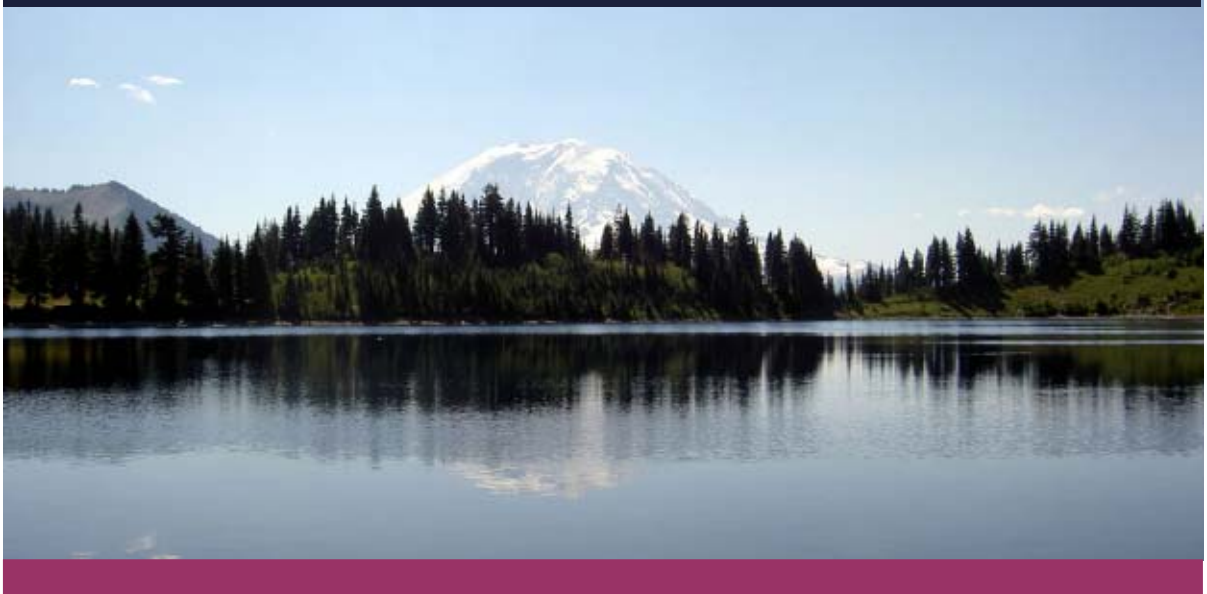


Disability in Washington State



May 2006



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Acknowledgements:

Susan Kinne, with the assistance of Tari Topolski, at the University of Washington Center for Disability Policy and Research compiled data, conducted analyses, and composed the final report. Additional Core Working Group members, Donald Patrick, Fred Connell, Tabitha Harrison and Debra Lochner Doyle, also provided significant contributions to the report. We would like to thank Department of Health staff in the Center for Health Statistics, Office of Epidemiology, Maternal and Child Health Assessment Unit, and Genetic Services Section for their assistance with acquiring data, developing the report design, and providing valuable feedback about the final report.

This publication was supported by the Center for Disease Control and Prevention, Cooperative Agreement #U59/CCU006992. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

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Executive Summary - Disability in Washington State - 2005

This report explores the health, social and economic disparities that are often associated with disability. It presents data that estimate the prevalence of disability and different types of limitation in the Washington State population. Only statistically significant differences between groups are discussed in the text. People with disabilities in Washington differ from each other in many ways, but as a group they experience disadvantages that public health can address.

Prevalence of Disability in Washington, 2005

In 2005, approximately 934,000 Washington residents 5 years and older had a disability. This was 14.3% of the population ages 5 years and older, the same prevalence recorded in the United States as a whole.

Disability is defined according to the US Census as having a lasting condition producing any one of the following:

- Blindness, deafness or a severe hearing or vision impairment (4.3% of the population ≥ 5 years)
- Difficulty in physical activities such as walking, carrying, lifting or climbing stairs (8.6% of the population ≥ 5 years)
- Difficulty in self care such as bathing or dressing (2.5% of the population ≥ 5 years)
- Difficulty learning or remembering (5.4% of the population ≥ 5 years)
- Difficulty in going outside the home alone to shop or visit a doctor's office (4% of the population ≥ 16 years)
- Difficulty working at a job or business (6.4% of the population 16-64 years).

Because many people reported more than one of the six types of limitation, the percentages of individual limitations added to more than the 14.3% population total.

Demographic Correlates of Disability

Washingtonians with disabilities are a diverse group, but taken as a whole, they differed significantly in a number of ways from those without disabilities. Compared to those without disabilities, people with disabilities were likely to be older, have less formal education, live by themselves, and use assistive equipment such as wheelchairs, special beds, or special telephones.

Age and Gender

Prevalence of disability rose rapidly with increasing age. Disability prevalence was equal for males and females, with slightly higher rates among young males (5-15 years) and older females (≥ 65 years). In 2005, disability was reported by an estimated:

- 6.3% of children ages 5-15 years (59,000 persons).
- 7% of youth ages 16-20 years (31,000 persons).
- 12.8% of adults ages 21-64 years (478,000 persons). The majority (51%) of people with disabilities in the state were between the ages of 21 and 64.
- 28.6% of persons ages 65-74 years (102,000 persons).
- Nearly half (49.5%) of those 75 years and older (172,000 persons).

Education

The Washington population had a high level of educational attainment compared to the US as a whole. However, as a group, Washington adults with disabilities completed less formal education. Compared to adults 25 years and older without disabilities, people with disabilities were:

- More likely to have ended their education before graduating from high school (20% vs. 8%).
- Nearly half as likely to have graduated from college or completed postgraduate training (17% vs. 33%).

Among people ages 18-24 years, those with disabilities were equally likely to be enrolled in school as were people without disabilities. However, people with disabilities ages 18-21 years were more likely to still be in high school and less likely to be in college. Among persons 18-24 years who were not in school, those with disabilities reported fewer years of formal education than did those without disabilities.

Race and Ethnicity

The majority of people with disabilities in Washington were white non-Hispanic. The prevalence of disability among racial and ethnic groups varied.

- People who identified themselves as American Indian or Alaska Native had the highest disability prevalence (22%) of any racial group.
- Native Hawaiians and Pacific Islanders (16%), Whites (15%), persons of 2 or more races (14%) and Blacks (12%) reported intermediate prevalence of disability.
- Asian-Americans (9%) and Hispanics of any race (9%) had the lowest disability prevalence.

Use of Special Equipment

About 7% of persons age 18 years and older reported use of some type of special equipment, such as a cane, wheelchair, special bed or special telephone, as a result of a health problem. Rates of equipment use were significantly higher among people with disabilities compared to adults of the same age without disabilities.

When compared to those without disabilities, the rate of special equipment use among people with disabilities was four times higher for people ages 21-64 (16% vs. 4%), twice as high among people ages 65-74 years (29% vs. 13%), and one and a half times higher in persons age 75 and older (46% vs. 30%).

- Although use of wheelchairs is often associated with the image of disability, only about 1.3% of adults with disabilities (0.3% of all adults) reported use of a manual or power wheelchair or electric scooter.

Computer and Internet Use

Use of computers and the internet are possible ways to reduce the impact of limitations resulting from impairments.

- Home computer ownership rose between 2000 and 2004, both for people with and without disabilities. However, in each year, people with disabilities were less likely to report having a computer in their home.
- Use of the internet, either with a home computer or through a school or library, was lower in 2004 for people with disabilities than those without.

Some of this difference in computer ownership was explained by demographic differences between people with and without disabilities. However, when people of similar age, health, education and income were compared, those with disabilities were still less likely to have a computer in their home. They were also less likely to use the internet than were people without disabilities of equivalent age, education, health and income. This was, in part, because of their lower likelihood of owning a home computer.

Restrictions in Opportunity: Economic and Social Correlates of Disability

The consequences of disability in adults include restrictions in opportunity. The 1990 Americans with Disabilities Act (ADA) defined opportunity as economic self-sufficiency, independent living, equality and full participation.

Washingtonians with disabilities had lower average incomes, higher rates of poverty and more food insecurity, and were less likely to be employed or take part in social and community activities than were demographically similar people without disabilities.

Income and Poverty

Persons with disabilities had lower average incomes than those without disabilities. In 2003, 27% of Washington households included one or more persons with a disability.

- Households of people with disabilities had significantly lower average annual income than did those without members with disabilities.
- Households of people with disabilities were more likely (36% vs. 21%) to have incomes in the bottom quartile of household income.
- Households of people with disabilities were less likely (19% vs. 27%) to have incomes in the top quartile of household income.
- The poverty rate among all persons with disabilities was more than double that of persons without disabilities (19% vs. 9%).
- The largest disparity in poverty rate was seen among people aged 21-64 years (22% with disabilities vs. 8% without).

Food Insecurity

People with disabilities were significantly more likely to report food insecurity, defined as lack of money for balanced meals or cutting back on eating because of lack of money. Lower average income, poor health, low education and disability were also associated with food insecurity.

Employment

There was a significant disparity in employment for working age people (15-64 years) with and without disabilities.

- In 2004, the employment rate of people with disabilities averaged 49%, compared to 75% for those without disabilities.
- Almost half (44%) of adults with disabilities were out of the workforce (retired, in school or being a home maker, or unable to work), compared to about 19% of those without disabilities.
- Adults with disabilities had lower rates of both full time (35 hours per week or more) and part time (less than 35 hours per week) employment than did adults without disabilities.
- In 2004, almost half of part time workers with disabilities wanted to work more, compared to about one-quarter of part-timers without disabilities.

Several factors might explain why people with disabilities were less likely to be employed. As noted above, adults with disabilities as a group had lower education levels than did those without disabilities, and also tended to report poorer health. For adults with and without disabilities of similar sex, age and race, the strongest predictors of being in the labor force were, in order, having post-secondary or high school education, having no disability and being in good or excellent health.

Reductions in Social Participation Associated with Having a Disability

Limitations can have disabling effects by reducing participation, or a person's involvement in life situations. Compared to adults without disabilities, those with disabilities:

- Were much more likely to report that their participation in work, school, caring for the home, recreation or social contact with friends and family was limited (55% vs. 7% for those without disabilities).
- Reported less participation in specific community activities such as visiting parks, zoos or museums, using library services, attending sports events or art performances, or doing an activity at a recreational center.

Participation in these activities was less common among older adults, non-whites and people with lower income, less education and poorer health. However, even when these factors were held constant, people with disabilities still were less likely to participate.

Many factors can influence whether people are able to do what they want to do in their community. Adults were surveyed about how a number of common barriers, such as layout of streets and buildings, negative public attitudes, lack of transportation and lack of money or energy, limited their ability to get around and be active in their communities.

- Adults with disabilities were more likely to state that barriers had 'daily' or 'weekly' impact than were adults without disabilities.
- People with and without disabilities report equal impact only for 'negative public attitudes toward you'.

Differences in Perceptions of Neighborhood Safety

Nearly 40% of people with disabilities reported that fears for their safety affected the degree to which they got out into the community. Awareness of neighborhood crime is one factor that can contribute to fear.

In 2004, Washington adults were asked whether they were aware of any occurrence of nine types of crime in their neighborhood during the preceding 12 months.

When respondents with and without disabilities of similar age, sex, education, household poverty, race, Hispanic ethnicity, health status and region of the state were compared on awareness, people with disabilities had higher awareness of personal property theft, breaking and entering, drug sales and use, violent physical attacks, sexual assault, and murder.

Social Support

Social and emotional support—a sense of your acceptance and approval by persons important to you—is a general facilitator of participation and well-being.

Washington adults with disabilities consistently reported lower levels of social and emotional support than did their counterparts without disabilities. People with disabilities were:

- Equally likely to say they “usually” got the support they needed.
- Less likely to say they “always” got support.
- More likely to say they got it “sometimes” or “rarely”.

Health and Quality of Life

People with disabilities can enjoy both excellent health and high quality of life, but as a group, their average levels of both outcomes were lower than those of people without disabilities. In 2003:

- 65% of adults without disabilities rated their health as “excellent” or “very good,” compared to 32% of those with disabilities.
- 35% of people with disabilities said their health was “fair” or “poor”.

There are many ways to measure life satisfaction or quality of life. When asked, “In general, how satisfied are you with your life?” adults with disabilities were less likely than those without to report that they were ‘very satisfied’ or ‘satisfied’ (84% vs. 96%), and more likely to express dissatisfaction with their lives.

Conclusions

The 1990 Americans with Disabilities Act (ADA) formally recognized the minority group status of people with disabilities in the United States. Fifteen years after the Act’s passage, people with disabilities continue to experience higher risk of economic and social disadvantage than do persons without disabilities. Disability-related disparities in income, employment, education, social participation, health and life satisfaction persist in the Washington State population.

Addressing these disparities, and thereby improving the health and quality of life of Washington residents with disabilities, is an important task for public health and other public and private sector agencies.

I Introduction

Nearly one in seven Washington residents has a disability. They may be born with a limitation, or over their lifetime experience a disease or injury that restricts their activities.

In 2001, the Washington State Department of Health published a report on *Disability in Washington State*, describing the limitations in health or major life activities that produced disability among state residents. Using newly available data, this second report explores the health, social and economic disparities that are often associated with disability. It presents data that estimate the prevalence of disability and different types of limitation in the Washington State population.

Restrictions in employment, independent living, health and social participation are common and important consequences of the interaction between people's limitations and the social and physical environment. The last section of this report summarizes the data on the socio-economic and health correlates of disability, since these factors have significant influence on the quality of life of people with disabilities.

People with disabilities in Washington differ from each other in many ways, but as a group they experience disadvantages that public health can address.

Disability Concepts and Definitions

Disability can be defined in many different ways, but all involve a comparison to some norm of biology, function, or appearance, and all address the difference in activities that people do because of physical, mental, or emotional conditions.

Traditional *medical* models of disability look at the cause of the limitation and how it disables the person. In contrast, *social* models see disability as a result of the interaction between people's capacities and the demands of their environments. Disability is not a characteristic of a person in this view, but a description of both the person and environment. According to social models, disability, even that of persons with severe limitations, can be eliminated or minimized if their environments can be changed to accommodate their needs.

For most people, their disability is not a fixed condition, but is changeable over time and with circumstances. A disability is influenced by many factors, and affects many aspects of life. To describe the cause, effects, and impact of a disabling condition, special terms are used.

Disability typically is used to refer to a restriction in ability to perform the major activities of life because of a physical, mental, or emotional impairment or condition.

This definition does not refer explicitly to the environment in which a person functions. When we use this definition we must remember that the defining restriction in ability reflects not only the person, but also the setting in which the person exists.

An **impairment** is the loss or abnormality of body structure or of a physical or psychological function.

Impairments can be physical (e.g., cancer or loss of a limb), functional (e.g., loss of sight), emotional (e.g., schizophrenia or depression), or cognitive (e.g., mental retardation). Impairments describe an individual and do not reflect their environment. An impairment may be due to a health condition, but having an impairment does not necessarily mean an individual is sick or in poor health.

Having an impairment can affect **activity**, the functioning of a person.

Examples of activities are walking, bathing, using a telephone, or working at a job. If a person is capable of walking up stairs but does not because of an impairment, that person would be limited in that activity by the impairment. Activities may be limited in nature, duration, and quality by impairments. A person who can walk but cannot walk three city blocks has a mobility limitation. Assistive devices may remove limitations in activity without eliminating the impairment: a person who cannot walk may be able to move around easily in a wheelchair.

Impairment and activity limitation both affect **participation**, the nature and extent of a person's involvement in life situations.

Participation describes how persons with and without impairments live in their physical and social environments, so it reflects both a person's impairment and the ways in which the environment makes life easier or harder for those persons.

Restriction in participation may result in **disadvantage**. This is judged by comparison to the norm for similar persons without disability in society.

A person with an impairment that makes it impossible to run would be disadvantaged in a culture that runs to capture its food, but not in one that drives to office jobs.

To understand the extent and impact of disability in Washington, this report summarizes the latest data on the activity limitations, restrictions in participation, and disadvantage that result from impairments. Few data on specific impairments

are reported. This omission reflects the fact that there are no state-level data on impairments in the population, but also a philosophical approach. The social model of disability says that people with very different impairments, such as arthritis, blindness, and spinal cord injury, may all experience limitation in the same activity – for instance, the ability to walk and move around in the community – because of the way their impairment interacts with their physical and social environment.

Therefore, counting Washingtonians with arthritis or spinal cord injury or depression may be less useful for reducing disability-related disparities in participation than is knowing how many people are limited in ways that could be addressed through policies or services that change their environment.

Measuring Disability

Although the definition of disability used in this report accounts for the interaction of personal characteristics and environment, most surveys of disability measure impairments and activity limitations without explicit reference to the settings in which people function. The following surveys collect disability data.

- The US Census asks about six different types of limitation, which are described in detail in the following sections. If a person reports one or more of the types relevant for their age, they are classified as having a disability.
- The Behavior Risk Factor Surveillance Survey (BRFSS) asks if a person is limited *in any way in any activities* or if a *health problem requires them to use special equipment*.
- The National Health Interview Survey (NHIS) asks about limitation in personal care, routine needs, work, walking without special equipment, learning or remembering, or other activities. Limitation in any activity defines disability.

In the Washington State population, the three measures generate approximately equal estimates of the prevalence of disability.

Data Sources on Disability

This report used a number of different data sources on disability in Washington. The estimated numbers of persons with disabilities were derived by applying the disability prevalence rates from the cited survey to the 2005 Washington State population as estimated by the Office of Financial Management (OFM). Confidence intervals for the estimated numbers are given in the data tables that follow the text. Age categories in figures and tables reflect those of the data source used.

2000 Census Data (Cen2000). The decennial Census Long Form, a detailed 1-in-6 sample of households, collected information on all members of a household with six questions on disability related to:

1. Sensory limitation
2. Difficulty learning or remembering
3. Limitation in physical activities
4. Self care for persons 16 and older
5. Difficulty going outside the home alone and for persons 16-64
6. Work limitation

Data were weighted to represent age, race, and gender composition of the state population ages five and older. Census data are the only source of information on disability prevalence for counties, most cities, census tracts, and block groups.

