

# Disability as a Cross-Cutting Disparity



Selected Highlights from Related  
Documents

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## Summary Statements

Source: National Center on Birth Defects and Developmental Disabilities, *Disability and Health*, <http://www.cdc.gov/ncbddd/dh/disparitiesinhealth.htm>

- “Current data indicate that health disparities between people with and without disabilities are as pervasive as those recognized between ethnic minority groups.”

Source: American Public Health Association, *Excerpts from Resolution Passed by APHA Governing Council November 9, 2004*, <http://ncpad.cc.uic.edu/DFSPIG/policyNov2004.htm>

- Individuals with disabilities constitute a significant segment of the U.S. population (approximately 20%)
- Population of people with disabilities is increasing among all age groups
- People with disabilities as a group experience poorer health status than the general population
- People with disabilities experience lower rates of preventative health services (e.g., blood pressure checks, cholesterol screening, mammography, etc.) and behavioral counseling around issues such as substance abuse, nutrition, physical activity, and smoking cessation.
- People with disabilities continue to report numerous barriers to accessing facilities and programs that provide health promotion and preventive health services, including inaccessible facilities, inaccessible examination tables, and a lack of materials in alternate formats (e.g., Braille, large print, or cognitively appropriate language)
- Federally-funded surveys and surveillance instruments do not routinely include a standard set of questions that identify people with disabilities

Source: North Carolina 2010, *Healthy Carolinians state plan, Disabilities and Disparities*, <http://www.healthycarolinians.org/2010objs/disability.htm>

- “Disability is an issue that affects every individual, community, neighborhood, and family in North Carolina, either directly or indirectly. There are hundreds of different disabilities. Some are present from birth; many come later in life. Some are chromosomal, like Down-Syndrome. Some are progressive, like muscular dystrophy and cystic fibrosis. Some are episodic, like seizure conditions. Others have both aspects like multiple sclerosis, which is progressive and episodic. Some conditions happen in an instant, like the loss of a limb or paralysis. Some disabilities are visible, while others, like diabetes and epilepsy, are invisible. Disabilities are numerous and different in nature and form. However, **regardless of specific condition, people with disabilities encompass a population of people who have too often been discriminated against in many of aspects of society.** Disability is a natural part of the human experience that does not diminish the right of the individual to enjoy the opportunity to live in and contribute to the mainstream of American society.”
- “Disparity issues related to disability are complex. People with disabilities, like other groups that have been historically disadvantaged, have higher rates of unemployment, lower incomes, fewer educational opportunities, fewer living options, and face an ongoing struggle for inclusion. **Although the Americans with Disabilities Act (ADA), enacted in 1990, was created to address many of the barriers to participation in society, full implementation has not yet been realized.**”

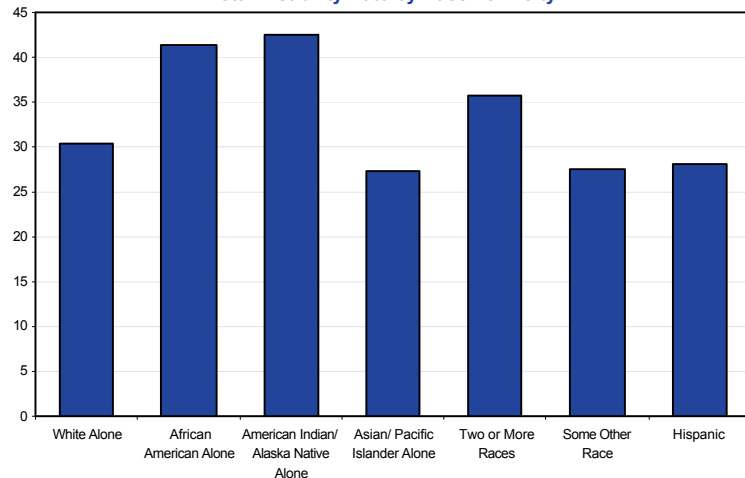
- **“People with disabilities also encounter significant structural, financial, and personal barriers that limit their access to health and health-related care. Those who are elderly, members of minority groups, or who live in rural areas face additional barriers.** Structural barriers, such as the unavailability of services and the lack of accessible transportation, buildings, and programs are a major concern for people with disabilities. People with disabilities also face a number of financial barriers in accessing services including obtaining affordable insurance that does not restrict or exclude coverage of needed services. Personal barriers, including attitudes, knowledge, and communication also influence access to care for people with disabilities. Consumers report that many health care providers focus on their disability and fail to deal with critical primary care issues. Communication with people with disabilities may involve adapting the print size or content of written materials, using interpreters, working with special communication devices, or recording instructions.”
- **“Few data systems identify people with disabilities as a subpopulation. Disparities need to be identified to plan appropriate public health programs.** Despite the paucity of data, some disparities between people with and without disabilities have been noted. These disparities include excess weight, reduced physical activity, increased stress, and less frequent mammograms for women over age 55. People with disabilities also report more days of pain, depression, anxiety, and sleeplessness than people without disabilities. In addition, many people with disabilities, particularly those with mobility impairments, report they experience one or more conditions generally associated with aging (pain, fatigue, loss of function, and loss of independence) beginning as early as their twenties. Although more research is needed to understand the incidence and cause of certain secondary conditions, evidence indicates that many of these complications are preventable.”
- North Carolina Healthy Carolinians Objectives:
  - Include in North Carolina surveillance instruments and special studies a standardized set of questions that identify “people with disabilities.”
  - Increase the proportion of adults with disabilities reporting sufficient emotional support.
  - Increase the proportion of adults with disabilities reporting satisfaction with life.

