

# Health Status of Virginians with Disabilities 2004-2006

## An Analysis of BRFSS Data

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## EXECUTIVE SUMMARY

Findings from the 2004-2006 Virginia Behavioral Risk Factor Surveillance System (BRFSS), a statewide adult health behavior survey, indicate that about 18% of Virginians, or an estimated 1.1 million adults, reported having some manner of disability that limited their activities. One-in-four of these adults used special equipment (e.g., wheelchair, walker, special telephone) for assistance.

Disability existed in all demographic groups: men and women, white, black and Hispanic. Disability appeared to be more prevalent among older age groups, but certainly existed among younger adults. Certain groups, like military veterans, were more likely to report having a disability compared to non-veterans.

People with disabilities tended to fall into a lower income group, have fewer years of education, and be unemployed or unable to work. People with disabilities were 22 times more likely to be unable to work compared to people with no disabilities.

People with disabilities tended to have health insurance coverage and usual source of care, or primary care provider (PCP), at similar rates as people with no disabilities. However, they were more apt to say that they had difficulty getting medical care when needed because of cost. This may be related to age: adults 18-44 years old were 15 times more likely to be uninsured and 5 times more likely to not have a PCP or access to care when needed, compared to adults 65 and older, who are eligible for Medicare.

Almost 4 in 10 (38.5%) adults with disabilities rated their health as either “fair” or “poor”. They tended to complain of having more days when their physical and mental health was not good, or when their health prevented them from doing their usual activities, such as work, self-care, or recreation. Their mental health also suffered: people with disabilities were 3-1/2 times more likely to experience symptoms of depression, compared to people with no disabilities.

People with disabilities were more apt to smoke, be overweight and obese, and twice as likely to not exercise than people with no disabilities. Related

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to these risk behaviors, they were more likely to say that they have arthritis, diabetes, asthma, and cardiovascular risk factors, like high blood pressure and high cholesterol. As a consequence, they were four times more likely to report a history of previous heart attack or stroke.

Dental health also suffered. People with disabilities were less likely to have dental health insurance and consequently did not visit their dental provider for routine teeth cleaning. This is evident in the greater number of people with disabilities who reported permanent loss of their teeth due to tooth decay or gum disease.

People with disabilities were more likely to be victims of both sexual and non-sexual violence. This was particularly true of young adults. Women were susceptible to being victims of attempted or completed sexual assault.

People with disabilities were almost four times more likely to suffer from falls with injury, compared to people without disabilities. Rates were similar between men and women, and older and younger adults. This suggests that falls are not simply a factor of aging and bone degeneration as would happen with the elderly.

There are some positive findings: people with disabilities were more likely to be vaccinated against influenza (flu) and pneumonia than the rest of the population. They also were less likely to drink alcohol or consume it in excessive quantities. With the exception of mammography, people with disabilities tended to be screened for major, preventable cancers at a similar, if not greater, rate than for those without disabilities.

BRFSS data can provide valuable insights into the health status and health risk behaviors of individuals. They can also be used to explore differences between those with and without disabilities. However, BRFSS is not without limitations. First, as a telephone survey of one adult in each randomly selected household, there is a chance that a second adult in the household has a disability but, because he/she is not selected for participation, his/her information will not be reported. Second, BRFSS will likely underrepresent those who are least well-off financially and do not have access to a telephone. Third, BRFSS is primarily a survey of adult behaviors and generates no information about the health status of children with disabilities. Finally, BRFSS data is self-reported; there are no formal clinical examinations to determine if disease conditions truly exist.

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Findings from this report can be used by Virginia's Health Promotion for People with Disabilities Project (HPPD) and Task Force as they both plan future activities related to disability. The following recommendations are made based on the results:

1. Individuals with disabilities were equally as likely to have health care coverage and more likely to have a usual source of care. However, they were more likely to have needed medical care in the past 12 months and had not been able to get it. Additional research should be done to determine what factors beyond health insurance coverage and having a usual source of care impact receipt of medical care.
2. Individuals with disabilities were more likely to have less than a high school education. The educational approach used by providers in the health care system should be sensitive to the educational level of people with disabilities. Also, many individuals with disabilities are unemployed and living on limited incomes. This raises concerns about access to care that is typically driven by employment-based health insurance; dental care is a good example.
3. The relationship between chronic health conditions, obesity, and lack of exercise should be considered. Individuals with disabilities were more likely to have high blood pressure, high blood cholesterol, asthma, and arthritis. Efforts should be made to determine why individuals with disabilities are less likely to be physically active and to then create responsive programs that allow them to participate in physical activity.
4. Disability impacts not only the individual but also his/her family and/or caregiver(s). The impact of the care recipient's perceived health on the caregiver's physical and mental health and well-being should be explored. In other words, how does the health and well-being of the caregiver vary as a result of the care recipient's perceived health?
5. Some methodological limitations of BRFSS have been identified. The findings from this study can be used as justification for future research that focuses specifically on the disability community. Survey content could be expanded to gather more information across a range of health conditions. Also, disproportionate sampling strategies could be used so that valid subgroup comparisons could be made.

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## INTRODUCTION

The Health Promotion for People with Disabilities (HPPD) Project was established in 2002 within the Division of Chronic Disease Prevention and Control (DCDPC) at the Virginia Department of Health (VDH). The project has been approved for funding for five years (2007-2012) through the National Center for Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, and is currently administered by the Partnership for People with Disabilities at Virginia Commonwealth University.

The mission of the HPPD Project and its Task Force is to “promote the health of people with disabilities, to prevent secondary conditions, and to eliminate disparities between people with and without disabilities in Virginia.” The HPPD Project works to improve the health of all individuals with disabilities by raising awareness of special healthcare issues and needs; by enhancing services and accessibility in the public health system; and by planning programs and activities that facilitate systems change. The HPPD Project is the first comprehensive statewide program that specifically promotes the overall health of individuals with disabilities and the importance of preventing secondary health related conditions.

In 2005 the HPPD Task Force, which included members with and without disabilities, developed a state plan for Virginia that could improve the lives of Virginians with disabilities. The [Commonwealth of Virginia State Plan for Health Promotion for People with Disabilities](#) was designed both as a guiding document for the project and task force, and as a document that any health care provider or advocate in Virginia could use to implement changes in services and policies. The five goal areas of the state plan include:

- *Interacting with Existing Initiatives,*
- *Access to Health Care,*
- *Nutrition and Physical Activity,*
- *Health Promotion and Outreach, and*
- *Data and Surveillance.*

As part of the *Data and Surveillance* area, the HPPD Project collaborated with the Virginia Department of Health to produce this report, which focuses on the self-reported health of adults over 18 in Virginia with disabilities compared to those without disabilities. It includes charts and tables that

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provide data on chronic diseases and conditions, risk factors and behaviors that can lead to chronic diseases and conditions, perceptions and attitudes about health, access to health care, and environmental issues that can impact health. Most of these data are broken down by gender, race, and age to provide a more detailed view of the impact of disability.

These data reveal areas for focused efforts to reduce disparities and improve the health and quality of life of adults with disabilities in Virginia. Providing health promotion and outreach programs, increasing and expanding existing services and programs, and making services more accessible can result in improved health status and decreased prevalence of chronic conditions.

The HPPD Project staff and Task Force will use this report as a resource to assist them in accomplishing the goals of the State Plan. Also, the data will be helpful for all health care providers in developing and providing inclusive programs and outreach in areas such as health promotion, health care, family services, recreation, and advocacy.

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## Data Source

The primary data source for information on health status of people with disabilities is the Behavioral Risk Factor Surveillance System (BRFSS).<sup>1</sup> The BRFSS is a state-based telephone survey of non-institutionalized adults ages 18 and older. The BRFSS is conducted on an ongoing basis in every U.S. state as well as the District of Columbia, Puerto Rico, U.S. Virgin Islands, and Guam. The survey collects data on chronic diseases and related health behaviors from a randomly selected adult in each participating household. The results are used to monitor health trends and to guide public health policy and funding decisions. The BRFSS has been implemented in Virginia since 1990.

In Virginia, the survey was conducted by the Survey and Evaluation Research Laboratory (SERL) at Virginia Commonwealth University under contract with the Virginia Department of Health (VDH) for 2004-2006. The data are collected on a calendar year cycle, processed and weighted at the Centers for Disease Control and Prevention (CDC), and then returned to the states for their use.

From 1997 to 1999 and again from 2002 through 2006, the Virginia Department of Health (VDH) funded additional data collection to allow stratification of the state by 35 health districts. Approximately 143 interviews were collected annually in each health district in 2004 and 2005, and approximately 150 in 2006. Although a larger sample would have been ideal, use of the pooled data allowed for comparisons to be drawn on key BRFSS indicators.

Each year, the BRFSS questionnaire consists of three sections. The core is a standard set of questions developed by the CDC that is asked by all of the participating states. From year to year, core sections may change. For sections that remain in the core from year-to-year, question wording or response categories may change. In some cases, sections remain in the core from year-to-year with no changes at all. Optional modules contain topic-specific questions that states can add at their discretion. Like the core sections, optional modules can change from year-to-year. Finally, state-

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<sup>1</sup> Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006.

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added questions are, as the name implies, questions that are created by or acquired by the state and added to the state BRFSS.

Data were weighted by the CDC to account for differing chances of selection by health district and within households, and to reduce bias by adjusting respondent demographics to match known population demographics. For more information about the BRFSS, go to the CDC website <http://www.cdc.gov/brfss/>.

### **Definition of Disability**

In 2004, 2005, and 2006, respondents were asked, “Are you limited in any way in any activities because of physical, mental, or emotional problems?”. Respondents answering “Yes” to having activity limitation were classified as having a disability (“With disability”). Respondents answering “No” were classified as not having a disability (“No disability”). “Don’t know” and missing responses were excluded from analyses.

We examined responses to questions regarding:

- Healthcare access, including health insurance coverage, and healthcare utilization.
- Perceived health status.
- Diagnosis of chronic diseases, like asthma, arthritis, diabetes, and heart disease, as well as health conditions that pose a risk, such as hypertension (high blood pressure) and high cholesterol.
- Chronic disease self-management behaviors, such as taking medication to control one’s hypertension or routinely checking one’s hemoglobin A1c to control one’s diabetes, as well indicators of poor management, such as having frequent asthma attacks.
- Preventive cancer screening for breast, cervical, colorectal and prostate cancers.
- Health risk behaviors related to development of chronic diseases such as tobacco use, physical inactivity, and obesity.
- Mental health, including lifetime diagnosis of anxiety and depression and frequent mental distress.
- Influenza vaccination.
- Involvement in sexual violence.