Due to a formatting error in one of the Census data collection instruments, the 2000 Census data over-estimated the prevalence of adult disability. For this reason Census data are used in this report only when other data are not available. In these cases, such as mapping the geographic distribution of disability in Figure 2, the data are used to illustrate patterns of disability but not to generate estimates of prevalence or numbers.

2003 American Community Survey (ACS03). The annual American Community Surveys are part of the transition from the decennial Census Long Form to ongoing data collection. The ACS03 contained the six Census questions on disability. Changes to the ACS03 corrected the erroneous over-reporting of disability in the 2000 Census. The ACS03 gives more reliable state-level disability estimates than does the full Census, but the data are not available for many smaller geographic units within the state. State-level data are also available as the Public Use Micro Data (PUMS), which represents a 5% random sample of cases.

2003 Washington State Behavior Risk Factor Surveillance

Survey (BRFSS). The BRFSS is an annual random-digit dial telephone survey of adults conducted by the Washington State Department of Health. It collected information on health and health behaviors from 18,644 randomly-selected men and women in selected households. Data were weighted to adjust for sampling probabilities and to match the state's population in age and gender.

2000, 2001, and 2003 Disability Supplements to the

Washington State BRFSS (DS). These were Department of Health telephone surveys of approximately 2,300 Washington adults in each year, using the methods of the BRFSS. The surveys included the BRFSS disability measures and questions about other aspects of disability.

2000, 2002, and 2004 Washington State Population Survey

(SPS). This biennial telephone survey of Washington households is administered by the state Office of Financial Management. In 2004 it surveyed 7,097 households and collected data on 17,788 individuals in those households using Current Population Survey questions on employment, work experience, income, education, health, health insurance, and Census disability questions.

2003 National Health Interview Survey (NHIS). This on-going national survey provides data on specific impairments and their effects, but data are available for regions, not states. Washington is one of 13 states in the Western Region. This survey's prevalence rates of vision and hearing limitation, and of impairments producing limitation in activity, were applied to the 2005 Washington population to give estimates of numbers of people affected.

2001 State and Local Area Integrated Telephone Survey

(SLAITS) Survey of Children with Special Health Care Needs.

SLAITS is conducted by the National Center for Health Statistics to collect health care data at state and local levels by random digit dial telephone interview. The Children with Special Health Care Needs module assessed the prevalence and impact of special health care needs among children in states, and explored the extent to which children with special health care needs have medical homes, adequate health insurance, and access to needed services. Parents of 750 children with special needs were interviewed in Washington.

A Note on Data Comparisons in This Report

The objective of this report is to describe people with disabilities in Washington. All data are based on samples of Washington residents. Samples inevitably include sources of error and we cannot precisely estimate the prevalence and numbers of persons with disabilities because of sampling variability. Estimates in the text are reported in accompanying data tables with 95% confidence intervals, which define the range within which the true prevalence or number will fall with a 95% probability. Charts include error bars to show the 95% confidence intervals around estimates of prevalence.

Comparisons of estimated rates (e.g. poverty rates among people with and without disabilities) are also complicated by sampling error. Statistical tests are used to judge whether an apparent difference in rates reflects a true difference between the two groups (a statistically significant difference), or whether the apparent difference is small enough that it may be due to sampling variability (a non-significant difference).

In this report, ***only statistically significant differences between groups are discussed in the text.*** In contrast, many figures show prevalence rates that may not differ significantly.

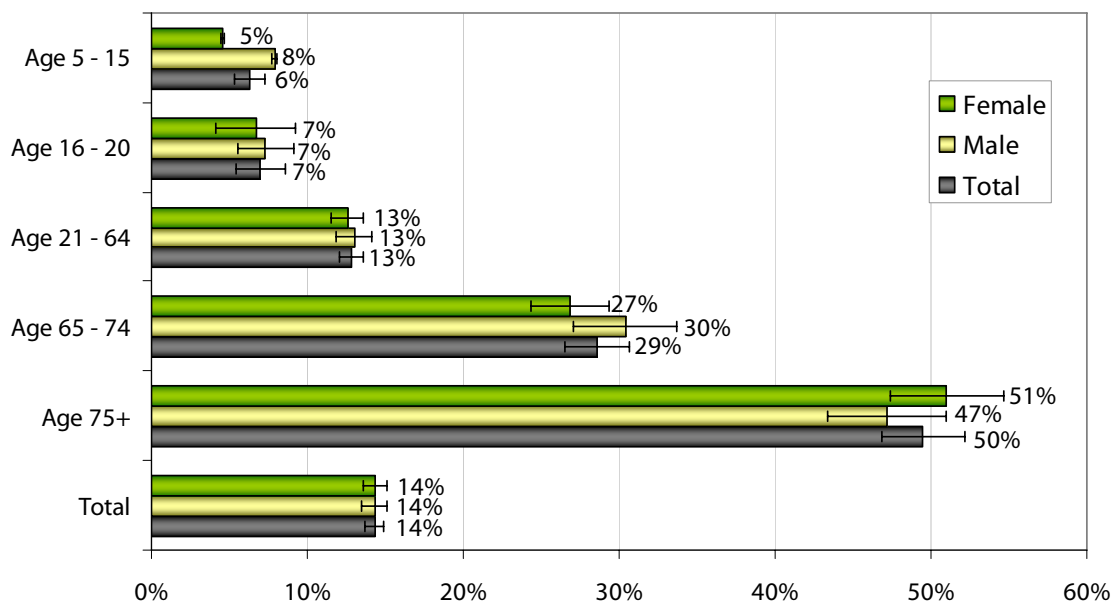
II How Many People in Washington Have a Disability?

According to the American Community Survey, 14.3% of Washington residents age five and older had a disability in 2003. Disability was defined as a lasting condition producing one or more of the following:

- Blindness, deafness or a severe hearing or vision impairment (persons ≥ 5 years)
- Difficulty in physical activities such as walking, carrying, lifting or climbing stairs (persons ≥ 5 years)
- Difficulty in self care such as bathing or dressing (persons ≥ 5 years)
- Difficulty learning or remembering (persons ≥ 5 years)
- Difficulty in going outside the home alone to shop or visit a doctor's office (persons ≥ 16 years)
- Difficulty working at a job or business (persons 16-64 years).

Age- and gender-specific prevalence estimates of disability, are shown in Figure 1. Disability prevalence rose rapidly with increasing age. Due to the large number of people ages 21-64 years in the state population, the majority (51%) of people with disabilities were between the ages of 21 and 64 years, even though the prevalence of disability in this group was lower than that among older adults.

Figure 1: Prevalence of Disability by Age and Gender, ACS 2003



Overall, disability prevalence for males and females did not differ. There was, however, a significantly higher prevalence of disability in males ages 5-15 years than in females of the same age and a higher prevalence of females with disabilities ages 65 years and older. Males and females had equivalent prevalence of most specific types of Census limitation, with the few exceptions noted in sections following. In 2005, an estimated 934,000 Washington residents had a disability (Table 1).

Is Prevalence of Disability Changing Over Time?

In the years between 2000 and 2002, ACS disability prevalence in the Washington population did not change significantly. The numbers of people with disabilities increased at about the same rate as did the population.

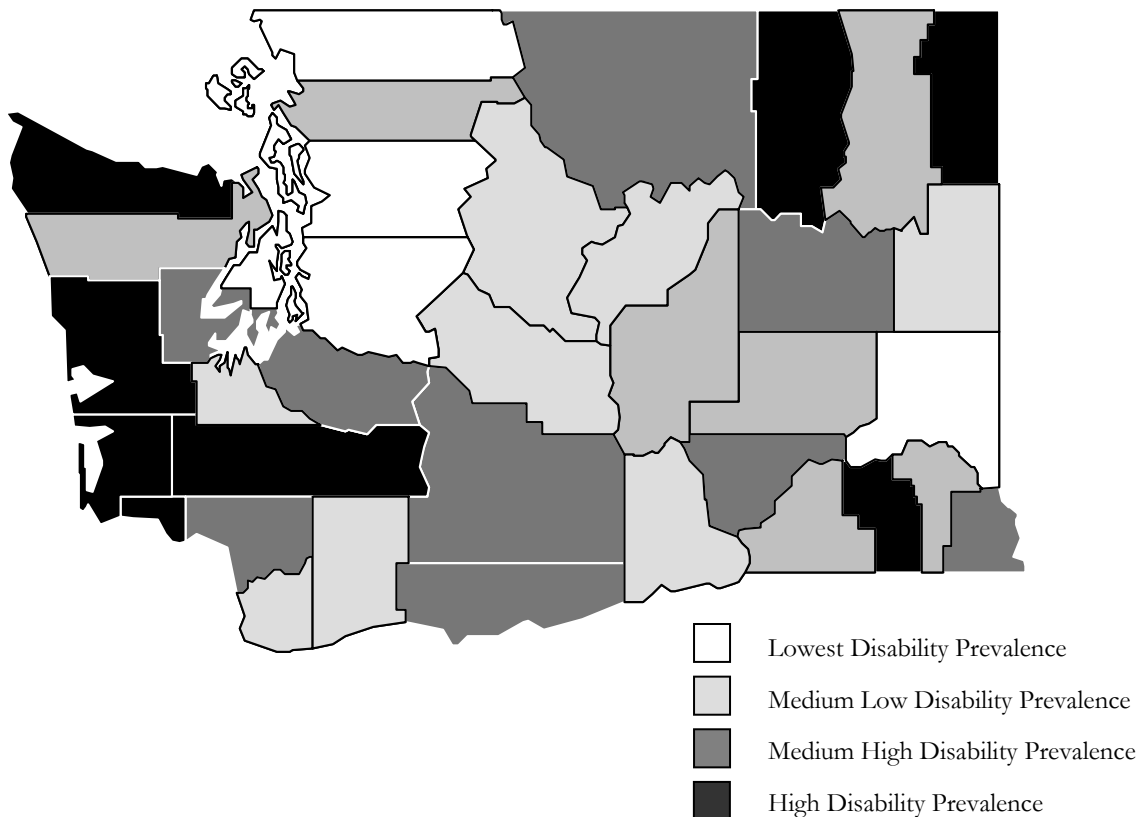
Over the long term there is little information about changes in prevalence of disability because the questions used to measure disability have changed from survey to survey. National disability data suggest that older adults are experiencing lower levels of disability, but that more young people report limitations than in past decades.

III. Where do People with Disabilities in Washington Live?

The 2000 Census was the most recent year for which there were county-level data comparing disability prevalence. Because of an error in the Census interviewer survey, the Census over-estimated the number of adults with disabilities and will not be used for prevalence estimates. However, because the over-estimate is consistent across counties, the data can be used to show the relative distribution of disability across the state.

Figure 2 shows counties grouped into fourths by their disability prevalence. Counties with the highest disability rates (shown in black) were rural counties with more older residents and more poverty (Ferry, Pend Oreille, Columbia, Clallam, Grays Harbor, Pacific, Lewis, Wahkiakum). Counties with lowest disability prevalence (shown in white) were smaller counties with large universities and proportionally more young people (Whitman, Whatcom), urban counties with younger populations (King, Snohomish, Kitsap), or counties with higher per capita income (Island, San Juan).

Figure 2: Counties Ranked by Disability Prevalence, Persons Age Five and Older, 2000 Census

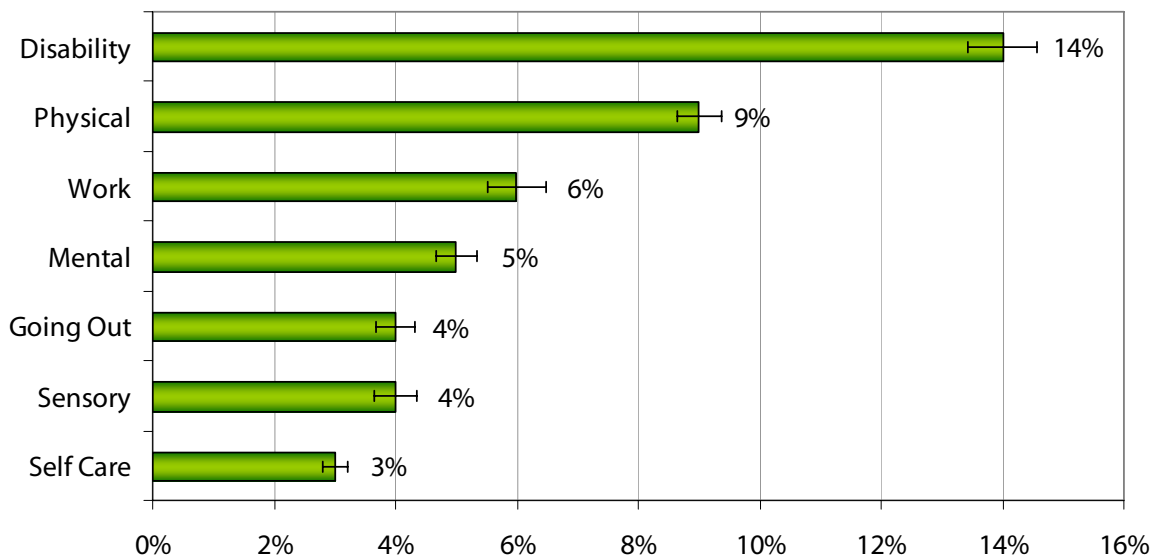


IV. How Prevalent are Major Types of Limitation?

Figure 3 and Table 2 show the prevalence of each of the six types of limitation in the age group in which it was measured.

- Physical limitation was the most common, affecting 8.6% of persons 5 years and older
- Limitation in ability to work was reported by 5.4% of the population ages 16-64 years
- Difficulty learning, remembering and concentrating affected about 5.4% of persons 5 years and older
- Limitation in going out alone affected 4.4% of the population older than 16 years
- 4.8% of persons reported visual or hearing limitation 5 years and older
- Limitation in self care was the least common, affecting 2.5% of people 5 years and older

Figure 3: Prevalence of Limitations, ACS 2003

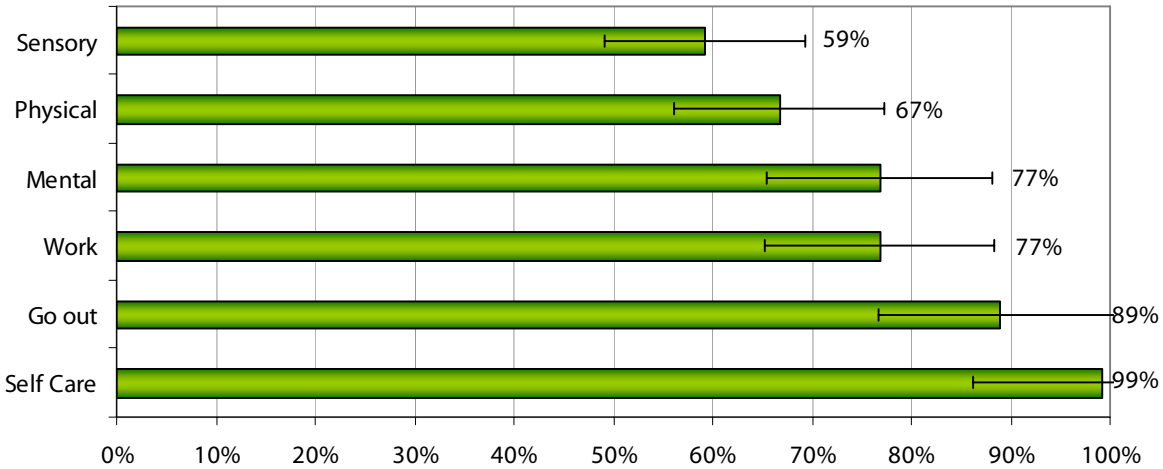


Many people with disabilities had more than one limitation. Almost half (48%) of persons who reported a Census limitation also reported at least one other type of limitation as well. A person might be counted in several different limitation

groups, so numbers of people with each limitation add to more than the total number of persons with disabilities.

People with limitations in self care and going out alone were more likely than others to have multiple limitations (Figure 4; Table 2).

Figure 4: Percent of People with Each Limitation Who Have 1 or More Other Limitations, ACS 2003



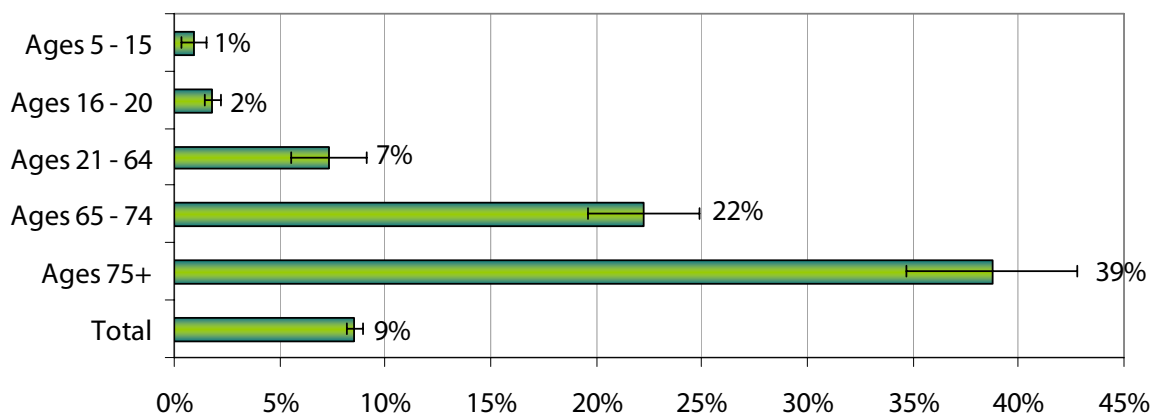
The frequency of multiple impairments means that many people with disabilities may require more than one sort of accommodation to carry out the activities important to them.

