live, how much they make at their jobs, and what kind of housing they live in, for example—play a much larger role in their health outcomes than we may initially assume. Prior to the arrival of coronavirus, deep inequalities in the United States overall and in Illinois in particular played a significant role in the health outcomes of children.<sup>109</sup> Although we explore inequalities in Illinois in more detail below, it suffices to say here that the socioeconomic indicators that are widely known to affect people’s health

(20) Torpey and Hogan (2016:n.p.) define a “gig” as “a single project or task for which a worker is hired, often through a digital marketplace, to work on demand.” According to nonemployer data from the U.S. Census Bureau, there has been a precipitous increase in rideshare workers in the U.S. since the late 1990’s, and the same is true for Illinois (Sandusky 2018; U.S. Census Bureau 2019).

are unevenly distributed to the state's population along lines of race, class, and geography. As we noted above, we cannot predict the pandemic's effects on these indicators given the evolving health situation and the state and federal government's responses to the ongoing infection. However, if prior history has been a guide, we expect the disparities you will see detailed below to widen significantly in the coming weeks and months.

This report is a snapshot of how children are doing in the state of Illinois in terms of their health, as well as other socioeconomic factors in their lives. We want to make it clear that when we present information about poor health among children and then present information about the socioeconomic conditions of their lives, we are not making *causal* claims; the data we have do not allow us to do that. However, numerous studies show that children's environments and the resources they do and do not have access to significantly affect their health outcomes.<sup>110</sup> As such, we want this report to spur discussions of how, for example, living in an area of concentrated poverty might affect the health of not just individual children, but rather entire groups of children. The ongoing health and socioeconomic crises the coronavirus pandemic presents will certainly affect all groups, but some are seeing far more dire consequences than others.

Our goal in presenting this information is to highlight how the social determinants of health are interrelated. In our previous report, we showed that children, particularly along lines of race and ethnicity, are highly unequal in the state of Illinois in most, if not all, social indicators. Although the Civil Rights movements of the 1960's laid significant groundwork for changing how people of color are treated and perceived in the U.S., in many cases those changes did little to transform the actual material and social circumstances of groups who have historically been relegated to the margins of American society.<sup>111</sup> The U.S. is still racially segregated in its housing in urban, suburban, and rural contexts.<sup>112</sup> In 2016, median net worth of all households in the U.S. was \$94,670. For Asian households, it was \$210,000 while white households had a net worth of \$143,000.<sup>113, (21)</sup> Latinx households, on the other

hand, had a median net worth of \$21,420, other households a value of \$20,140, and black households a net worth of \$12,920 (which lowers to \$3,802 if home equity is excluded).<sup>114</sup> Employment and median household income data show that many people of color are unemployed at higher rates and make less money than whites.<sup>115, (22)</sup> Incarceration continues to devastate the mostly black communities from which most prisoners are drawn.<sup>116</sup>

Changing how we do certain things—housing, education, economics, etc.—can have a more significant impact on whole populations of people rather than just on individuals, especially children.<sup>117</sup> Focusing our efforts on improving the health and well-being of children can and will pay dividends in the future. One of the many ways we can start improving children's health is to improve the quality of their lives in areas such as housing, education, their parents' jobs, and so on. As Braveman et al. note, “[R]educing social and economic disparities in health affecting children will not only improve child health; it will increase opportunities to be healthy throughout life, because healthier children are more likely to grow up to be healthy adults” (2011:S4).<sup>118</sup>

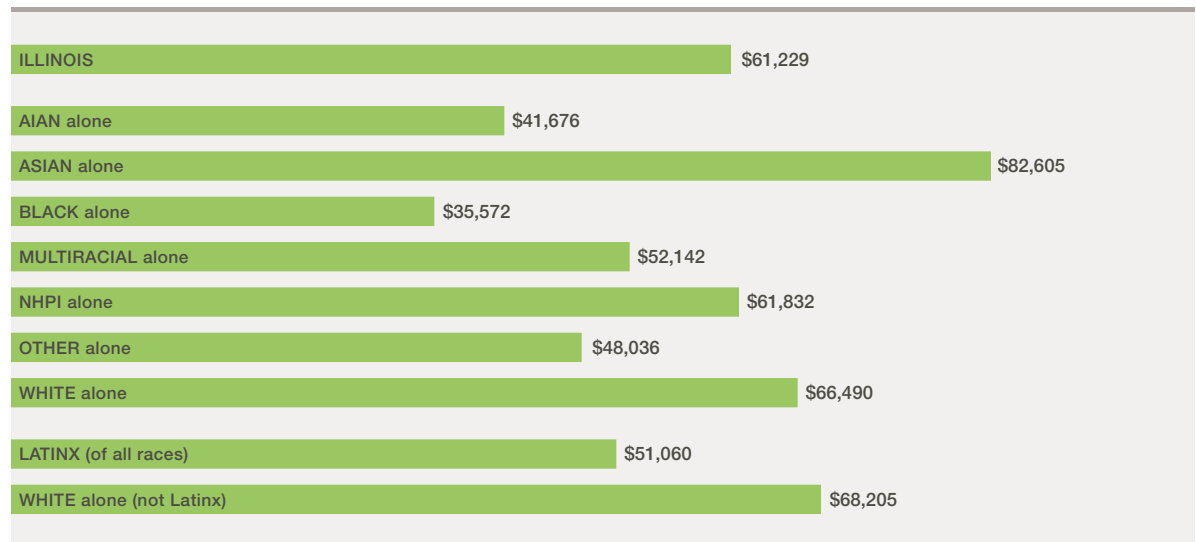
It is important to remember that there is no “typical” child in Illinois. When we present data showing that median family and household incomes are significantly higher for white Illinoisans than black Illinoisans, or for urban Illinoisans than rural Illinoisans, we are not suggesting that there are no white children who face high levels of poverty, that all children of color live in dire economic circumstances, or that rural residents are all “worse off” than suburban or urban residents. These are merely averages and medians based on available data, which means they will not speak to the experiences of individuals who fall outside them. However, what the data do show is that children of color in Illinois face certain social circumstances on scales and rates simply not seen among white children. In many cases, the same is true for differences between rural Illinoisans and suburban/urban Illinoisans. Although we call for policies that are designed to ameliorate racial, ethnic and geographic inequalities, we must remember to give all Illinois children the resources they need to live healthy, safe, and happy lives.

(21) Although Asians in the U.S. had the highest median net worth, this conceals significant economic variation among different Asian ethnic groups (see, for example, Takei and Sakamoto 2011).

(22) There is also variation in terms of race and class by geography. For example, even though non-Latinx white median household income outpaces black median household income in almost every Illinois county, the size of the gaps vary significantly by county.

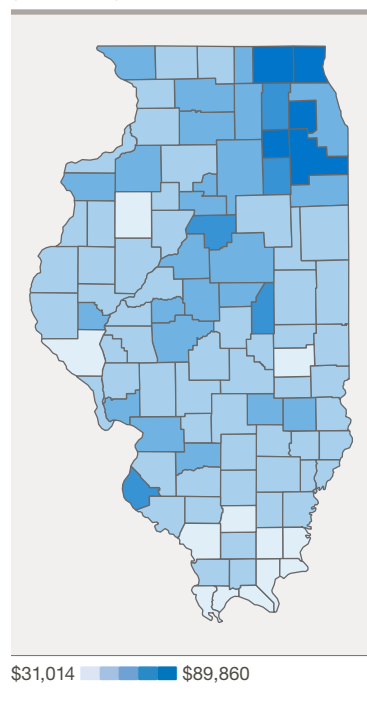


Median household income in Illinois by race and ethnicity (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Median Household Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars) (Universe: Households), 2013-2017 5-Year Estimates, Tables B19013 and B19013A-I

Median household income by county (2013-2017)



Illinois median household income by race and ethnicity (2008-2012 to 2013-2017)

	2008-2012		2013-2017		Difference	Sig.
	Est.	MOE	Est.	MOE		
<b>Illinois</b>	<b>\$60,812</b>	<b>\$ 228</b>	<b>\$61,229</b>	<b>\$ 190</b>	<b>+\$ 417</b>	<b>*</b>
<b>Race alone</b>						
AIAN	\$ 49,418	\$ 3,354	\$ 41,676	\$ 3,519	-\$ 7,742	*
Asian	\$ 80,468	\$ 1,310	\$ 82,605	\$ 1,181	+\$ 2,137	*
Black	\$ 37,154	\$ 409	\$ 35,572	\$ 420	-\$ 1,582	*
Multiracial	\$ 53,336	\$ 1,985	\$ 52,142	\$ 1,760	-\$ 1,194	
NHPI	\$ 74,311	\$17,144	\$ 61,832	\$12,920	-\$12,479	
Other	\$ 48,797	\$ 719	\$ 48,036	\$ 915	-\$ 761	
White	\$ 65,866	\$ 243	\$ 66,490	\$ 263	+\$ 624	*
<b>Ethnicity</b>						
Latinx (of all races)	\$ 50,183	\$ 506	\$ 51,060	\$ 372	+\$ 877	*
White alone (not Latinx)	\$ 67,376	\$ 245	\$ 68,205	\$ 298	+\$ 829	*

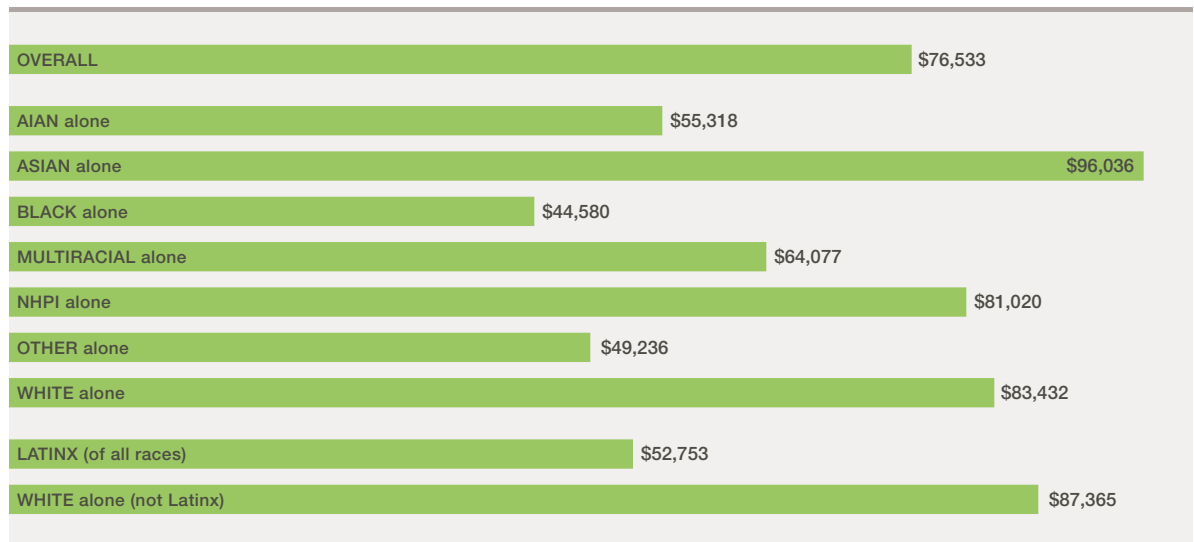
SOURCE: U.S. Census Bureau's American Community Survey, Median Household Income in the Past 12 Months (Universe: Households), 2008-2012 and 2013-2017 5-Year Estimates, Tables B19013 and B19013A-I

All 2008-2012 estimates have been adjusted for inflation to 2013-2017 dollars.

\* indicates a statistically significant difference.

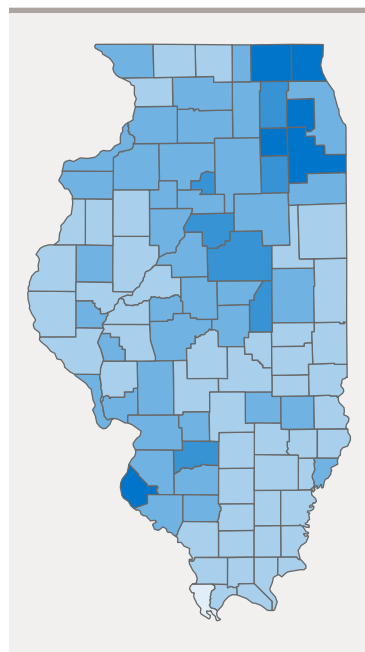
(23) In the following pages we present data on both median household income and median family income. See related endnote for the U.S. Census Bureau's definition of terms.