## E-1. Disability

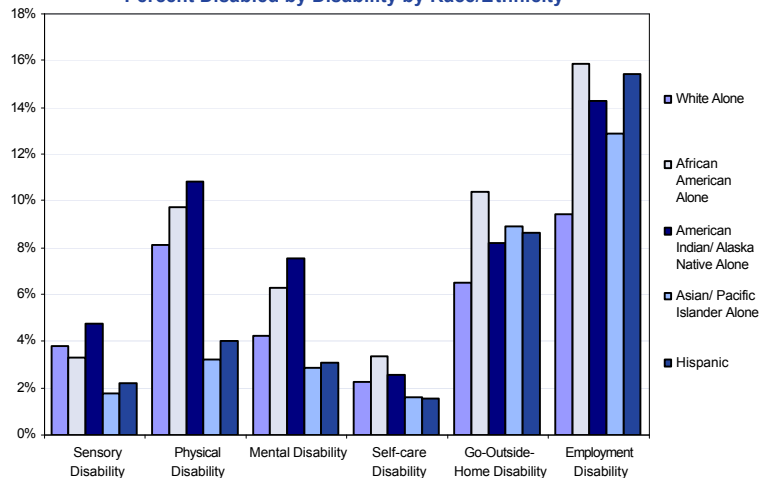
### Highlights

- In Kansas, there were 31.0 disabilities (physical, mental, or emotional conditions lasting 6 or more months making certain activities difficult) per 100 non-institutionalized civilians 5 years and older in 2000. This was slightly lower than the U.S. rate of 34.7.
- The American Indian/Alaska Native Population had the highest overall disability rate in Kansas: 42.6 per 100 non-institutionalized civilians aged 5 years and older. African Americans had a comparably high rate at 41.4.
- Asians/Pacific Islanders and Hispanics had the lowest overall disability rates at 27.2 and 28.1, respectively.
- Employment disability was most prevalent across all racial and ethnic groups. Nearly 16 percent of civilian, non-institutionalized African Americans and Hispanics aged 16 to 64 reported that they had a condition that made it difficult for them to work at a job or business.
- Self-care disability (difficulty dressing, bathing, or getting around the home) was generally the least prevalent disability across all racial and ethnic groups. African Americans had the highest self-care disability (3.4%) and Hispanics and Asians/Pacific Islanders had the lowest (1.6%).
- Physical, mental, and sensory disabilities displayed the greatest disparities among racial and ethnic groups. American Indians/Alaska Natives were over three times more likely to have a physical disability and nearly three times as likely to have a mental or sensory disability than Asians/Pacific Islanders.
- However, disparities among racial and ethnic groups differed slightly by age. For example, American Indians/Alaska Natives had the highest disability rate for 5-15 year olds and 16-64 year olds, but the rate for 65+ year-olds was comparable to several other groups. Across all racial and ethnic groups, disability rates increased substantially with increasing age.