Physical Limitation

Physical limitation is defined by the Census as substantial limitation in activities such as walking, climbing stairs, reaching, lifting or carrying. This limitation can result from many orthopedic impairments, problems with vision, breathing, cardiac function, or other chronic diseases. Prevalence increased rapidly with advancing age (Figure 5; Table 3). In 2005, physical limitation affected an estimated:

- 8,950 children ages 5-15 years
- 8,158 youth age 16-20 years
- 273,217 adults ages 21-64 years
- 79,762 adults ages 65-74 years
- 135,019 persons 75 years and older
- A total of 505,107 people ages 5 years and older

Figure 5: Prevalence of Physical Limitation by Age, ACS 2003



Over two thirds of people with a physical limitation also reported other limitations (67%; Table 2)

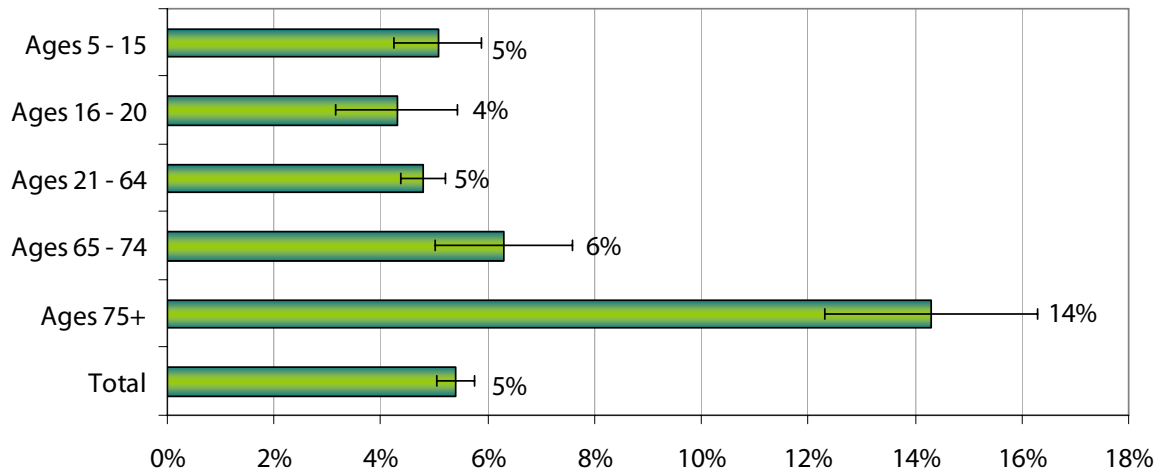
Mental Limitation

The Census question about difficulty learning, remembering and concentrating identifies people with learning disabilities, some kinds of depression, and the cognitive decline that can accompany aging. The rate of mental limitation was 4-6% for persons younger than 75 years of age, but doubled among those older than 75 years (Figure 6; Table 3). In 2005, mental limitation affected an estimated:

- 47,767 children ages 5-15 years
- 19,169 youth ages 16-20 years
- 179,159 adults between the ages of 21 and 64 years
- 23,738 people ages 65-74 years
- 50,000 persons 75 and older
- A total of 318,647 people ages 5 years and older

Mental limitation rates were significantly higher among males in the 5-15 age group, but gender rates did not differ significantly in other age groups (data not shown). Seventy-seven percent of people with a mental limitation also reported other limitations.

Figure 6: Prevalence of Mental Limitation by Age, ACS 2003

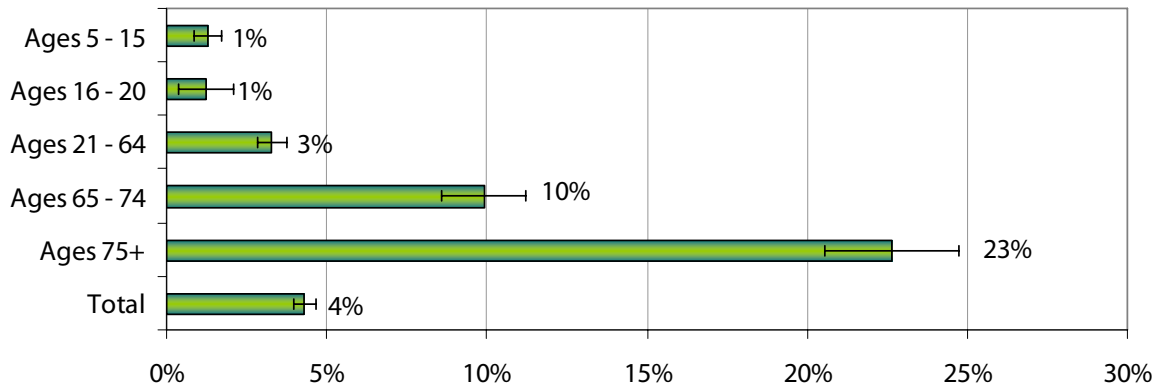


Sensory Conditions

The Census grouped blindness, deafness, and severe vision or hearing impairments together into one general question. An estimated 255,000 Washingtonians (4.3%) had a sensory limitation in 2005. Prevalence of combined sensory limitation increased dramatically with increasing age (Figure 7; Table 4). The following are 2005 estimates of sensory limitation in Washington:

- 12,181 children ages 5-15 years
- 5,484 youth ages 16-20 years
- 123,172 persons ages 21-64 years
- 35,577 persons ages 65-74 years
- 78,021 age 75 years and older

Figure 7: Prevalence of Sensory Limitation by Age, ACS 2003



Men ages 21-64 years were more likely than women to report sensory limitations, but in other age categories, there were no differences in sensory limitation by gender (data not shown). People with sensory limitations were less likely to experience multiple limiting conditions than were people reporting self care, going out alone or work limitations.

The needs of persons with hearing and vision limitations are distinctly different. More detailed data on vision and hearing limitation came from the 2003 National Health Interview Survey (NHIS), which asked household members in the thirteen-state western region of the United States (including Washington) a series of questions about sight and hearing. Because it asked more specific questions, the NHIS estimates of sensory limitation were higher than those from the single Census question.

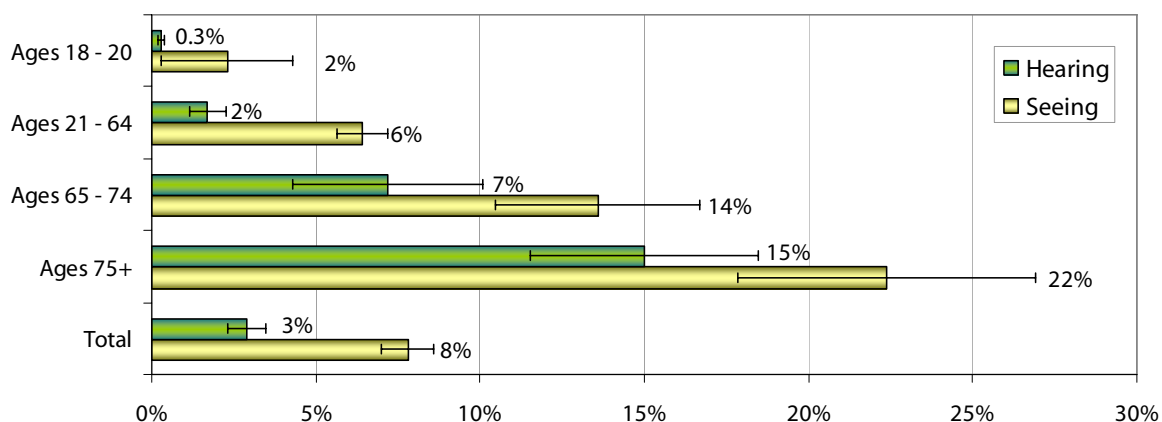
Like the Census prevalence, the NHIS estimates rose rapidly with advancing age (Figure 8; Tables 5a and 5b). In the following, the NHIS prevalence of vision and hearing limitation were applied to the 2005 Washington population to estimate the numbers of people affected.

- Less than 0.5% of persons younger than 18 (6,714 persons) and 2.9% of all persons ages 18 years and older (136,500 people) were deaf or had a lot of trouble hearing without a hearing aid. The rate of adult deafness was 0.3% (14,121 persons).
- 1.7% of children under 18 years (25,942 persons) and 7.8% of those 18 years or older (367,152 persons) had difficulty in seeing, even with glasses or corrective lenses. About 0.5% of adults (23,500 persons) were blind or unable to see at all.
- Less than 1 percent of adults 18 or older (0.7%, or 32,950 persons) had limitation in both sight and hearing. Half of these individuals were ages 75 years and older.

- 3.6% of adults (about 169,000 persons) had activity limitations due to difficulty in seeing. Approximately 85,000 persons (1.8%) had hearing as a cause of their activity limitation (data not shown).

Approximately 60% of people with strong limitations reported other limitations as well.

Figure 8: Prevalence of Difficulty Seeing and Hearing by Age, Western US, NHIS 2003



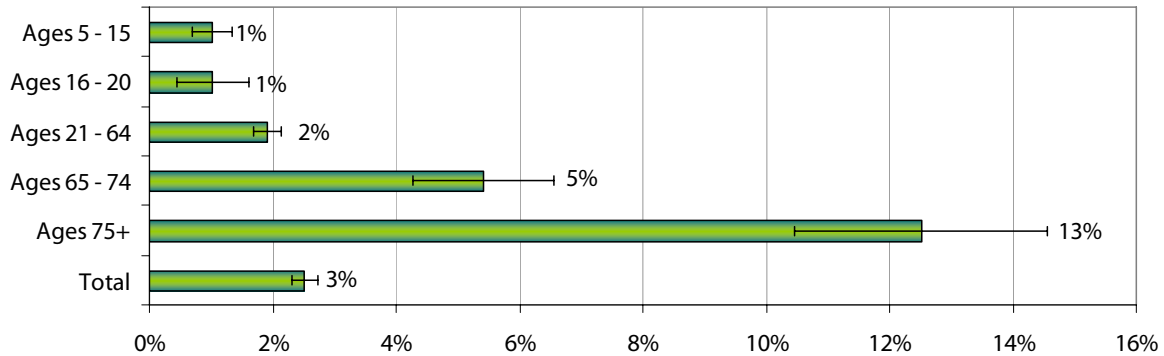
Limitations in Self Care

The inability to live independently, to bathe, dress, eat, move around and maintain one's house and financial affairs, is considered a self-care limitation. As with other limitations in this report, self-care limitations are often a result of an individual's environment.

Self care limitation was the least common of those recorded by the Census. Approximately 148,882 people in Washington (2.5% of the population >5 years) had a limitation in these activities (Figure 9; Table 4). In 2005 self-care limitations affected an estimated:

- 14,202 persons under 21 years (nearly 1%).
- 71,664 people ages 21-64 years (1.9%)
- 19,438 of those ages 65-74 years (5.4%)
- Persons 75 years and older had the highest rate of self-care limitation (12.5%), accounting for about 43,578 people.

Figure 9: Prevalence of Self Care Limitation by Age, ACS 2003



Almost everyone who reported a self care limitation had other limitations as well (99%). One third had sensory limitation, three-quarters age 16-64 years were limited in work or going out, 86% had a physical limitation, and more than half had difficulty learning or remembering (data not shown).

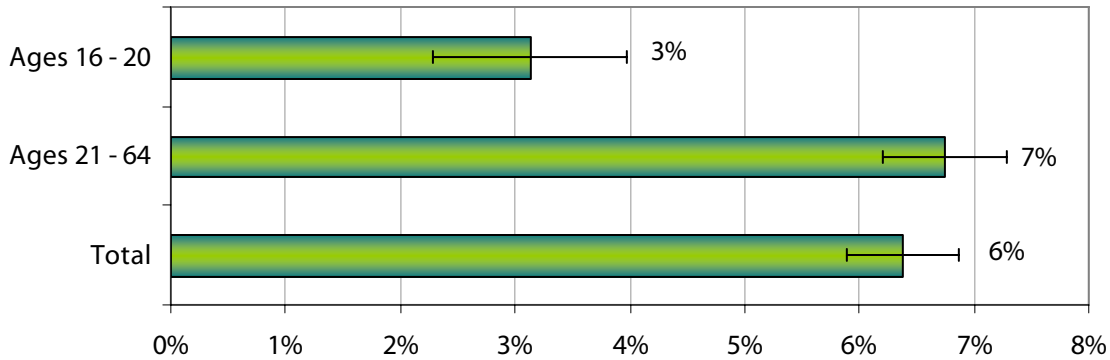
Work Limitation

The ability to work has an immense impact on adult social identity. This is acknowledged in older survey measures that used limitation in ability to work as the factor that defined disability in working age persons, variously defined as 16 years or 18 to 64 years old. The American Community Survey defined work limitation or work disability in people ages 16 – 64 as difficulty in working at a job or business due to a physical, mental, or emotional condition lasting six months or more.

Although almost everyone literally is limited in what work they might do by age, education or physical characteristics, the 2003 ACS found that work disability was reported by 6.4% of the working-age population in Washington (an estimated 290,128 people in 2005; Figure 10; Table 6).

The work disability rate for those ages 16-20 years (3.1%) was only half that of persons ages 21-64 years (6.8%). Work limitation does not mean that a person cannot or does not work. About 20% of persons with work disability were employed in 2003.

Figure 10: Prevalence of Work Limitation by Age, ACS 2003



Seventy-seven percent of people with a work limitation also reported other limitations.

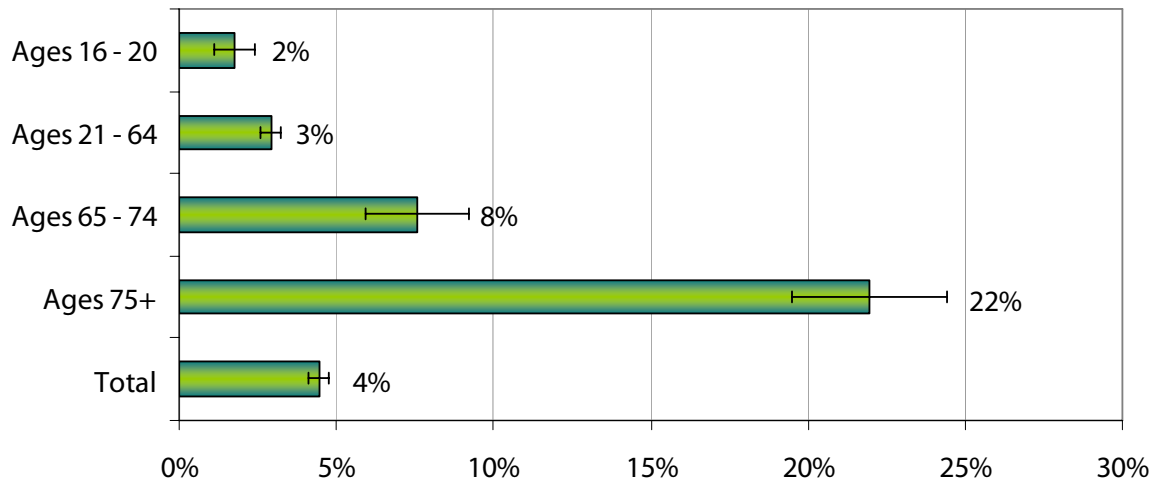
Limitation in Going Outside the Home Alone to Shop or Visit a Doctor's Office

This limitation can result from physical, mental, or sensory limitations, since all can make it hard to get around without assistance. The question was asked only of persons ages 16 years and older, since independent travel in the community is not expected of children. In 2003 about 4.4% of the Washington population older than 16 years found it difficult to go out alone (Figure 11; Table 6). The following are 2005 estimates of limitations in going outside alone:

- 7,757 youth ages 16-20 years
- 108,988 persons ages 21-64 years
- 27,113 people ages 65-74 years
- 76,462 people ages 75 years and older

Among persons ages 65 years and older, women were more likely than men to report this limitation.

Figure 11: Prevalence of Limitation in Going Out Alone by Age, ACS 2003



Almost all (89%) of those limited in going out alone reported other kinds of limitations.

What Conditions Produce Limitations Among Adults?

A focus on underlying diagnoses may obscure common elements in the lives of people with disabilities, but it is helpful to understand the kinds of health conditions that account for much of the limitation reported. There are no state-specific data on conditions producing disability in the Washington population.

The 2003 National Health Interview Survey (NHIS 2003) collected data on conditions producing activity limitation for adults ages 18 years and older in the 13 states of the US Western Region. Respondents reporting limitations lasting 6 months or more were asked to name the condition(s) that produced that limitation.

Back or neck problems and arthritic conditions each affected almost one-quarter of those with activity limitations (23% and 21%, respectively). Heart problems and hypertension each limited about 11% of respondents, and fractures, depression, diabetes, and bone or joint injuries accounted for about 10% of limitation (Table 7).

Respondents also attributed their limitations to problems with vision (7.5%), hearing (4.8%) [this is different than the table], a weight problem (3.5%), mental retardation (1.7%), and other conditions (Table 7).

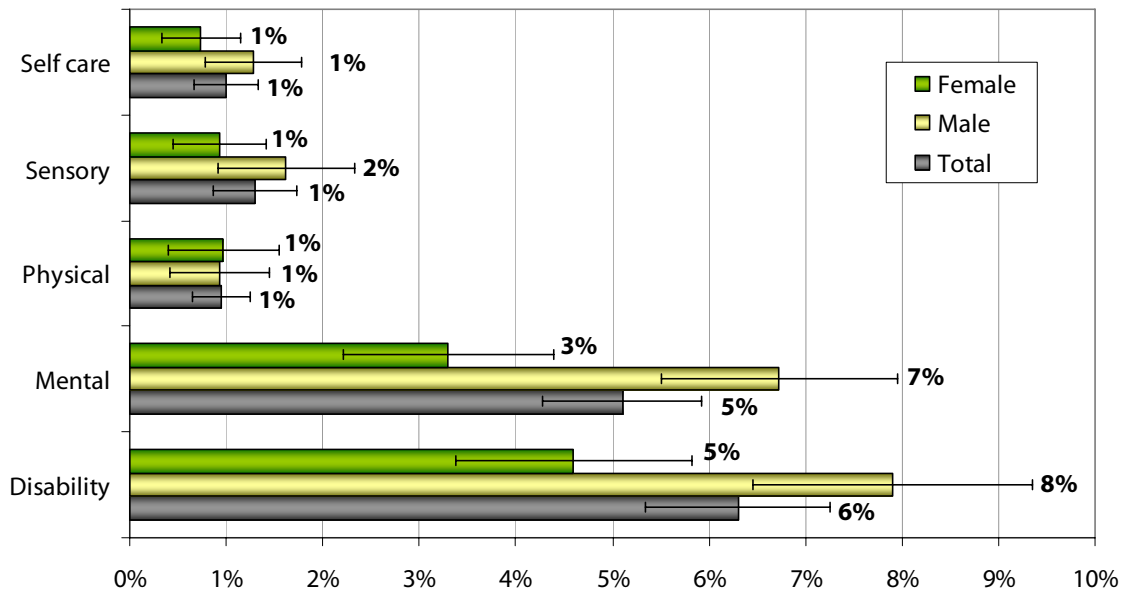
V How Common is Disability Among Children and Youth?