### Median family income in Illinois by race and ethnicity (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Median Family Income in the Past 12 Months (in 2017 Inflation-Adjusted Dollars) (Universe: Families), 2013-2017 5-Year Estimates, Tables B19113 and B19113A-I

### Median family income by county (2013-2017)



\$37,583 \$103,731

### Illinois median family income by race and ethnicity (2008-2012 to 2013-2017)

	2008-2012		2013-2017		Difference	Sig.
	Est.	MOE	Est.	MOE		
<b>Illinois</b>	<b>\$75,028</b>	<b>\$ 366</b>	<b>\$76,533</b>	<b>\$ 368</b>	<b>+\$1,505</b>	<b>*</b>
<b>Race alone</b>						
AIAN	\$ 56,301	\$ 4,471	\$ 55,318	\$ 4,613	-\$ 983	*
Asian	\$ 93,102	\$ 1,311	\$ 96,036	\$ 1,504	+\$ 2,934	*
Black	\$ 45,089	\$ 604	\$ 44,580	\$ 707	-\$ 509	*
Multiracial	\$ 63,731	\$ 2,722	\$ 64,077	\$ 1,921	+\$ 346	
NHPI	\$ 68,215	\$16,222	\$ 81,020	\$11,147	+\$12,805	
Other	\$ 49,045	\$ 755	\$ 49,236	\$ 914	+\$ 191	
White	\$ 81,756	\$ 350	\$ 83,432	\$ 357	+\$ 1,676	*
<b>Ethnicity</b>						
Latinx (of all races)	\$ 51,082	\$ 603	\$ 52,753	\$ 549	+\$ 1,671	*
White alone (not Latinx)	\$ 85,343	\$ 377	\$ 87,365	\$ 418	+\$ 2,022	*

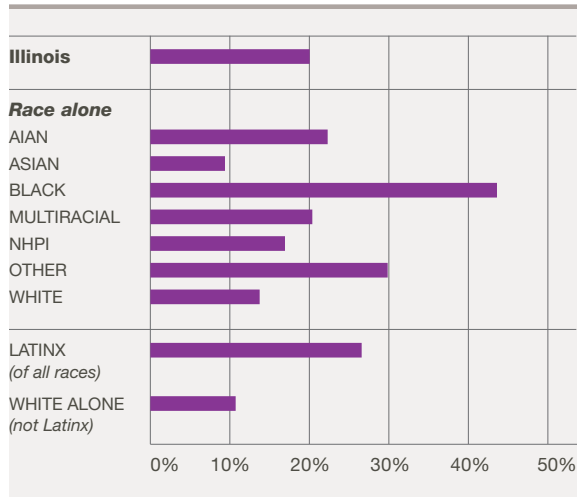
SOURCE: U.S. Census Bureau's American Community Survey, Median Family Income in the Past 12 Months (Universe: Families), 2008-2012 and 2013-2017 5-Year Estimates, Tables B19113 and B19113A-I

All 2008-2012 estimates have been adjusted for inflation to 2013-2017 dollars.

\* indicates a statistically significant difference.

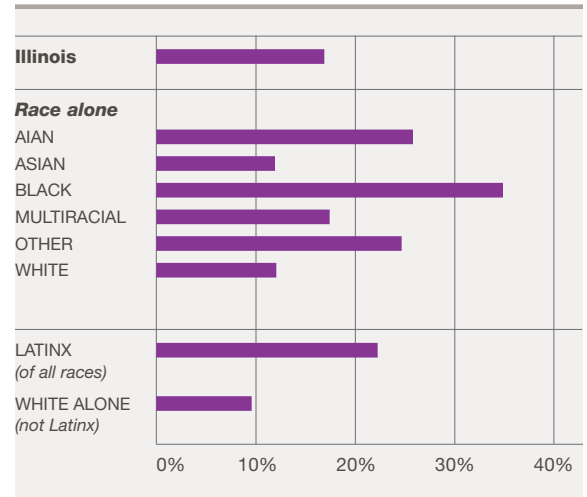


Poverty status in the past 12 months for Illinois children ages birth to 11 by race and ethnicity (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Poverty Status in the Past 12 Months by Age, 2013-2017 5-Year Estimates, Tables B17020 and B17020A-I

Poverty status in the past 12 months for Illinois children ages 12 to 17 by race and ethnicity (2013-2017)



Data on people identifying as NHPI did not meet standards of reliability for this age group and have not been included.

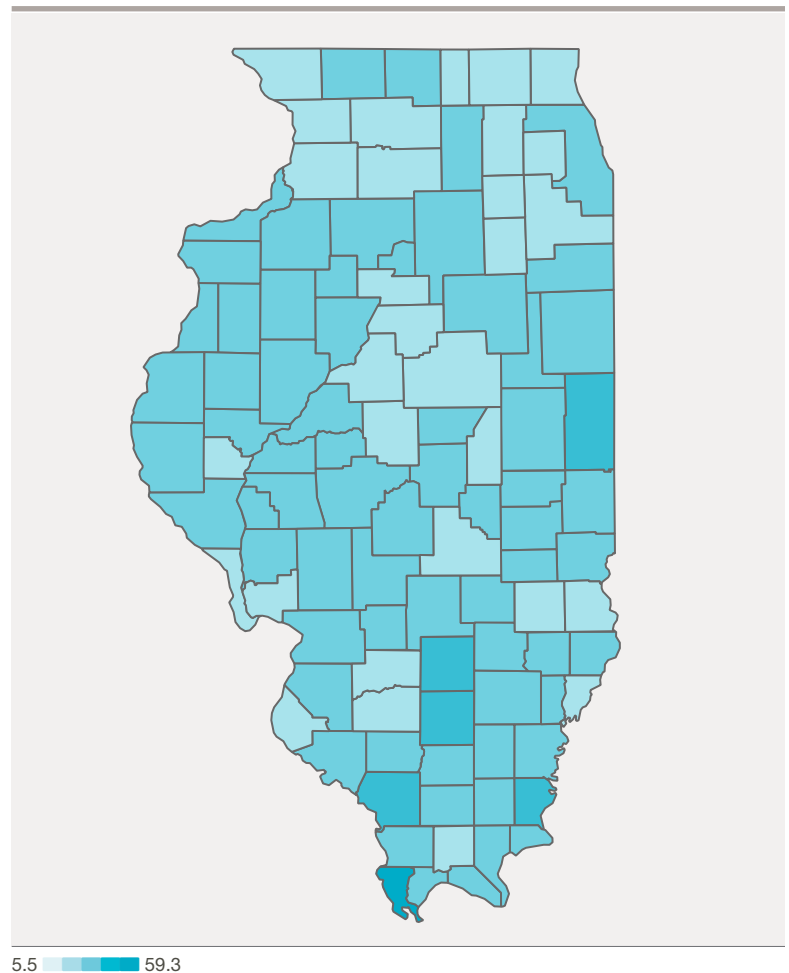
SOURCE: U.S. Census Bureau's American Community Survey, Poverty Status in the Past 12 Months by Age, 2013-2017 5-Year Estimates, Tables B17020 and B17020A-I

Percent of Illinois children living in census tracts with concentrated poverty ( $\geq 30\%$ ) by race and ethnicity (2013-2017)

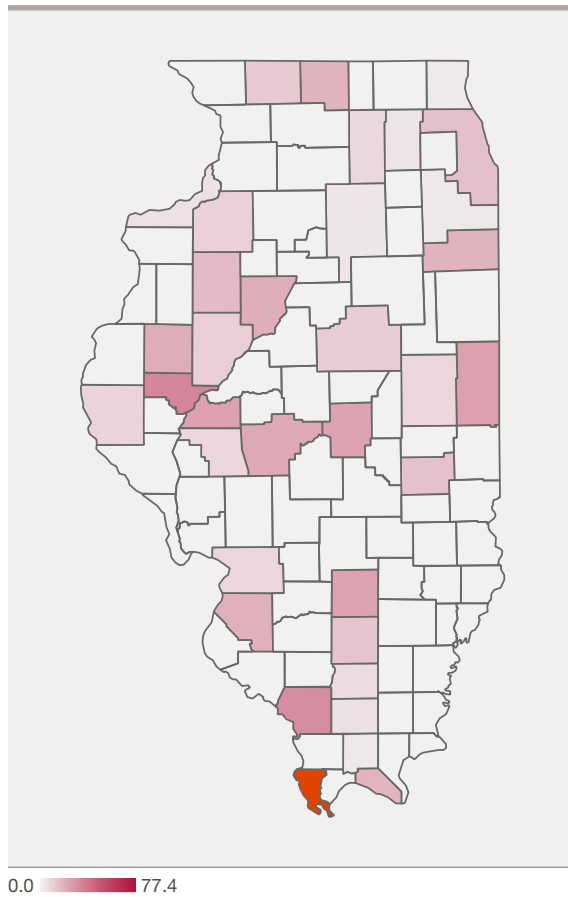
<b>Illinois</b>	<b>9.2%</b>
<b>Race alone</b>	
Asian	3.2%
Black	37.5%
Multiracial	9.5%
Other	13.5%
White	3.9%
<b>Ethnicity</b>	
Latinx (of any race)	10.9%
White (alone not Latinx)	2.4%

SOURCE: U.S. Census Bureau's American Community Survey, Poverty Status in the Past 12 Months, 2013-2017 5-Year Estimates, Table S1701; U.S. Census Bureau's American Community Survey, Sex by Age (Universe: Total Population), 2013-2017 5-Year Estimates, Table B01001 and B01001A-I

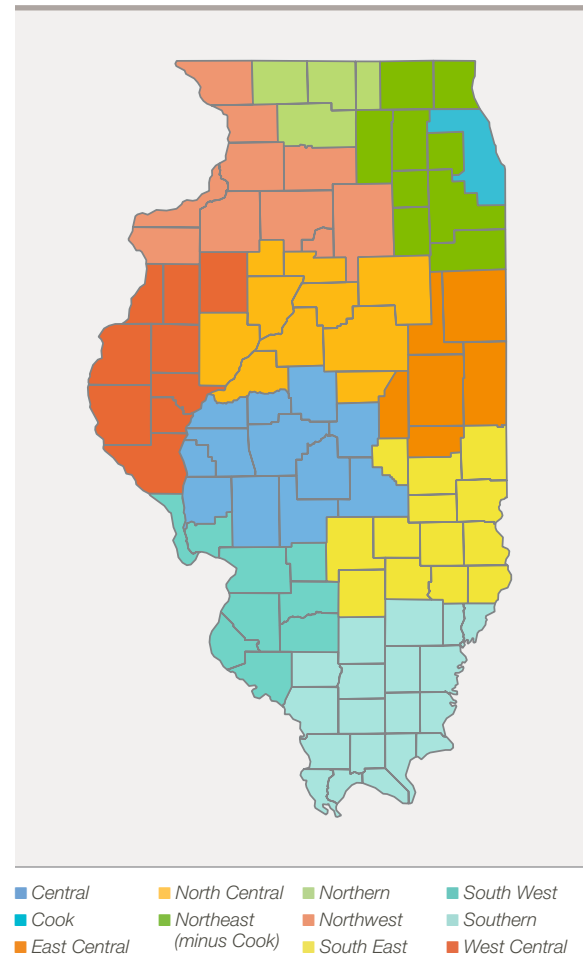
Percent of Illinois children living below poverty level (2013-2017)



Percent of children living in concentrated poverty (2013-2017)



