



Disability and Health Among Adults 18-64 Years Old in 2012

November 2013

This brief outlines demographic characteristics among adults with disabilities¹ in Rhode Island (figure 1). Indicators of healthcare access and utilization (figure 2), health status (figure 3), and health risk behaviors (figure 4) are compared among Rhode Island adults with and without disabilities. The brief uses self-reported data from Rhode Island's 2012 Behavioral Risk Factor Surveillance System (BRFSS),² an annual Department of Health survey of non-institutionalized Rhode Island adults. Only those differences in values that are statistically 'significant' at the 95% confidence level are noted.³

Demographics:

- Nineteen percent of adults in Rhode Island report having a disability. There is no difference in the prevalence between men and women.
- The prevalence of disability increases substantially with age for Rhode Island adults.

Healthcare Access and Utilization:

- Adults with a disability report not being able to see a doctor due to cost more often than adults without a disability (29% vs. 12%).
- Adults with a disability report visiting a dentist or dental hygienist in the past year less often than their peers without a disability (38% vs. 23%)

Health Status:

- Adults with a disability are eight times as likely to report their health as fair or poor compared to adults without a disability (49% vs. 6%).
- Adults with a disability are four times more likely to report being depressed than adults without a disability (32% vs. 8%).
- Adults with a disability have a higher prevalence of asthma (24% vs. 8%), diabetes (17% vs. 5%) and heart disease (8% vs. 1%) than adults without a disability.

Health Risk Behaviors:

- Adults with a disability are more likely to report being obese (37%) than their peers without a disability (23%).
- Adults with a disability are much more likely to engage in no physical activity compared to their peers without a disability (43% vs. 16%).
- Adults with a disability are more likely to be current smokers (30%) compared to their peers without a disability (17%).

KEY FINDINGS

Large disparities exist for Rhode Island adults with disabilities compared to their peers without disabilities in the areas of mental health, physical health, and health risk behaviors.

Adults with a disability are as likely to receive preventive screenings including mammography, pap tests, and other cancer screenings as their peers without disabilities.