All data are based on self-report and not independently verified through examination of medical records or confirmatory medical testing.

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Most health questions on the BRFSS were asked of the entire sample. Other health questions on the BRFSS were asked only of a subset of the sample. For example, questions regarding participation in mammography were asked only of women ages 40 and older. This will be noted in the report.

## **Analyses**

Descriptive and comparative analyses were performed using SPSS Complex Samples 15.0™. Data from 2004, 2005 and 2006 were pooled in order to increase the sample size. In any given year, there were at least 5,300 respondents who answered the disability question and would be included in the final sample. The sample, across three years, had a total of 16,125 respondents. For some questions, only one or two years' of data were available for analysis and are noted.

Throughout this report, weighted percents are provided. Unweighted counts and 95% confidence intervals (CI) are shown in tables in the Appendix. The purpose of weighting the data is to adjust for differences between the composition of the sample and the composition of the population. In other words, by weighting the data, more accurate population estimates can be made.

For each health indicator, percentage rates and counts for people with and without disabilities are displayed in the Appendix. Percentage rates for gender, age, and racial subgroups are also shown. The findings should be considered with caution due to the small numbers of respondents in certain subgroups (e.g., Hispanics with disabilities). When judging the findings, the reader should be aware that these smaller unweighted counts for certain groups result in greater variability in population estimates (weighted percents). Population estimates based on fewer than 50 cases, or a 95% confidence interval half-width less than 10 percentage points, should be interpreted with caution. Readers are encouraged to review the detailed tables in the Appendix to help determine the usefulness of the data.

Overall percentage rates for people with disabilities were compared to those of people without a disability on each health indicator. Relative risk (RR) estimates were computed and show the increase in risk on each health indicator for people with a disability. Pearson chi-square tests were performed to test for significant differences in percentages between people

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with and without disabilities. [For analysis of the number of unhealthy days, mean days were compared using t-tests or one-way analysis of variance.]

As demonstrated throughout this report, people with disabilities often lag behind people without disabilities in terms of health care access, health status, and health risk behaviors. As with the population as a whole, it is likely that there are gender, age and racial differences within the disability community on risk for poor health outcomes. Selecting for people with disabilities, rate differences based on gender (men versus women), age (18-44 years, 45-64 years, and 65 years and older), and race (whites, blacks)<sup>2</sup> were compared. Chi-square tests were performed and relative risk estimates were computed.

## FINDINGS

### Prevalence of Disability

Combining data from 2004 through 2006, 17.9% of respondents (n=3,496) reported that they were limited due to physical, mental, or emotional problems.<sup>3</sup> This represents approximately 1.1 million Virginia adults 18 years and older, in 2006 population numbers, who say that they have a disability that limits their activities. The remaining 83% (n=12,629) of adults reported having no disability. Among people reporting a disability, one out of four (26.1%) reported having a health problem that required them to use special equipment (e.g., wheelchair, walking cane, special bed, special telephone). Among people with no disability, only 2% required special equipment.

*Demographics.* Certain demographic groups--non-Hispanic whites, older people, unmarried people, and military veterans--had higher percentages of disability than other groups. There was a tendency for American Indians to have a high percentage of adults with a disability (36.9%).<sup>4</sup> When we look

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<sup>2</sup> Due to the small numbers of persons with disabilities who were Hispanic (n=70), Asian-Pacific Islander (n=35), American Indian (n=18), or multiracial (n=194) in the sample, the percentage rates for these groups were not included in the analyses.

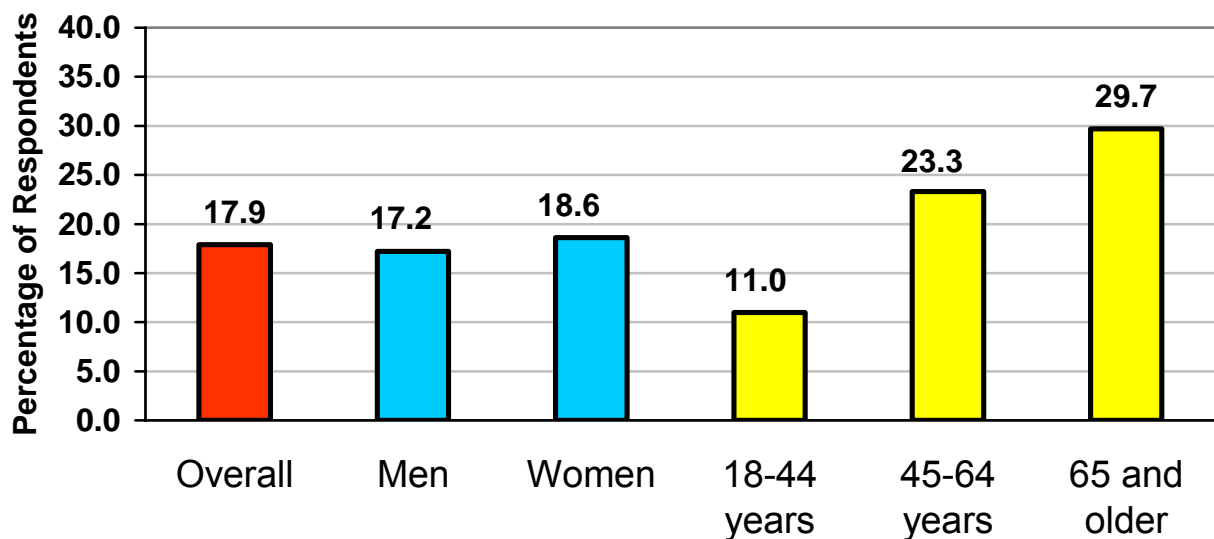
<sup>3</sup> It is acknowledged that many individuals with activity limitations do not perceive themselves as having a disability. However, for purposes of clarity and consistency in this report, the term disability is used when a person reports having a limitation.

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at individual marital status groups, divorced, separated, and widowed people were more likely to report having a disability--27.8%, 22.9%, and 32%, respectively--whereas individuals who were never married had a low percentage of disability (12.8%).

Figures 1 through 4 illustrate demographic differences in percentages of people reporting a disability: by sex and age group (Figure 1), by race and ethnicity (Figure 2), by marital status (Figure 3), and by military veteran status (Figure 4). Table 1 (in the Appendix) shows weighted percentages and unweighted counts for each group.

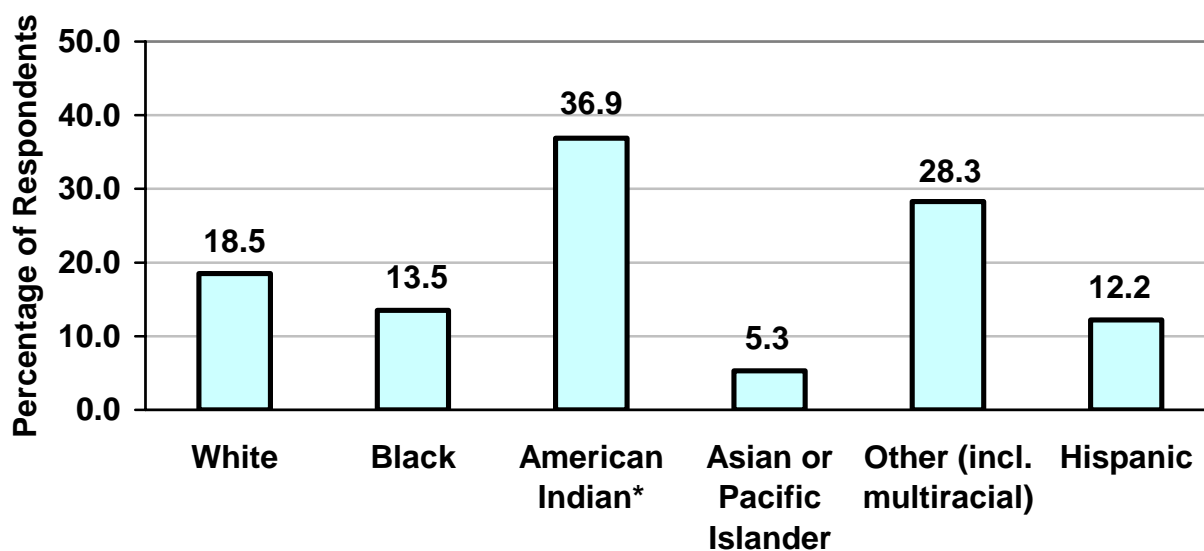
**Figure 1 -- Having Disability by Sex and Age**



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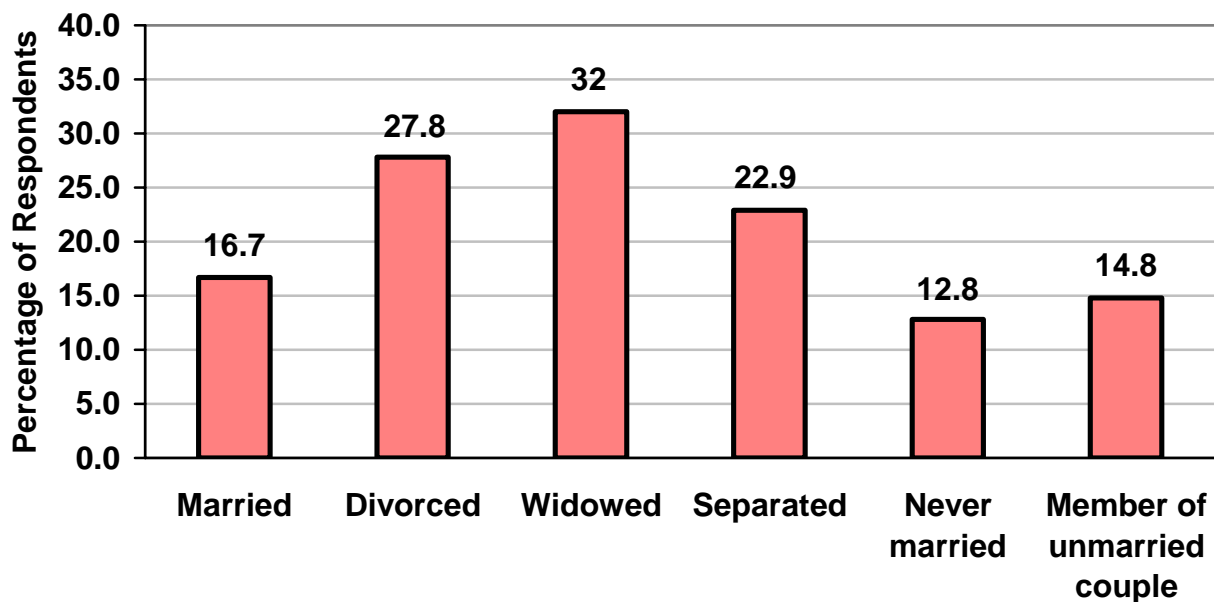
<sup>4</sup> Due to fewer respondents answering the question, the rate for American Indians has a large standard error (measure of variability in the rate estimate) and the 95% confidence interval half-width is greater than 10. Use caution in interpreting these findings.