Illinois regions

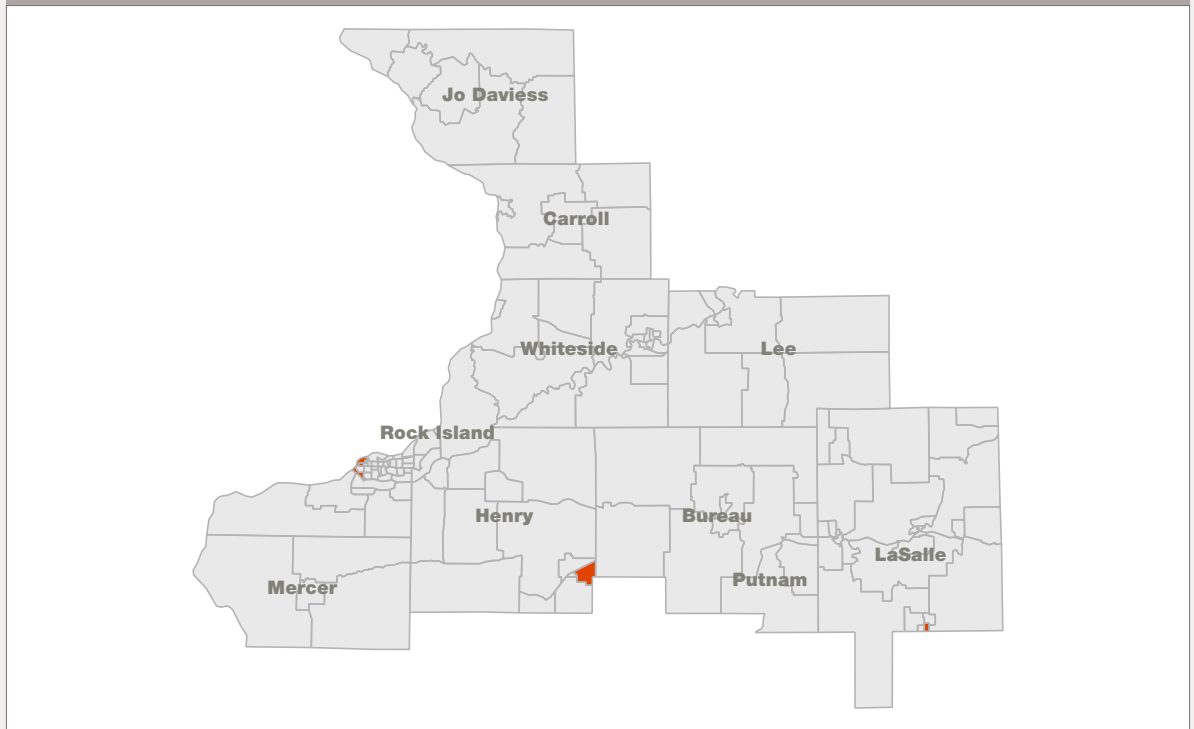


## AREAS OF CONCENTRATED POVERTY<sup>120</sup>

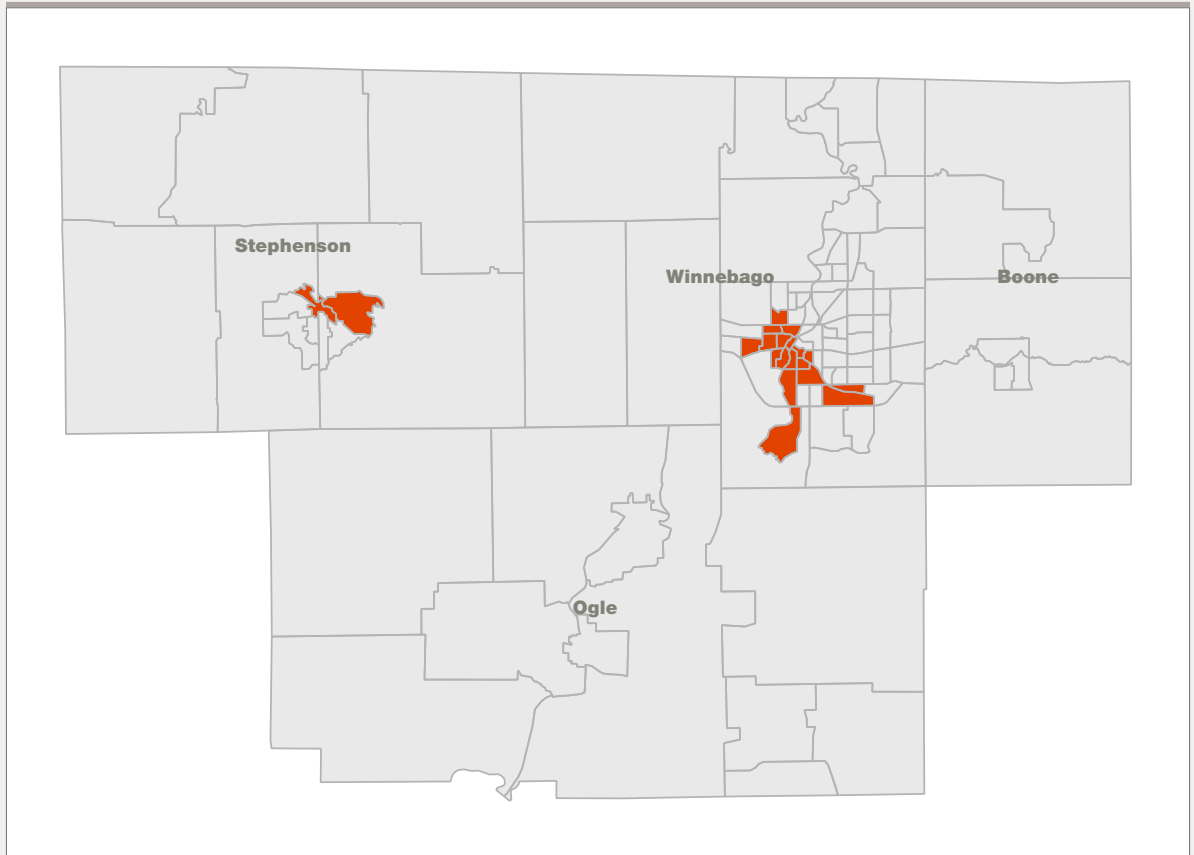
No county in the state is untouched by poverty. However, there are census tracts in the state that have concentrated poverty; that is, areas where the poverty rate is 30% or more. Although areas of concentrated poverty tend to be clustered in urban areas, there are also rural areas facing significant levels of poverty. Although deep poverty affects all groups of children in the state, black children live in areas of concentrated poverty at exceptionally high rates (37.5%), followed by children the Census Bureau identifies as “other” (13.5%), Latinx children (10.9%), and multiracial children (9.5%). All other groups of children fall below the state rate (9.2%).<sup>121</sup> The following maps indicate which census tracts have poverty rates of 30% or more, as estimated by the U.S. Census Bureau's American Community Survey.<sup>(24)</sup>

(24) Red-colored census tracts are those with poverty rates of 30% or more. For reference, a map of different state regions has been included above.

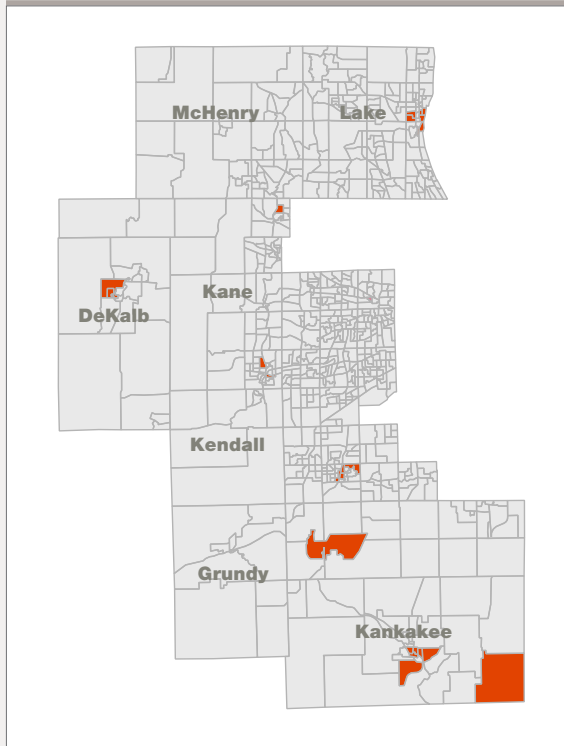
**NORTHWEST REGION** census tracts with poverty rate of 30% or more (2013-2017)



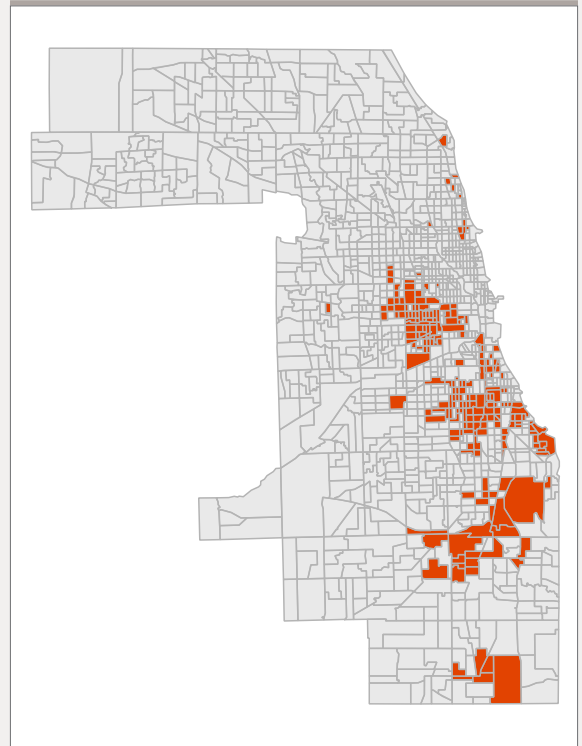
**NORTHERN STATELINE REGION** census tracts with poverty rate of 30% or more (2013-2017)



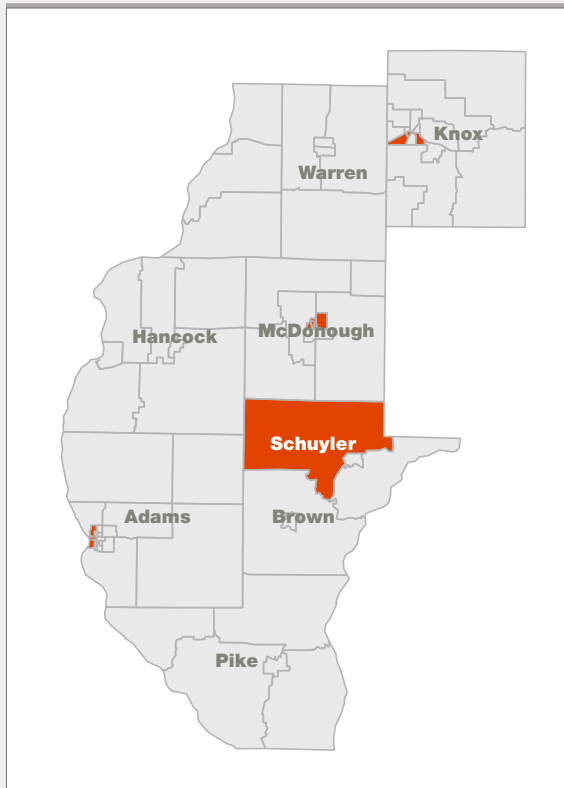
**NORTHEAST REGION** census tracts (minus Cook County) with poverty rate of 30% or more (2013-2017)



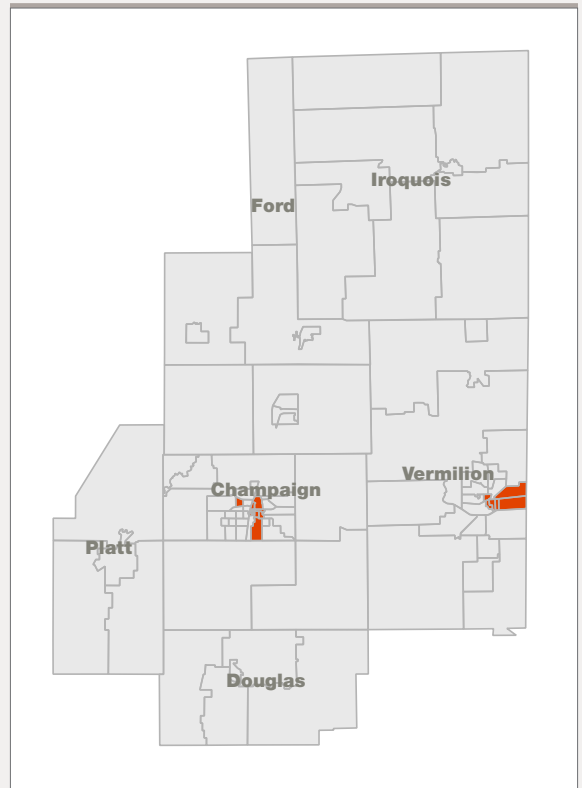
**COOK COUNTY** census tracts with poverty rate of 30% or more (2013-2017)



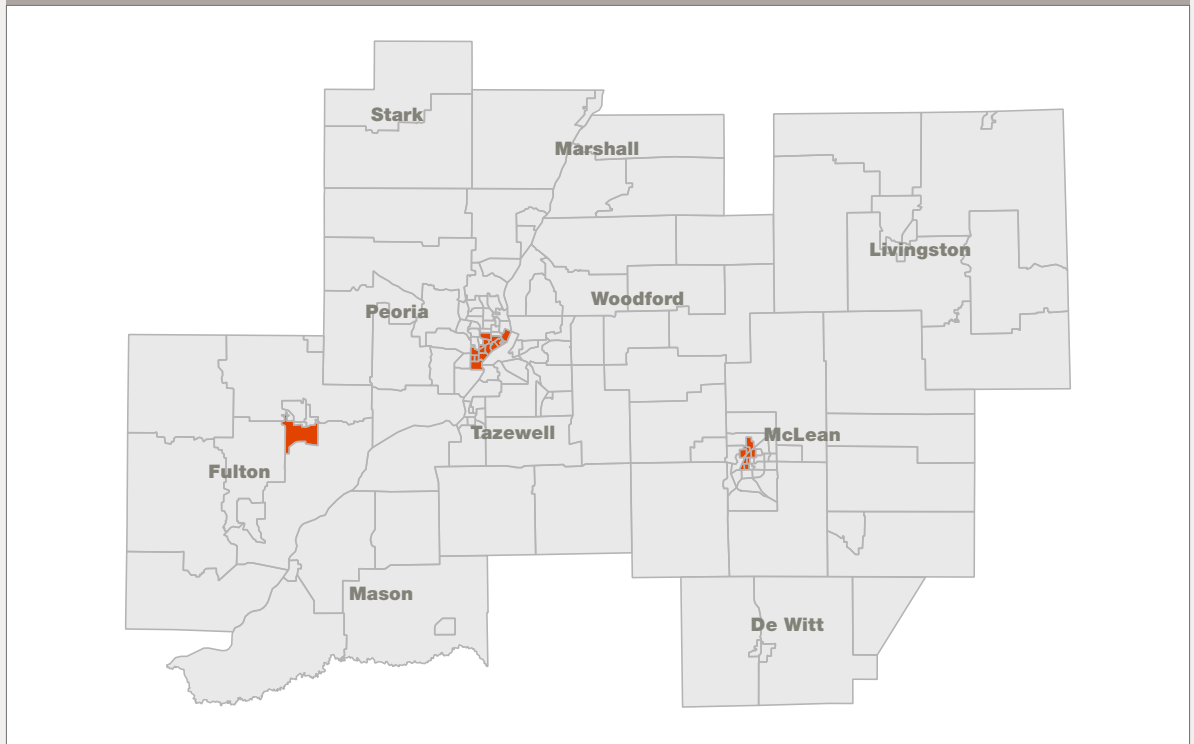
**WEST CENTRAL REGION** census tracts with poverty rate of 30% or more (2013-2017)