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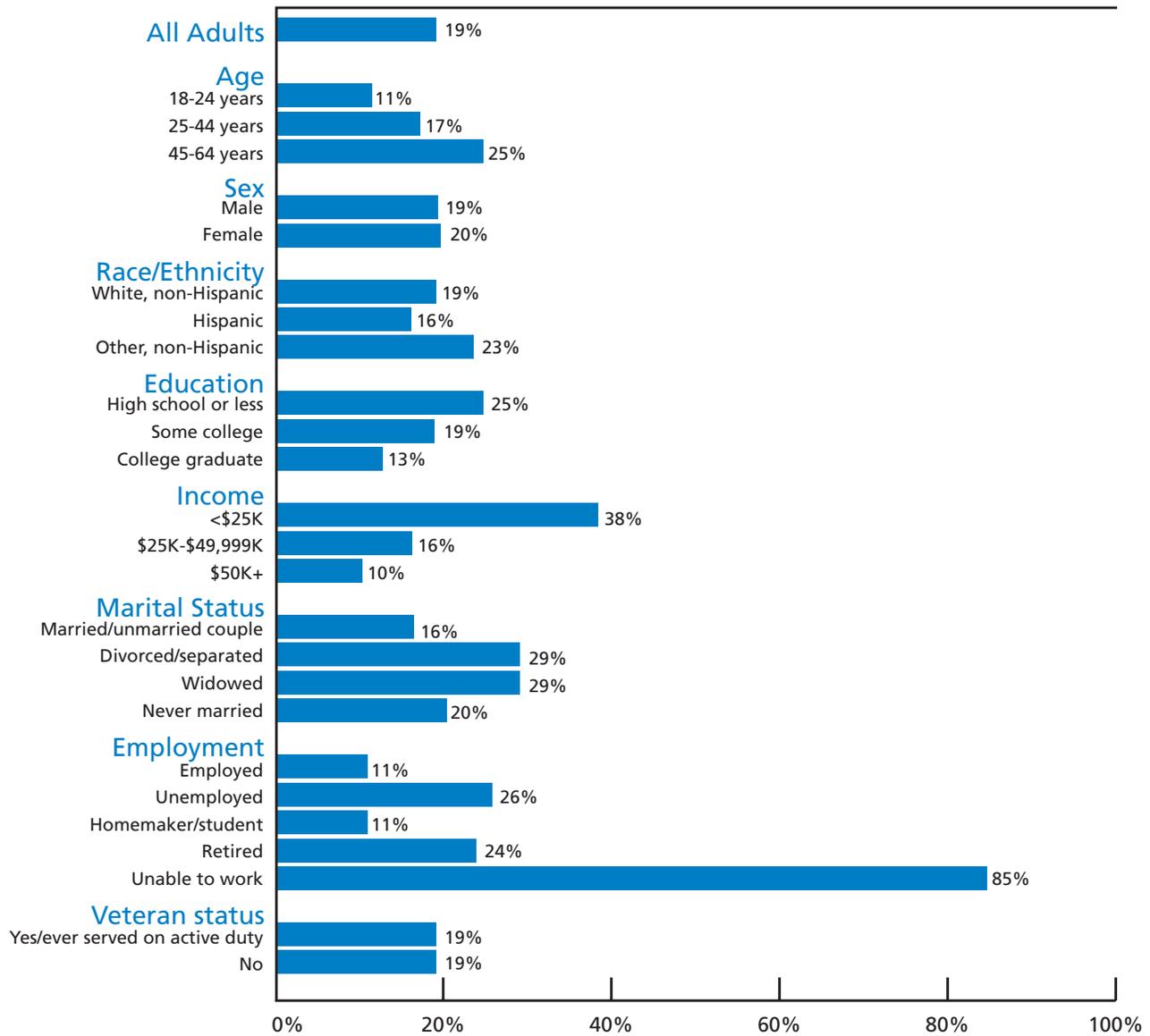
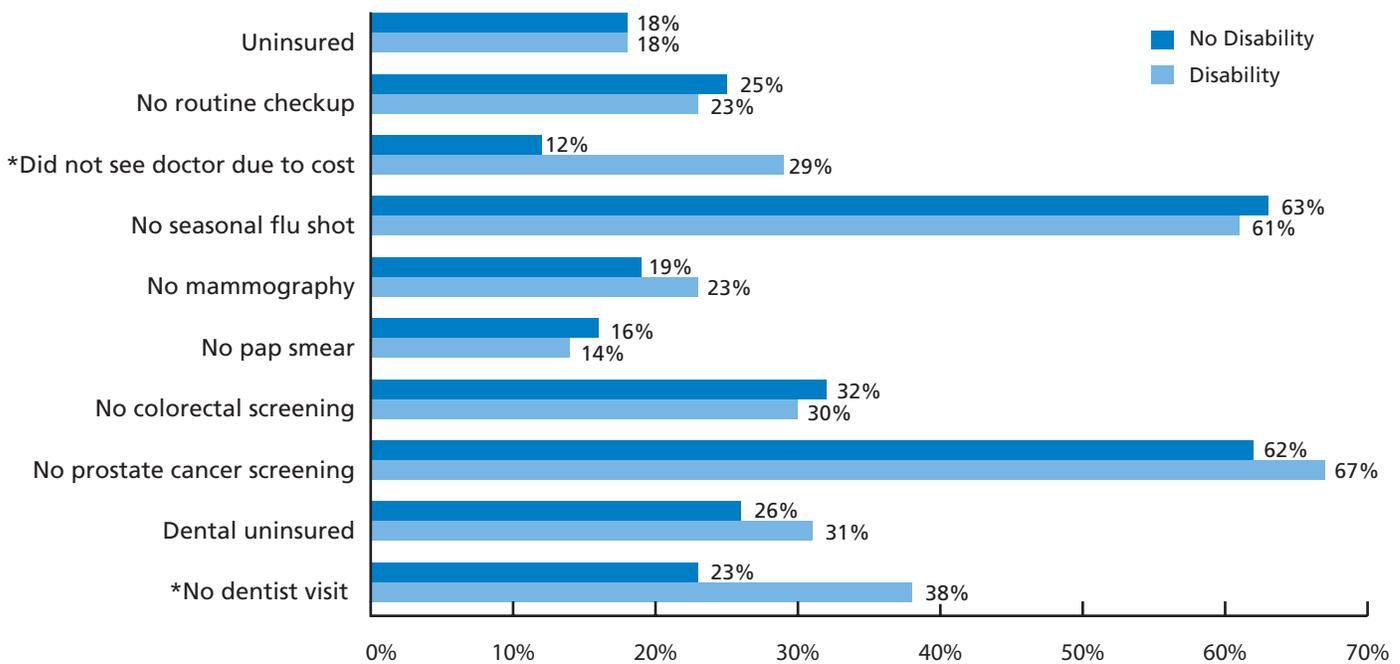
FIGURE 1. PERCENTAGE OF ADULTS WITH DISABILITIES, RHODE ISLAND, 2012