**Figure 2 -- Having Disability by Race and Ethnicity**



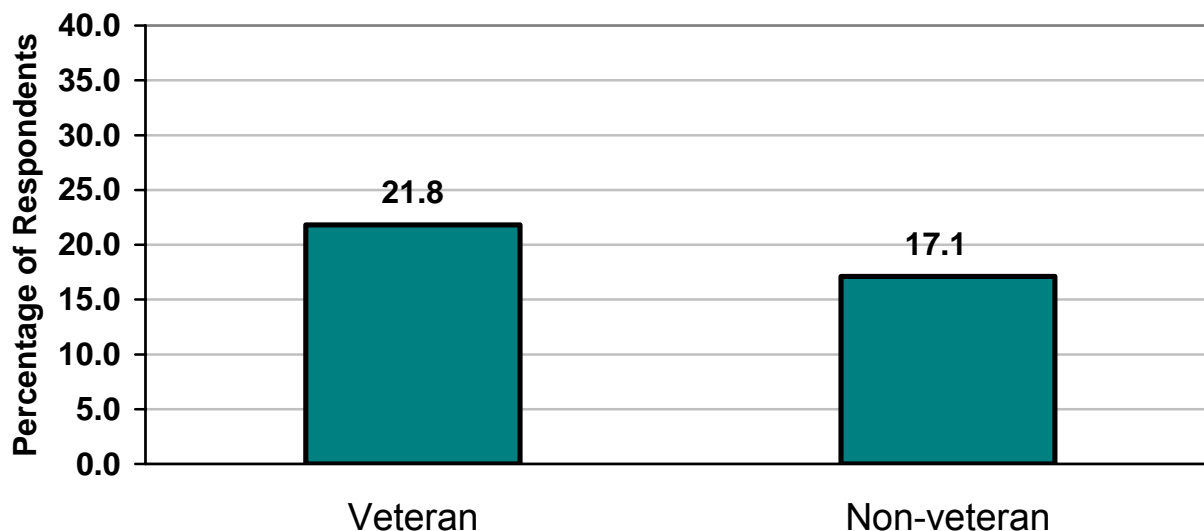
\* Sample too small for reliable estimate.

**Figure 3 -- Having Disability by Marital Status**



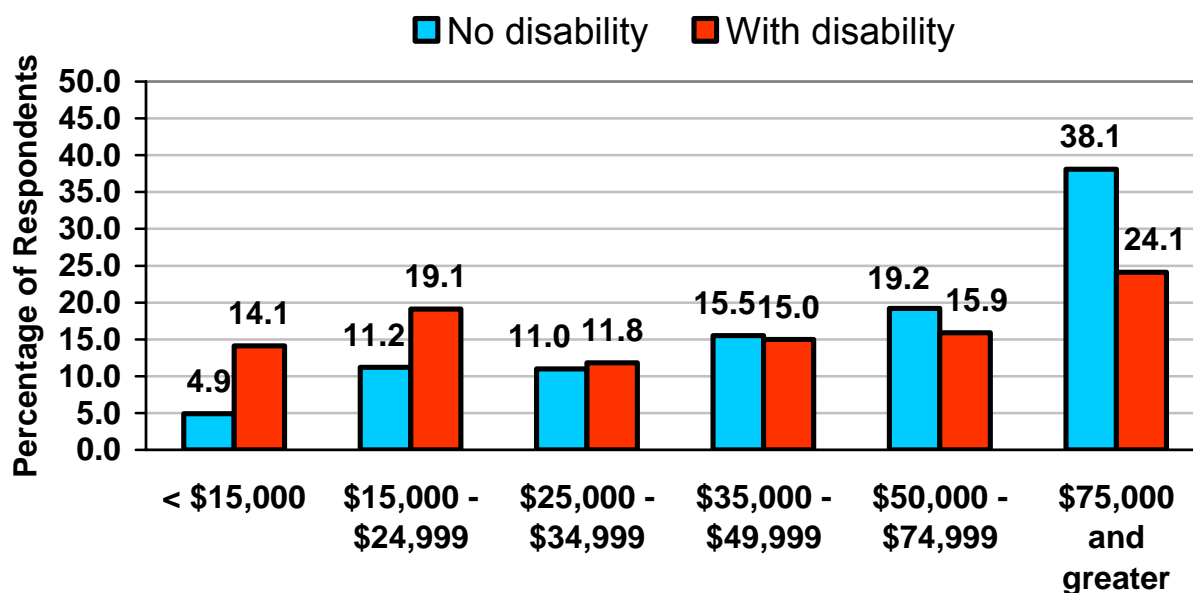
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**Figure 4 -- Having Disability by Military Veteran Status**

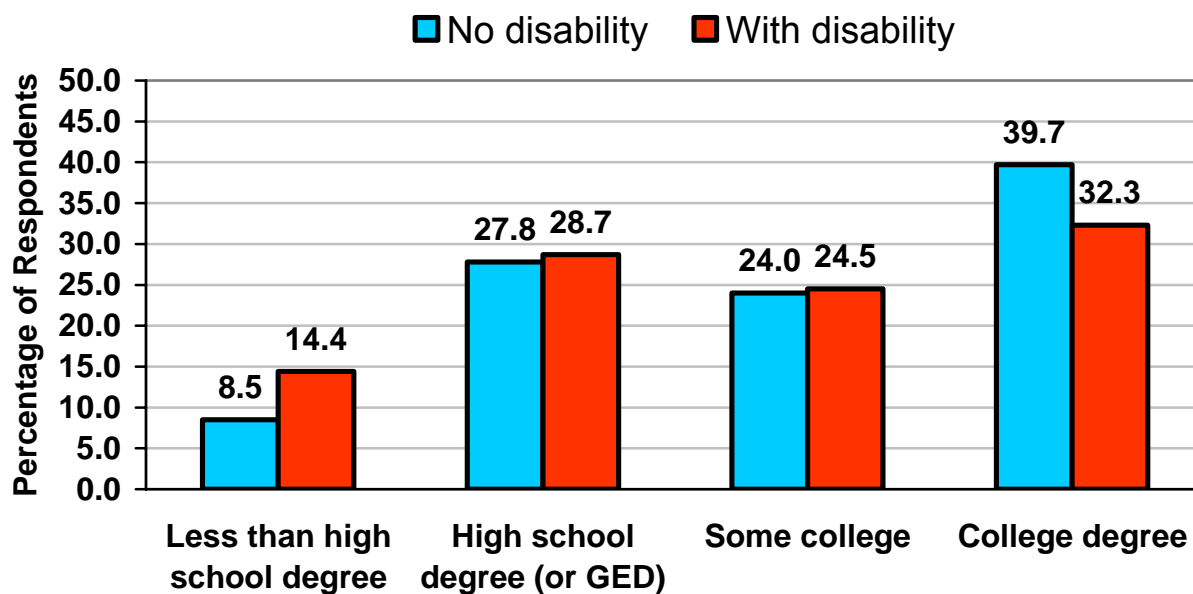


*Socioeconomic Status.* People with a disability were more likely to be in lower income groups, have less education, and be unemployed. Compared to people who report no disability, people with a disability were 1.7 times more likely to make an annual income below \$35,000 and 1.7 times more likely to have no high school degree. Figures 5, 6, and 7 shows differences in income, education, and employment distribution between people with and without disabilities.

**Figure 5 -- Income by Disability**



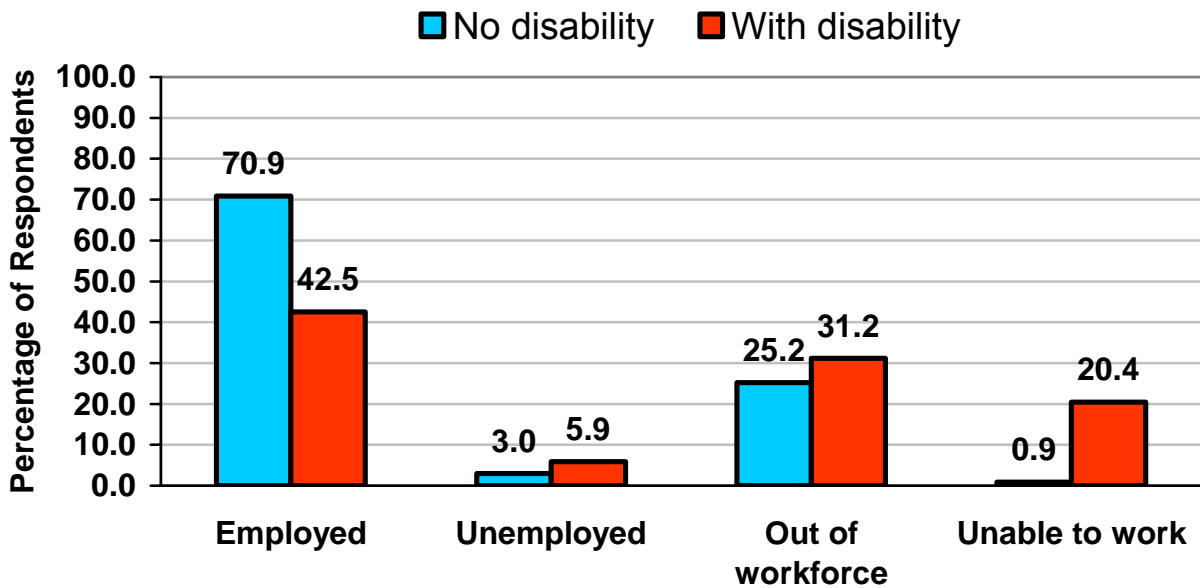
**Figure 6 -- Educational Level by Disability**



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As for employment status, people with a disability were 22 times more likely to be unable to work (20.4%) compared to people who had no disability (0.9%) (Figure 7).<sup>5</sup> This was the case among all age groups, especially so among people 18-44 years and 45-64 years. Figures 7 and 8 show percentage of people with disabilities by employment status, and by employment status within age groups.