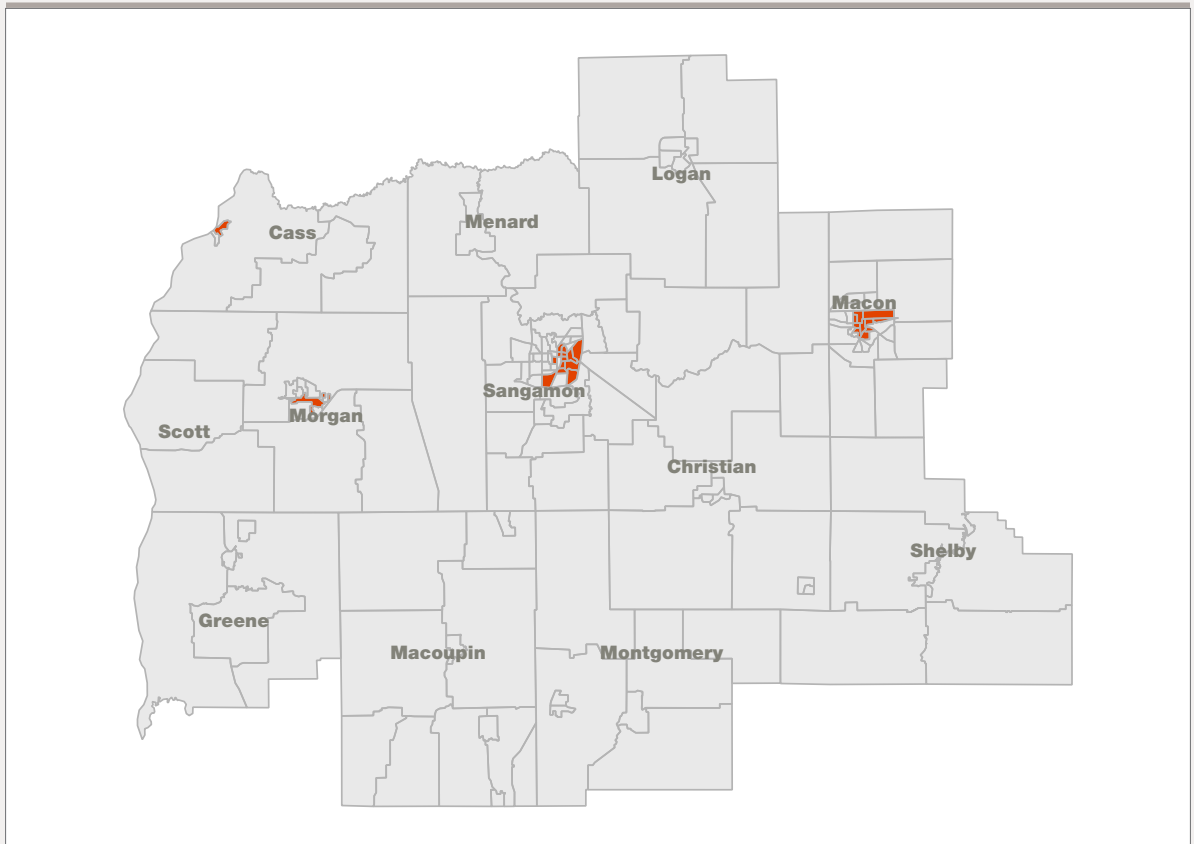
**EAST CENTRAL REGION** census tracts with poverty rate of 30% or more (2013-2017)



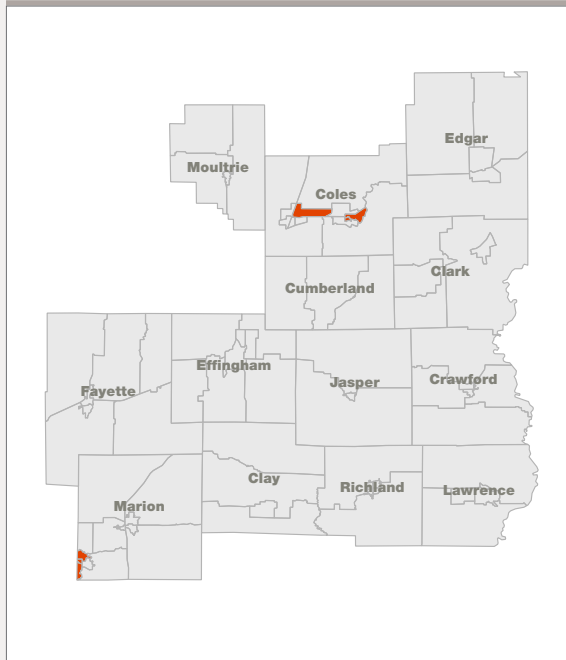
**NORTH CENTRAL REGION** census tracts with poverty rate of 30% or more (2013-2017)



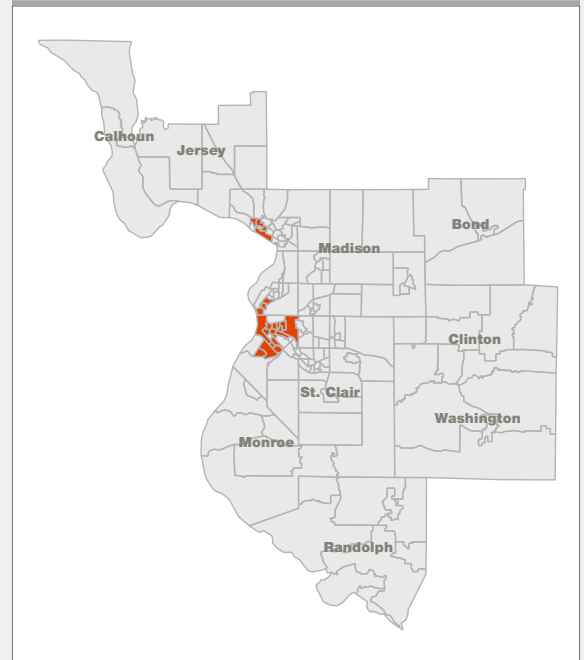
**CENTRAL REGION** census tracts with poverty rate of 30% or more (2013-2017)



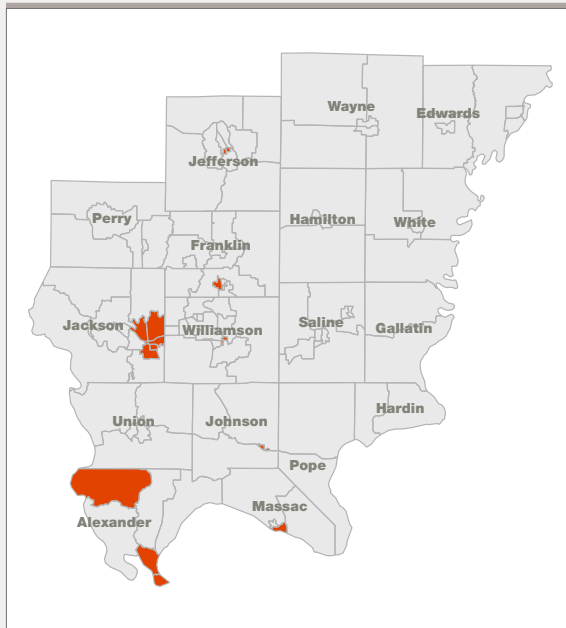
**SOUTH EAST REGION** census tracts with poverty rate of 30% or more (2013-2017)



**SOUTH WEST REGION** census tracts with poverty rate of 30% or more (2013-2017)



**SOUTHERN REGION** census tracts with poverty rate of 30% or more (2013-2017)



Illinois children under age 18 in households receiving SSI, cash public assistance, or food stamps/SNAP in the past 12 months (2008-2012 and 2013-2017)

2008-2012	24.0%
2013-2017	27.3%

SOURCE: U.S. Census Bureau's American Community Survey, Receipt of Supplemental Security Income (SSI), Cash Public Assistance Income, or Food Stamps/SNAP in the Past 12 Months by Household Type for Children under 18 Years in Households (Universe: Population under 18 Years in Households), 2008-2012 and 2013-2017 5-Year Estimates, Table B09010. The 3.3% increase from 2008-2012 to 2013-2017 is statistically significant.

Percent households receiving food stamps/SNAP in the past 12 months by race and ethnicity of householder (2008-2012 to 2013-2017)

	2008-2012	2013-2017	Sig.
<b>Race alone</b>			
AIAN	19.4%	28.1%	*
Asian	6.5%	8.6%	*
Black	29.5%	33.4%	*
Multiracial	18.1%	21.9%	*
NHPI	-	8.5%	n/a
Other	18.5%	24.6%	*
White	7.2%	9.1%	*
<b>Ethnicity</b>			
Latinx (of any race)	17.6%	21.7%	*
White alone (not Latinx)	6.3%	8.0%	*

AIAN = American Indian or Alaska Native

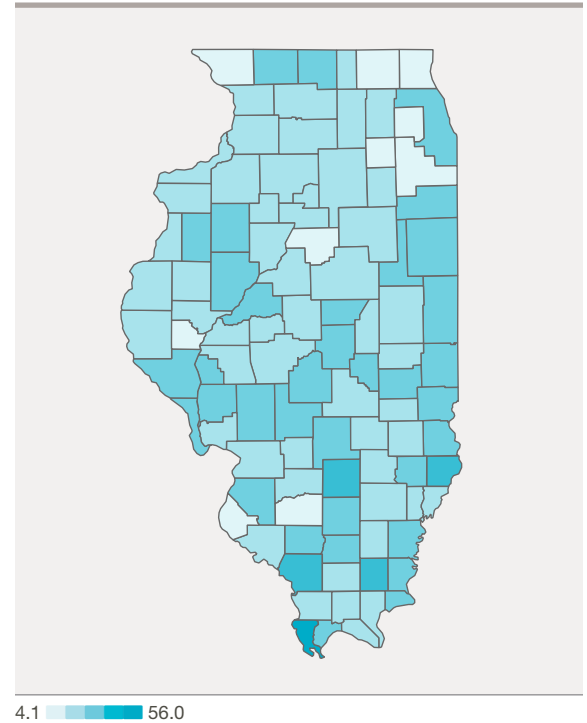
NHPI = Native Hawaiian or Other Pacific Islander

\* indicates a statistically significant difference

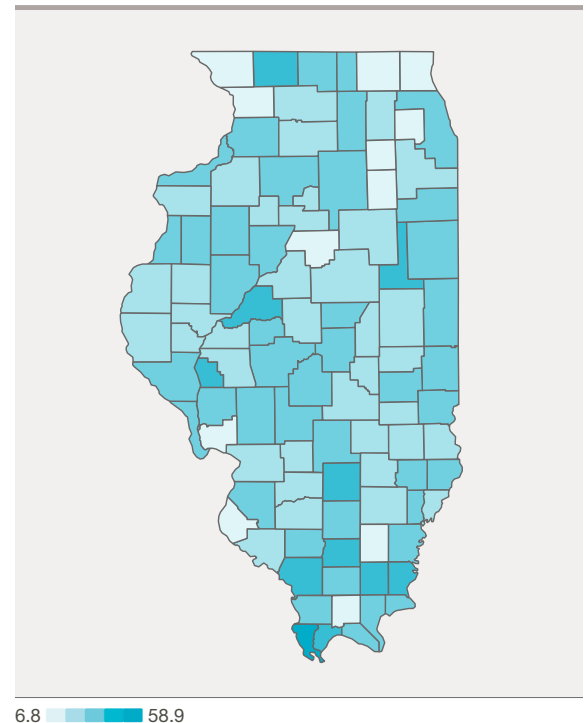
Note: NHPI data from 2008-2012 were considered unreliable so they have been excluded from this chart.

SOURCE: U.S. Census Bureau's American Community Survey, Receipt of Food Stamps/SNAP in the Past 12 Months by Race of Householder, 2013-2017 5-Year Estimates, Tables B22005A-I

Percent of households with children under age 18 receiving food stamps/SNAP (2013-2017)



Percent Illinois children under age 18 living in households with Supplemental Security Income (SSI), cash public assistance, or food stamps/SNAP in the past 12 months (2013-2017)

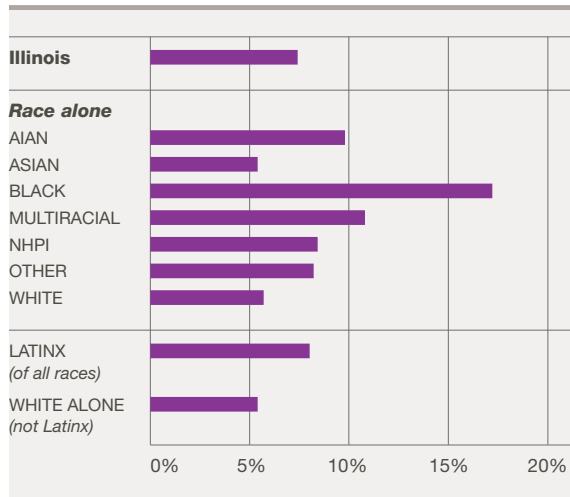




## UNEMPLOYMENT AND LABOR FORCE PARTICIPATION<sup>(25)</sup>

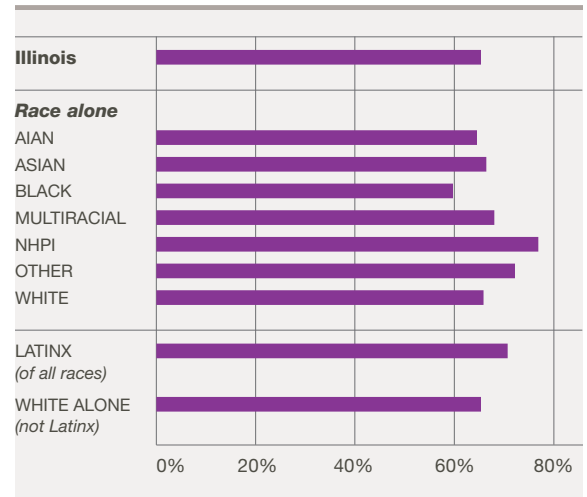
Illinois has a higher unemployment rate compared to the U.S. (7.4% vs. 6.6%, respectively). However, Illinois' labor force participation rate (65.3%) is higher than the national rate (63.4%).<sup>122, (26)</sup> However, these statistics do not take the effects of the coronavirus pandemic into account. As noted above, between March 1, 2020 and May 2, 2020, the number of unemployment claims in Illinois skyrocketed to more than one million.<sup>123</sup>