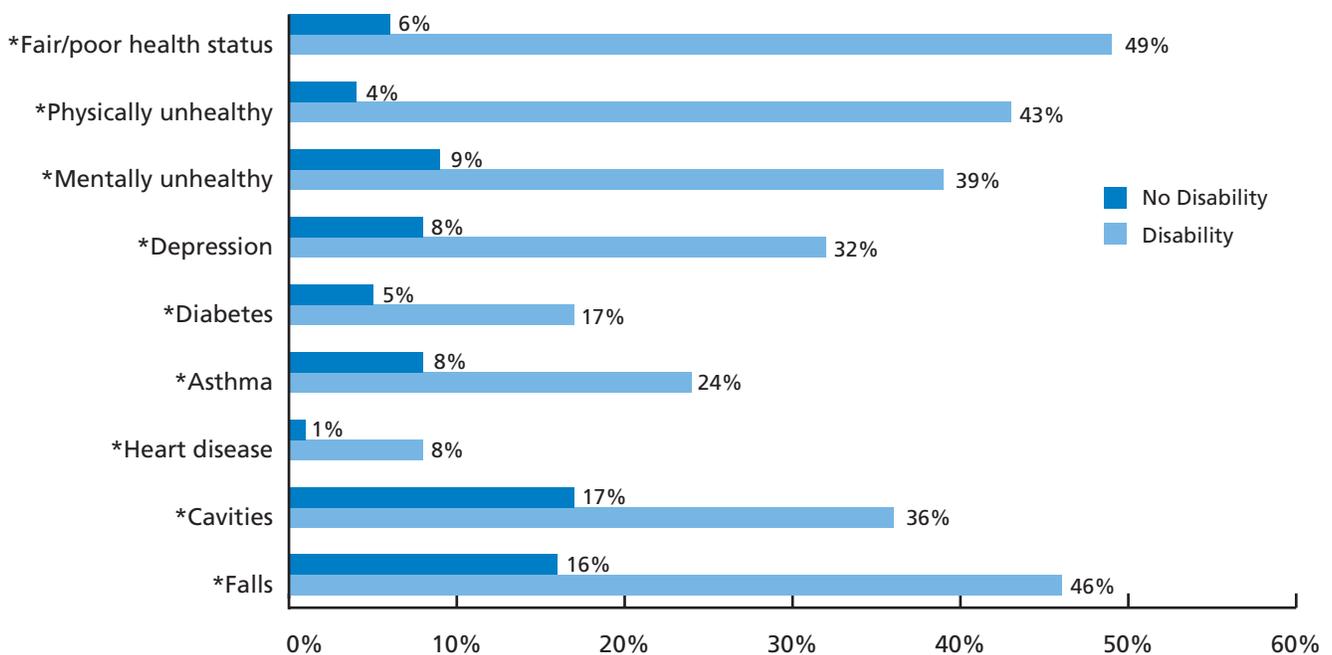
FIGURE 2. HEALTHCARE ACCESS AND UTILIZATION BY DISABILITY STATUS, RHODE ISLAND, 2012