**Figure 7 -- Employment Status by Disability**



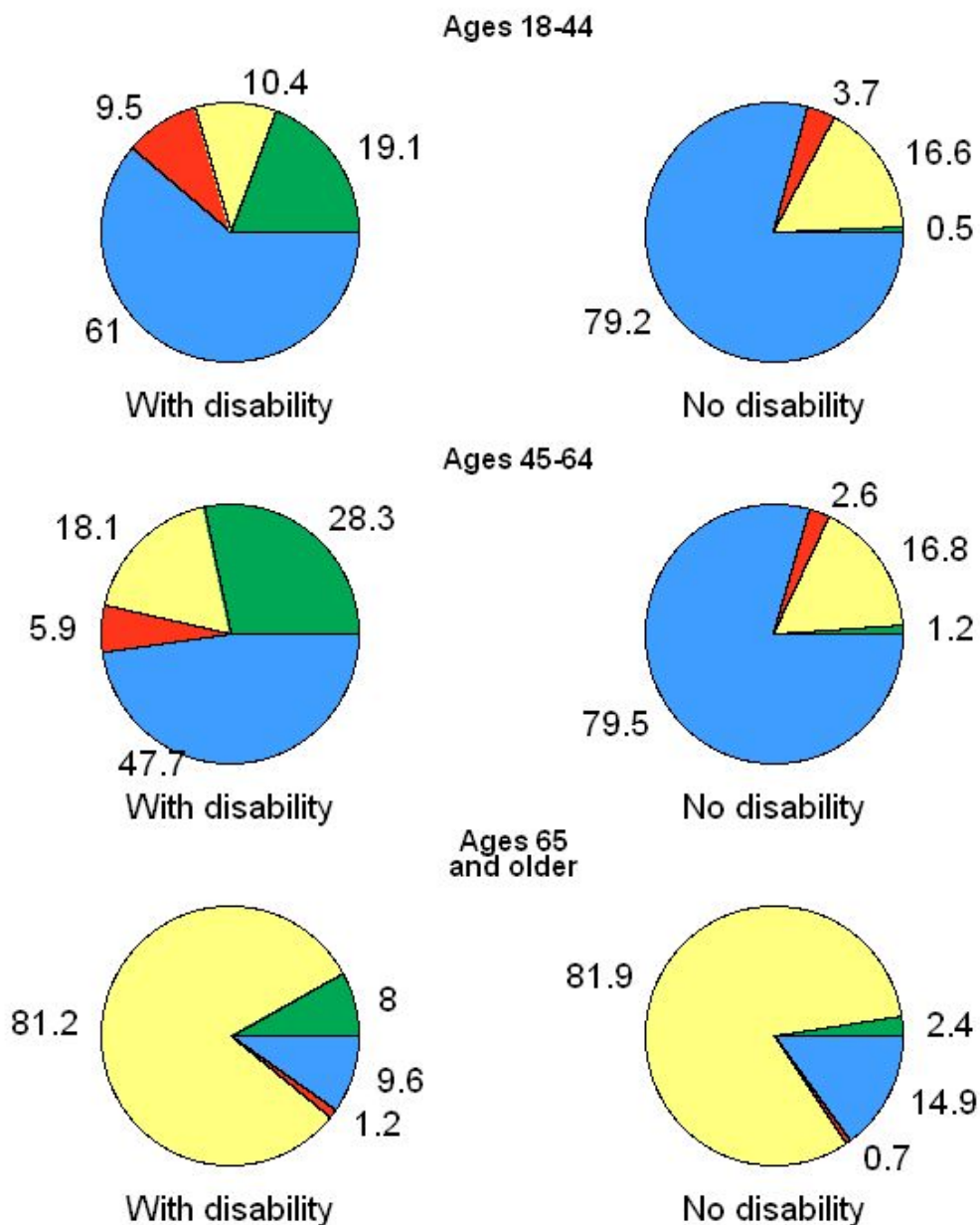
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<sup>5</sup> “Employed” include respondents who are employed for pay or self-employed. “Unemployed” include respondents who reported being out of work for less than one year or more than one year. “Not in workforce” include students, homemakers, and retired individuals.



**Figure 8 -- Employment Status by Disability by Age**

■ Employed   
 ■ Unemployed   
 ■ Out of workforce   
 ■ Unable to work

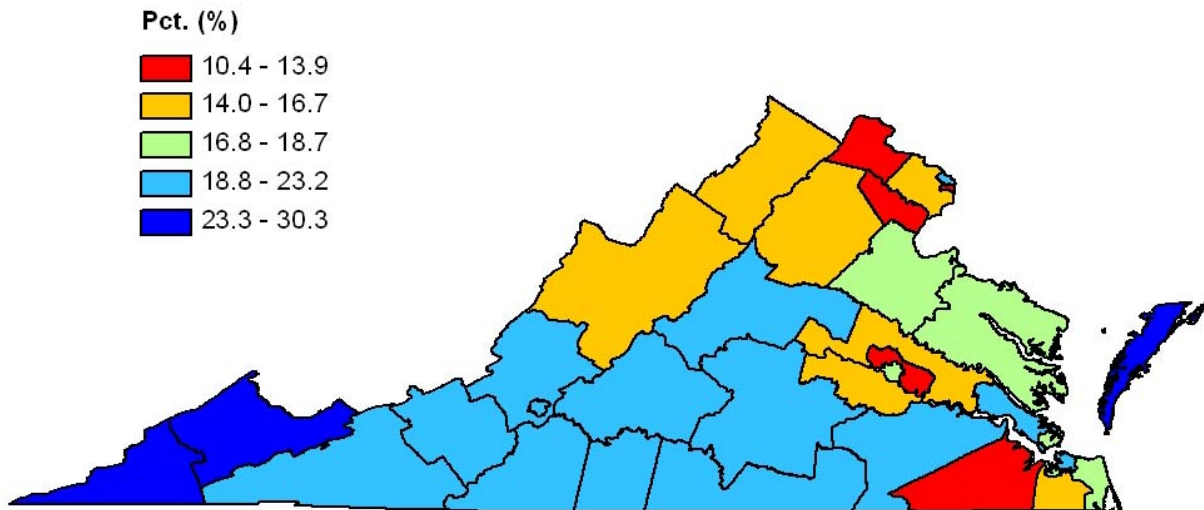


Note: Numbers represent percent of respondents. "Employed" include respondents who are employed for pay or self-employed. "Unemployed" include respondents who reported being out of work for less than one year or more than one year. "Not in workforce" include students, homemakers, and retired individuals.

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*Geographic Distribution of People with Disabilities.* People with disabilities live in all areas of the Commonwealth. Based on BRFSS survey findings, 17.9% of the state's residents lives with a disability. Percentage rates of disability ranged from 10.4% in Alexandria Health District to 30.3% in Lenowisco Health District. Rates of reported disability were highest in southwest Virginia, particularly Lenowisco and Cumberland Plateau health districts, and the Eastern Shore. These three districts are also noted for having a greater percentage of people who were 65 years and older, based on population estimates for 2005.

***Percentage of Population Living With a Disability, by Health District, 2004-2006***



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## Access to Healthcare

*Health Insurance Coverage.* BRFSS respondents were asked a series of questions about their access to healthcare. Included were questions about healthcare insurance coverage, extent to which a person has a usual source of medical care, and the difficulty accessing healthcare in the past 12 months due to cost.

There were similarities between those with and without disabilities in terms of current health insurance coverage. Overall, 12% of people with a disability had no health insurance coverage, compared to 11.8% of people with no disability. Among people with disabilities:

- Men were slightly more likely to be uninsured than women.
- People 18-44 years had the highest rate of being uninsured. They were 15 times more likely to be uninsured than people 65 and older. They also had higher rates of having no insurance than adults 45-64 years.
- Whites and blacks had similar rates of being uninsured.

Figures 9 and 10 show rates of being uninsured by disability within sex, race, and age.

**Figure 9 -- No Health Insurance by Disability, Sex, & Race**

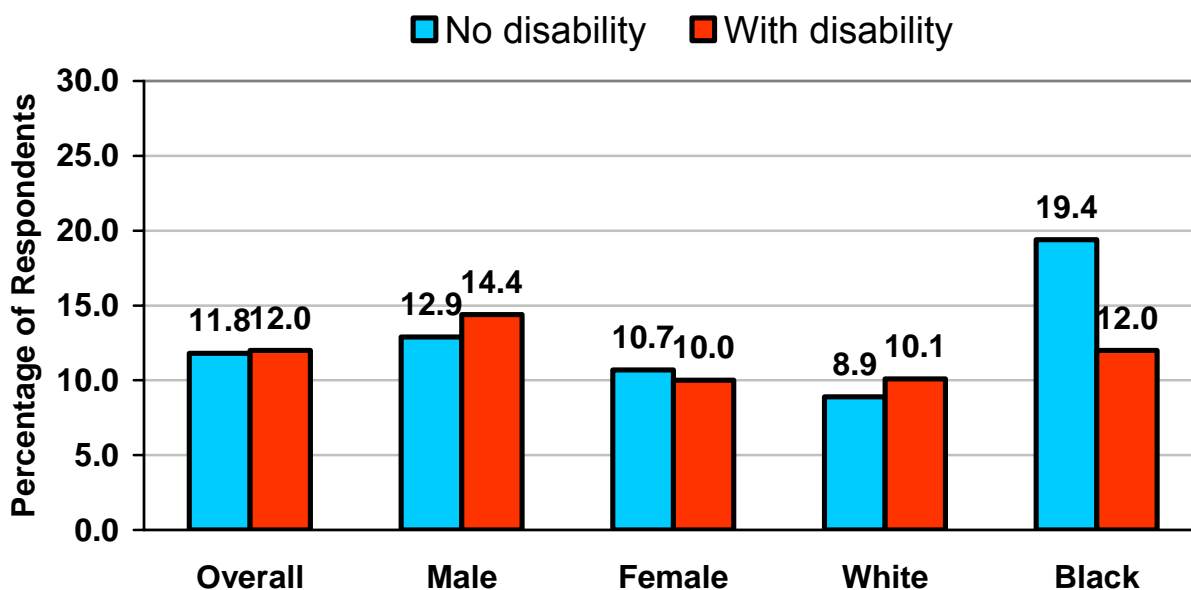
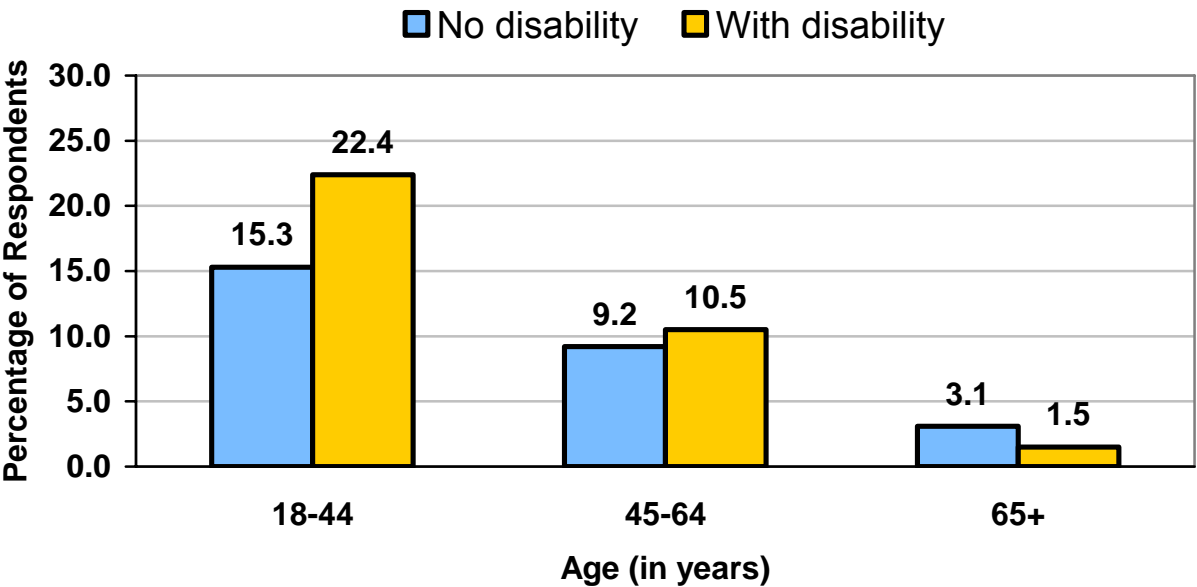