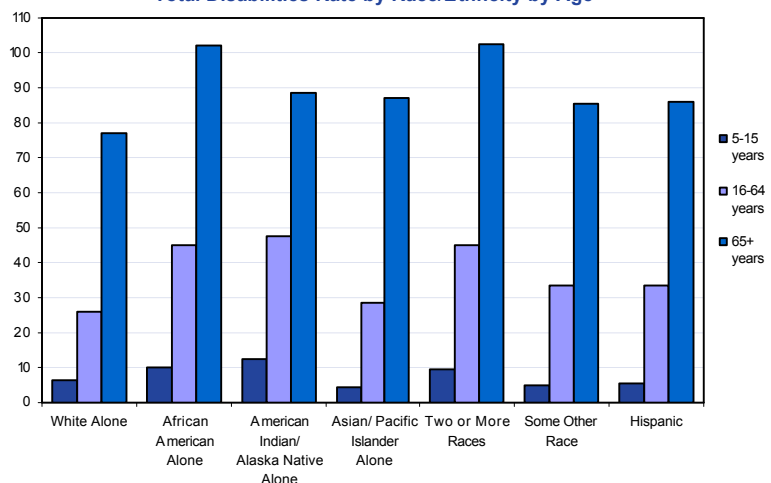
Total Disability Rate by Race/Ethnicity



Percent Disabled by Disability by Race/Ethnicity



Total Disabilities Rate by Race/Ethnicity by Age

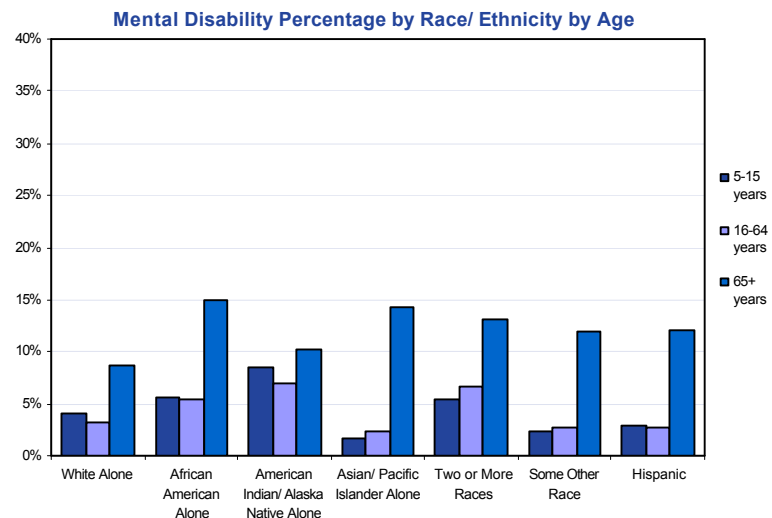
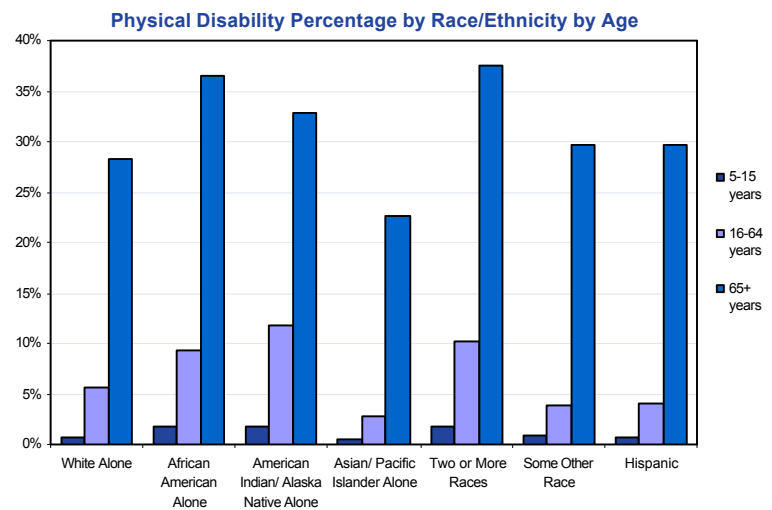
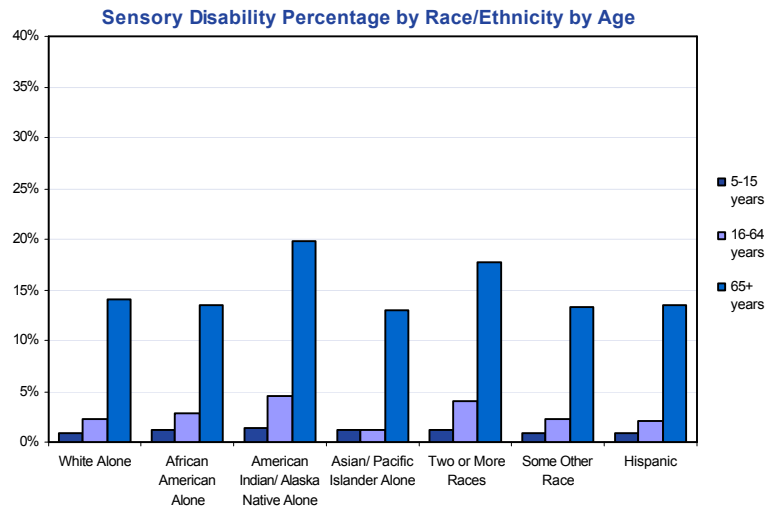