Unemployment rates in Illinois by race/ethnicity (2013-2017)



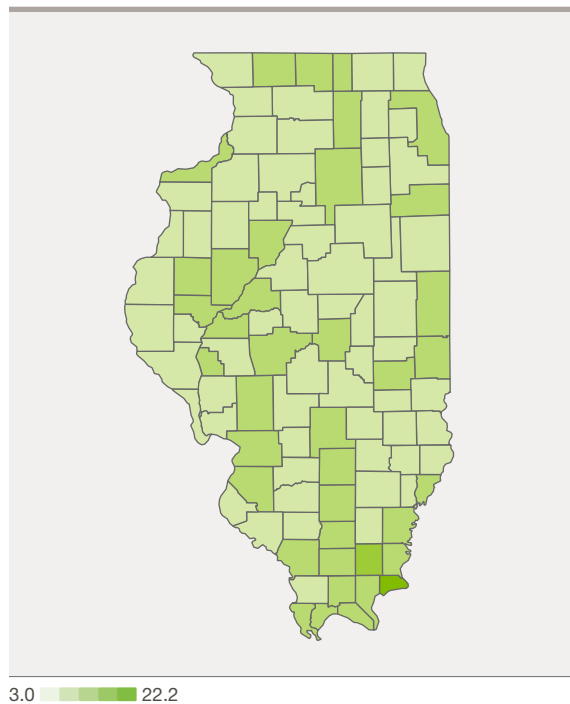
SOURCE: U.S. Census Bureau's American Community Survey, Employment Status, 2013-2017 5-Year Estimates, Table S2301

Labor force participation rate in Illinois by race/ethnicity (2013-2017)

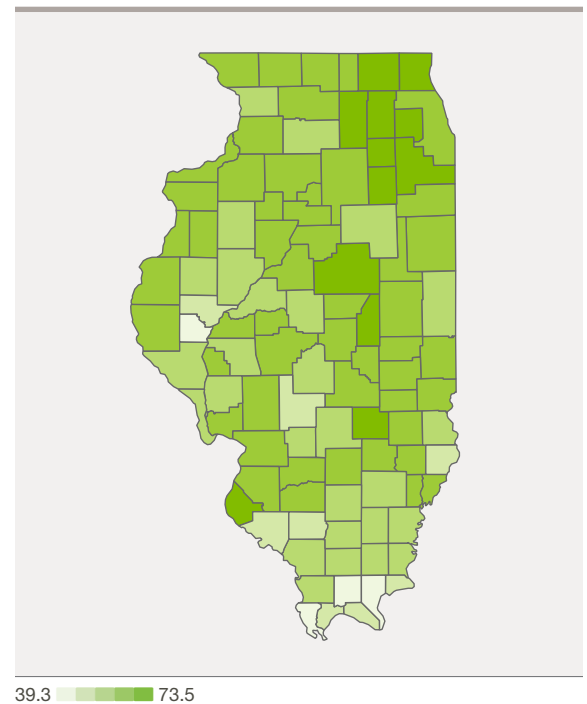


SOURCE: U.S. Census Bureau's American Community Survey, Employment Status, 2013-2017 5-Year Estimates, Table S2301

Unemployment rates in Illinois counties (2013-2017)



Labor force participation rate by Illinois county (2013-2017)



(25) It should be emphasized that these data represent averages over the 5-year period from 2013 to 2017. These estimates should be considered in the context of the coronavirus pandemic, which has caused an unprecedented increase in the number of unemployment claims throughout the nation, including Illinois.

(26) These differences are statistically significant. Statistical significance refers to the probability of differences across time or groups existing by chance. When two estimates are different and statistically significant, it means that the probability of that difference existing by chance is relatively low.



## YOUNG CHILDREN ENROLLED IN SCHOOL

In Illinois in 2013-2017, just over 55% of 3- and 4-year-olds were enrolled in school, up slightly from 2008-2012; however, this difference is not statistically significant.<sup>124</sup>

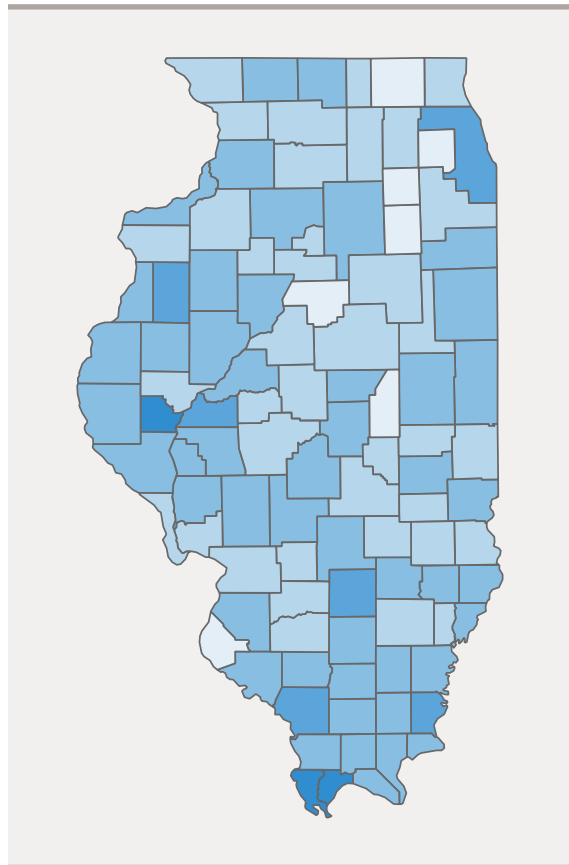
Percent of Illinois 3- and 4-year-olds enrolled in school

2008-2012	54.8%
2013-2017	55.1%

SOURCE: U.S. Census Bureau's American Community Survey, School Enrollment, 2008-2012 and 2013-2017 5-Year Estimates, Table S1401. The difference between 2008-2012 and 2013-2017 is not statistically significant.

## LOW-INCOME STUDENTS AND HOMELESSNESS

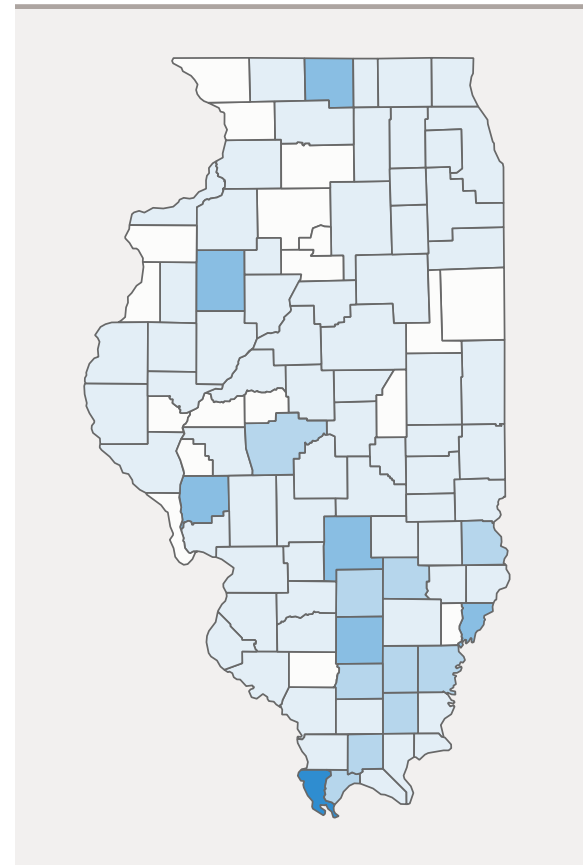
Percentage of public/charter school students who are low-income (2017-2018)



16.7 91.5

In the 2017-2018 school year, 49.4% of students in Illinois public and charter schools were considered low-income. The map above shows that there is significant geographic variation in levels of student poverty.<sup>125</sup> The county with the highest rates of low-income students was Alexander County at 91.5%, while Monroe County had the lowest rate at 16.7%.

Percentage of public/charter school students who are homeless (2017-2018)



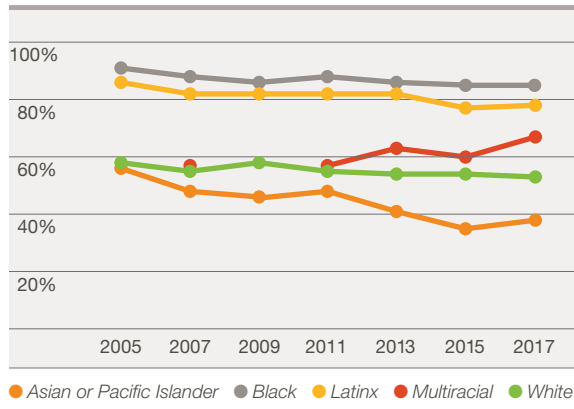
0.1 14.4

The Illinois State Board of Education (ISBE) estimates that 2% of public and charter school 2,001,529 students (just over 40,000 students) were homeless in the 2017-2018 school year. The map above shows that student homelessness appears to be a more significant problem in the southern counties of Illinois.<sup>126</sup>

## READING AND MATH PROFICIENCY

**Overall, school children in Illinois struggle with math and reading at particularly high rates. In general, for both fourth graders in reading and eighth graders in math, black and Latinx students tend to struggle the most.<sup>127</sup>**

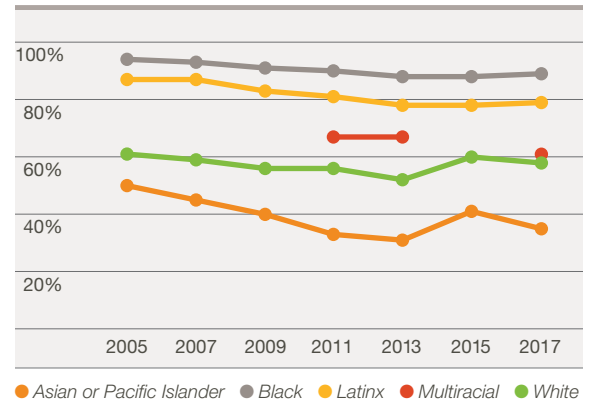
Illinois fourth graders who scored below proficient in reading



NOTE: Data for multiracial children were unavailable during certain time periods.

SOURCE: Annie E. Casey Foundation. n.d. "Fourth Graders Who Scored Below Proficient Reading Level by Race." The Annie E. Casey Foundation KIDS COUNT Data Center. Retrieved February 13, 2020 (<https://datacenter.kidscount.org/data/tables/5126-fourth-graders-who-scored-below-proficient-reading-level-by-race?loc=15&loc=2>).

Illinois eighth graders who scored below proficient in math



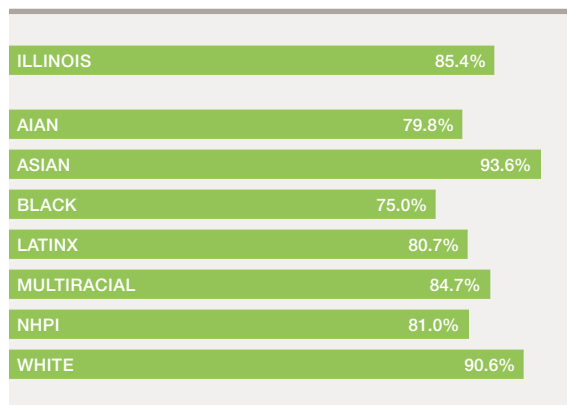
NOTE: Data for multiracial children were unavailable during certain time periods.

SOURCE: Annie E. Casey Foundation. n.d. "Eighth Graders Who Scored Below Proficient Math Achievement Level by Race." The Annie E. Casey Foundation KIDS COUNT Data Center. Retrieved February 13, 2020 (<https://datacenter.kidscount.org/data/tables/7665-eighth-graders-whoscored-below-proficient-math-achievement-level-by-race?loc=15&loc=2#detailed/2/15/false/1729,871,573,36,867,38,18,16/107,9,12,168,10,185/14819>).

## GRADUATION RATES BY RACE/ETHNICITY

**In the 2017-2018 school year, just over 85% of Illinois high schoolers graduated from high school within four years. Asian, multiracial, and white students had the highest four-year graduation rates, while AIAN, black, Latinx, and NHPI students did not do as well.<sup>128</sup>**

Illinois high school 4-year graduation rates by race and ethnicity (2017-2018)



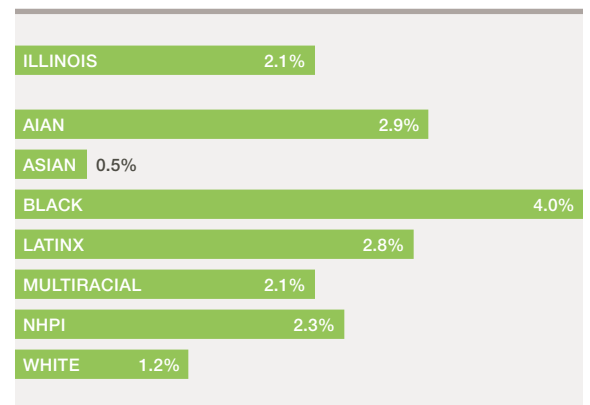
AIAN = American Indian or Alaska Native  
NHPI = Native Hawaiian or Other Pacific Islander

SOURCE: Illinois State Board of Education. n.d. "2018 Illinois State Report Card." Illinois State Board of Education. Retrieved March 30, 2020 (<https://www.isbe.net/Documents/2018-State-Report.pdf>).