Figure 10 -- No Health Insurance by Disability and Age



*Have Personal Doctor.* People with a disability had a usual source of care, that is, access to a personal doctor or healthcare provider. People without a disability were significantly more likely to not have a personal provider compared to people with a disability--18% versus 10.6%. Among people with disabilities, those ages 18-44 had the highest rate of not having a personal provider (20.5%), and were 5 times more likely to lack a provider compared to adults 65 and older. Men were also at risk by not having a provider (13.6%), compared to women (8%). Whites and blacks had similar rates of no personal provider. Figures 11 and 12 present findings by disability within sex, race, and age.

Figure 11 -- No Personal Doctor by Disability, Sex, & Race

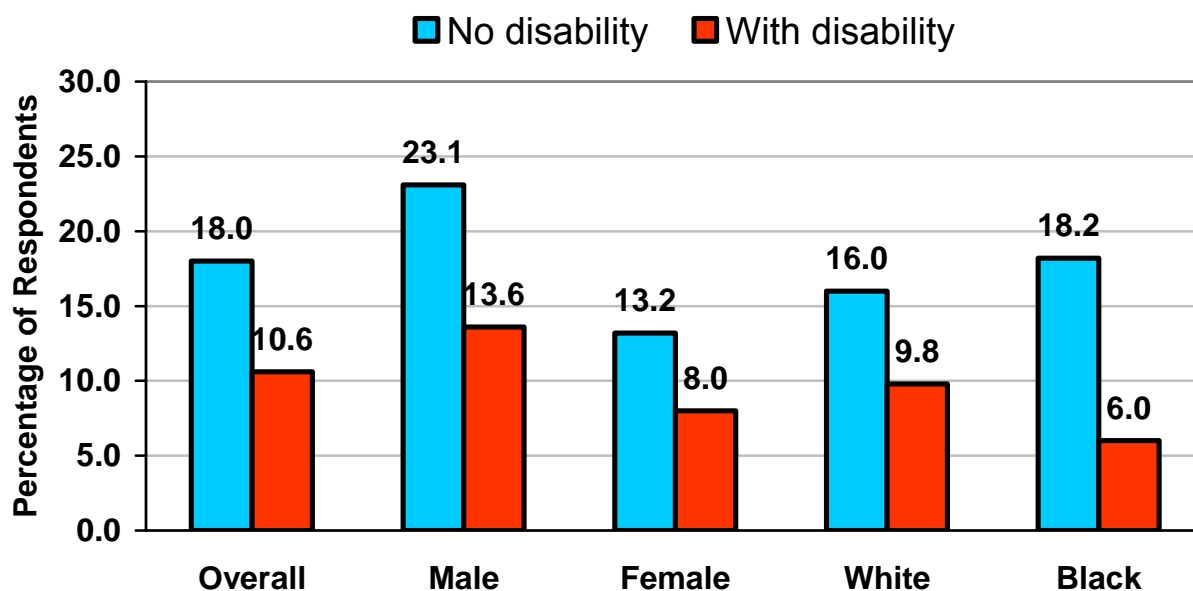
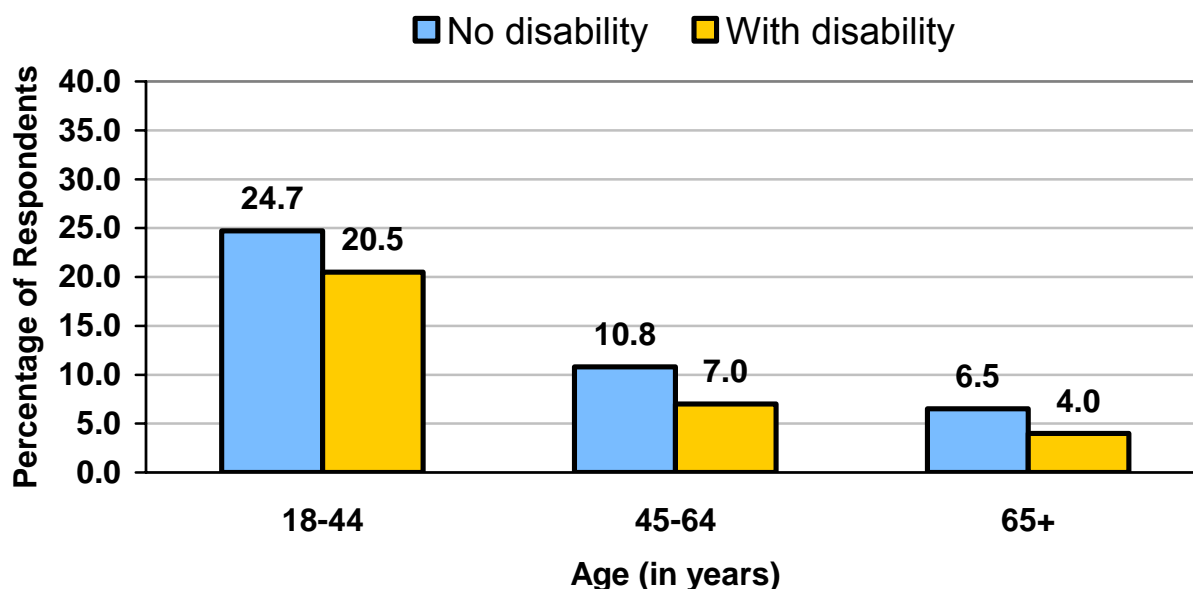


Figure 12 -- No Personal Doctor by Disability and Age



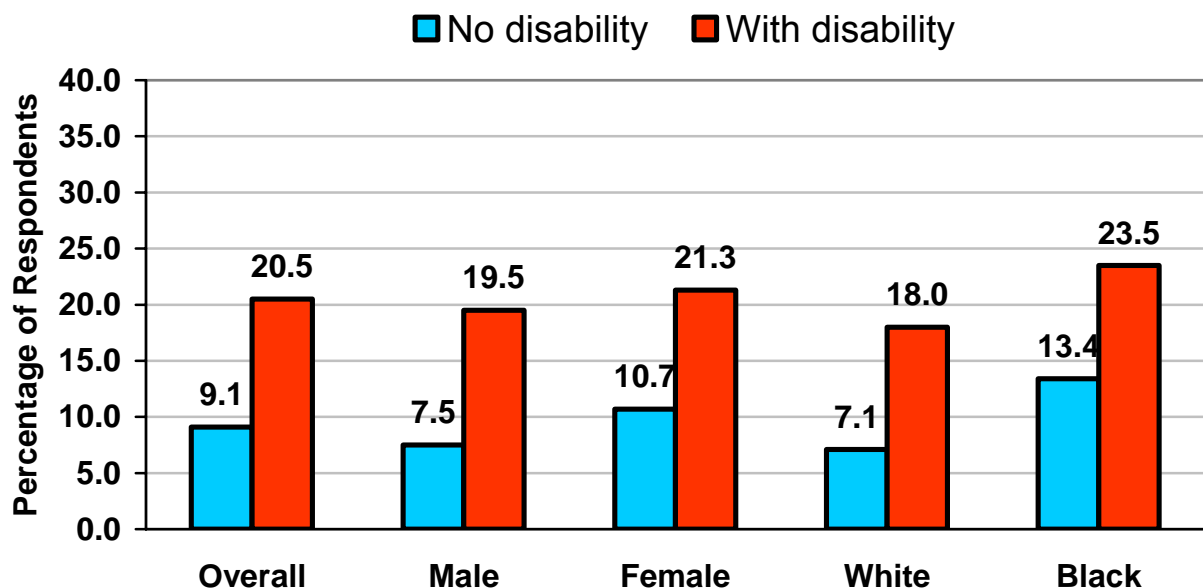
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*Unable to Access Care Due to Cost.* Although people with disabilities had a low rate of being uninsured and had someone whom they considered to be their personal doctor, they were over two times more likely than individuals without disability to say that they did not see a doctor due to cost in the past year (20.5% vs. 9.1%). Among individuals with disabilities:

- 18-44 year-olds were most likely to report lack of access to healthcare when needed, and 5.4 times more likely to lack access to healthcare compared to adults 65 and older. Adults 45-64 were 3 times more likely to lack healthcare access compared to older adults.
- Blacks were more likely to lack access to healthcare compared to whites.