Disability in Children

As noted in previous sections, 6.3% of Washington children ages 5-15 years, or an estimated 59,000 persons in 2005, were reported by a parent to have physical, sensory, mental, or self care limitations (ACS 2003). About 2.6% of the state's households (about 61,900 households in 2005) included one or more children ages 5-15 years with disabilities (data not shown).

In the 5-15 age group, males were significantly more likely than females to have disabilities (7.9% vs. 4.6% females, respectively; Table 8). Most of the difference was due to significantly higher prevalence of emotional, behavioral, and learning disabilities in males, reflected in the mental category shown in Figure 12.

Figure 12: Prevalence of Census Limitations by Gender, Persons 5 - 15 Years of Age, ACS 2003

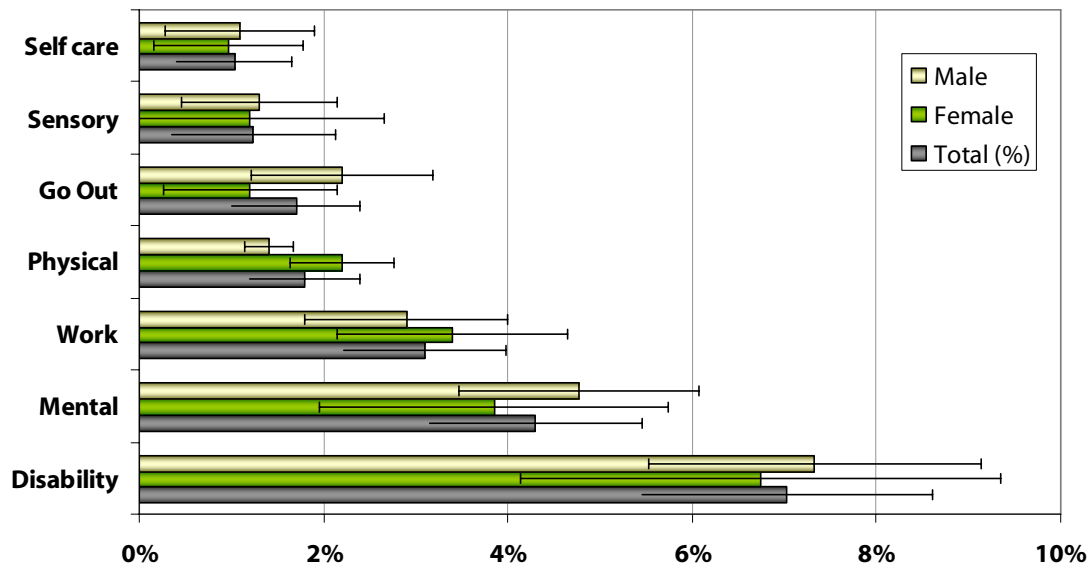


Youth with Disability

Teenagers with disabilities are a part of the disability population that merits special attention, as they face many challenges in making the transition from childhood to adulthood.

In the ACS 2003, 7% of youth ages 16-20 years (an estimated 31,206 youth in 2005) were reported to have one or more of the six Census limitations (Figure 13). Rates of disability in males in this age group were slightly but not significantly higher than those for females (Table 9).

Figure 13: Prevalence of Census Limitations by Gender, Youth 16 - 20 Years of Age, ACS2003



Children with Special Health Care Needs

For children, as for adults, disability can be measured in different ways. Many measures of disability for this age group reflect a preventive and service focus that is different from that of the Census measures.

The 2001 State or Local Area Integrated Telephone Survey (SLAITS) included a module called the National Survey of Children with Special Health Care Needs (CSHCN)¹ that asked families about limitations, impairments and needs for services among children

¹The National Survey of CSHCN is a nationwide household survey conducted by the federal Maternal and Child Health Bureau and the National Center for Health Statistics from 2000 to 2002 to assess the prevalence and impact of special health care needs among children in all 50 states and the District of Columbia. Children were identified using the five-question CSHCN Screener. This survey explored the extent to which children with special health care needs have medical homes, adequate health insurance, and access to needed services. Other topics include care coordination and satisfaction with care. In each state, more than 3,000 households with children were screened to identify 750 children with special needs in that state. The data can be accessed at <http://www.cdc.gov/nchs/slaits.htm>.

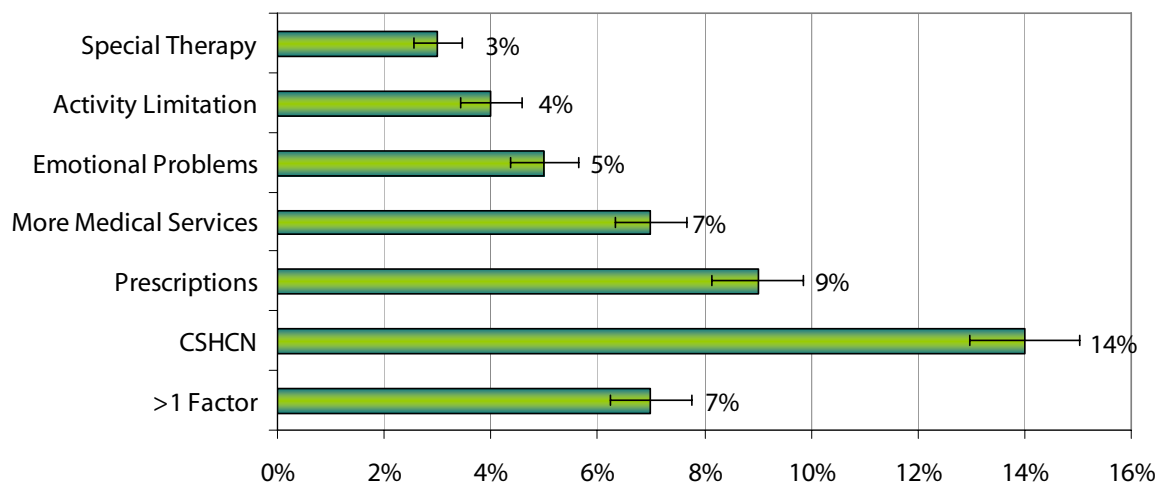
17 years or younger. The National Survey of CSHCN used the Children with Special Health Care Needs (CSHCN) Screener² to identify children with special health care needs. This tool identified more children as having special health care needs than did the ACS methodology, and included children younger than 5 years.

The CSHCN screener identified a child as having special needs if their parent reported they had at least one of five conditions lasting 12 months or more:

- Elevated medical service use relative to children of their age,
- Regular use of prescription drugs,
- Use of special therapy,
- An activity limitation relative to other children their age or
- An emotional, behavioral or developmental problem.

In 2001, about 14% of Washington children had a special health care need (Table 10). Figure 14 shows the prevalence of each screener condition among all children. Fifty-two percent of the children with special health care needs were screened as having more than one condition. Males had significantly higher overall prevalence of special health care needs, and higher prevalence of need for special therapies, greater use of medical services, and emotional or behavioral problems (data not shown).

Figure 14: Prevalence of Factors Defining Children with Special Health Care Needs, SLAITS 2001



² CSCHN Screener. Foundation for Accountability, Portland, Oregon.
http://www.facct.org/facct/doclibFiles/documentFile_446.pdf

VI How do People With and Without Disabilities Differ?

Disability affects individuals of all ages, races and social positions, but as a group, people with disabilities differed in several ways from people with out disabilities in Washington. This section describes disability in relation to residence, race, ethnicity, education, and use of assistive equipment.

Differences in Living Alone

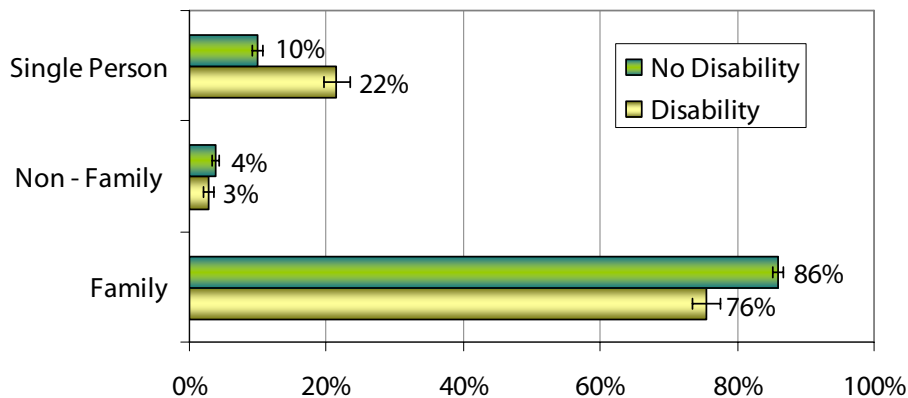
For many persons with disabilities, life alone can increase the risk of social isolation and difficulty meeting needs for assistance.

In 2003, adults age 16 and older with disabilities were more likely to live by themselves and less likely to live in a family household than were those without disabilities (Figure 15; Table 11). Adults with and without disabilities were equally likely to live in a non-family household, in which members were not related to each other.

The greatest difference in prevalence of living alone occurred among persons ages 16 to 64 (16% vs. 8%, Table 11).

Prevalence of living alone was greatest among people over age 65, but in this age group was still higher among people with disabilities.

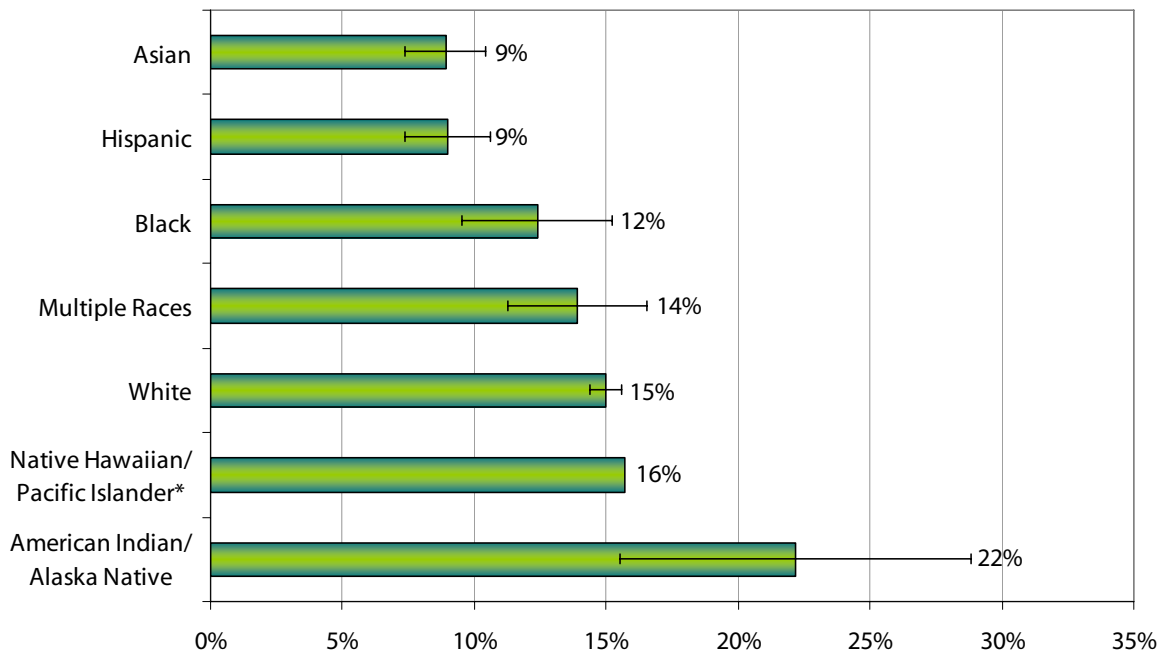
Figure 15: Type of Household by Person's Disability Status, Age \geq 16 SPS 2004



Differences in Disability Among Racial and Ethnic Populations

Prevalence of disability differed among racial and ethnic populations. People who identified as American Indian or Alaska Native had the highest prevalence of disability for all persons > 5 years (Figure 16; Table 12). This was significantly higher than the prevalence of disability among people who identified as Asian and Hispanics of any race.

Figure 16: Disability Prevalence by Race / Ethnicity for Persons Over Five Years of Age, ACS 2003



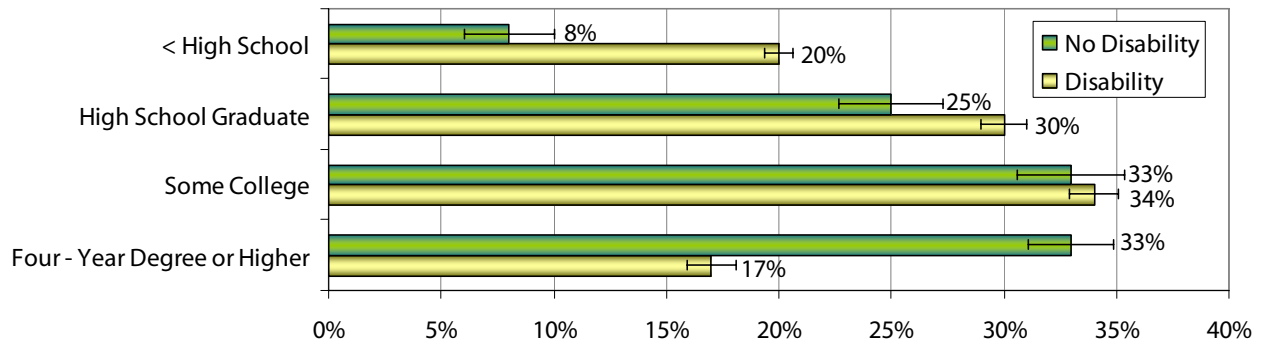
*Number too small to permit computation of confidence interval

Differences in Education

Compared to those without disabilities, Washington adults with disabilities had completed less formal education. Completed education is typically assessed for people age 25 years and older because people vary in the speed with which they complete their schooling.

People with disabilities were more likely to have ended their education before graduating from High School, and only about half as likely as adults without disabilities to have graduated from college or completed postgraduate training (Figure 17, Table 13). There were no significant differences in level of education by type of limitation (Table 13).

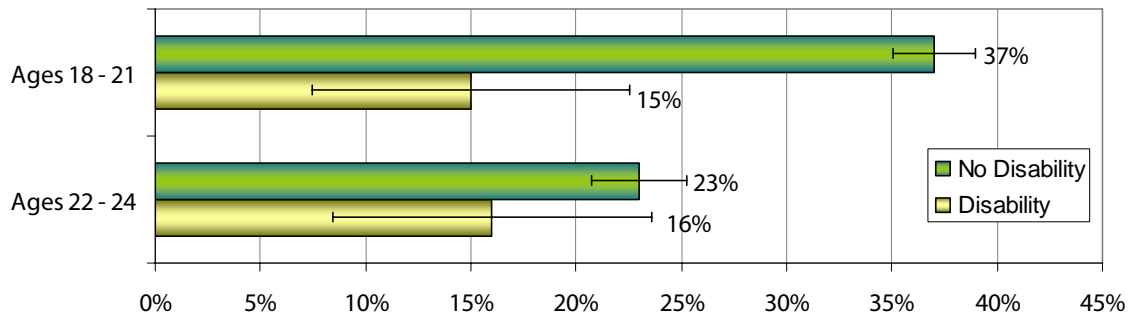
Figure 17: Completed Education by Disability - Adults Ages 25+, ACS 2003



For older adults with disabilities, lower levels of formal education might reflect past limits on their access to school. However, disparities in ongoing education for younger people with and without disabilities suggest that even now, people with disabilities continue to acquire less formal education.

According to the 2003 ACS data on enrollment status and current level of school for young adults, enrollment rates were similar for those with and without disabilities overall (Table 14). However, people with disabilities ages 18-21 years were significantly more likely to be enrolled in high school and less likely to be in college, than were those without disabilities (Figure 18). Special education is provided up to age 21 for youth with disabilities in high school, and this may explain part of the difference. In persons age 22-24 years, enrollment in education dropped for both groups.

Figure 18: Rates of Enrollment in College for Persons 18 - 24 by Age and Disability, ACS 2003



The ACS makes available a tabulation of data on completed education for people with and without disabilities ages 18-34 years, in response to concerns that those with disabilities may take longer to complete their formal education. In this age group people with disabilities not enrolled in school were less likely than those without disabilities to have graduated from college (5% vs. 15%; Table 15).

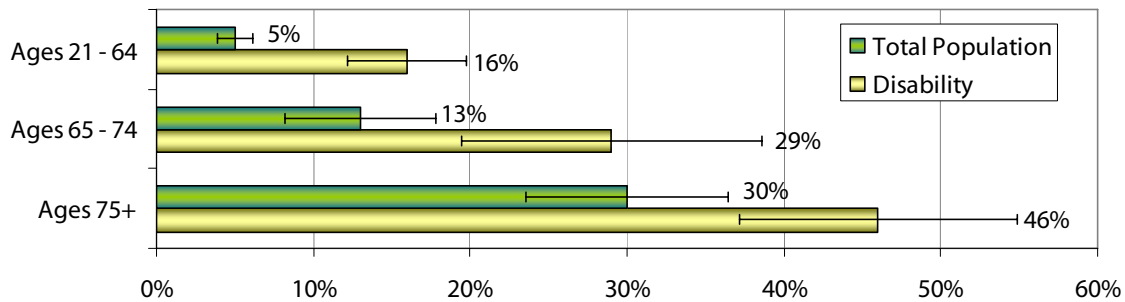
Differences in Use of Assistive Equipment

Special equipment and assistive technology are important ways for people with limitations to reduce their disabilities. In 2003, about 7% of the Washington adult population reported use of some sort of special equipment, such as a cane, wheelchair, special bed, or special telephone, as a result of a health problem. For those ages 75 years and older, use rose to 30% (2003 DS; Figure 19, Table 16).