## DROPOUT RATES BY RACE/ETHNICITY

**2.1% of Illinois high school students dropped out in the 2017-2018 school year. AIAN, black, Latinx, multiracial, and NHPI students either matched or exceeded the state rate, while Asian and white students were below the state rate.<sup>129</sup>**

Illinois high school dropout rates by race and ethnicity (2017-2018)



AIAN = American Indian or Alaska Native  
NHPI = Native Hawaiian or Other Pacific Islander

SOURCE: Illinois State Board of Education. n.d. "2018 Illinois State Report Card." Illinois State Board of Education. Retrieved March 30, 2020 (<https://www.isbe.net/Documents/2018-State-Report.pdf>).

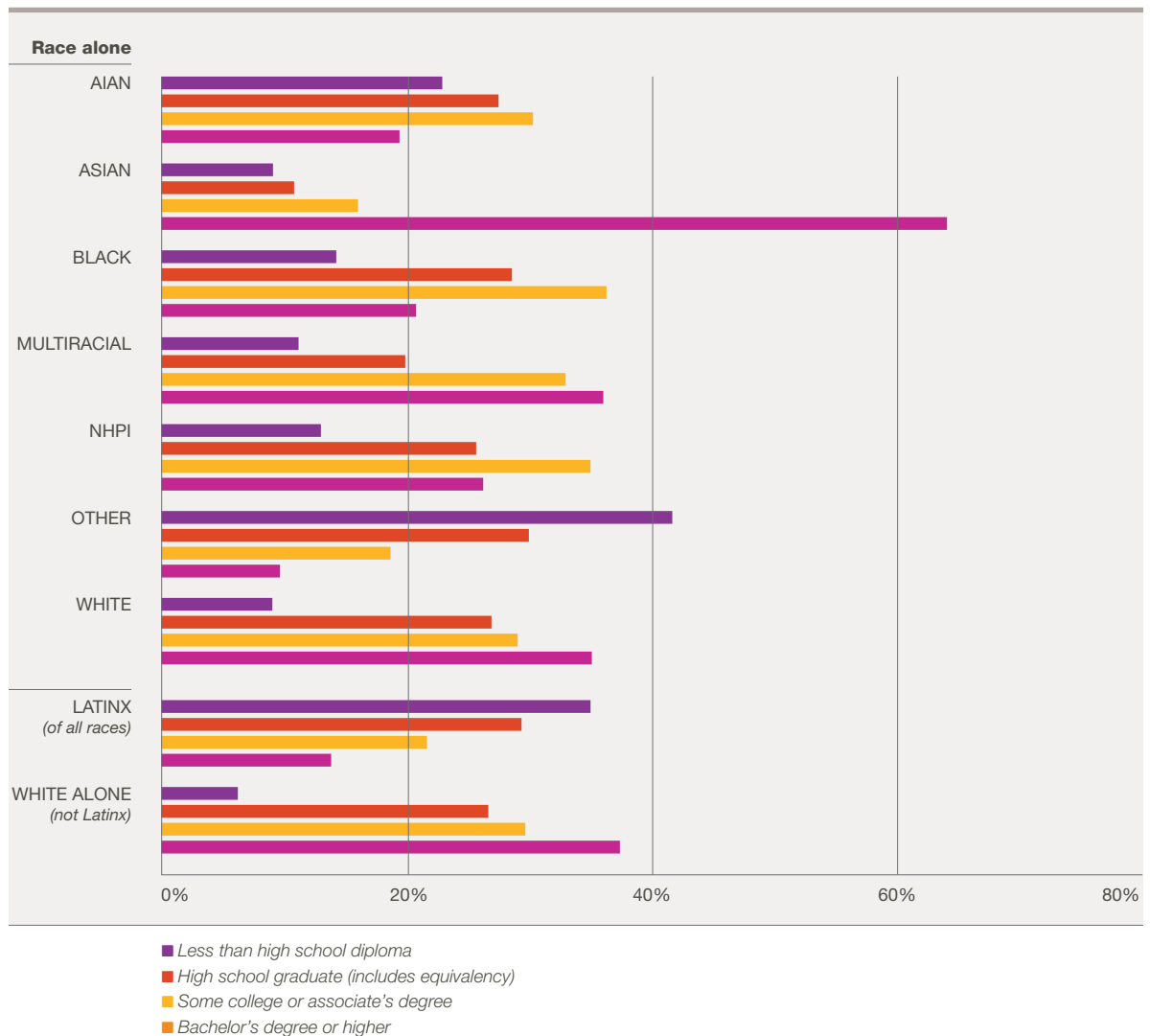
## EDUCATIONAL ATTAINMENT

Educational attainment varies quite a bit depending on the group in question. The highest rates of Illinois' population having less than a high school diploma are those who identify as other (41.7%) and Latinx (35.0%).

Most groups are fairly similar for those who are high school graduates (which includes equivalency). Those who identify as NHPI, white (not Latinx), white, AIAN, black, Latinx, and other range from 25.7% to 29.9% in this category, meaning that for most groups the rate of those with high school degrees is similar. Those who identify as multiracial and Asian have lower rates of high school graduates, mostly due to them being more represented in higher education brackets.

Asians have a bachelor's degree or higher at a much higher rate than any other group at 64.0%. The next highest group is white (not Latinx) at 37.4%, so there is a wide gap between Asians and all other racial and ethnic groups. The groups with the lowest rates of college graduates or higher are other (9.7%), Latinx (13.9%), AIAN (19.4%), black (20.8%), and NHPI (26.2%).<sup>130</sup>

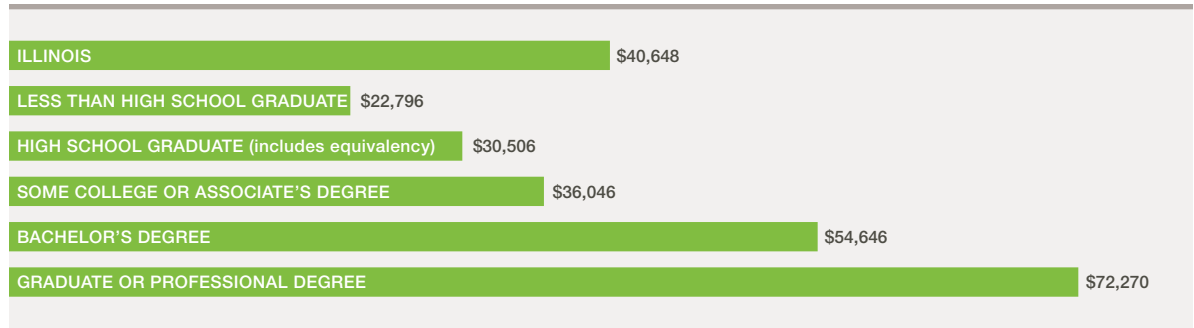
Educational attainment for the population age 25 and over by race/ethnicity in Illinois (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Sex by Educational Attainment for the Population 25 Years and Over, 2013-2017 5-Year Estimates, Tables C15002A-I

**Data showing disparities in educational attainment by race and ethnicity are concerning, especially considering the relationship between educational attainment and median earnings. For groups that have less educational attainment, it will likely affect their ability to make ends meet both in the short- and long-term.<sup>131</sup>**

Median earnings in Illinois in the past 12 months by educational attainment for the population 25 years old and over with earnings (2013-2017)

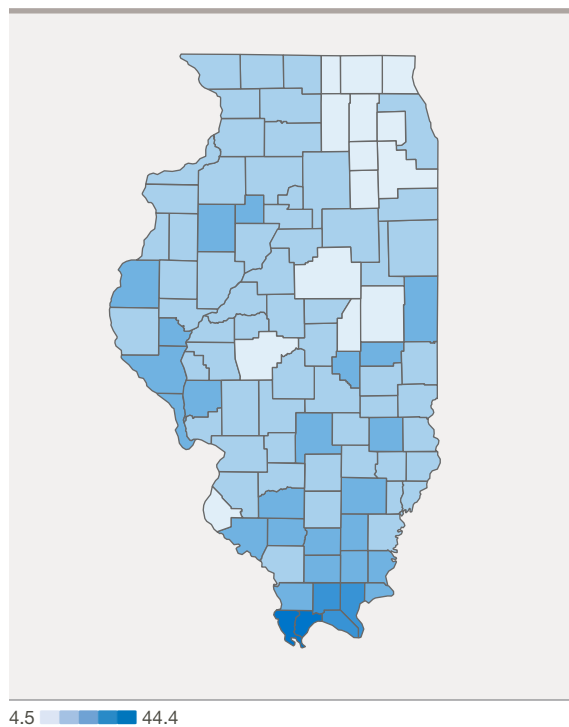


SOURCE: U.S. Census Bureau's American Community Survey, Median Earnings in the Past 12 Months (in 2017 Inflation-Adjusted Dollars) by Sex by Educational Attainment for the Population 25 Years and Over (Universe: Population 25 Years and Over with Earnings), Table B20004

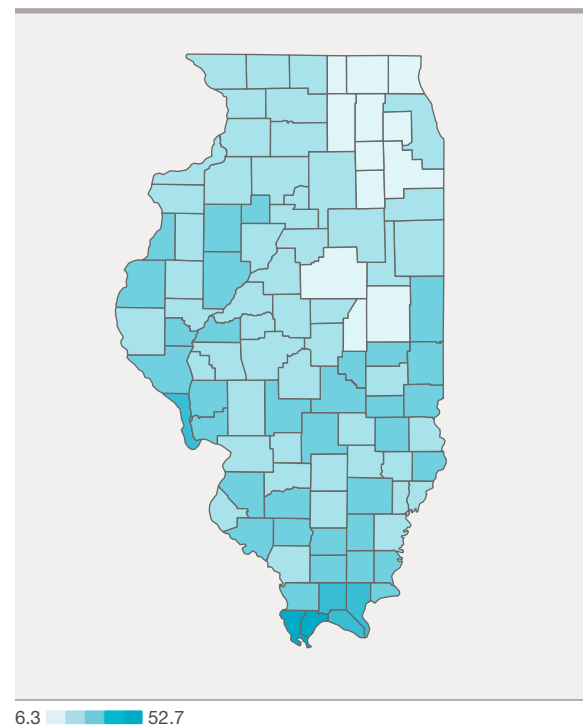
## COMPUTER AND INTERNET ACCESS

**In light of the coronavirus pandemic, Governor J.B. Pritzker ordered all public and private K-12 schools in Illinois closed to prevent further spread of the virus.<sup>132</sup> Children across the state had to start learning from home and utilizing internet connections to access materials and interact with their instructors. Although the move to home learning was a necessary one to prevent the spread of coronavirus, there are still significant barriers for children who live at home. For example, in Illinois over 838,000 households have no internet access (17.4%), and over 640,000 households in the state (13.3%) have no computer.<sup>133</sup>**

Percentage of households without a computer (2013-2017)



Percentage of households without internet access by county (2013-2017)



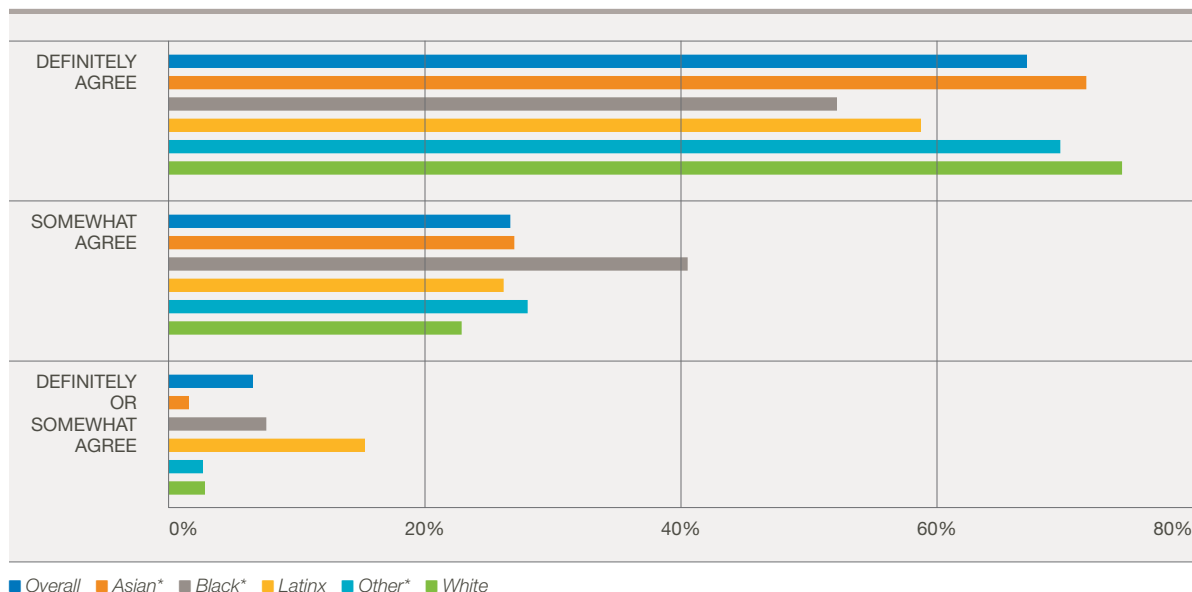




## COMMUNITY SAFETY

**Over two-thirds of Illinoisans definitely agree that their children are in a safe neighborhood. However, that agreement varied by race and ethnicity, with both black and Latinx respondents viewing their neighborhood as safe less than other racial and ethnic groups, as well as the state rate.<sup>134</sup>**