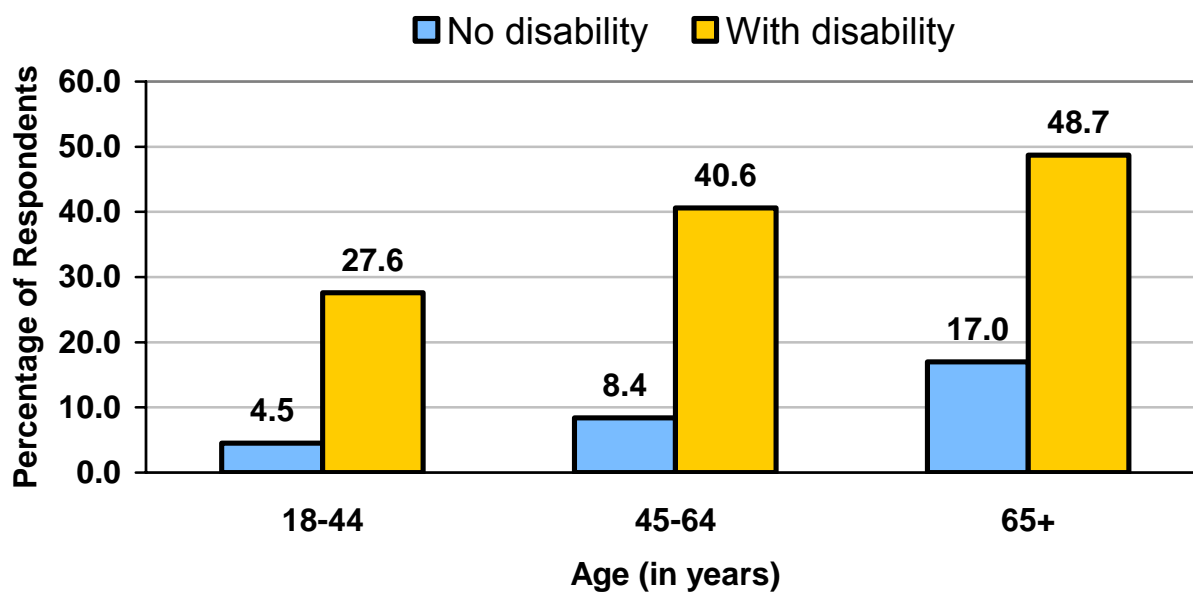
These findings suggest that simply having health insurance and a usual source of care does not ensure utilization of the health care system. Additional research is needed to determine what other factors impact individuals' ability to access the health care system. Figures 13 and 14 illustrate these findings on inability to access medical care by disability, within sex, race, and age.

**Figure 13 -- Not See Doctor Due to Cost in Past Month by Disability, Sex, & Race**



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**Figure 14 -- Not See Doctor Due to Cost in Past Month by Disability and Age**



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## General Health

*Perceived Health Status.* Individuals were asked about their perceptions of their general health. Individuals with disabilities were at least five times more likely to say that their health was fair or poor, compared to individuals without disabilities.

Among people with disabilities:

- Blacks (49.2%) and adults 65 and older (48.7%) had the highest rates of reporting fair to poor health compared to other groups.
- Adults 65 and older were 1.8 times more likely to have fair or poor health status than adults 18-44 years. Even adults 45-64 years were significantly more likely to have fair or poor health than younger adults.
- Blacks were 1.3 times more likely to have fair or poor health compared to whites.

Figure 15 illustrates differences in health status by disability status within sex and race groups. Figures 16 and 17 show differences in who reports having fair or poor health by disability.

**Figure 15 -- Perceived General Health Status by Disability**

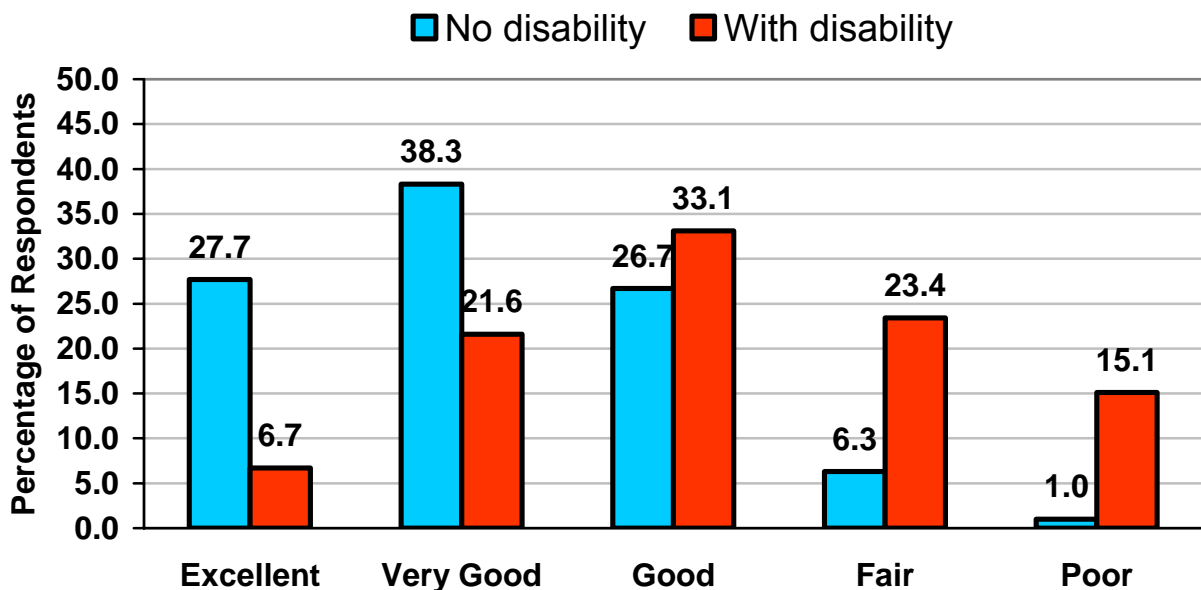




Figure 16 -- Fair or Poor Health by Disability, Sex, & Race

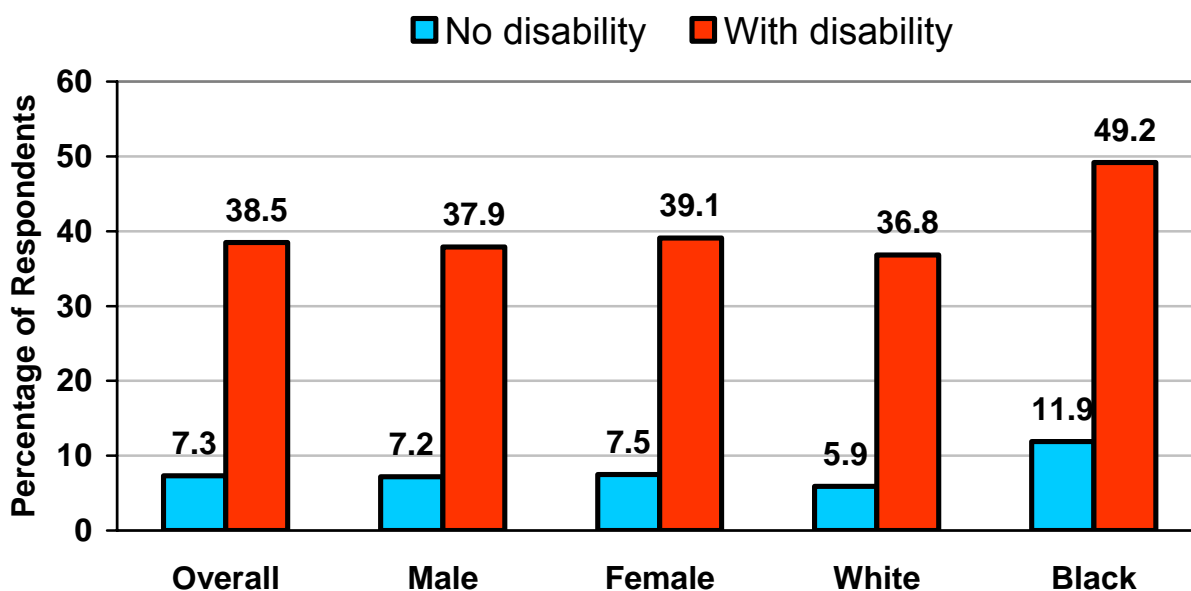
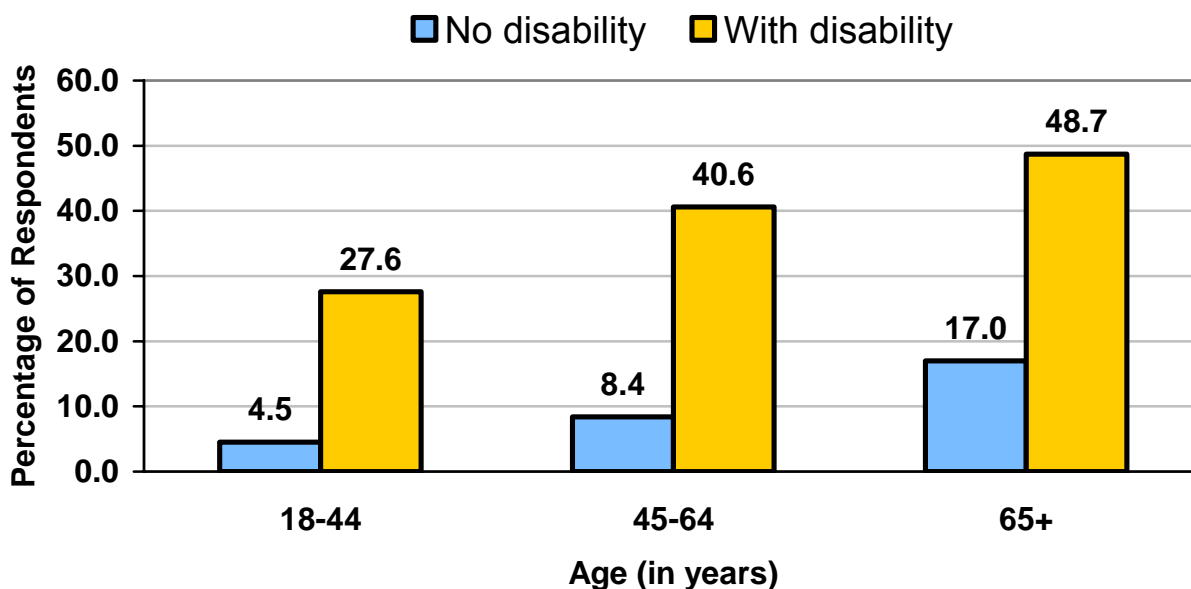
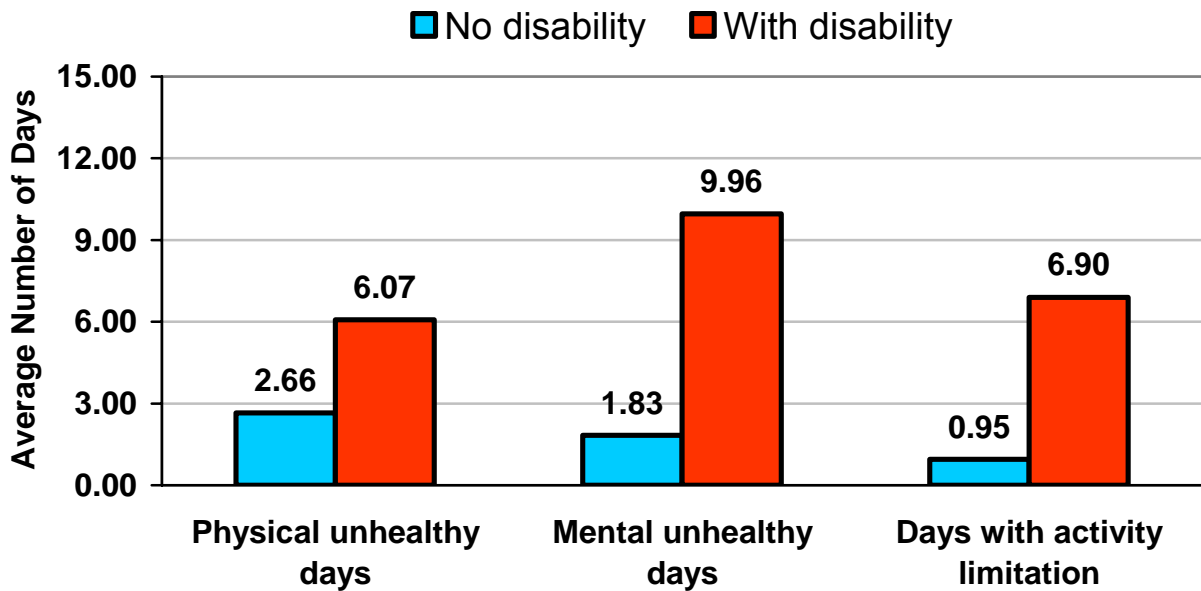