The rate of special equipment use among people with disabilities was three and a half times higher than that in general population in the 21-64 age group, twice as high among people ages 65-74 years, and one and one half times higher in persons ages 75 years and older.

Although use of wheelchairs is associated with the popular image of disability, only about 1.3% of adults with disabilities (0.3% of all adults) reported use of a manual or power wheelchair or an electric scooter (1998 – 2000 DS).

Figure 19: Use of Special Equipment by Disability and Age, DS 2003



VII Restrictions in Opportunity: Economic and Social Correlates of Disability

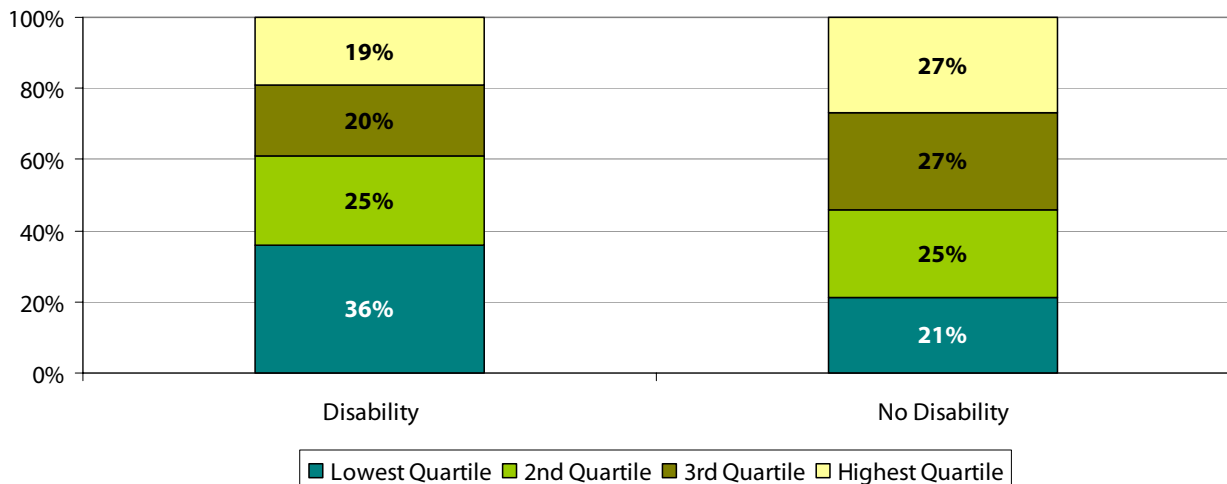
The consequences of disability in adults include restrictions in opportunity, which the 1990 Americans with Disability Act (ADA) defined as economic self-sufficiency, independent living, equality, and full participation.

People with disabilities had lower average incomes, higher rates of poverty, higher prevalence of food insecurity, and were less likely to be employed or to take part in social and community activities than were similar people without disabilities.³

Differences in Income

The 2003 ACS identified 27% of Washington households as including one or more persons with a disability. Households including people with disabilities had significantly lower annual income than did those without people with disabilities. Households with occupants with disabilities were more likely to have incomes in the bottom quartile of household income (36% vs. 21%), and were less likely to have incomes in the top income quartile (19% vs. 27%; Figure 20; Table 17).

Figure 20: Household Income in Quartiles by Disability, ACS 2003



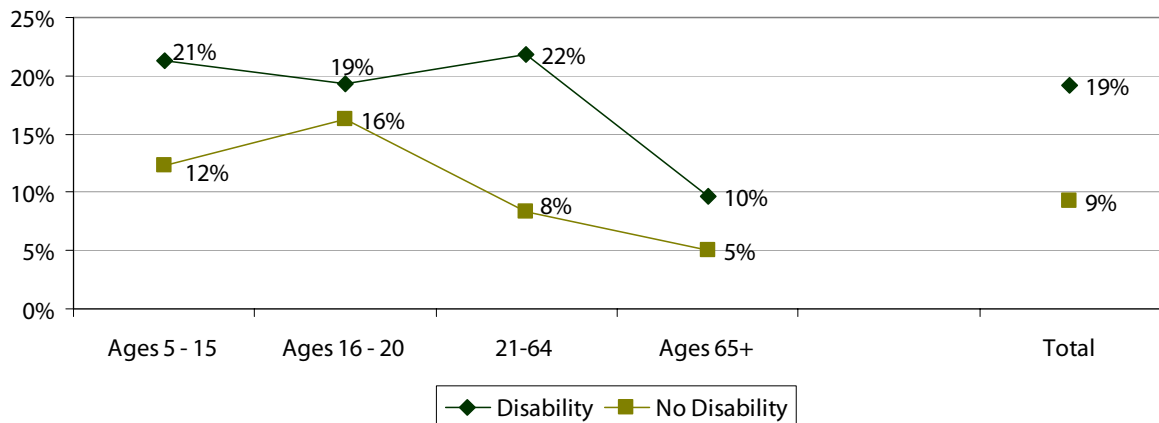
³ Healthy People 2010 (<http://www.cdc.gov/nchs/hphome.htm#Healthy%20People%202010>) which sets standards for health of the US population, directs public health to find ways to reduce these disparities.

Personal income of people with disabilities ages 15 years and older was also lower than that of people without disabilities (data not shown).

Differences in Poverty

People with disabilities were significantly more likely to have incomes below the poverty level than were people of the same age and sex who did not have disabilities (Table 18; Figure 21). The Federal Poverty Limit (FPL) is defined for individuals by income, and for people in households by income and household size.

Figure 21: Income as Percent of Federal Poverty Level by Age and Disability, ACS 2003



The prevalence of poverty among all persons with disabilities was more than double that of persons without disabilities (19% vs. 9%). The largest disparity was seen among people ages 21-64 years (22% vs. 8%).

Differences in Food Security

One possible consequence of low income is food insecurity. According to the 2003 Behavior Risk Factor Surveillance Survey (BRFSS) people with disabilities were significantly more likely to report food insecurity than people without disabilities (Table 19). This was partly due to the lower average income of households including people with disabilities.

People with disabilities, when compared to people without, were more likely to report that:

- “The food I/we bought didn’t last, and I/we didn’t have money to get more (18% vs. 11%).”
- “I/we couldn’t afford to eat balanced meals (18% vs. 10%).”
- Adults in the household skipped meals because there wasn’t enough food (13% vs. 7%).

Differences in Employment

Data from the Washington State Population Survey (SPS) documented a significant disparity in employment in Washington for working age people with and without disabilities.

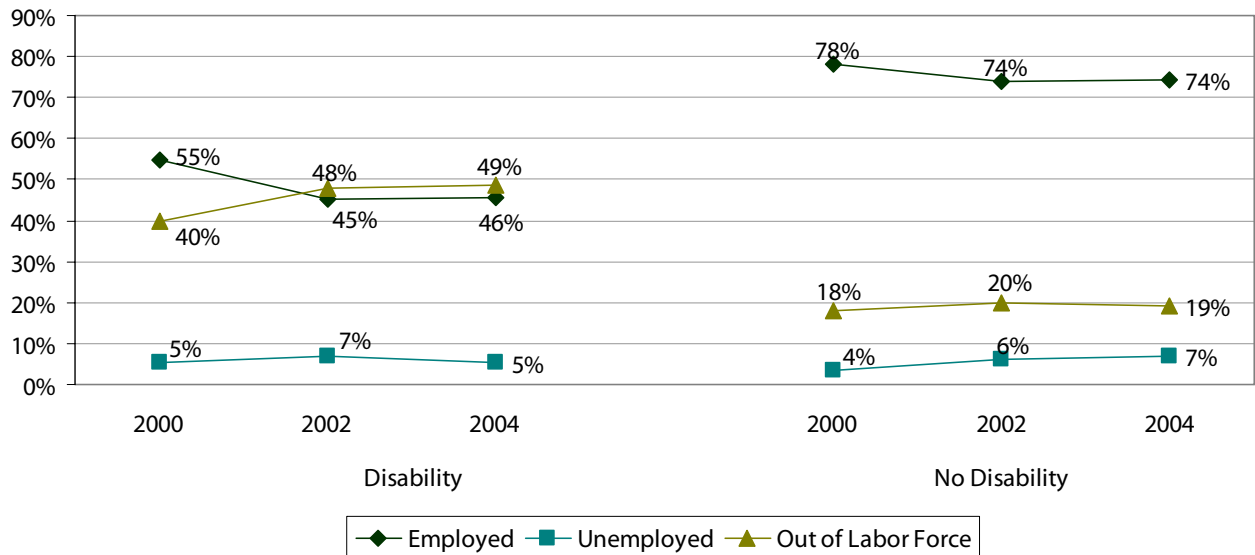
Between 2000 and 2004 the employment rate, measured as the percentage of all persons ages 15-64 years who were working, averaged 49% for disabilities and 75% for the population without disabilities (Table 20). During this four year period, almost half (45%) of adults ages 15-64 years with disabilities were out of the workforce, compared to about 19% of those without disabilities. Out of the workforce was defined as retired, in school, being a homemaker, or unable to work. Between 2000 and 2002, the work status of those with disabilities declined disproportionately when compared to those without disabilities. For adults with disabilities in the period 2000 – 2004:

- Employment fell significantly from 56% in 2000 to 45% in 2002, and remained constant at 46% in 2004.
- The percentage out of the labor force grew significantly from 39% in 2000 to 48% in 2002 and held steady at 49% in 2004.
- Unemployment remained constant throughout the period

For those without disabilities in the period of 2000 - 2004:

- Employment fell significantly, but to a smaller degree between 2000 and 2002 (78% to 74%), and remained at 74% in 2004.
- The percentage of those out of the labor force remained relatively constant at about 19% between 2000 and 2004.
- Unemployment grew significantly from 4% in 2000 to 6% in 2003 and remained constant in 2004.

Figure 22: Labor Force Status by Disability and Year, Ages 15 - 64, SPS 2000 - 2004



Part-Time and Full-Time Work

Between 2000 and 2004, adults with disabilities had lower rates of both full-time (35 hours per week or more) and part-time (less than 35 hours per week) employment than did adults without disabilities. Full-time employment declined during the 2000-2002 period for the entire population, but declined disproportionately for people with disabilities (Table 20).

- There was a significant decline in the percentage of adults with disabilities working full-time in 2000 (37%) and 2003 (35%).
- Rates of full-time work for adults without disabilities declined significantly from 2000 (62%) to 2002 (59%), and remained steady in 2004 (57%).
- Rates of part-time work did not change between 2000 and 2004 for those with and without disabilities.

Under-Employment

People with disabilities often report under-employment, defined as working part-time when they would rather work full-time. In each survey year, part-time workers with disabilities were significantly more likely to want full-time work than were those without disabilities (Table 20). In 2004, almost half of part-time workers with disabilities wanted to work more (43%), compared to about one-quarter of part-time workers without disabilities (26%).

Wages

In 2000, there were no significant differences between weekly wages of part-time and full-time workers with and without disabilities (Table 21). However, in 2002 and 2004, full-time workers with disabilities had significantly lower weekly wages after adjusting for inflation. Part-time workers with and without disabilities did not differ in weekly wages in either year.

Explaining Disability-Related Differences in Employment

Adults with disabilities as a group had lower education levels and poorer self-reported health than did those without disabilities. These factors were related to their chances of being employed, with education as the strongest predictor (data not shown).

For adults with and without disabilities of similar sex, age, and race, the strongest predictors of being in the labor force were, having a post-secondary or high school education, having no disability, and having good or excellent health.

For adults with and without disabilities in the labor force, the distinction between those with part-time and full-time work also reflected differences in their education, disability, and health.

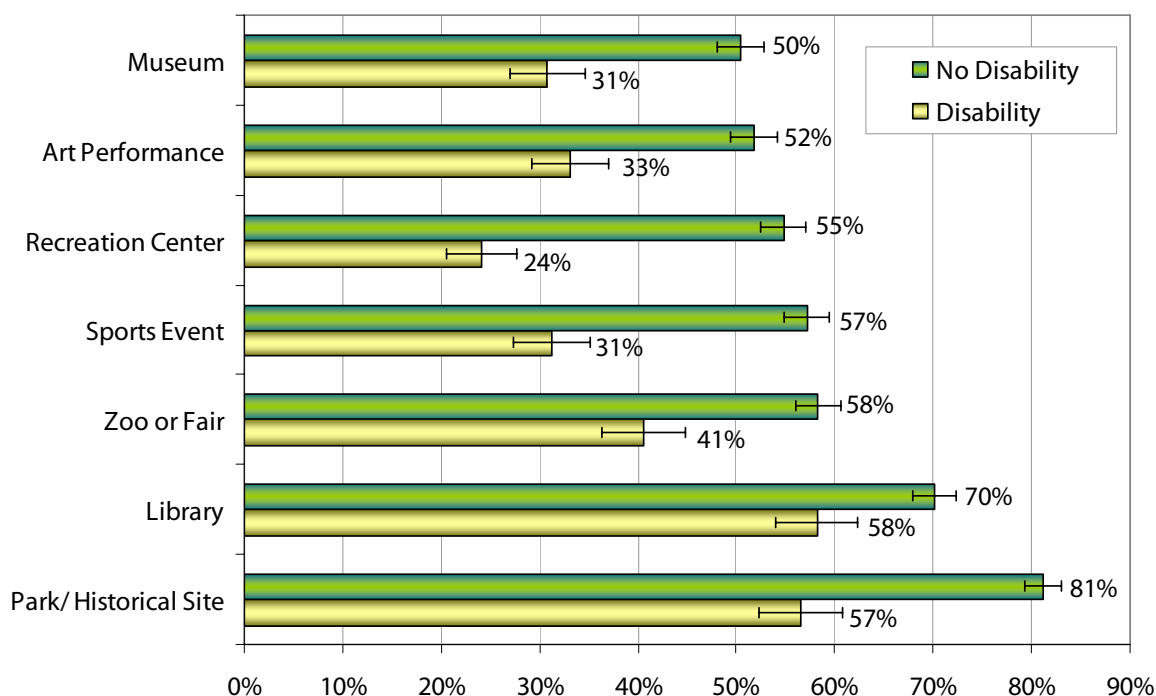
Differences in Participation in Community Activities

As noted earlier, limitations and impairments may have their most disabling effects by reducing *participation*, the nature and extent of a person's involvement in life situations. When compared to those without disabilities, adults with disabilities were much more likely (7% VS. 55%) to report that their participation in work, school, caring for the home, engaging in recreation or social contacts with friends and family were limited (55%, 2002-2003 DS, data not shown).

Adults with disabilities also consistently reported less participation in specific activities. The 2004 State Population Survey asked adult survey respondents (≥ 18 years) whether they'd done any of a series of activities in the state in the last 12 months: visited a park or historical site; used library services; visited a zoo, fair or amusement park; attended a professional or amateur sports event; done an activity at a recreational center; attended a music, drama or dance performance; or visited a museum or gallery.

Adults with disabilities were significantly less likely than those without disabilities to report taking part in each community activity, and they averaged fewer total activities than did those without disabilities (Figure 23, Table 22).

Figure 23: Participation in Community Activities by Disability, Adults Ages 18+, SPS 2004



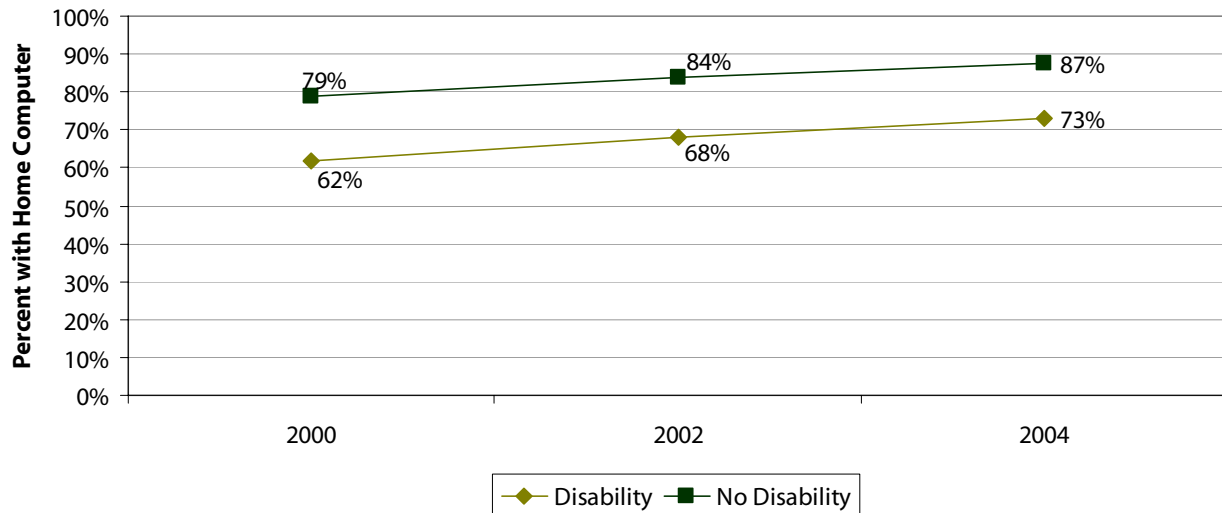
Participation in these activities was also less common among older adults, non-whites, and people with lower income, less education and poorer health (data not shown). However, even when these factors were considered, people with disabilities were still less likely to participate in community activities (Table 22).

Differences in Computer and Internet Use

Computers and the internet are one way to reduce the impact of limitations resulting from mobility, sensory, or other impairments, but people with disabilities failed to keep up with the rest of the population in computer ownership and use.