Illinois children whose parents believe that their children are in a safe neighborhood by agreement level and race and ethnicity (2016-2017) (n=1,522)



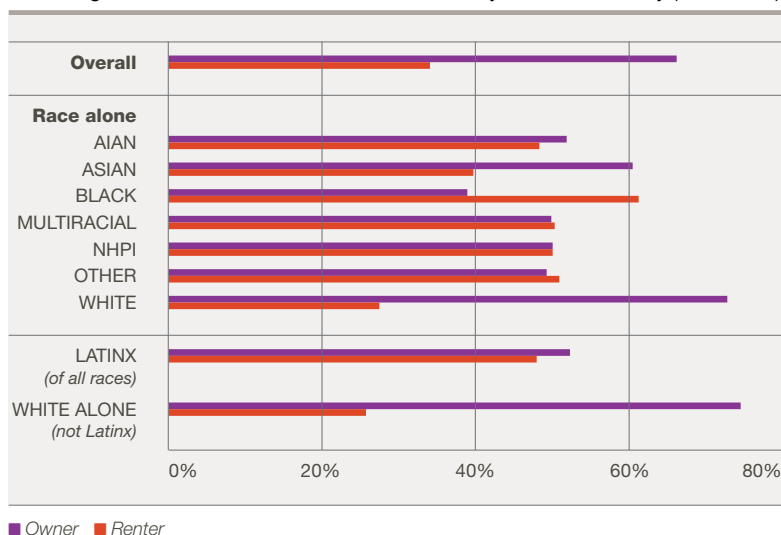
SOURCE: Child and Adolescent Health Measurement Initiative. 2016-2017 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by Cooperative Agreement U59MC27866 from the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau (HRSA MCHB). Retrieved 09/05/19 from [www.childhealthdata.org](http://www.childhealthdata.org). CAHMI: [www.cahmi.org](http://www.cahmi.org). Indicator 7.2: Does this child live in a safe neighborhood?

\* Estimate should be interpreted with caution. Estimate has a 95% confidence interval width exceeding 20 percentage points or 1.2 times the estimate and may not be reliable.

## HOUSING TENURE BY RACE AND ETHNICITY

**In Illinois, renting is far more prevalent among black respondents than any other group. Overall, just over a third of Illinoisans rent their homes. AIAN, multi-racial, NHPI, other, and Latinx respondents are more even in their ratio of rental to ownership. Only Asian and white respondents had home homeownership rates that were significantly higher than their rental rates.<sup>135</sup>**

Percentage of Illinoisans who own/rent their homes by race and ethnicity (2013-2017)



SOURCE: U.S. Census Bureau's American Community Survey, Tenure, 2013-2017 5-Year Estimates, Tables B25003 and B25003A-1

## HOUSING QUALITY

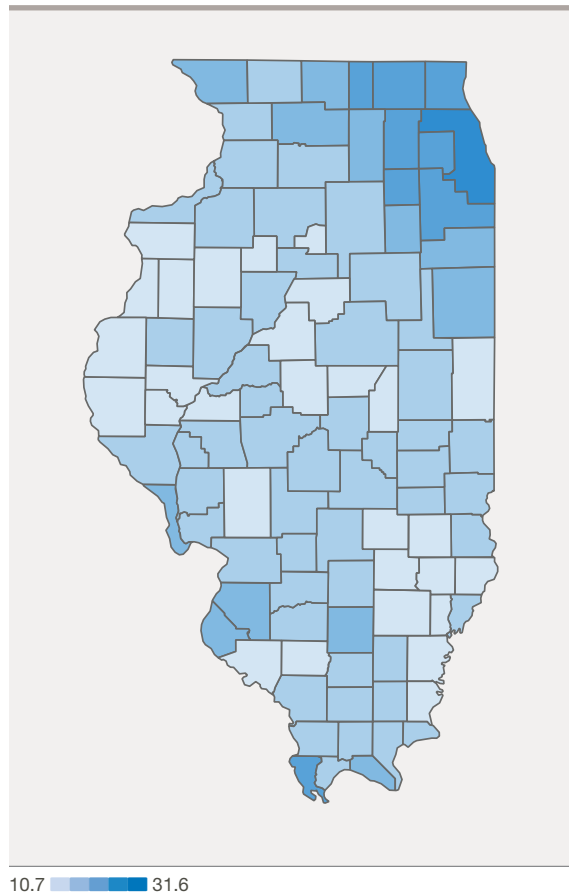
**Rental households in Illinois have at least one characteristic of substandard housing far more frequently than owned households.<sup>136, (27)</sup> Nearly 50% of rental households had one or more of the following: incomplete plumbing facilities, incomplete kitchen facilities, 1.01 or more occupants per room, 30% or more of household income going toward housing, or a mortgage/rent that was 30% or more of household income.<sup>137</sup>**

Illinois households with at least one characteristic of substandard housing (2013-2017)

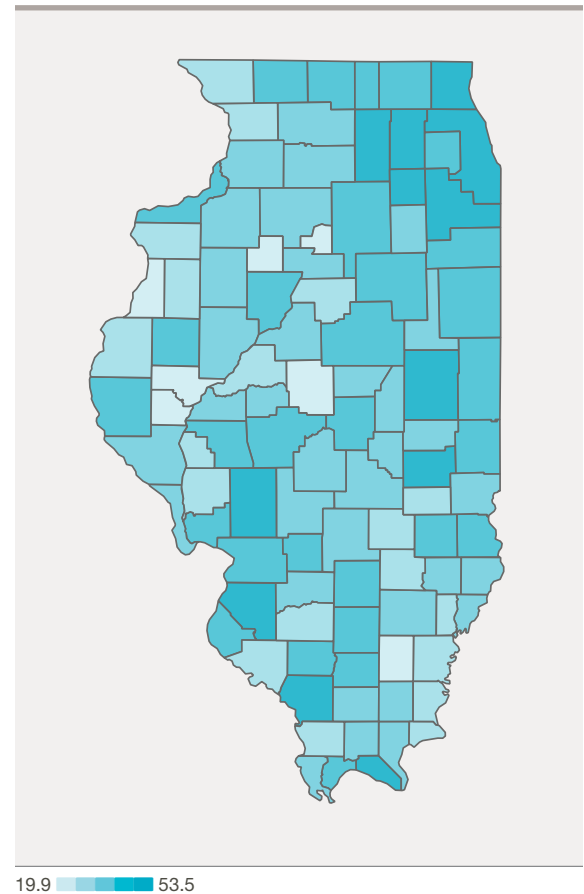
OWNED HOUSEHOLDS	24.7%
RENTED HOUSEHOLDS	47.1%

SOURCE: U.S. Census Bureau's American Community Survey, Tenure by Selected Physical and Financial Conditions (Universe: Occupied Housing Units), 2013-2017 5-Year Estimates, Table B25123

Percentage of owned households with at least one condition of substandard housing (2013-2017)



Percentage of rented households with at least one condition of substandard housing (2013-2017)



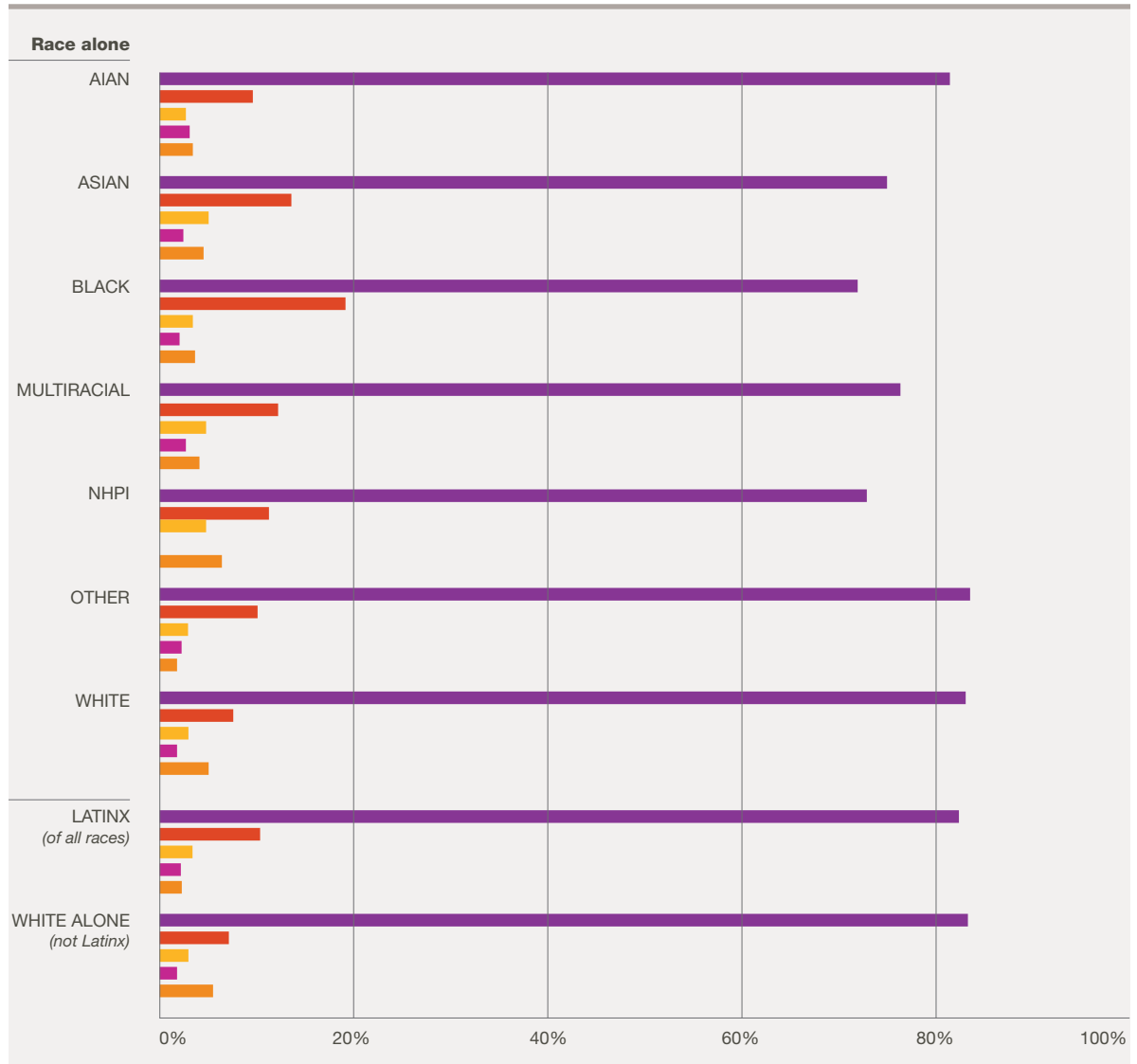
(27) The U.S. Census Bureau defines substandard housing conditions as follows: "The variable 'Selected Conditions' is defined for owner- and renter-occupied housing units as having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1.01 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent." (U.S. Census Bureau n.d.:33-34).

## MEANS OF TRANSPORTATION TO WORK

Most Illinoisans, regardless of racial or ethnic group, use personal transportation (individually or in a carpool) to get to work. However, there are some significant differences, specifically in who uses public transportation. Black people in Illinois use public transportation at the highest rate in the state at 19.2%, which is statistically significantly different from every other racial or ethnic group.<sup>138</sup>

In light of the coronavirus pandemic, it should be noted that different groups' reliance on public transportation to get to work is, in itself, a significant public health issue. Nearly 20% of black Illinoisans rely on public transportation to get to work, putting them at higher risk of exposure to coronavirus. Data show that black Chicagoans are dying at rates almost six times that of white Chicagoans.<sup>139</sup>

Illinoisans' means of transportation to work by race and ethnicity (2013-2017)



■ Car, truck, or van (alone or in a carpool)  
 ■ Public transportation (excluding taxi cab)  
 ■ Walked  
 ■ Taxicab, motorcycle, bicycle, or other means  
 ■ Worked at home

SOURCE: U.S. Census Bureau's American Community Survey, Means of Transportation to Work, 2013-2017 5-Year Estimates, Tables B08105A-I



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### 1. Mandate state agency collection of detailed demographic data (especially for All Kids enrollment).

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The coronavirus pandemic has led to significant racial and ethnic disparities in virus-related fatalities. The virus has also emphasized the underlying health disparities in Illinois (and the nation as a whole) that contribute to a greater susceptibility to the illness. This report illustrates some of those disparities, but health statistics in a variety of areas were not always available by county or by race and ethnicity.

Illinois state law currently requires the Illinois Department of Human Services to collect and publicly report statistics on the racial and ethnic demographics of program participants for each program it administers.<sup>140</sup> Legislators should extend the law to other agencies, such as the Illinois Department of Children and Family Services, the Illinois Department of Healthcare and Family Services, and the Illinois Department of Public Health. In addition, such agencies should also publicly report the demographics of Illinoisans who are in need of or eligible for services the agencies provide.