Data Source: 2000 U.S. Census

## E-1. Sensory, Physical, and Mental Disabilities

### Highlights

- In Kansas, 3.7% of non-institutionalized civilians aged 5 years and older reported a sensory disability (blindness, deafness, or severe vision or hearing impairment) in 2000. This was comparable to 3.6% for the U.S.
- American Indians had the highest percentage of their population with a sensory disability. Nearly 5% of civilian, non-institutionalized American Indians aged 5 and older and one-in-five aged 65 and older reported a sensory disability.
- Eight percent of the non-institutionalized civilians aged 5 and older in Kansas reported a physical disability (long-lasting condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying). The U.S. rate was virtually the same at 8.2%.
- The physical disability percentage had the highest highest for African Americans. One in ten African Americans reported a physical disability, and nearly one in four aged 65 and older had a physical disability.
- Four percent of Kansas non-institutionalized civilians aged 5 and older reported a mental disability (condition lasting 6 or more months that made learning, remembering, or concentrating difficult). This was similar to the U.S. rate of 4.3%.
- American Indians in Kansas had the highest mental disability percentage: 7.5% reported a mental disability. An especially high proportion of American Indian children had a mental disability: 8.5% of 5 to 15-year-olds. However, for American Indians aged 65 and older, their mental disability rate (10.2%) was below that of any other minority group.



