



# RHODE ISLAND DATA BRIEF

## Disability and Health Among Adults 18-64 Years Old

June  
2016

This brief outlines demographic characteristics among adults with disabilities<sup>1</sup> in Rhode Island. The brief uses self-reported data from Rhode Island's 2014 Behavioral Risk Factor Surveillance System (BRFSS), an annual survey of non-institutionalized Rhode Island adults. Rhode Island Department of Health's (RIDOH) Health Equity Institute uses BRFSS data to monitor the prevalence and trends of disabilities, identify populations at risk, measure health disparities between Rhode Islanders with and without disabilities, and develop programs with appropriate evaluation measures.

### Demographics:

- Twenty percent of adults in Rhode Island report having a disability—a fact that has remained consistent in recent years. Women are slightly more likely to have reported a disability compared to previous years' data where there was virtually no difference between gender.
- Compared to people without disabilities, people with disabilities report:
  - Lower levels of employment (29% of people with disabilities are employed versus 67% of people without disabilities are employed)
  - Lesser earnings (54% of people with a disability have an annual income less than \$25,000 versus 21% of people without disabilities)
  - Lower levels of education (60% of people with disabilities have a high school education or less versus 37% of people without disabilities)

### Health Status:

- Adults with a disability are less likely to have good/better health compared to people without disabilities (54% of people with disability versus 94% of people without a disability).
- Adults with a disability are more than three times as likely to report being depressed (48%) as compared to adults without a disability (13%).
- Adults with a disability have a higher prevalence of asthma (19% of people with disabilities versus 9% of people without disabilities), diabetes (20% of people with disabilities versus 6% of people without disabilities), and heart disease (10% of people with disabilities versus 3% of people without disabilities).

### Health Risk Behaviors:

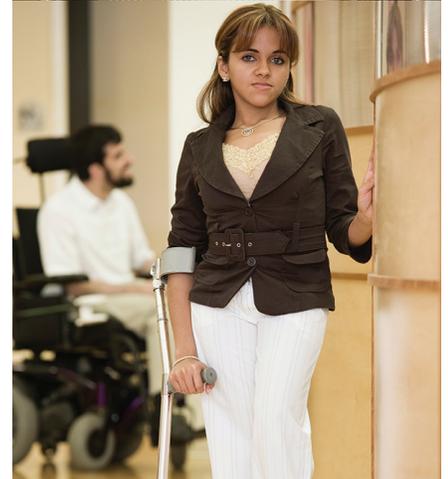
- Adults with a disability are more likely to report being obese or overweight (68%) than adults without a disability (61%).
- Adults with a disability are more likely to not have any physical activity in the last 30 days (42%) compared to adults without a disability (17%).

<sup>1</sup> Definition of Disability: The BRFSS includes five screening questions asked of all survey respondents to identify adults with disabilities. Respondents were considered to have a disability if they answered yes to any of the screening questions.

### KEY FINDINGS

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

On a positive note, people with disabilities are as likely to visit doctors, have health coverage, and get a colonoscopy as people without disabilities.