Figure 17 -- Fair or Poor Health by Disability by Age



*Physical and Mental Unhealthy Days.* Survey respondents were asked to indicate the number of days within the past thirty when (1) their *physical* health was not good, (2) their *mental* health was not good, and (3) their health kept them from doing their usual activities, including self-care, work, and recreation.<sup>6</sup> People with disabilities reported, on average, six days in the past month in which their physical health was not good, nearly 10 days in which their mental health was not good, and 7 days in which their health was poor enough to limit their functioning. People without disabilities reported significantly fewer unhealthy days and days of limited functioning. Figure 18 shows group differences in the average number of unhealthy days and days with activity limitation.

**Figure 18 -- Unhealthy Days and Days With Activity Limitation by Disability**



<sup>6</sup> Note: Respondents were asked “[Including physical illness and injury]...how many days during the past 30 days was your physical health not good?” (physical unhealthy days), “[Including stress, depression, and problems with emotions]...how many days in the past 30 days was your mental health not good?” (mental unhealthy days), and “during the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?” (days with activity limitation).

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Among people with disabilities, women, individuals 65 and older, and blacks reported the greatest number of days when their *physical* health was not good. There were significant differences by sex, among age groups, and among racial groups. Figures 19 and 20 illustrate findings for days with impaired physical health.

However, individuals 18-44 years had the greatest number of days (8.75) when their *mental* health was not good. Non-whites had significantly more days when their mental health was not good. Women reported more mental unhealthy days than men. Figures 21 and 22 illustrate findings for days with impaired mental health.

As for limited functioning, blacks reported the greatest number of days (10.01) when their health limited their ability to do their usual activities. There appeared to be fewer differences among the age groups and between men and women. Figures 23 and 24 illustrate findings for days with limited activity.