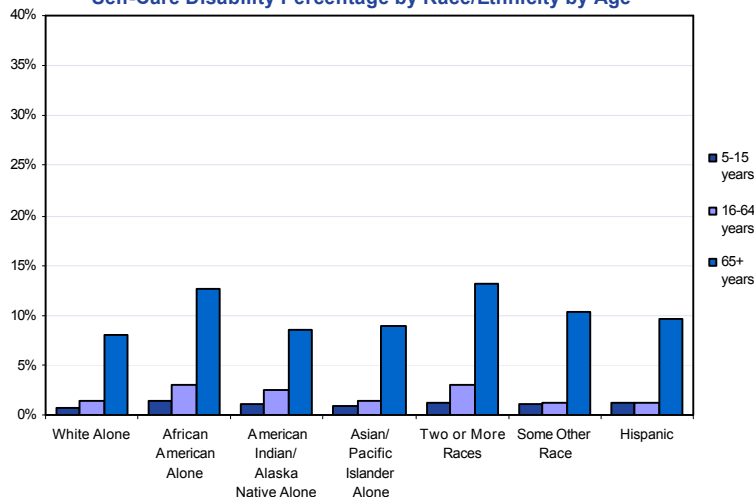
Data Source: 2000 U.S. Census

## E-1. Self-Care, Go-Outside-Home, and Employment Disabilities

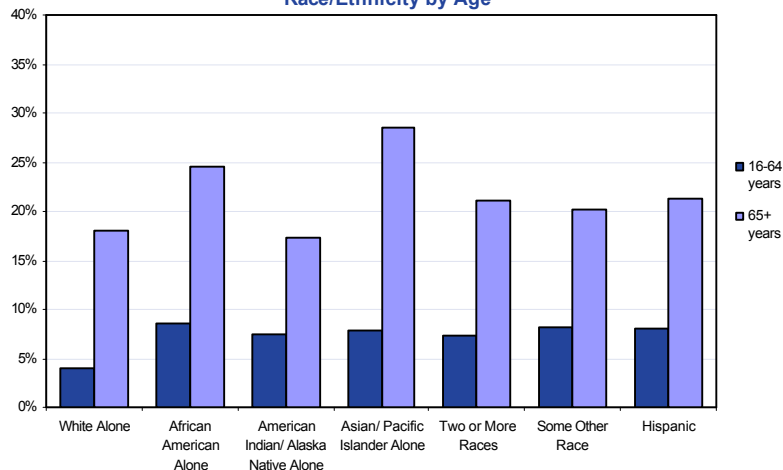
### Highlights

- In 2000, 2.3% of civilian, non-institutionalized Kansans aged 5 years and older had a self-care disability (condition lasting 6 months or more that made it difficult to dress, bathe, or get around inside the home). This was comparable to the U.S. percentage of 2.6%.
- African Americans had the highest reported levels of a self-care disability: 3.4% of non-institutionalized civilians aged 5 and older and 12.7% aged 65 and older had a self-care disability.
- Nearly 7% of civilian, non-institutionalized Kansans aged 16 to 64 had a go-outside-the-home disability (condition lasting more than 6 months that made it difficult to go outside the home alone to shop or visit a doctor's office) in 2000. The U.S. percentage was slightly higher at 8.6%.
- African Americans had the highest proportion with a go-outside-home disability: one-in-ten civilian, non-institutionalized African Americans aged 16 and older and one-in-four aged 65 and older had a go-outside-home disability.
- Considering only those aged 65 and older, Asians/Pacific Islanders had the highest go-outside-home disability percentage: nearly 30% reported this limitation.
- In 2000, 10.2% of Kansas non-institutionalized civilians aged 16 to 64 years reported an employment disability (condition lasting 6 months or more that limited working at a job or business). This was slightly lower than the U.S. percentage of 11.9%.
- Whites were less likely to report an employment disability than any of the racial and ethnic minority groups. African Americans and Hispanics were most likely, with nearly 16% of each group to report an employment disability.

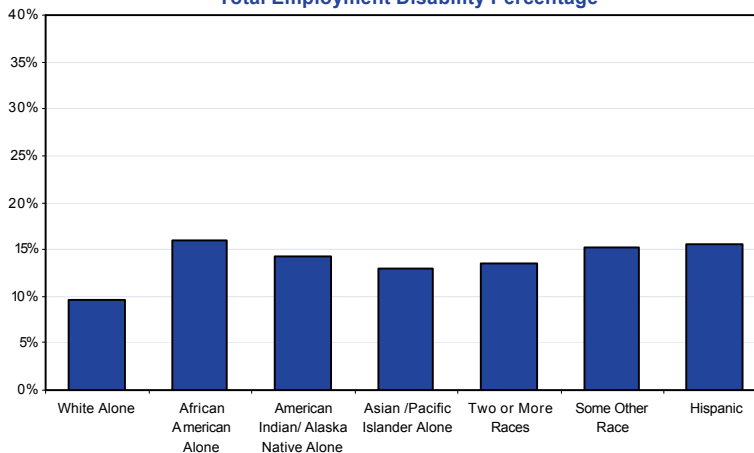
Self-Care Disability Percentage by Race/Ethnicity by Age



