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**Date:** 06/30/22

**To:** Honorable Members of the Illinois General Assembly

**From:** Theresa Eagleson, Director, Department of Healthcare and Family Services



**Re:** Data Governance and Organization to Support Equity and Racial Justice Act Section 20-15(a) Report

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This report is issued pursuant to the provisions of Section 20-15(a) of the Data Governance and Organization to Support Equity and Racial Justice Act ("the Act") (20 ILCS 65/20-1). The Act requires the Department of Healthcare and Family Services ("the Department") to report statistical data on the racial, ethnic, age, sex, disability status, sexual orientation, gender identity, and primary or preferred language demographics of program participants for each major program the Department administers.

### Introduction

In the first Annual March Data Governance and Organization to Support Equity and Racial Justice Act Report, the Department identified the following "major programs" and corresponding participant populations for analysis:

Medical Assistance  
Child Support Services

For each major program identified in the Department's March 2022 report, this report will provide statistical data where available for each of the demographic dispositions enumerated in the Act: race, age, sex, disability status, sexual orientation, gender identity and primary or preferred language.

Section 20-15(e) of the Act states "if the Board or Department is unable to begin reporting the data required by subsection (a) by July 1, 2022, the Board or the Department shall state the reasons for the delay under the reporting requirements." As of the date of this report the Department was unable to begin reporting the following data: indigeneity, gender identity, sexual orientation, and specific race and ethnicity categories identified in the Statistical Data section.

In February and March, the Department began to assess currently catalogued demographic data for each of the aforementioned programs. Following its initial assessment, the Department has determined that additional work needs to be done to define and standardize the demographic categories enumerated in the statute.

While additional effort may be necessary to define and standardize some demographic data across the Department's programs, the Department already collects many race, ethnicity, and other equity statistics from our customers on a voluntary basis. This data is consistently used to inform Department decision making and has served as a major input to several recent equity-driven projects such as long-term care reform, healthcare transformation, managed care pay for performance metric reporting, and child support interest payment elimination.

The Department also utilizes an equity focus regarding its internal operations, in part, through a Diversity, Equity and Inclusion (DEI) Committee to prioritize direct connection of DEI-related goals and strategies to the Department's larger strategic planning efforts. Further, our employee hiring is at parity for all races except for Asians (underutilized by 15 positions) and African-Americans (underutilized by one position).

To build upon our hiring diversity efforts, the Department's Personnel Division is expanding its hiring equity efforts across the State. The Division of Personnel has taken several steps to increase access and make equity the top priority in employment processes. Department staff is heavily involved in statewide diversity, equity, and inclusion strategies. Language is fully inclusive in written communications, job postings, job descriptions, employee handbooks, training, and onboarding materials. Moreover, Personnel has developed dedicated positions to focus on outreach and recruitment efforts across the State.

In the past, it was significantly more difficult to reach specific candidate pools. Central Management Services is in the process of implementing a statewide posting and hiring process termed Success Factors, which all state agencies are required to use to ensure hiring practices are consistent. This system minimizes potential biases early in the hiring process to improve outcomes. The Department intends to utilize data from Success Factors to develop stronger hiring plans once full reporting options are available.

### **Change Management Efforts and Potential Challenges**

The Department is working to develop collection of required demographic data not currently received such as indigeneity, gender identity, sexual orientation, and certain race and ethnicity categories. In the coming year, the Department will utilize the Office of Equity's guidance to create and standardize definitions for the demographic categories. The Department will work with the Governor's Office of Management and Budget, sister State agencies, such as the Department on Aging and the Department of Human Services where much of the Medicaid program intake occurs, as well as Department system vendors, to streamline its data collection and create system change plans to collect relevant data from major program participants.

As the State works to implement the Act, Department data stewards, information and technology staff, and diversity, equity, and inclusion leaders will work with the Department of Innovation and Technology and the Governor's Office of Management and Budget to analyze currently catalogued data, identify data gaps, and determine how to collect demographic information. While the Department may request specific demographic disposition data from clients in order to comply with the requirements of the Act, in some instances responses will be voluntary since submission of certain information is not federally required for eligibility determination. Ultimately, the Department will work to provide valuable data and analysis that will be meaningful and inform program design and policy-making endeavors.