The State Population Survey tracked use of computers and the internet in 2000, 2002, and 2004. Home computer ownership rose in each survey year, both for people with and without disabilities. However, as shown in Figure 24, the percentage of people reporting a computer in their home remained lower for people with disabilities (Table 23).

Figure 24: Computer in Home by Disability and Year, SPS 2000 - 2004



Some of the difference in computer ownership was explained by demographic differences between people with and without disabilities. People without disabilities were, on average, younger, in better health, and had more education and higher income, and all these factors were associated with owning a computer. However, when people of similar age, health, education and income were compared, those with disabilities were still less likely to have a computer in their home.

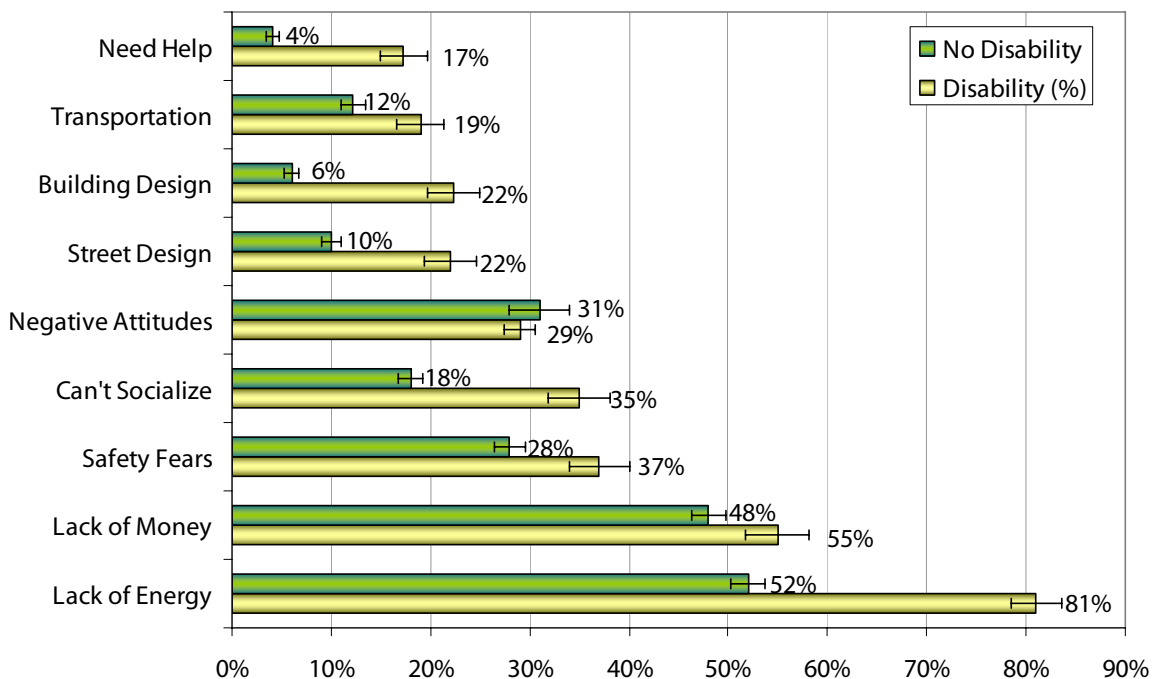
Access to the internet can reduce barriers that keep people with disabilities from obtaining information and from access to shopping and other opportunities. Use of the internet, either with a home computer or through a school or library, also was less in each year for people with disabilities (Table 23). As with computer ownership, internet use was more strongly related to age, health, income, and education than to disability. However, those with disabilities were less likely to use the internet than people without disabilities of equivalent age, education, health, and income. This was, in part, because of their lower likelihood of owning a home computer.

Differences in Barriers to Participation in Community Activities

The 1999 and 2000 BRFSS Disability Supplement (DS) asked adults with and without disabilities about whether and how much the following common barriers limited their ability to get around and be active in their communities (Figure 25; Table 24).

- Need for assistance or an interpreter
- Convenient, affordable, accessible transportation
- Design and layout of community buildings
- Design and layout of streets and walkways
- Negative public attitudes toward you
- Inability to socialize or assert your needs
- Fear for your safety
- Lack of money
- Having too little energy

Figure 25: Percent Affected by Barriers to Participation by Disability Status, DS 1999 - 2000



Adults with disabilities were more likely to state that the barriers mentioned had daily or weekly impact than were adults without disabilities, as shown in Figure 26. Only for ‘negative public attitudes toward you’ did people with and without disabilities report equal frequency of impact.

Differences in Perception of Neighborhood Safety

In the preceding section, nearly forty percent of people with disabilities reported that fears for their safety affected the degree to which they got out into the community. Awareness of neighborhood crime is one factor that can contribute to fear.

The 2004 State Population Survey asked a randomly selected subset of household respondents whether they were aware of any occurrence of nine types of crime in their neighborhood during the preceding 12 months. In order of rate of reported knowledge, the crimes were personal property theft (43%), breaking and entering (31%), auto theft (24%), open drug sales (18%), open drug use (15%), violent physical attacks (12%), crimes with guns (8%), sexual assault (7%), and murder (6%, Table 25).

Respondents with disabilities reported higher awareness of each type of crime than did those without disabilities, but only for occurrences of drug sales and use were the differences large enough to be statistically significant.

When other possible influences on awareness were considered, slightly different findings emerged. Respondents with and without disabilities of similar age, sex, education, household poverty, race, ethnicity, health status and region of the state were compared on awareness. This combination of demographic variables explained very little of the variation in awareness of any of the crimes (adjusted R^2 ranged from .04 to .01). But with all other factors held constant, people with disabilities had higher awareness of personal property theft, breaking and entering, drug sales and use, violent physical attacks, sexual assault, and murder (Table 25).

This finding does not explain why or how people with disabilities came to know more about neighborhood crime, nor does it tell if their awareness accurately reflected the occurrence of crime in their neighborhood. However, the data on greater awareness of drug use and crimes against persons are consistent with earlier observation that fears for safety were greater among people with disabilities.

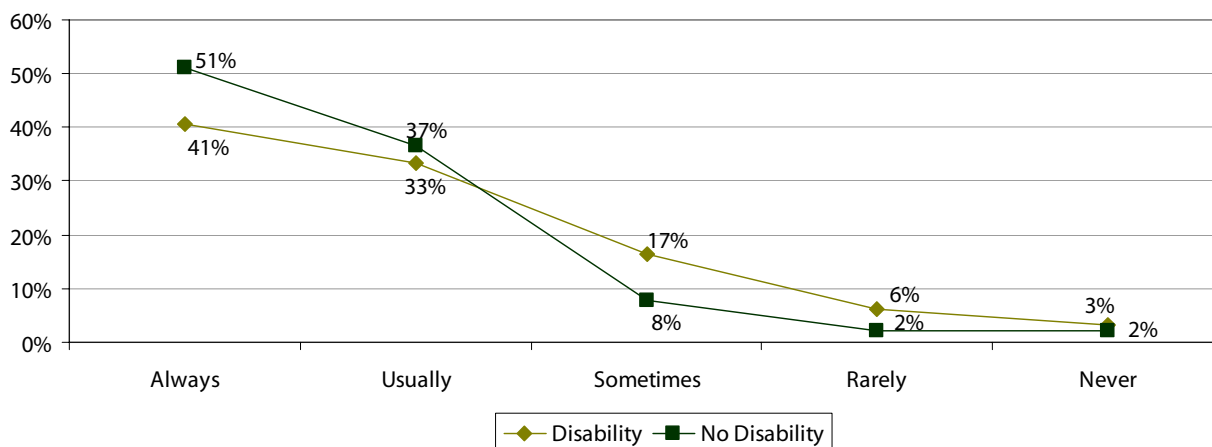
- Being younger (ages 15-44 years) was associated with awareness of all crimes except murder.

- Awareness of drug use/sales was higher in two rural regions (Western Washington including Clallam, Cowlitz, Grays Harbor, Jefferson, Klickitat, Lewis, Mason, Pacific, Skamania, Wahkiakum; and Eastern Washington including Adams, Asotin, Chelan, Douglas, Ferry, Garfield, Grant, Kittitas, Lincoln, Okanogan, Pend Oreille, Stevens, Walla Walla, and Whitman counties).
- Poverty was more strongly associated with awareness of physical attacks and with sexual assault than was disability. It was associated with awareness of both drug crime types, but less strongly than disability. It was not significantly related to awareness of other crimes.
- Being non-white was more strongly related to awareness of murder than was disability, which was also significantly related.

Differences in Social and Emotional Support

Social and emotional support – a sense of your acceptance and approval by persons important to you – is a general facilitator of participation and well being.

Figure 26: How Often You Get Social Support You Need by Disability, DS 2003

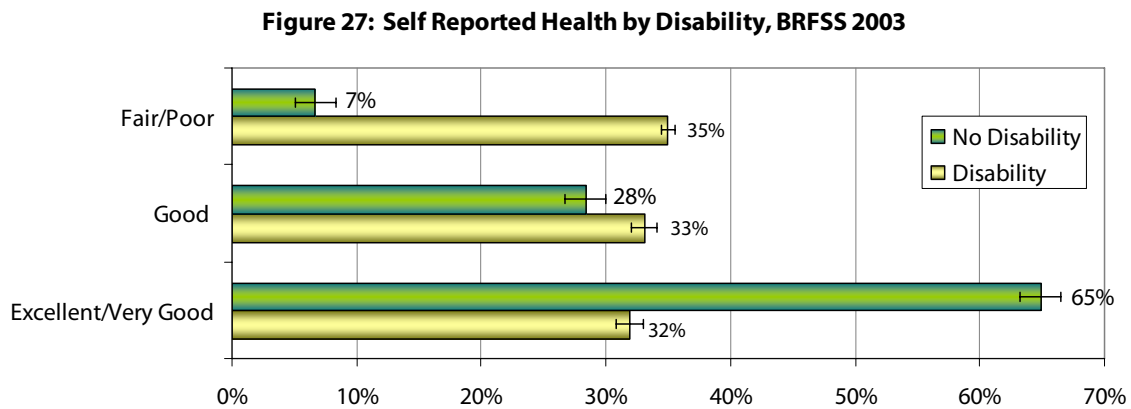


Washington adults with disabilities consistently reported lower levels of social and emotional support than did their counterparts without disabilities. In 2003, adults with and without disabilities were equally likely to say they usually got the support they needed, but those with disabilities were significantly less likely to say they always got support, and more likely to say they got it sometimes or rarely (Figure 26; Table 26).

Differences in Health

The ultimate outcomes of public health are good health and high quality of life, which is the rating people give their lives based on what is important to them. People with disabilities can enjoy both excellent health and high quality of life. A person with a spinal cord injury or with blindness may be very healthy, and people with arthritis or mental retardation may report high satisfaction with their lives. However, as a group, when compared to people without disabilities, people with disabilities' average levels of both outcomes were lower.

When Washington adults were asked to rate their health in 2003, two-thirds of adults without disabilities said that their health was excellent or very good (Figure 27, Table 27). In contrast, only one-third of those with disabilities gave this rating to their health, and one-third said their health was fair or poor.

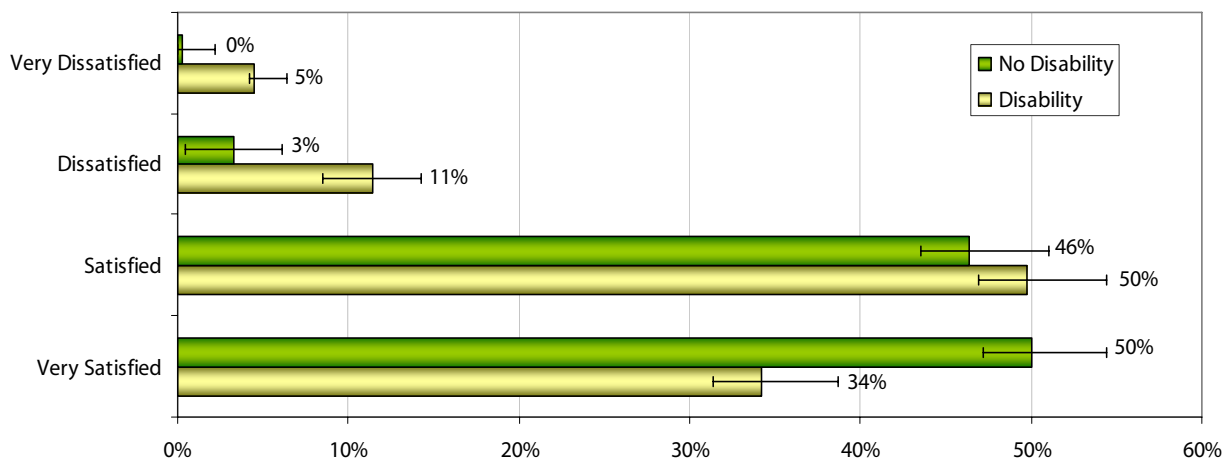


Many factors were related to self-rated health, but among people of the same gender, age and race, having no disability still had the strongest relationship to excellent health, followed by highest income and highest education (Table 27a).

Differences in Life Satisfaction

There are many ways to measure life satisfaction or quality of life. The 2003 BRFSS Disability Supplement did so by asking, “in general, how satisfied are you with your life?” As shown in Figure 28, adults with disabilities were less likely than those without disabilities to report that they were very satisfied or satisfied (84% vs. 96%), and more likely to express dissatisfaction with their lives (Table 28).

Figure 28: Satisfaction with Life by Disability, DS 2003



Part of this association between having a disability and lower satisfaction with life was due to fair or poor health and very low income, which were related to low life satisfaction and were also more common among people with disabilities. However, when people with similar income, health, age, education, gender, and race were compared, those with disabilities were still more likely than those without to report lower life satisfaction.

VIII Conclusions

The 1990 Americans with Disabilities Act (ADA) formally recognized the minority group status of people with disabilities in the United States.

Fifteen years after the Act's passage, people with disabilities continue to experience higher risk of economic and social disadvantage than do persons without disabilities. Disability-related disparities in income, employment, education, social participation, health and life satisfaction persist in the Washington State population.

Addressing these disparities, and thereby improving the health and quality of life of Washington residents with disabilities, is an important task for public health and other governmental agencies as well as actors in the private sectors.

IX Tables

In the following tables, estimated numbers of people with disabilities have been calculated by applying 2003 disability prevalence from surveys to 2005 Washington State Office of Financial Management population projections. Data sources for each table are given in the table title.

Most tables show 95% confidence intervals around prevalence estimates.

Italicized confidence intervals indicate a significant difference in prevalence within levels of the variables being described.

Table 1a. Disability Prevalence by Age and Gender (ACS 2003), and Estimated Number of Persons with Limitations in 2005¹

Age (Years)	Male (95% CI*)	Female (95% CI)	Total (95% CI)	Estimated 2005
5 - 15	7.9% (6.41 - 9.31)	4.6% (3.35 - 5.80)	6.3% (5.31 - 7.23)	59,356 (50,029 - 68,118)
16 - 20	7.3% (5.54 - 9.11)	6.7% (4.22 - 9.26)	7.0% (5.48 - 8.58)	31,206 (24,430 - 38,250)
21 - 64	13.0% (11.89 - 14.14)	12.6% (11.53 - 13.58)	12.8% (12.02 - 13.52)	477,757 (448,644 - 504,631)
65 - 74	30.4% (27.11 - 33.72)	26.9% (24.44 - 29.45)	28.6% (26.53 - 30.62)	102,572 (95,148 - 109,816)
75 +	47.2% (43.44 - 51.06)	51.0% (47.36 - 54.62)	49.5% (46.84 - 52.16)	172,431 (163,165 - 181,697)
Total	14.3% (13.46 - 15.08)	14.4% (13.60 - 15.13)	14.3% (13.76 - 14.88)	934,420 (899,135 - 972,320)

* Confidence Interval

¹American Community Survey Summary Table P059.

Table 1b. Comparison of US and Washington Disability Prevalence by Age, ACS 2003¹

	Age ≥ 5 Years (90% CI*)	Age 5 – 20 Years (90% CI)	Age 21 – 64 Years (90% CI)	Age 65 + Years (90% CI)
US	14.3% (13.5 – 15.1)	6.4% (6.3 – 6.5)	12.0% (11.9 – 12.1)	39.9% (39.6 – 40.2)
Washington State	14.3% (13.5 – 15.1)	6.5% (5.6 – 7.5)	12.8% (11.9 – 13.6)	38.6% (37.1 – 40.0)
Range of State Rates	—	4%-10%	9%-21%	34%-54%
WA's Rank Among States²	—	28th	21st	30th

*Confidence Interval

¹Comparisons and confidence intervals from Census Bureau web site, http://factfinder.census.gov/servlet/GRTSelectServlet?ds_name=ACS_2003_EST_G00_&lang=en&ts=142186737550

² Higher rank indicates higher disability prevalence

Table 2. Prevalence of Multiple Limitations by Types of Limitation, Persons with Disabilities Age 5 and Older, ACS 2003 (Public Use Micro Sample Data)

	Limitation (95% CI)	Limitation Only (95% CI*)	With Additional Limitations (95% CI)	Percent with Additional Limitations (95% CI)
Self Care	14.3% (9.34 – 19.26)	0.1% (0 – 2.42)	14.2% (9.25 – 19.15)	99.3% (86.3 – 100.00)
Go Out Alone	27.9% (20.97 – 34.83)	3.2% (0.85 – 5.55)	24.7% (18.18 – 31.22)	89.0% (76.66 – 100.00)
Work	43.1% (24.50– 51.70)	10.0% (5.85 – 14.15)	33.1% (25.56 – 40.64)	76.8% (65.33 – 88.27)
Mental	27.2% (20.36 – 34.03)	6.3% (3.00 – 9.60)	20.9% (14.90 – 26.90)	76.8% (65.37 – 88.31)
Physical	53.2% (43.64– 62.76)	17.7% (12.18 – 23.22)	35.5% (27.69 – 43.31)	66.7% (56.04 – 77.42)
Sensory	28.0% (21.06 – 34.94)	11.4% (6.97 – 15.83)	16.6% (11.25 – 21.95)	59.3% (49.20 – 69.37)

*Confidence Interval

Table 3. Prevalence of Physical and Mental Limitation by Age (ACS 2003) and Estimated Number of Persons with Limitation in 2005

Age (Years)	Physical 2003¹ (95% CI*)	Estimated 2005 (95% CI)	Mental 2003² (95% CI)	Estimated 2005 (95% CI)
5 - 15	0.95% (0.65 - 1.53)	8,950 (6,124 - 14,415)	5.1% (4.25 - 5.89)	47,767 (40,042 - 55,493)
16 - 20	1.8% (1.63 - 2.24)	8,158 (7,267 - 9,986)	4.3% (3.16 - 5.45)	19,169 (14,087 - 24,296)
21 - 64	7.3% (6.39 - 9.14)	273,217 (238,505 - 341,148)	4.8% (4.37 - 5.20)	179,159 (163,109 - 194,089)
65 - 74	22.2% (20.90 - 24.88)	79,762 (74,956 - 89,230)	6.3% (5.04 - 7.64)	22,738 (18,076 - 27,400)
75+	38.8% (36.70 - 42.79)	135,019 (127,843 - 149,057)	14.3% (12.31 - 16.28)	49,813 (42,881 - 56,711)
Total	8.6% (8.36 - 8.92)	505,107 (487,172 - 519,806)	5.4% (5.09 - 5.77)	318,647 (296,616 - 336,242)

*Confidence Interval

¹ Table PCT041

² Table PCT042

Table 4. Prevalence of Sensory and Self Care Limitation by Age, (ACS 2003) and Estimated Number of Persons with Limitation in 2005.