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### 2. Make additional investments in school-based health centers.

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Both urban and rural areas need school-based health centers (SBHC's). Studies have found they improve student educational achievement and attainment. As noted in this report, previous research suggests that SBHC's increase immunizations, decrease hospital utilization, decrease teen pregnancy, and increase grade point averages, as well as save Medicaid dollars.<sup>141</sup> Researchers also propose that SBHC's can be effective in closing racial and ethnic disparities in health care since they provide children more opportunities to access needed care.<sup>142</sup>

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### 3. Improve All Kids Managed Care Organization (MCO) operations.

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Available consumer survey data show that MCO's serving the All Kids population are rated very low in the areas of children getting needed care and getting care quickly.

Last year, Illinois Governor J.B. Pritzker signed a set of Medicaid reforms (SB 1321) to address a backlog of applications and other MCO operational issues into law. The legislation requires the Illinois Department of Healthcare and Family Services to discuss the development of alternative value-based payment models with stakeholders, create a dispute-resolution process concerning payment of claims submitted by providers to MCO's, and write guidelines to enhance operational performance of the state's Medicaid managed care program.

The Illinois Department of Healthcare and Family Services should also audit the survey items regarding children on Medicaid getting needed care and getting it quickly. By pinpointing specific regional concerns and issues regarding certain types of medical care, the state might be better able to address those issues through reimbursement rate increases for particular medical services, increasing the number of in-network providers, or creating measures to address transportation difficulties.

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#### 4. Increases in community-based mental health services.

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Beginning in 2009, the Illinois Children's Healthcare Foundation (ILCHF) embarked on an effort to establish community-based mental health systems in four areas of the state to better serve the mental health needs of children.<sup>(28)</sup> ILCHF based the program on the following principles:

1. Engage community-based professionals and families to collaboratively create a child-centered and family-focused system of care.
2. Leverage existing networks of community-based service providers to supply evidence-based and culturally sensitive services.
3. Ensure the capacity to prevent, identify, and treat children at risk for, or with, existing mental illness.
4. Incorporate the concept of a medical home, with integrated behavioral and pediatric healthcare, as the focus of services.
5. Include comprehensive plans to educate and engage all who play active roles in the lives of children, with a particular emphasis on mental health, healthy development, and stigma.

(Illinois Children's Healthcare Foundation 2018:2)<sup>143</sup>

Based on ILCHF's evaluation of this effort, systems integration improved in the four communities and they all significantly increased the number of children screened for developmental and mental health concerns.<sup>144</sup>

In 2018, two Illinois entities (Ann and Robert Lurie Children's Hospital and Egyptian Health) received grants from the Center for Medicare and Medicaid Innovation to establish Integrated Care for Kids Models. Designed to address issues related to the opioid crisis, the purpose of the program is to "[reduce] expenditures and [improve] the quality of care for children covered by Medicaid and the Children's Health Insurance Program (CHIP) through prevention, early identification, and treatment of priority health concerns like behavioral health challenges and physical health needs" (Anon 2018:no page number).<sup>145</sup>

We would encourage the state to fund more integrated models, combined with the establishment and participation of school-based clinics as referenced above, to help identify potential behavioral issues in children and provide needed treatment.

Telehealth should also be part of the range of available community services. In March 2020, the Illinois Department of Healthcare and Family Services amended state regulations to allow reimbursement of medically necessary and clinically appropriate telehealth services until the coronavirus pandemic subsides. In addition, the Governor issued an executive order requiring health insurance providers to cover telehealth services rendered by in-network providers. The state should continue to examine expansion and availability of effective telehealth counseling even after the executive order expires, as well as include periodic evaluation of its use.

The state needs to couple these measures with continued efforts (and the necessary funding) to prevent child abuse and substance abuse.

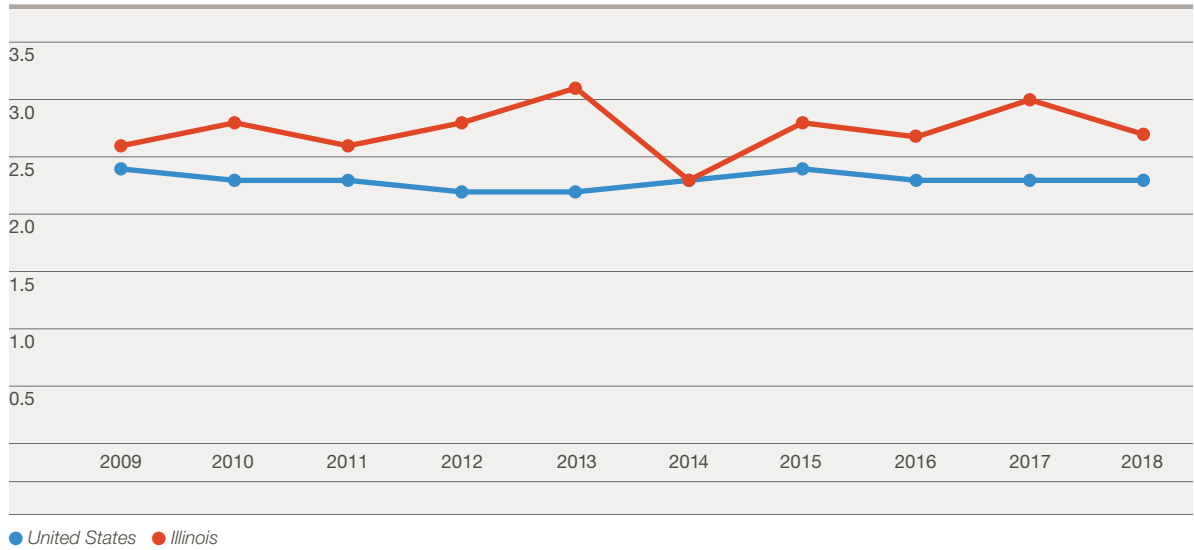
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(28) The project areas are Adams County, Livingston County, the city of Springfield, and a system serving Carroll, Lee, Ogle, and Whiteside Counties.

## 5. Addressing racial and ethnic disparities in infant mortality.

Illinois is not the only state with disparities in infant mortality. The topic has been the subject of much discussion on the state and federal level. However, data shows the ratio of black infant deaths to white infant deaths has generally been higher than the national ratio.<sup>146</sup>

Black-to-white infant mortality ratio



SOURCE: Annie E. Casey Foundation. n.d. "Infant Mortality by Race (Illinois)." The Annie E. Casey Foundation KIDS COUNT Data Center. Retrieved March 24, 2020 (<https://datacenter.kidscount.org/data/tables/21-infant-mortality-by-race?loc=15&loc=2>); Annie E. Casey Foundation. n.d. "Infant Mortality by Race (United States)." The Annie E. Casey Foundation KIDS COUNT Data Center. Retrieved May 11, 2020 (<https://datacenter.kidscount.org/data/tables/21-infant-mortality-by-race?loc=1&loc=1>).

Along with state hearings on the matter, in 2019 State Representative Mary Flowers introduced (and the legislature approved) a set of measures to tackle the issue. Among those receiving legislative approval and signed into law:

**HB 1:** Created a Task Force on Infant and Maternal Mortality Among African Americans. The Task Force is to report its findings and recommendations to the General Assembly by December 1, 2020.

**HB 2:** Adds 19 new rights for pregnant women to the Medical Patient Rights Act including:

- The right to receive health care before, during and after pregnancy and childbirth;
- The right to choose a certified nurse, midwife, or physician as her maternity care professional; and
- The right to receive emotional and physical support during labor and birth.

Under the Medical Patient Rights Act, any physician, health care provider, or insurance company found in violation of the Act could be fined \$500 or \$1,000 depending on the violation.



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**HB 3:** Requires hospitals to include in each of their state-mandated quarterly reports any instances of preterm infants, infant and maternal mortality, and the racial and ethnic information of mothers involved in such instances.

Doula care<sup>147, (29)</sup> has been linked to improvements in many perinatal outcomes, but women of color and low-income women often face barriers in accessing doula supports.<sup>148</sup> Two states, Oregon and Minnesota, cover doulas through Medicaid.<sup>149</sup> Both Representative Flowers and State Senator Cristina Castro have introduced legislation for doula coverage under Illinois' Medicaid program. However, that legislation has not passed the General Assembly. The state should approve Medicaid coverage for doula services.

Illinois already funds home visiting programs. Healthy Families is designed to “[help] new and expectant parents strengthen their families’ functioning and reduce their risk for child abuse and/or neglect” (Anon n.d.: no page number).<sup>150</sup> Parents Too Soon “[provides] support services to new and expectant teenage parents with income less than or equal to 200% of the federal poverty level” (Anon n.d.:no page number).<sup>151</sup> The program entails home visits, parent support groups, and community education to assist the new or expectant parents “develop effective parenting skills, improve the parent-child relationship, promote healthy growth and development for the child, and reduce the likelihood of child maltreatment” (Anon n.d.:no page number).<sup>152</sup>

In January 2020, Governor Pritzker announced plans to expand the state’s home visiting programs. These programs currently serve 20,000 families in Illinois. The Governor proposed expansion to cover an additional 12,500 families over the next five years. Even in these difficult financial times, the state needs to continue expanding home visiting programs.

## **6. Providing economic supports.**

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As this report indicates, poverty can have a significant impact on the life of a child. The economic downturn caused by the coronavirus pandemic has only made things worse for many Illinois households. Depending on the measures approved by Congress, the state needs to look at a set of economic supports in the next year that include increasing the state Earned Income Tax Credit, greater assistance under the Supplemental Nutrition Assistance Program, housing assistance, assistance in paying utility bills, and further income assistance (such as Temporary Assistance to Needy Families [TANF]) to assist those who have been laid off or furloughed.

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(29) According to DONA International, “A doula is a trained professional who provides continuous physical, emotional and informational support to a mother before, during and shortly after childbirth to help her achieve the healthiest, most satisfying experience possible” (Anon n.d.:no page number).



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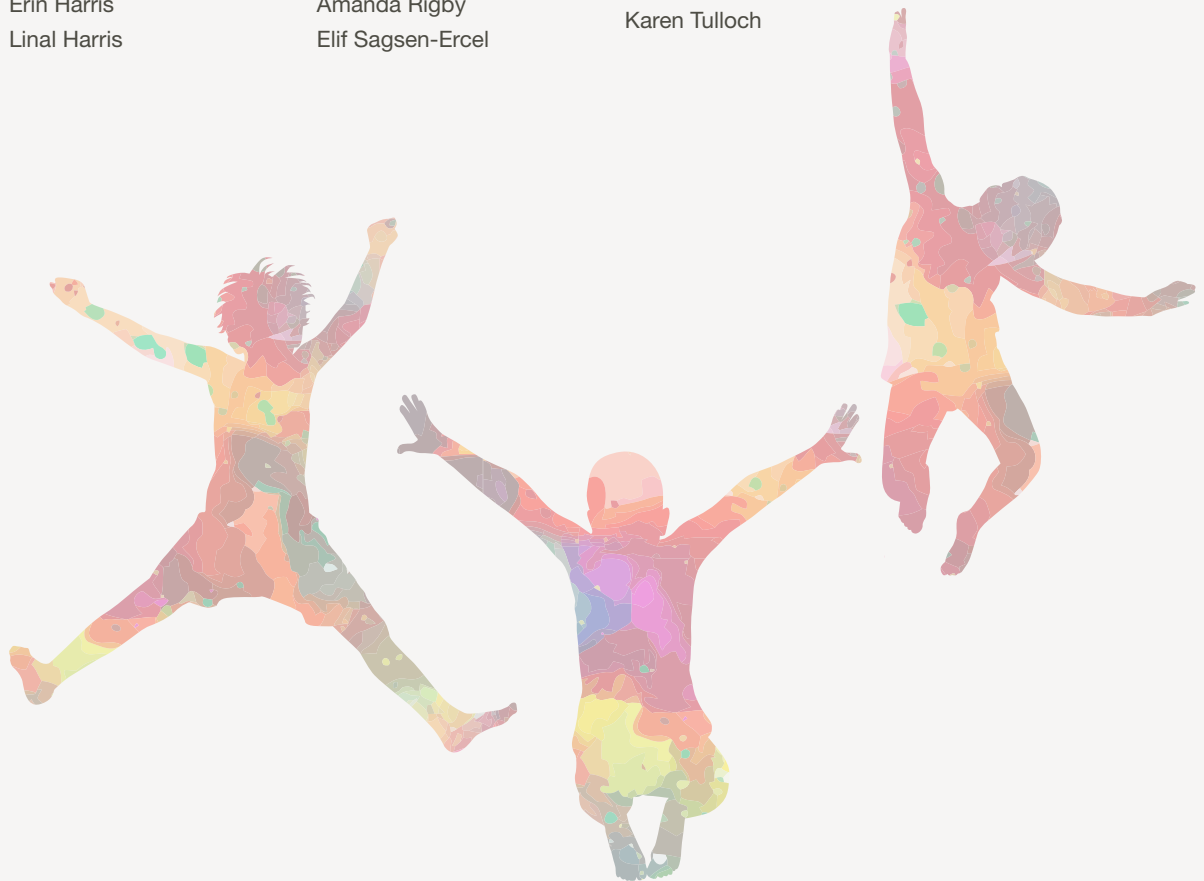
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