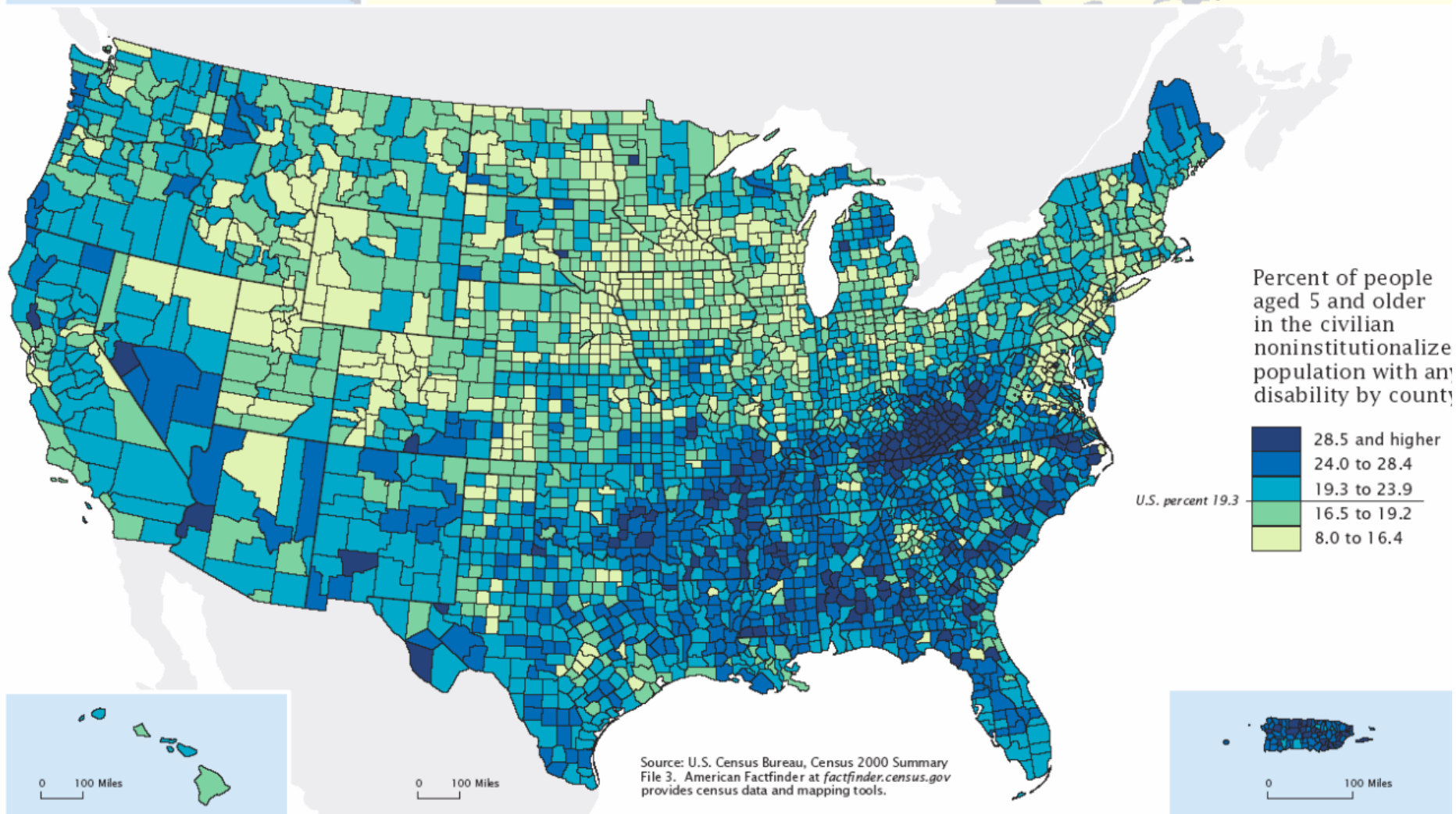
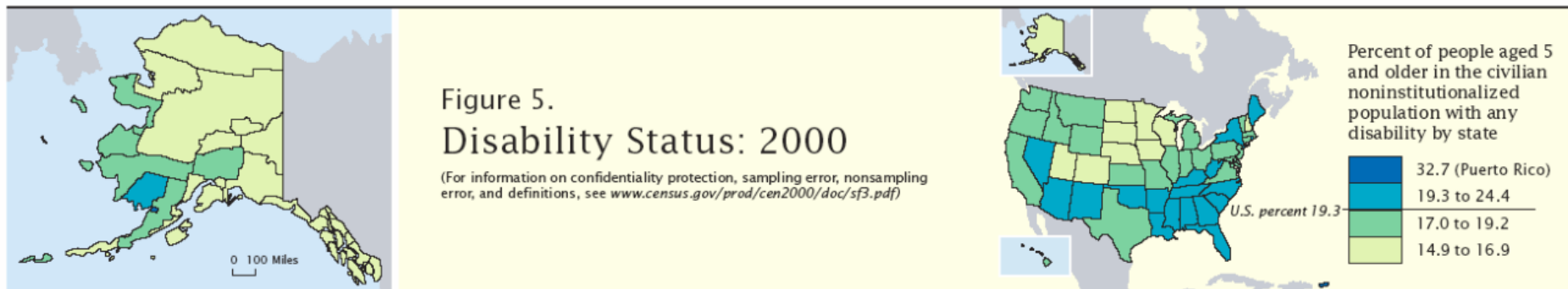
Go-Outside-Home Disability Percentage by Race/Ethnicity by Age