Age (Years)	Sensory 2003¹ (95% CI*)	Estimated 2005 (95% CI)	Self Care 2003² (95% CI)	Estimated 2005 (95% CI)
5 - 15	1.3% (0.85 - 1.72)	12,181 (8,008 - 16,205)	1.0% (0.69 - 1.35)	9,610 (6,501 - 12,719)
16 - 20	1.2% (0.39 - 2.09)	5,484 (1,739 - 9,317)	1.0% (0.45 - 1.62)	4,592 (2,006 - 7,222)
21 - 64	3.3% (2.82 - 3.77)	123,172 (105,256 - 140,714)	1.9% (1.69 - 2.14)	71,664 (63,079 - 79,875)
65 - 74	9.9% (8.60 - 11.24)	35,577 (30,843 - 40,311)	5.4% (4.27 - 6.57)	19,438 (15,314 - 23,563)
75+	22.6% (20.55 - 24.75)	78,021 (71,585 - 86,215)	12.5% (10.47 - 14.56)	43,578 (36,472 - 50,719)
Total	4.3% (3.96 - 4.66)	255,331 (230,766 - 271,558)	2.5% (2.30 - 2.73)	148,882 (134,031 - 159,089)

*Confidence Interval

¹ Table PCT040

² Table PCT043

Table 5a. Vision and Hearing Limitation, Persons ≥ 18 years (NHIS Sample Adult File, Western Region, 2003) with Estimated Numbers of Washington Adults with Limitations 2005

Sensory Limitation	Prevalence (95% CI*)	Estimated 2005 (95% CI)
Deaf (no hearing aid)	0.3% (0.21 – 0.56)	14,121 (9,885 – 26,360)
A Lot of Trouble Hearing	2.6 (2.13 – 3.25)	122,384 (100,261 – 152,980)
A Little Trouble Hearing	12.8 (11.84 – 13.82)	602,505 (557,317 – 650,517)
Total With Any Hearing Limitation (no hearing aid)	15.8 (14.60 – 17.05)	739,010 (687,233 – 802,556)
Age 18 - 20	0.2 (0.02 – 1.15)	425 (59 – 3,077)
Age 21- 64	1.7 (1.31 – 2.22)	63,825 (48,895 – 82,861)
Age 65 - 74	7.2 (4.88 – 10.65)	25,822 (17,502 – 38,195)
Age 75 and older	15.1 (11.96 – 18.86)	52,600 (41,662 – 65,698)
Total with severe hearing limitation²	3.0% (2.46 – 3.59)	139,988 (115,974 – 168,984)
Has ever worn hearing aid	3.5% (3.03 – 4.02)	164,748 (142,624 – 189,224)
Any trouble seeing even with glasses (includes blindness)	7.8% (7.05 – 8.66)	367,152 (331,849 – 407,632)
Age 18 - 20	2.3 (0.86 – 6.24)	6,155 (2,301 – 16,699)
Age 21- 64	6.4 (5.66 – 7.20)	238,879 (211,258 – 268,738)
Age 65 - 74	13.6 (10.74 – 16.96)	48,775 (38,518 – 60,826)
Age 75 and older	22.4 (18.22 – 27.29)	78,029 (63,468 – 95,063)
Blind or unable to see at all	0.5% (0.35 – 0.69)	23,535 (16,475 – 32,479)
Limited in both hearing and sight	0.7% (0.47 – 0.92)	32,950 (22,123 – 43,305)

*Confidence Interval

¹Describes hearing without hearing aid as *a lot of trouble*, or *deaf*.

Table 5b. Vision and Hearing Limitation, Children < 18 Years (NHIS Sample Child File, Western Region, 2003) with Estimated Numbers of Persons with Limitation in 2005

Sensory Limitation	Prevalence <i>(95% CI*)</i>	Estimated 2005 <i>(95% CI)</i>
Deaf (no hearing aid)	0.04% (0.01 – 0.20)	610 (153 – 3,052)
A Lot of Trouble Hearing	0.4 (0.19 – 0.78)	6,104 (2,899 – 11,903)
A Little Trouble Hearing	1.7 (1.27 – 2.30)	25,942 (19,380 – 35,098)
Total With Any Hearing Limitation	2.1 (1.60 – 2.86)	32,046 (24,416 – 43,643)
Age < 5 years	0.2 (0.04 – 0.96)	811 (162 – 3,894)
Age 5 - 15 years	0.3 (0.12 – 0.87)	2,825 (1,131 – 8,197)
Age 16 - 17 years	1.7 (0.50 – 5.43)	3,029 (891 – 9,676)
Total with severe hearing limitation¹	0.4% (0.22 – 0.83)	6,104 (3,357 – 12,666)
Any trouble seeing (even with glasses age>2) (includes blind)	1.7% (1.26 – 2.41)	25,942 (19,228 – 36,776)
Age <5 years	0.2 (0.08 – 0.77)	811 (325– 3,123)
Age 5 - 15 years	2.0 (1.37 – 2.92)	18,843 (12,908 – 27,511)
Age 16 - 17 years	4.0 (2.24 – 6.98)	7,128 (3,992 – 12,438)

*Confidence Interval

¹Describes hearing without hearing aid as *a lot of trouble*, or *deaf*.

Table 6. Prevalence of Work and Go Out Alone Limitation by Age, Persons Age 16 Years and Older (ACS 2003) and Estimated Number of Persons with Limitation in 2005

Age (Years)	Work 2003² (95% CI*)	Estimated 2005 (95% CI)	Go Out 2003³ (95% CI)	Estimated 2005 (95% CI)
16 - 20	3.1% (2.28 - 3.98)	13,954 (10,164 - 17,743)	1.7% (1.09 - 2.39)	7,757 (4,859 - 10,655)
21 - 64	6.8% (6.21 - 7.29)	251,942 (231,787 - 272,098)	2.9% (2.61 - 3.23)	108,988 (97,418 - 120,559)
65 - 74	NA ¹	—	7.6% (5.92 - 9.21)	27,113 (21,232 - 33,031)
75+	NA ¹	—	22.0% (19.47 - 24.44)	76,462 (67,823 - 85,136)
Total	6.4% (5.89 - 6.87)	265,896 (246,100 - 287,048)	4.4% (4.12 - 4.76)	290,128 (172,145 - 198,886)

*Confidence Interval

¹ Question not asked of persons older than 65.

² Table PCT044

³ Table PCT 045

Table 7. Conditions Producing Limitation in Activities in Adults Ages ≥18 Years, NHIS Person File, Western Region, 2003

Condition mentioned as producing limitation	Prevalence among those limited (95% CI*)
Back/Neck Problem	23.3% (21.1 – 25.7)
+Arthritis	21.1% (18.9 – 23.4)
Heart Problem	11.7% (10.3 – 13.2)
Hypertension	11.2% (9.6 – 13.1)
Fracture, Bone or Joint Injury	10.4% (8.9 – 12.2)
Diabetes	10.0% (8.8 – 11.3)
Depression/Anxiety/Emotional Problem	9.6% (8.4 – 11.0)
Breathing/Lung Problem (e.g. asthma, emphysema)	8.3% (6.9 – 9.9)
Nervous System/Sensory Organ Problem	8.8% (7.5 – 10.2)
Other Musculoskeletal / Connective Tissue Problem	8.5% (7.1 – 10.1)
Vision	7.5% (6.1 – 9.1)
Stroke Problem	5.2% (4.2 – 6.3)
Hearing	4.8% (3.7 – 6.4)
Senility/Dementia/Alzheimer’s Disease	3.8% (2.9 – 4.9)
Weight Problem	3.5% (2.5 – 5.0)
Other Developmental Problem (e.g. Cerebral Palsy)	1.8% (1.1 – 3.0)
Mental Retardation	1.7% (1.2 – 2.5)
Birth Defect	1.0% (0.6 – 1.6)
Total Percent of all Adults Limited in Any Way ¹	12.2% (11.6 – 12.9)

*Confidence Interval

¹ Chronic (>6 mo) limitation in Activities of Daily Living (ADL); Instrumental Activities of Daily Living (IADL); walking without equipment; learning, remembering or concentrating; working (unable to work or limited in amount or type of work) or another limitation.

Cases are defined by selecting for REGION =4, age_p ≥18 and LACHRONR = 1 to tally persons age 18 and older with a chronic limitation. Technically the cause of limitation may not be chronic.

Table 8. Prevalence of Census Limitations by Gender, Persons 5 – 15 Years, ACS 2003

	Any Disability¹ (95% CI*)	Mental² (95% CI)	Physical³ (95% CI)	Sensory⁴ (95% CI)	Self care⁵ (95% CI)
Male	7.9% (6.41 – 9.31)	6.7% (5.52 – 7.95)	0.9% (0.67 – 1.44)	1.6% (0.91 – 2.34)	1.3% (0.78 – 1.79)
Female	4.6% (3.35 – 5.80)	3.3% (2.21 – 4.39)	1.0% (0.68 – 1.55)	0.9% (0.44 – 1.42)	0.7% (0.33 – 1.16)
Total	6.3% (5.31 – 7.23)	5.1% (1.25 – 5.89)	1.0% (0.65 – 1.63)	1.3% (0.85 – 1.72)	1.0% (0.69 – 1.35)

*Confidence Interval

¹ Table P059

² Table PCT042

³ Table PCT 041

⁴ Table PCT040

⁵ Table PCT043

Table 9. Prevalence of Census Limitations by Gender, Persons 16 – 20 Years, ACS 2003

	Any Disability¹ (95% CI*)	Mental² (95% CI)	Physical³ (95% CI)	Sensory⁴ (95% CI)	Self care⁵ (95% CI)	Go Out Alone⁶ (95% CI)	Work⁷ (95% CI)
Male	7.3% (5.54 – 9.11)	4.8% (3.42 – 6.11)	1.4% (1.27 – 1.67)	1.3% (0.39 – 2.14)	1.1% (0.28 – 1.91)	2.2% (1.31 – 3.19)	2.9% (1.78 – 4.00)
Female	6.7% (4.22 – 9.26)	3.8% (2.01 – 5.69)	2.2% (1.98 – 2.77)	1.2% (0.0 – 2.65)	1.0% (0.13 – 1.81)	1.2% (0.33 – 2.14)	3.4% (2.09 – 4.65)
Total	7.0% (5.48 – 8.58)	4.3% (3.16 – 5.45)	1.8% (1.63 – 2.24)	1.2% (0.39 – 2.09)	1.0% (0.45 – 1.62)	1.7% (1.08 – 2.39)	3.1% (2.28 – 3.98)

*Confidence Interval

¹ Table P059

² Table PCT042

³ Table PCT 041

⁴ Table PCT040

⁵ Table PCT043

⁶ Table PCT 044

⁷ Table PCT 045

Table 10. Population Prevalence of Screening Factors Identifying Children Ages 0 – 17 Years with Special Health Care Needs, SLAITS 2001

Children with Special Health Care Needs (CSHCN) Screening Factor	Prevalence (95% CI*)
Needs Physical, Speech or Occupational Therapies¹	2.8% (2.38 – 3.28)
Limited in What Can Do by Condition	3.7 (3.12 – 4.26)
Has Emotional, Behavioral or Developmental Problem¹	4.6 (3.99 – 5.27)
Uses More Medical Services Than Typical¹	6.7 (5.97 – 7.43)
Currently Needs Prescription Medications	9.3 (8.44 – 10.14)
Screened as CSHCN¹	13.7 (12.67 – 14.73)
Child has >1 Screening Factor¹	7.1 (6.41 – 7.93)

*Confidence Interval

¹Indicates that prevalence of the screening factor was significantly higher among males than females (p<0.05).

Table 11. Household Type by Disability Status, Persons Age ≥ 16 Years, Washington State, 2004 State Population Survey

Household Type	Age ≥ 16 Years		Age 16 - 64		Age 65 +	
	Disability¹ (95% CI*)	No Disability (95% CI)	Disability (95% CI)	No Disability (95% CI)	Disability (95% CI)	No Disability (95% CI)
Husband and Wife Family²	53.8% (51.47 – 56.12)	69.5% (68.42 – 70.59)	54.9% (52.10 – 57.77)	69.9% (68.75 – 71.04)	51.1% (47.09 – 55.16)	66.3% (62.87 – 69.55)
Other Family	21.5% (16.65 – 23.54)	16.3% (15.47 – 23.80)	25.4% (22.93 – 27.94)	17.7% (16.78 – 18.74)	12.6% (10.26 – 15.45)	4.8% (3.51 – 6.48)
Non-Family², ≥ 2 Persons	2.8% (2.14 – 3.58)	3.8% (3.41 – 4.29)	3.2% (2.44 – 4.23)	4.0% (3.60 – 4.56)	1.7% (0.88 – 3.40)	1.9% (1.26 – 2.97)
Single Person	21.7% (19.79 – 23.66)	10.2% (9.55 – 10.97)	16.2% (14.20 – 18.54)	8.2% (7.56 – 8.90)	34.3% (30.55 – 38.21)	27.0% (23.91 – 30.31)

*Confidence Interval

¹ Measured using Census questions

² Households are classified by type according to marital status of householder and presence of relatives or non-relatives. SPS categories include: Husband-wife family; other family (e.g. male householder, no wife present; child; unmarried partners; or other relatives); non-family (2 or more unrelated persons), and persons living alone.

Table 12. Race and Ethnicity Disability Prevalence by Age, Persons Age ≥ 5 Years, ACS 2003¹

Race or Ethnicity	Disability Prevalence (95% CI*)
American Indian or Alaska Native	22.2% (15.5 – 28.8)
Native Hawaiian or Pacific Islander	15.7% (²)
White non-Hispanic	15.2% (14.6 – 15.8)
Two or More Races	13.9% (11.2 – 16.5)
Black	12.4% (9.5 – 15.2)
Hispanic	9.0% (7.4 – 10.6)
Asian	8.9% (7.4 – 10.4)

*Confidence Interval

¹The 2003 American Community Survey, like the Census, gave the opportunity for a person to declare themselves to be of one race ‘alone’ or of several races. Members of some racial groups were much more likely than others to state that they were of multiple races. 95% of those saying they were White said they were ‘White alone’, but 55% of Native Hawaiians and Pacific Islanders (NHPI) and only 39% of American Indians and Alaska Natives (AIAN) said they were ‘NHPI alone’ and ‘AIAN alone’, respectively.

However, for no race was disability prevalence *different* for persons who identified themselves as of that group ‘alone’ and those who said they were wholly or part of that group. The ACS reports data on ‘race alone’ by disability for the full sample, but disability prevalence for persons of mixed race can only be computed from the smaller 5% dataset. Because of the sample size difference, the ‘race alone’ disability estimates are more precise, and are used in this table and Figure 17. Hispanics (abbreviated ‘Hisp’) could be of any race, so persons in this category may also be counted in a racial group.

² Number too small to permit computation of confidence interval in PCT039 tables.

Table 13. Formal Education by Disability and Type of Limitation, Persons Age ≥ 25 Years, ACS 2003 (5% Public Use Micro Sample)

	No Disability (95% CI*)	Any Disability (95% CI)	Self Care (95% CI)	Sensory (95% CI)	Physical (95% CI)	Mental (95% CI)	Go Out (95% CI)
< High School	8.3% (7.7 – 8.9)	20.2% (18.2 – 22.2)	22.8% (17.8 – 27.8)	21.4% (17.7 – 25.1)	21.4% (18.8 – 24.0)	25.0% (21.2 – 28.8)	24.9% (20.8 – 29.0)
High School Graduate	24.8 (23.8 – 25.8)	29.6 (27.3 – 31.9)	32.4 (26.9 – 37.9)	32.2 (28.0 – 36.4)	31.0 (28.1 – 33.9)	29.4 (25.4 – 33.4)	33.9 (29.4 – 38.4)
Some College¹	33.4 (32.3 – 34.5)	33.9 (31.5 – 36.3)	29.1 (23.7 – 34.5)	30.0 (25.9 – 34.1)	32.9 (30.0 – 35.8)	29.9 (25.9 – 33.9)	26.7 (22.5 – 30.9)
Four Year Degree (BA, BS)	22.0 (21.2 – 22.7)	11.4 (10.8 – 12.0)	9.7 (6.2 – 13.2)	9.4 (6.8 – 12.0)	9.6 (7.8 – 11.4)	11.2 (8.4 – 14.0)	10.0 (7.2 – 12.8)
Graduate/ Professional Degree	11.0 (10.4 – 11.6)	5.3 (4.4 – 6.2)	6.0 (3.2 – 8.8)	7.1 (4.8 – 9.4)	5.0 (3.6 – 6.4)	4.4 (2.6 – 6.2)	4.5 (2.5 – 6.5)

*Confidence Interval

¹ Any post-secondary education that did not result in a BS or BA degree, including vocational and technical training and AA degrees.

