



1 SENATE JOINT RESOLUTION

2 WHEREAS, A disproportionate burden of disease, disability,
3 and death exists among women and people of color in the State;
4 and

5 WHEREAS, Infant mortality for American Indians and
6 African-Americans is more than double the rate for non-Hispanic
7 whites; and

8 WHEREAS, African-Americans are more than three times as
9 likely, American Indians and Alaska Natives are more than twice
10 as likely, and Hispanics are 1.5 times as likely as
11 non-Hispanic whites to die from diabetes ; and

12 WHEREAS, The foundations for personal health, academic
13 success, and professional achievement begin in early
14 childhood; and

15 WHEREAS, Comprehensive early childhood development
16 programs foster healthy physical, cognitive, and social
17 development; and

18 WHEREAS, Long-term benefits include improved high school
19 graduation rates, decreases in teen pregnancy, decreased
20 delinquency, and higher rates of employment; therefore, be it

21 RESOLVED, BY THE SENATE OF THE NINETY-THIRD GENERAL
22 ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES
23 CONCURRING HEREIN, that a task force on health disparities be
24 created to identify opportunities for improving health care
25 status and addressing health disparities in communities of
26 color; and be it further

27 RESOLVED, That the task force consist of 8 members from
28 committees with jurisdiction over health and committees with

1 jurisdiction over education: 2 members of the Senate appointed
2 by the President of the Senate; 2 members of the Senate
3 appointed by the Senate Minority Leader; and 2 members of the
4 House of Representatives appointed by the Speaker of the House
5 of Representatives; and 2 members of the House of
6 Representatives appointed by the House Minority Leader; and be
7 it further

8 RESOLVED, That the task force shall: (1) Consider the
9 impact of early childhood development programs on reducing
10 health disparities in communities of color, including a review
11 of information about the sources of critical childhood
12 interventions that impact health disparities such as family
13 resources, child care, education, community organizations,
14 social determinants, and others; (2) Consider opportunities to
15 improve the health status of people of color by addressing
16 barriers to culturally and linguistically appropriate health
17 care and health education materials and practices, including a
18 review of opportunities to increase the number of minority
19 health providers in the State through development of career
20 ladder, expanded recruiting, education, and retention
21 programs, so that the entire health work force more closely
22 mirrors the people that it serves; (3) Address ways to
23 enumerate the racial and ethnic composition of the health work
24 force and health career training, education, and career ladder
25 programs; (4) Evaluate the impact of reductions in health care
26 expenditures on communities of color; (5) Request input from
27 the African-American Family Commission prior to submitting
28 final review and recommendations to the General Assembly; and
29 (6) Complete its review and submit its recommendations to the
30 General Assembly by December 31, 2005; and be it further

31 RESOLVED, That the task force is dissolved on January 1,
32 2006.