A measure used by many to judge the well-being of children in the health domain is the availability of health insurance. Health insurance can include insurance provided through the private sector (e.g., employment), insurance provided through the public sector (e.g., Medicare, Medicaid), and the State Children’s Health Insurance Program (SCHIP). According to the 2014 Kids Count, some of the largest gains in the well-being of children in the last two decades are because of improvements in health and safety. From 1990 to 2011, the percent of children, birth through age 5, across the nation who did not have health insurance fell from 12% to 9%, to a low of 2,134,000 children. Across that same time period in Illinois, the percent of children in the same age group without health insurance fell from 8% to 6%. [1]

According to IECAM, 2.55% of young children in Illinois (or 24,983 children) had no health insurance in 2012 (IPUMS data, 2012, ACS 1-year estimate). [2] The following maps show the number and percent of children without health insurance by PUMA. [3]

IECAM provides a comprehensive picture of early care and education services in Illinois by combining demographic data (population, language use, poverty level, risk factors) and early childhood program data (Preschool for All, Head Start, child care).

Spotlight on Stats is a periodic data resource that will highlight particular demographic data (e.g., languages, risk factors, population characteristics) on the state as a whole.


[2] IPUMS data based on the 2012 ACS, 1-year estimate. For more, see http://iecam.illinois.edu/riskdata/health/healthInsurance/

[3] PUMAs are geographic areas used by the Census Bureau. For more information about PUMAs, see IECAM. (n.d.). Public Use Microdata Areas (PUMAs). Retrieved from http://iecam.illinois.edu/definitions/regions/region-pumas.html