Total Employment Disability Percentage



Data Source: 2000 U.S. Census





## People with Disabilities throughout HP2010

In addition to a new Chapter with 13 objectives, the importance of health promotion and disease prevention in the lives of people with disabilities are recognized throughout *Healthy People 2010*. Of the 467 *HP2010* objectives, **207 (sub)objectives include people with disabilities**. Of the 207 (sub)objectives:

- ✓ 58 provide first-time data on gaps or disparities,
- ✓ 30 provide data on health and well-being,
- ✓ 12 target state programs and data collection systems,
- ✓ 108 lack baseline data for people with disabilities, and
- ✓ 12 are among the tracking objectives for the national leading health indicators.

### Gaps and disparities: Compared with people without disabilities, people with disabilities have:

- \$ Less health insurance coverage and use of the health-care system, e.g. Pap test, mammography, oral health exams
- \$ Higher rates of chronic conditions, e.g. diabetes, depression and sadness, elevated blood pressure and blood cholesterol, obesity, tooth loss, vision and hearing impairments
- \$ Lower rates of social participation, e.g. regular education classrooms, high school completion, employment, community-organized or employee-sponsored health events and social events
- \$ Lower rates of recommended health behaviors, e.g. cardiovascular, strengthening, and flexibility activities; no cigarette smoking

### Health and well-being: People with disabilities are experiencing:

- Preventable secondary conditions, e.g. fractures, amputation, pressure sores in nursing homes
- High rates of emergency room visits and hospital stays for the primary disabling condition
- Early deaths from the primary disabling conditions, e.g. asthma
- Early deaths from co-morbidities, e.g. diabetes-related cardiovascular disease
- Low rates of formal patient education
- Low rates of treatment for mental illness

## Health Gaps and Disparities: *Healthy People 2010 Data*

No	Objective	Reference Year	With Disability	Without Disability
1-1*	People w/disabilities under age 65 who have health insurance	1997	85%	86%
3-11b	Women w/disabilities ages 18+ who have received a Pap test in preceding 3 yrs.	1994	74%	78%
3-13	Women w/disabilities age 40+ who have received a mammogram in preceding 2 yrs.	1994	55%	61%
5-2	People w/disabilities who are newly diagnosed with diabetes (per 1,000)	1994-96	6.4	2.5
5-3	People w/disabilities who are new and previously diagnosed with diabetes	1997	87	28
5-4	Adults w/disabilities age >20 whose diabetes is diagnosed	1991-94	66%	69%
6-3	Adults w/disabilities who report sad feelings that interfere with activities	1997	28%	7%
6-4	Adults w/disabilities who participate in social activities	1997	95%	100%
6-5	Adults w/disabilities who report sufficient emotional support	1998	70%	79%
6-6	Adults w/disabilities who report satisfaction w/life	1998	87%	96%
6-8	Adults w/disabilities ages 21-64 who are employed	1994-95	52%	82%
6-9	Children w/disabilities who are included in regular education programs	1995-96	45%	100%
7-1	Youth w/disabilities who completed high school	1995	79%	86%
7-6	People w/disabilities who participate in employee-sponsored health promotion events	1994	56%	62%
7-12	People w/disabilities who participated last year in one organized health activity	1995	10%	12%
12-8	Adults w/disabilities who have high blood pressure	1991-94	32%	27%
12-13	Adults w/disabilities who have reduced mean total blood cholesterol	1991-94	208mg/dL	204mg/dL
12-14	Adults w/disabilities who have high total blood cholesterol	1991-94	24%	19%
19-1a	Women and men w/disabilities who are at a healthy weight	1991-94	32%	41%
19-1b	Women w/disabilities who are at a healthy weight	1991-94	35%	45%
19-1c	Men w/disabilities who are at a healthy weight	1991-94	30%	36%
19-2a*	Women and men w/disabilities who are obese	1991-94	30%	23%
19-2b	Women w/disabilities who are obese	1991-94	38%	25%
19-12	Women w/disabilities ages 12-49 who have iron deficiency	1991-94	4%	12%
21-4	Adults w/disabilities ages 65-74 who have all teeth extracted	1997	34%	22%
21-10	Children and adults who annually use the oral health care system	1996	40%	45%
22-1	Adults w/disability ages 18+ who engage in no leisure-time physical activity	1997	56%	36%
22-2a*	Adults w/disabilities ages 18+ who are physically activity 30 min 5 days/wk	1997	12%	16%
22-2b*	Adults w/disabilities age 18+ who are physically activity 20 min 3 days/wk	1997	23%	33%
22-3	Adults w/disabilities age 18+ who engage in vigorous activity 20+ min 3 days/wk	1997	13%	25%
22-4	Adults w/disabilities age 18+ who engage in strengthening exercises	1997	14%	20%
22-5	Adults w/disabilities age 18+ who are enhancing or maintain their flexibility	1995	29%	31%
27-1a*	Adult w/disabilities who smoke cigarettes	1997	33%	23%
28-4	Children and teens w/disabilities age ≤17 who also have blindness or vision loss	1997	92%	19%