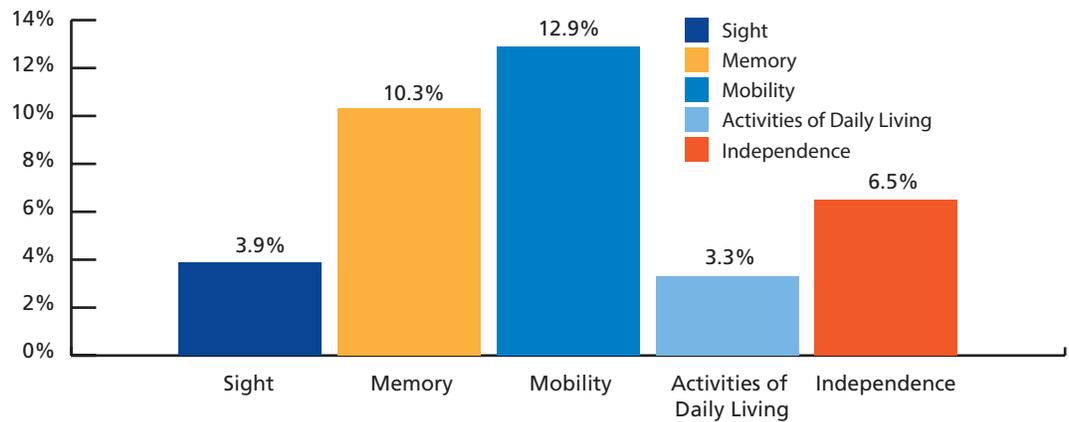


- Adults with a disability are more likely to have six or more permanent teeth removed because of tooth decay or gum disease (26%) compared to adults without a disability (9%).

**Healthcare Access and Utilization:**

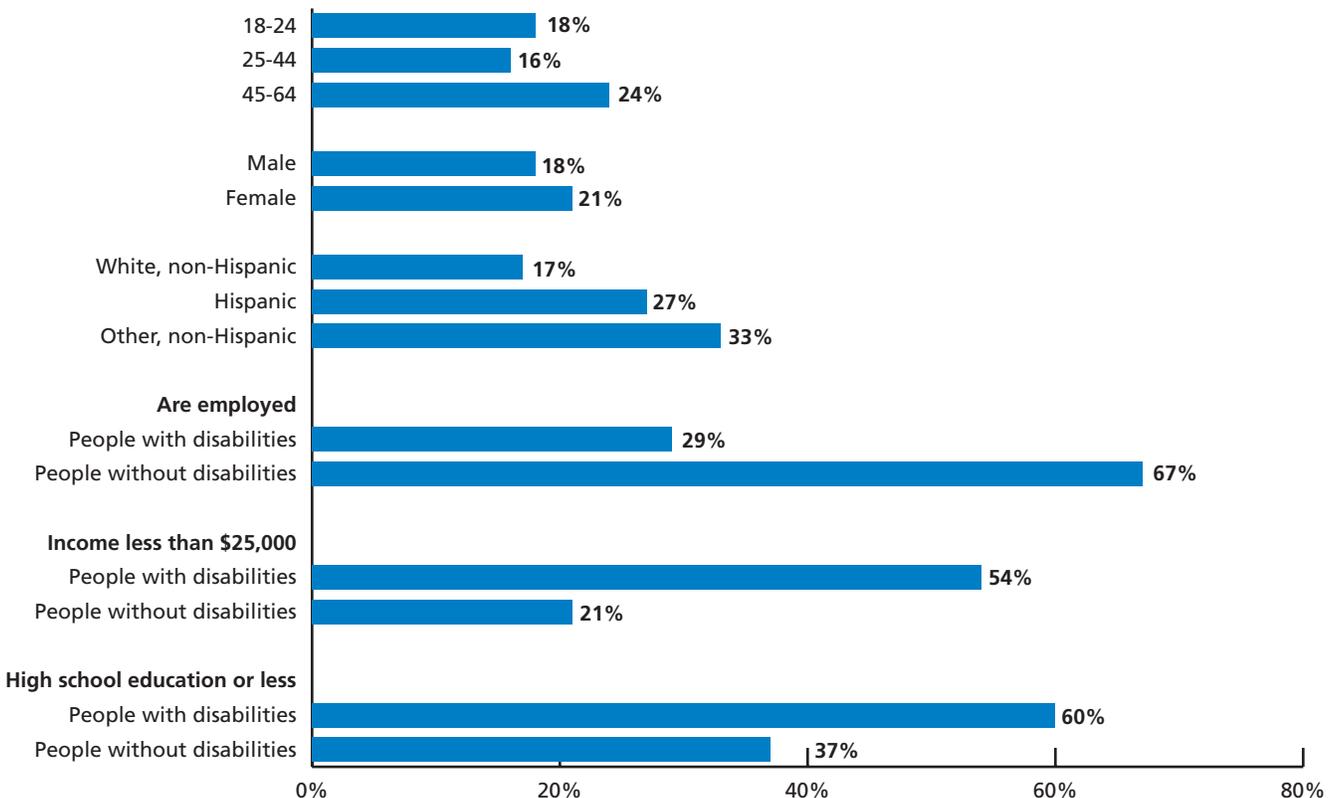
- Adults with a disability report not being able to see a doctor due to cost (23%) more often than adults without a disability (9%).
- The percentage of adults with a disability who do not take medication as prescribed due to cost (17%) is more than three times as high as adults without disabilities (5%).
- Adults with a disability are much more likely to engage in no physical activity compared to their peers without a disability (43% vs. 16%).