* Statistically significant at the 95% confidence level

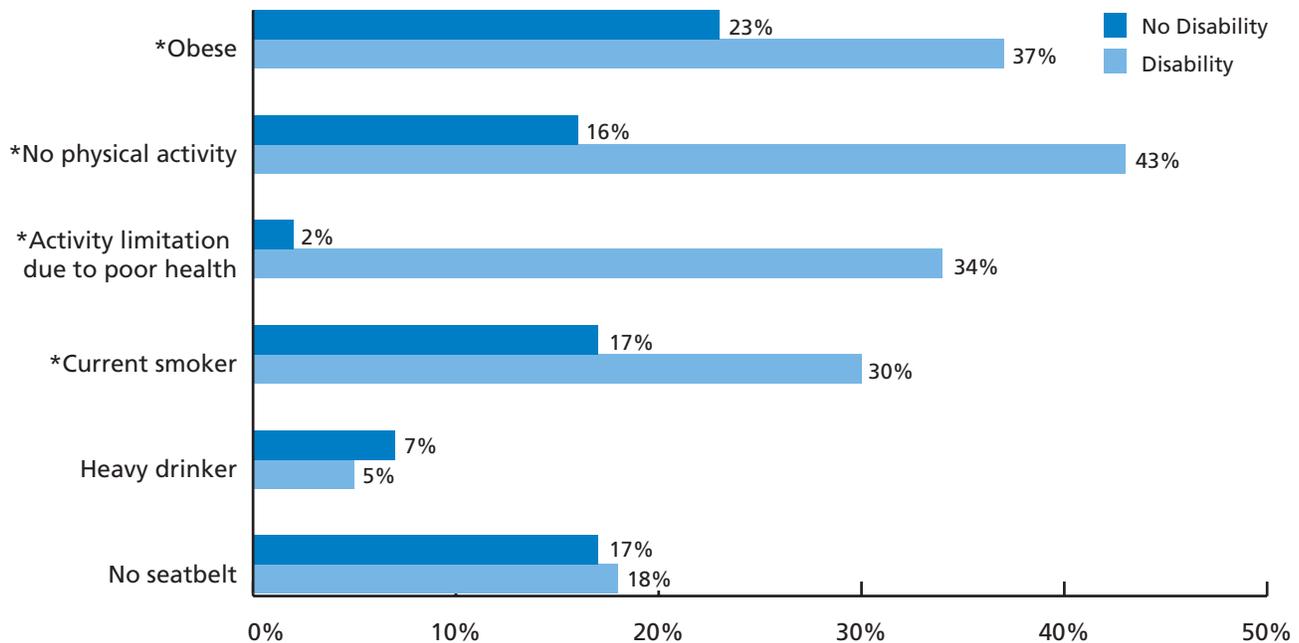
HEALTHCARE ACCESS AND UTILIZATION INDICATORS: Uninsured (no healthcare coverage); No routine checkup (past 12 months); Did not see a doctor due to cost (past 12 months needed to see a doctor but could not due to cost); No seasonal flu shot (past 12 months); No mammography (past 2 years—women ages 40-64 only); No pap smear (past 3 years—women only); No colorectal cancer screening (never had a sigmoidoscopy/colonoscopy—ages 50-64); No prostate cancer screening (past 2 years—men ages 40-64 only); Dental uninsured (no dental care coverage); No dental visit (past 12 months no dentist/hygienist visit)

FIGURE 3. HEALTH STATUS BY DISABILITY STATUS, RHODE ISLAND, 2012



* Statistically significant at the 95% confidence level

HEALTH STATUS INDICATORS: Fair/poor health (self-rated general health is fair or poor); Physically unhealthy (14 or more days in past month); Mentally unhealthy (14 or more days in past month); Depression (current depression); Diabetes (ever told by doctor has diabetes); Asthma (ever told by doctor has asthma and asthma now); Heart disease (had angina/coronary heart disease); Cavities (has cavities or untreated dental decay); Falls (one or more falls in past 3 months)

FIGURE 4. HEALTH RISK BEHAVIORS BY DISABILITY STATUS, RHODE ISLAND, 2012

* Statistically significant at the 95% confidence level

HEALTH RISK BEHAVIOR INDICATORS: Obese (Body Mass Index [weight in kilograms/height in meters²] > 30); No physical activity (no physical activity or exercise in past 30 days); Activity limitation due to poor health (14 or more days in past month); Current smoker (smokes cigarettes daily or some days); Heavy drinker (> 2 drinks/day for men and > 1 drink/day for women); No seatbelt (does not always use seatbelt)

¹ Definition of Disability: The BRFSS included two screening questions that were asked of all survey respondents in order to identify adults with disabilities:

- 1) Activity Limitation: "... Are you limited in any way in any activities because of physical, mental, or emotional problems?"
- 2) Use of Aid: "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

Respondents were considered to have a disability if they answered 'yes' to either screening question.

² For more information contact: Tara Cooper, 401-222-7628 or go to www.health.ri.gov/data/behaviorriskfactorsurvey

³ As the RI-BRFSS is a sample survey, if the 95% Confidence Intervals of two values do not overlap, one may conclude (with 95% certainty) there was a 'real' difference between the two values (i.e., the difference was not likely due to sampling bias).

Limitations:

- Individuals with the most severe limitations were not represented in this report for two reasons:
 - 1) the BRFSS does not interview institutionalized adults and
 - 2) some of the selected respondents with disabilities were unable to complete the survey due to their disability.
- The demographic characteristic and health indicator estimates in the brief have not been age-adjusted. Since disability is often associated with increasing age, the differences between these groups could be overestimated and due to age rather than disability status.



RHODE ISLAND DEPARTMENT OF HEALTH
 3 CAPITOL HILL, PROVIDENCE, RHODE ISLAND 02908
 HEALTH INFORMATION LINE: 401-222-5960 / RI RELAY 711
 WWW.HEALTH.RI.GOV