# Conditions and Health Risk Factors for People with Disabilities

## 1997 Kansas Disability Survey

Introduction  
and Summary  
Disabling Conditions  
Disability and  
Health Disparities  
All Questions  
Risk Factors

\*For the purposes of this survey, "respondents with a disability" are defined as respondents reporting one or more of the following conditions:

- limited in any way in any activities due to any impairment or health problem;
- use any assistive device(s) such as a wheelchair, cane, braces, or prosthesis; or
- kept from working at a job or business due to any impairment or health problem.

## Disability and Health Disparities

This section highlights selected disparities in health status and risk behavior between adults with disabilities and the general population. Results in the Adults with Disabilities column represent the percent of respondents with disabilities\* from this Special Disability survey. Results in the General Population column come from various sources (see footnotes) and represent the percent of all respondents, including those with disabilities.

Selected risk factors are sorted by disparity, listing the conditions with the greatest percent difference first. (For example, respondents with disabilities were four times more likely than the general population [16% versus 4%] to be sad, blue, or depressed 14 or more of the past 30 days.) Notice that the highest disparities between Adults with Disabilities and the General Population relate to activity limitations and mental health/quality of life. The disabled population was at a higher risk than the general population for all selected risk factors listed below except the following: failed to always use safety belt, binge drinking, and chronic drinking.

	Adults with Disabilities	General Population
Routine Care Limitation	33%	4% <sup>1</sup>
Any Activity Limitation	90%	12% <sup>2</sup>
Sad, Blue, Depressed	16%	4% <sup>1</sup>
Fair or Poor General Health	40%	11% <sup>2</sup>
Personal Care Limitation	7%	2% <sup>1</sup>
Worried, Tense, Anxious	27%	9% <sup>1</sup>
Dissatisfied with Life	11%	5% <sup>2</sup>
Not Very Healthy and Full of Energy	60%	36% <sup>1</sup>
Not Enough Rest or Sleep	31%	19% <sup>1</sup>
Lacked Recent Pap Smear Test	29%	18% <sup>1</sup>
Lacked Recent Dental Visit	29%	20% <sup>4</sup>
Obese (BMI >= 30)	25%	19% <sup>4</sup>
Lacked Recent Mammogram	37%	31% <sup>1</sup>
Lacked Health Care Coverage	11%	9% <sup>1</sup>
Lacked Tetanus Immunization	31%	27% <sup>1</sup>
Sedentary Lifestyle	76%	67% <sup>3</sup>
Overweight or Obese (BMI >= 25)	63%	56% <sup>4</sup>
Current Cigarette Use	25%	23% <sup>1</sup>
No Regular Physical Activity	89%	86% <sup>3</sup>
Chronic Drinking	2%	2% <sup>1</sup>
Binge Drinking	11%	13% <sup>1</sup>
Failed to Always Use Safety Belt	38%	46% <sup>1</sup>

<sup>1</sup> 1997 Statewide BRFSS Survey

<sup>2</sup> 1997 BRFSS Special Survey on Disability

<sup>3</sup> 1998 Statewide BRFSS Survey

<sup>4</sup> 1999 Statewide BRFSS Survey