**FIGURE 1. DISABILITY TYPE, AGES 18-64, RHODE ISLAND, 2014**

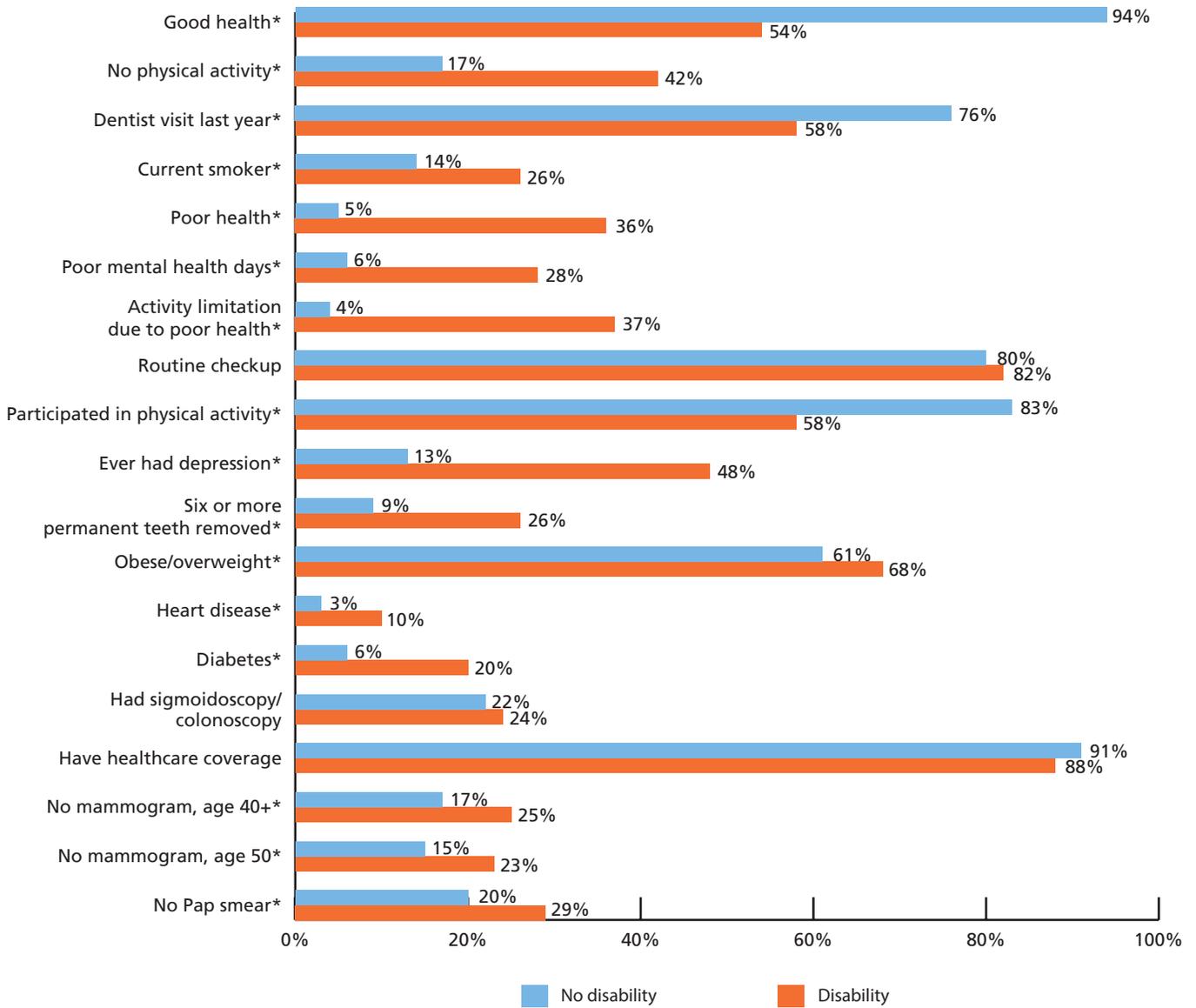


- 1) Sight: Blind or have difficulty seeing, even when wearing glasses
- 2) Memory: Difficulty concentrating or remembering because of a physical, mental, or emotional condition
- 3) Mobility: Serious difficulty walking or climbing stairs
- 4) Activities of daily living: Difficulty dressing or bathing
- 5) Independence: Difficulty doing errands alone due to physical, mental, or emotional condition

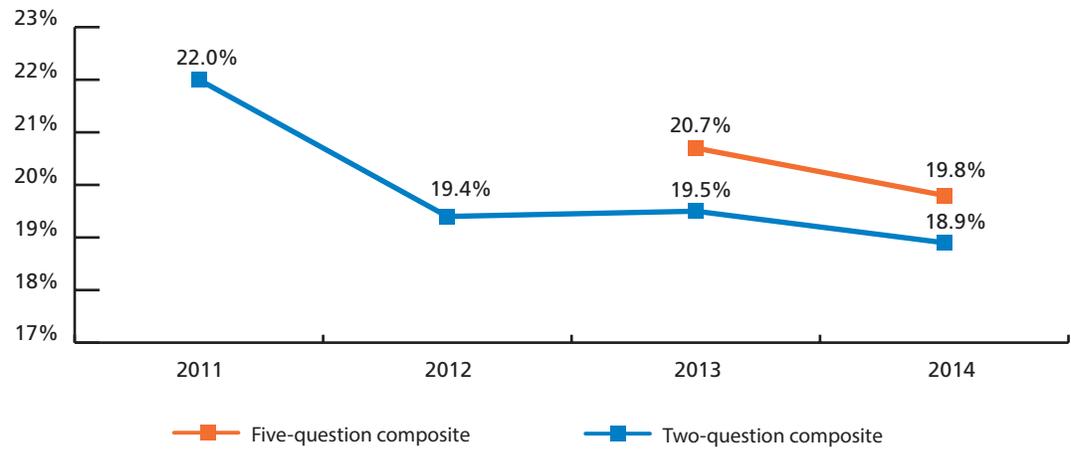
**FIGURE 2. DEMOGRAPHICS OF ADULTS WITH DISABILITIES, RHODE ISLAND, 2014**



**FIGURE 3. POOR HEALTH OUTCOMES AND HEALTH RISK BEHAVIORS, RHODE ISLAND, 2014**



\* Statistically significant at 95% confidence level

**FIGURE 4. PREVALENCE OF ADULTS WITH REPORTED DISABILITY, RHODE ISLAND, 2014**

In the past, disability was calculated using a two-question composite, but as of 2013, five questions based on functional limitations were included. The two questions were:

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
2. 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?

Anyone who answered yes to both questions was considered to have a disability.

#### Definitions:

- Overweight or obese: BMI  $\geq$  25
- No physical activity: no physical activity or exercise in past 30 days
- Activity limitation days due to poor health: 14 or more days in past month
- Poor health: 14 or more days in past month
- Current smoker: smokes cigarettes daily or some days
- Mentally unhealthy days: 14 or more days in past month
- No sigmoidoscopy/colonoscopy: age 50 or older and did not have a sigmoidoscopy or colonoscopy
- No mammography: no mammogram in last two years
- No Pap smear: no Pap smear in last three years

#### Limitations:

- Individuals with the most severe limitations were not represented in this report because BRFSS data does not include responses from institutionalized adults and some of the selected respondents with disabilities were unable to complete the survey due to their disability.
- The demographic characteristic and health indicator estimates have not been age-adjusted. Since disability is often associated with increasing age, the differences between these groups could be over-estimated due to age rather than disability status.



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