Table 14. Rate of Enrollment in High School, College, and Graduate School by Disability, Persons 18 – 24 Years, ACS 2003 (5% Public Use Micro Sample)

Grade or level	Disability (95% CI*)	No Disability (95% CI)
Enrollment rate age 18 - 24 years	40.4% (32.67 – 48.13)	43.4% (41.08 – 45.72)
Among those enrolled:		
Grade 9 - 12	22.3% (15.75 – 28.85¹)	10.3% (8.88 – 11.72¹)
College Undergraduate	17.7% (11.69 – 23.71¹)	31.9% (29.72 – 34.08¹)
Graduate/Professional School	0.3% (0.00 – 1.16)	1.0% (0.52 – 1.47)
Enrollment rate age 18 - 21	55.3% (44.79 – 65.81)	55.0% (52.67 – 57.33)
Among those enrolled:		
Grade 9 - 12	40.2% (29.83 – 50.57¹)	17.9% (16.16 – 19.70¹)
College Undergraduate	15.1% (7.53 – 22.67¹)	36.9% (34.64 – 39.16¹)
Graduate/Professional School	0	0.1% (0.0 – 0.25)
Enrollment rate age 22-25	16.6% (8.92 – 24.28)	26.0% (23.94 – 28.06)
Among those enrolled:		
Grade 9 - 12	0	0.9% (0.46 – 1.34)
College Undergraduate	16.0% (8.44 – 23.56)	22.6% (20.64 – 24.56)
Graduate/Professional School	0.6% (0.0 – 2.19)	2.4% (1.68 – 3.12)

*Confidence Interval

¹Indicate ages for which the disability/no disability difference in enrollment is statistically significant.

Table 15. Completed Education by Age and Disability, Persons Aged 18 – 34, ACS 2003¹

Grade or Level of School	Disability (95% CI*)	No Disability (95% CI)
Not Enrolled in School	76.2% (67.35 – 85.11)	75.9% (74.56 – 77.31)
Not High School Graduate	18.3% (12.02 – 24.66)	10.4% (9.15 – 11.65)
High School Graduate	25.6% (20.41 – 30.80)	24.6% (22.93 – 26.26)
Bachelor’s Degree	5.1% (2.75 – 7.46)	14.7% (13.57 – 15.76)
Graduate or Professional Degree	2.7% (1.30 – 4.14)	4.4% (3.64 – 5.13)

*Confidence Interval

¹PCT046

Table 16. Special Equipment and Wheelchair Use by Disability, Persons ≥ 21 Years, 1998 – 2000 and 2003 BRFSS Disability Supplements

	Adults with Disabilities² (95% CI*)	All Adults (95% CI)
Use Special Equipment¹		
Age 21 - 64 years	15.7% (12.3 – 19.9)	4.5% (3.5 – 5.7)
Age 65 - 74 years	28.9% (20.3 – 39.4)	13.4% (9.3 – 18.9)
Age 7 + years	45.5% (36.7 – 54.4)	30.3% (24.2 – 37.1)
Total all ages	22.3% (19.1 – 25.9)	7.2% (6.2 – 8.5)
Use Wheelchair³	1.27% (1.25 – 1.29)	0.27% (0.27 – 0.28)

*Confidence Interval

¹ “such as a cane, wheelchair, special bed or special telephone, as a result of a health problem” (2003 Disability Supplement)

² Disability as measured by Census

³ Manual wheelchair, power chair or electric scooter; disability as measured by BRFSS, which classifies a person as having a disability if they use a wheelchair (1998-2000 Disability Supplements)

Table 17. Household Income in Quartiles by Disability Status of One or More Residents Age Five and Older, ACS 2003 (Public Use Micro Sample household file, identifying households that included one or more persons with a disability)

HH income in quartiles	Household with No Disability (95% CI*)	Household with Disability (95% CI)
≥ \$24,800	21.2% (19.81 – 22.59)	35.7% (33.00 – 38.40)
>\$24,800 – 46,150	25.0% (23.53 – 26.47)	25.0% (22.56 – 27.44)
>\$46,150–76,000	26.9% (25.40 – 28.40)	20.2% (17.94 – 22.46)
>\$76,000	27.0% (25.49 – 28.51)	19.1% (16.89 – 21.31)

*Confidence Interval

Table 18. Poverty Rate of Individuals by Age and Disability Status, ACS 2003¹

Age Group (Years)	Disability (95% CI*)	No Disability (95% CI)
5 - 15	21.3% (21.00 – 21.38)	12.3% (12.21 – 12.41)
16 - 20	19.3% (19.14 – 19.46)	16.3% (16.19 – 16.47)
21 - 64	21.9% (21.70 – 22.07)	8.3% (8.20 – 8.34)
65+	9.7% (9.63 – 9.81)	5.0% (4.99 – 5.08)
Total	19.2% (19.07 – 19.31)	9.25% (9.20 – 9.30)

*Confidence Interval

¹ Table P060

Table 19. Household Food Security by Disability and Household Income, BRFSS 2003

	Total (95% CI*)	Disability (95% CI)	No Disability (95% CI)
Food Didn't Last the Month			
Often or Sometimes True	13.0% (11.91 - 14.13)	18.2% (16.02 - 20.67)	11.2% (9.98 - 12.50)
Couldn't Afford Balanced Meals			
Often or Sometimes True	12.3% (11.28 - 13.38)	18.1% (15.91 - 20.52)	10.3% (9.21 - 11.53)
Adults Cut or Skipped Meals Because of Lack of Money for Food			
Often or Sometimes True	8.7% (7.88 - 9.60)	13.2% (11.43 - 15.09)	7.2% 6.27 - 8.21

*Confidence Interval

Table 20. Changes in Labor Force Status and Employment Rate by Disability, Adults Age 16 – 64, 2000 – 2004 State Population Survey.

Labor Force Status	Disability 2000 (95% CI*)	Disability 2002 (95% CI)	Disability 2004 (95% CI)	No Disability 2000 (95% CI)	No Disability 2002 (95% CI)	No Disability 2004 (95% CI)
Employed	55.7% ¹ (52.6 - 58.8)²	45.2% ¹ (42.1 - 48.4)²	45.7% (42.9 - 48.6)²	78.2% ¹ (77.0 - 79.3)²	74.0% ¹ (72.8 - 75.2)²	74.2% (73.1 - 75.2)²
Unemployed	5.2 (4.0 - 6.7) ²	7.0 (5.6 - 8.9) ²	5.4 (4.3 - 6.8) ²	3.6 (3.2 - 4.2) ²	6.0 (5.4 - 6.7) ²	6.8 (6.2 - 7.5) ²
Out of Labor Force	39.1 ¹ (36.1 - 42.2)² (100%)	47.8 ¹ (44.6 - 50.9)² (100%)	48.8 (46.0 - 51.7)² (100%)	18.2 (17.1 - 19.3)² (100%)	20.0 (19.0 - 21.1)² (100%)	19.0 (18.0 - 19.9)² (100%)
Work Status³						
Unemployed or out of Labor Force	51.8% (48.6-55.1)²	57.3% (54.1-60.4)²	58.3% (55.5-61.1)²	24.1% ¹ (22.9-25.3)²	27.9% ¹ (26.7-29.1)²	27.8% (26.8-29.0)²
Working Full Time	37.2% ¹ (43.1-40.5)²	34.9% ¹ (31.9-38.0)²	32.0% (29.3-34.8)²	61.7% ¹ (60.3-63.0)²	58.7% ¹ (57.3-60.0)²	57.3% (56.1-58.5)²
Working Part Time	11.0% (9.1-13.1)²	7.8% (6.2-9.6)²	9.7% (8.2-11.5)²	14.3% (13.3-15.3)²	13.5% (12.6-14.4)²	14.8% (14.0-15.7)²
Want Full Time Work ⁴	39.4% (30.6-48.9)²	48.4% (37.2-59.7)²	42.5% (33.8-51.7)²	23.5% (20.5-26.8)²	27.2% (24.0-30.6)²	26.2% (23.5-29.0)²

*Confidence Interval

¹ Change from 2000 to 2002 within a disability group was significant.

² Confidence intervals indicate difference between people with and without disabilities was significant for that year.

³ Percentages for people working FT and PT do not add to the Labor Force Status total “Employed” because PT/FT status was not determined for those who met the LFS definition of “Employed” but were not working during the reference week.

⁴ Percentage of adults 15-64 employed part time who want to work full time.

Table 21. Weekly Wages by Year and Disability Status for Part-Time and Full-Time Workers, Employed Persons Age 16 – 64, 2000 – 2004 State Population Survey

All wages are in year 2000 dollars (2.5% annual inflation assumed).

	Disability 2000 (95% CI*)	No Disability 2000 (95% CI)	Disability 2002 (95% CI)	No Disability 2002 (95% CI)	Disability 2004 (95% CI)	No Disability 2004 (95% CI)
Part Time	\$317.38 (175.28 -459.48)	\$444.36 (380.75 -507.98)	\$387.63 (231.59 -543.66)	\$434.11 (376.08 - 492.13)	\$502.84 (247.14 -758.54)	\$601.71 (308.44 -894.97)
Full Time	\$761.35 (660.94-861.77)	\$929.16 (856.51-1001.81)	\$756.38 (692.36-820.41)¹	\$966.20 (915.48-1016.92)¹	\$760.35 (683.41-837.28)¹	\$975.38 (940.82-1009.94)¹

*Confidence Interval

¹ Indicate difference between people with and without disabilities was significant for that year.

Table 22. Participation in Community Activities in Past 12 Months by Disability Status, Adult Respondents Age ≥ 18 Years¹, 2004 State Population Survey

Activity	Total (age ≥18) (95% CI*)	Disability (95% CI)	No Disability (95% CI)	O.R. for Disability² (95% CI)
Visited Park or Historical Site	75.6% (73.74-77.29)	56.6% (52.34-60.77)	81.2% (79.33-83.02)	0.53 (0.52-0.53)
Used Library services	66.6% (64.69-68.54)	58.0% (53.75-62.09)	69.2% (67.04-71.35)	0.88 (0.87-0.89)
Visited Zoo, Fair or Amusement Park	54.2% (52.15-56.21)	40.6% (36.45-44.89)	58.3% (55.94-60.53)	0.83 (0.83-0.84)
Attended Pro/Amateur Sports Event	51.2% (49.17-53.26)	31.3% (27.52-35.38)	57.2% (54.86-59.47)	0.62 (0.62-0.63)
Participated in Activity at Recreation Center	47.7% (45.69-49.78)	24.1% (20.77-27.88)	54.8% (52.46-57.11)	0.54 (0.53-0.55)
Attended Music, Dance or Drama Performance	47.5% (45.48-46.55)	33.1% (29.24-37.14)	51.8% (49.50-54.17)	0.77 (0.76-0.78)
Visited Museum or Gallery	45.9% (43.90-47.96)	30.8% (27.14-34.81)	50.4% (48.10-52.77)	0.71 (0.70-0.70)

*Confidence Interval

¹Question was asked only of household respondent, age ≥ 18 years

²O.R.=Odds Ratio. Compared to no disability group, controlling for education, sex, race, age, income and health status

Table 23. Household Computer Ownership and Internet Use by Disability and Year, 2000 – 2004 State Population Survey

Year	Have Computer in Home		Use Internet	
	Disability ¹ (95% CI*)	No Disability (95% CI)	Disability ¹ (95% CI)	No Disability (95% CI)
2000	62.0% (59.53-64.51)	78.7% (77.76-79.69)	57.4% (54.87-59.96)	76.2% (75.20-77.18)
2002	67.9% (65.49-70.24)	84.0% (83.12-84.75)	64.2% (61.75-66.59)	81.0% (80.14-81.91)
2004	73.0% (70.99-74.94)	87.4% (86.70-88.09)	68.1% (66.00-70.15)	85.6% (84.83-86.36)

*Confidence Interval

¹ Measured using Census questions

Table 24. Reported Prevalence of Barriers to Community Participation by Disability Status, Persons Age ≥ 18 Years, 1999 – 2000 BRFSS Disability Supplements

Barrier	% Affected <i>Daily or Weekly</i>		
	Total (95% CI)	With Disability (95% CI*)	Without Disability (95% CI)
Need for Assistance or Interpreter	6.6 (5.87-7.37)	16.7 (14.40-19.20)	3.8 (3.22-4.54)
Convenient, Affordable, Accessible Transportation	13.3 (12.26-14.45)	19.0 (16.68-21.53)	11.8 (10.60-13.06)
Design and Layout of Community Buildings	9.3 (8.48-10.23)	22.2 (19.66-24.95)	5.8 (5.09-6.70)
Design and Layout of Streets & Walkways	12.9 (11.97-13.94)	22.1 (19.61-24.74)	10.4 (9.45-11.51)
Negative Public Attitudes Toward You	29.0 (27.62-30.43)	28.6 (27.05-30.22)	30.5 (27.51-33.58)
Inability to Socialize or Assert Your Needs	21.8 (20.55-23.01)	35.2 (32.18-38.32)	18.1 (16.87-19.45)
Fear for Your Safety	29.8 (28.41-31.14)	37.0 (34.01-40.11)	27.8 (26.30-29.33)
Lack of Money	49.5 (47.92-51.01)	54.8 (51.60-58.04)	48.0 (46.26-49.77)
Having Too Little Energy	58.0% (56.46-59.53)	81.0% (78.40-83.44)	51.8% (50.03-53.50)

*Confidence Interval

Table 25. Awareness of Neighborhood Crime in the Past 12 Months by Disability, 2004 State Population Survey¹

Type of Crime	Total (95% CI*)	Disability (95% CI)	No Disability (95% CI)	Odds Ratio for Disability ² (95% CI)
Theft of Personal Property	42.8% (40.76-44.94)	45.7% (41.33-50.04)	42.0% (39.62-44.38)	1.4 (1.16-1.69)
Breaking and Entering	30.9% (29.00-32.88)	33.2% (29.27-37.40)	30.2% (28.03-32.45)	1.4 (1.15-1.71)
Auto Theft	24.3% (22.52-26.20)	26.2% (22.41-30.48)	23.7% (21.74-25.85)	Not Significant
Open Drug Sales	17.8% (16.19-19.43)	26.0% (22.35-30.10)	15.2% (13.59-17.06)	1.8 (1.47-2.33)
Open Drug Use	14.6% (13.19-16.15)	21.0% (17.69-24.81)	12.7% (11.17-14.35)	1.8 (1.42-2.32)
Violent Physical Attacks	12.5% (11.21-13.99)	15.2% (12.37-18.56)	11.7% (10.26-13.35)	1.4 (1.04-1.81)
Crimes with Guns	8.1% (7.10-9.27)	9.5% (7.33-12.26)	7.7% (6.58-8.97)	Not Significant
Sexual Assault	7.1% (6.14-8.28)	8.3% (6.10-11.14)	6.8% (5.71-8.05)	1.5 (1.05-2.09)
Murder	6.0% (5.14-6.98)	7.9% (5.99-10.22)	5.4% (4.50-6.53)	1.6 (1.15-2.30)

*Confidence Interval

¹ Question was asked of half of all household respondents, age ≥ 18 years.

² Compared to no disability group, controlling for education, sex, race, grouped age, household poverty level, health status and region of residence.

Table 26. How Often You Get the Social Support You Need by Disability, Persons Age ≥ 18 Years, 2003 BRFSS Disability Supplement

Frequency of Support	Disability (95% CI*)	No Disability (95% CI)
Always	40.6% (36.09 - 45.20)	51.2% (48.33 - 54.08)
Usually	33.3% (29.05 - 37.92)	36.6% (33.83 - 39.39)
Sometimes	16.5% (13.29 - 20.33)	7.9% (6.44 - 9.58)
Rarely	6.3% (4.44 - 8.87)	2.1% (1.41 - 3.21)
Never	3.3% (1.91 - 5.61)	2.2% (1.56 - 3.18)

*Confidence Interval

Table 27a. Self Rated Health by Disability Status, Persons Age ≥ 18 Years, 2003 BRFSS

Health Status	Disability (95% CI*)	No Disability (95% CI)
Excellent/very good	31.8% (30.18-33.46)	64.9% (63.84-65.93)
Good	33.1% (31.46-34.71)	28.4% (27.37-29.40)
Fair/poor	35.0% (33.50-36.81)	6.7% (6.23-7.32)

*Confidence Interval

Table 27a. Odds Ratios of Demographic Characteristics for Excellent or Very Good Health, Persons Ages ≥ 18 Years, 2003 BRFSS

Excellent/ Very Good Health	Odds Ratio (95% CI*)
No disability¹	9.4 (9.31 - 9.46)
Income >\$75,000²	6.8 (6.74 - 6.92)
Bachelors Degree or more³	5.1 (5.11 - 5.16)
Income \$50 - 74,999²	4.0 (3.94 - 4.04)
Some college³	3.7 (3.70 - 3.74)
Neither overweight nor obese⁴	2.8 (2.76 - 2.81)
Income \$25-49,000²	2.0 (2.03 - 2.07)

*Confidence Interval

Nagelkerke Pseudo R² = .289

Age (18-24, 25-44, 45-64, 65+ years), sex and race (white, non-white) controlled.

¹ Reference group in multinomial regression is 'disability'

² Reference is 'Income <\$25,000', lowest tertile

³ Reference is 'less than High School education'

⁴ Reference is 'overweight or obese, BMI >=250'

Table 28. Life Satisfaction by Disability Status, Persons Age ≥ 18 Years, 2003 BRFSS Disability Supplement

	Disability <i>(95% CI*)</i>	No Disability <i>(95% CI)</i>
Very Satisfied	34.2% (29.89-38.78)	50.0% (47.17-52.88)
Satisfied	49.8% (45.21-54.45)	46.4% (43.56-49.26)
Dissatisfied	11.4% (8.89-14.62)	3.3% (2.37-4.58)
Very Dissatisfied	4.5% (2.99-6.81)	0.3% (0.10-0.74)

*Confidence Interval