### **Methodology**

The information contained in this report is based solely on the data provided by program participants and collected by programming personnel for the various major programs. The data provided by program participants has not been audited for completeness and quality, therefore, no baseline for comparison has been established.

For the purpose of this report, the Department has adopted the following definition of “major program” provided by the Governor’s Office of Management and Budget: a major program is a program with an enacted appropriation of greater than \$1 million in a fiscal year; direct services provided to individuals and/or a reasonable expectation that demographic information can be aggregated via proxy data without substantial cost or disruption to program delivery. Programs with anonymous reporting of violations, those which utilize tele-help lines, and regulatory/licensure programs have been excluded from this definition.

The program participants count is the number of distinct individuals that have been identified as program participants regardless of demographic category. For Medical Assistance program participants, available demographic disposition data was obtained from the Medicaid Management Information System (MMIS) for May 31, 2022. The MMIS data was collected from the Department’s Electronic Data Warehouse (EDW).

For Child Support Services participants, available demographic disposition data was obtained from the Key Information Delivery System (KIDS) for May 31, 2022.

### Statistical Data

The following tables detail statistical data for each demographic disposition, organized by program.

- "x" is used to indicate when a demographic disposition has 10 or fewer people.
- A blank space is used to indicate that data for a demographic disposition is not collected.
- "0" is used to indicate that data for a demographic disposition is collected, but no program participants have selected that category as of when the report was pulled.

### Race

Race	Child Support Services	Medical Assistance
Amer. Indian/Alaska Native	3,833	20,501
Asian/Asian American	6,559	135,071
African American/Black	444,169	864,467
Native Hawaiian/ Other Pacific Islander		
Middle Eastern/North African		
White/ European American	392,756	1,551,318
Hispanic	96,431	8,589
Some Other Race Alone	21,215	206
Two or More Races		
No Race Specified	121,674	1,020,377
<b>Program Participants</b>	<b>1,086,637</b>	<b>3,600,529</b>

### Ethnicity

Ethnicity	Child Support Services	Medical Assistance
Latina/Latino/Latinx/Hispanic	96,431	351,214
NOT Latina/Latino/Latinx/Hispanic		1,904,081
Asian/Asian American	6,559	
White/ European American	392,756	
African American/Black	444,169	
Other	21,215	
Unknown/Not Specified	121,674	1,345,234
Indigenous	3,833	
<b>Program Participants</b>	<b>1,086,637</b>	<b>3,600,529</b>

### Age

Program Name	Program Participants	18 and under	19-24	25-34	35-44	45-54	55-64	65+
Child Support Services	1,086,637	340,425	90,300	203,348	246,666	134,346	53,343	18,209
Medical Assistance	3,600,529	1,490,958	333,578	502,667	381,694	286,815	304,153	300,664

### Primary or Preferred Language

Program Name	Child Support Services	Medical Assistance
Non-English	0	0
Spanish	1,884	269,741
Polish	34	6,772
Chinese (including Mandarin, Cantonese)	X	6,006
Tagalog (Including Filipino)	0	0
Hindi	0	0
Arabic	X	7,509
English	0	2,484,607
Urdu	0	2,701
French	X	0
Romanian	X	0
Russian	X	0
Vietnamese	X	0
Other	X	5,673
Unknown	1,084,698	817,520
<b>Total Program Participants</b>	<b>1,086,637</b>	<b>3,600,529</b>

\* May not add due to use of "x" to indicate 10 or fewer clients

### Sex

Program Name	Program Participants	Female	Male	Unknown	Other Category
Child Support Services	1,086,637	552,870	532,129	1,638	
Medical Assistance	3,600,529	1,955,782	1,644,747		

### Disability Status

Program Name	Program Participants	Disability Status	
		Disabled Yes	Disabled No
Child Support Services	1,086,637	41,044	1,045,593
Medical Assistance	3,600,529	597,196	3,003,333

### Conclusion

This report is transmitted on behalf of Director Theresa Eagleson. For additional copies of this report or more specific information, please contact Michael Casey, Chief Financial Officer, michael.p.casey@illinois.gov, and 217-524-7480.