Figure 19 -- Physical Unhealthy Days in Past Month by Disability, Sex, & Race

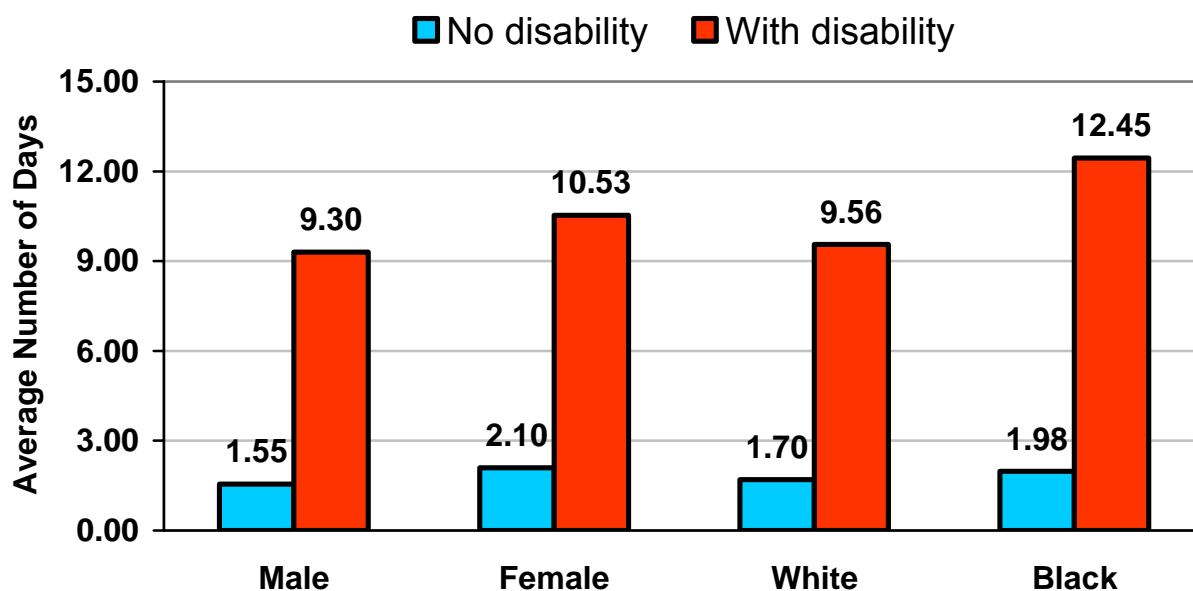


Figure 20 -- Physical Unhealthy Days in Past Month by Disability and Age

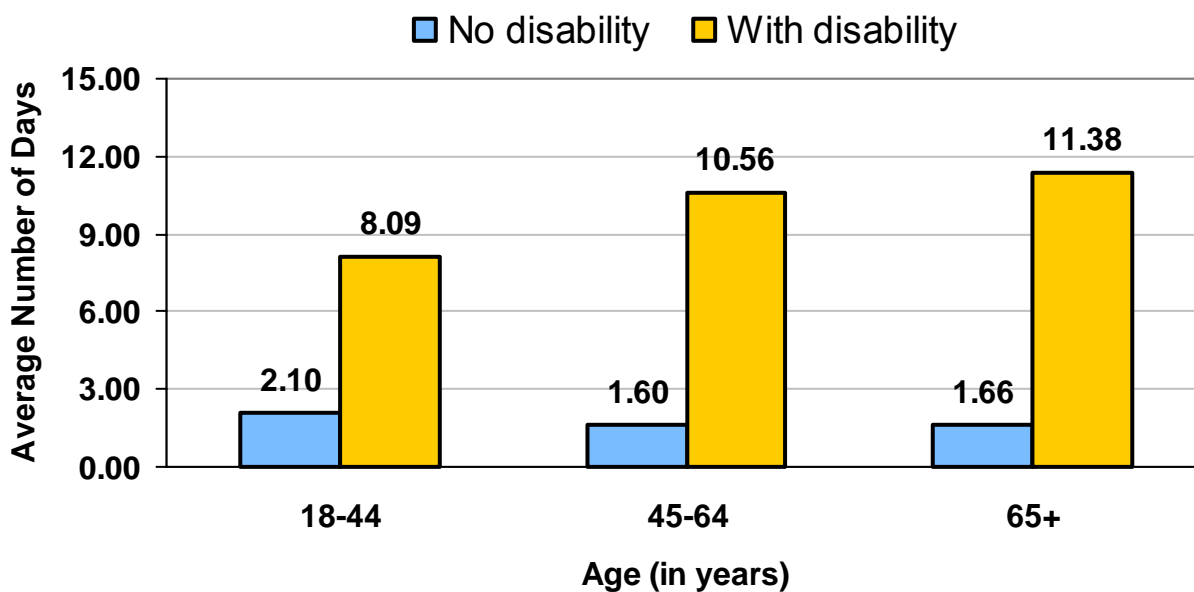


Figure 21 -- Mental Unhealthy Days in Past Month by Disability, Sex, & Race

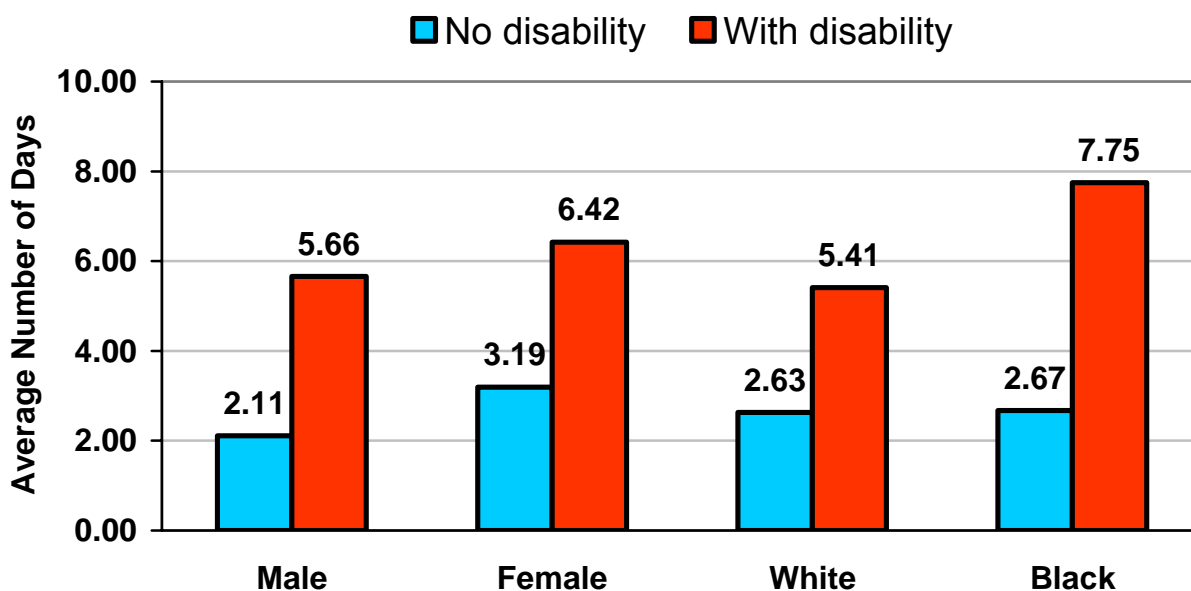
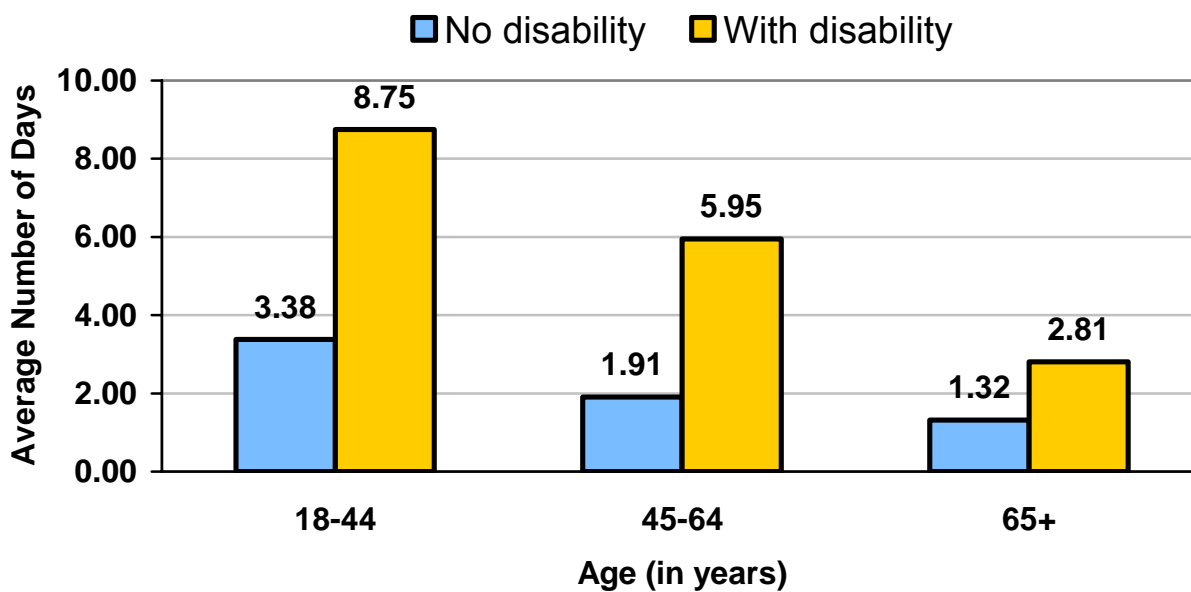
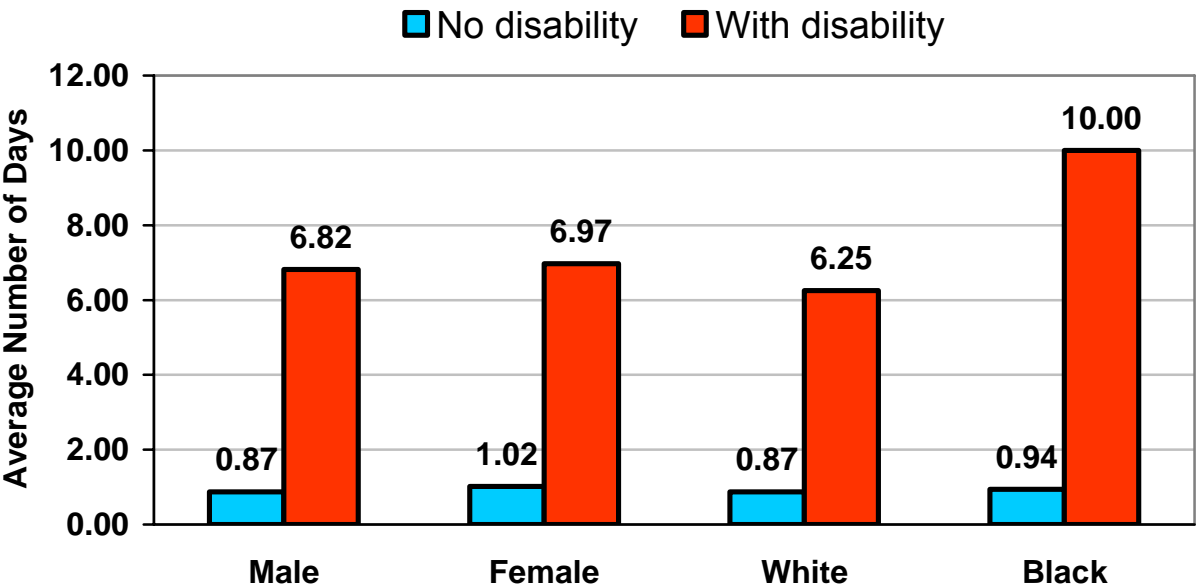


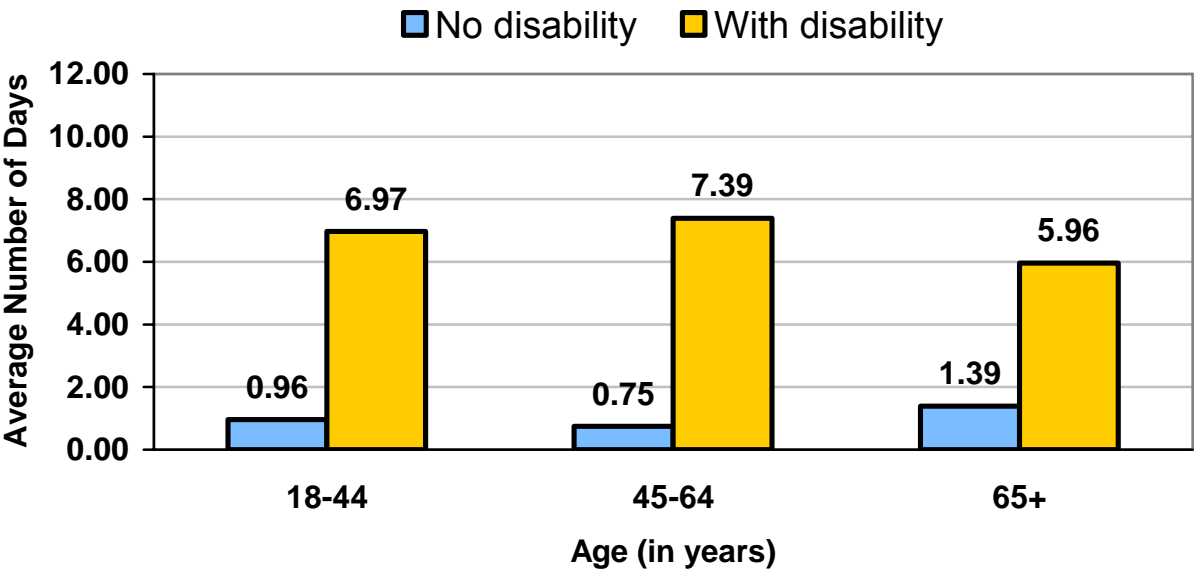
Figure 22 -- Mental Unhealthy Days in Past Month by Disability and Age



**Figure 23 -- Days with Limited Function in Past Month by Disability, Sex, & Race**

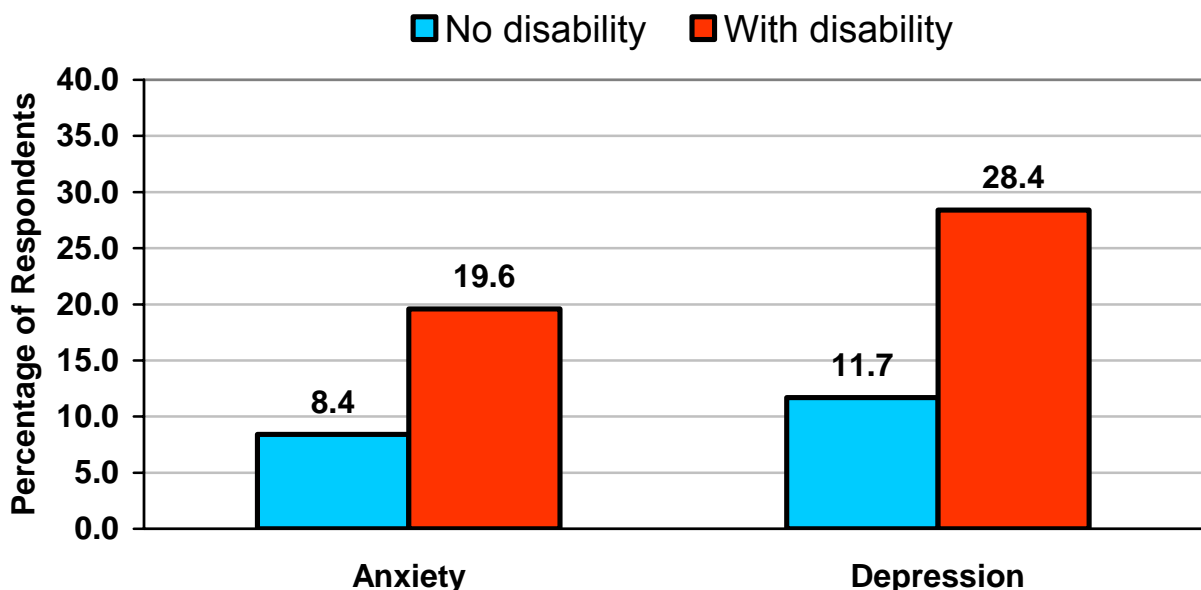


**Figure 24 -- Days with Limited Function in Past Month by Disability and Age**



*Anxiety and Depression.* Adults were asked if a doctor or other healthcare provider ever diagnosed them with an anxiety disorder. Similarly, they were asked if they had ever been diagnosed with a depressive disorder.<sup>7</sup> These two questions were only asked in 2006. Based on self-report, people with a disability were 2.3 times more likely to have ever been diagnosed with anxiety (19.6% vs. 8.4%) and 2.4 times more likely to have ever been diagnosed with depression (28.4% vs. 11.7%), compared to individuals with no disability. Figure 25 shows differences in rates of diagnosed anxiety and depression by disability.

**Figure 25 -- Diagnosed Anxiety and Depression by Disability (2006)**



In 2006 only, respondents were asked to answer eight questions regarding having symptoms of depression (Patient Health Questionnaire, or PHQ-8). Respondents reported the number of days in the past two weeks (14 days) that they experienced each of eight symptoms of depression (e.g., feeling

<sup>7</sup> Survey respondents were asked “has a doctor or other healthcare provider EVER told you that you had an anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder)?” and “has a doctor or other healthcare provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?”.

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tired, changes in appetite, trouble sleeping). Based on the frequency of symptoms--that is, number of days with symptoms--the respondent was classified as either having major depression or not.<sup>8</sup>

People with disabilities were 3.5 times more likely to have current major depression than people without disabilities (16.9% vs. 4.8%). Among people with disabilities, those 18-44 years had the highest percentage (22.9%) with major depression and were 2-1/2 times more likely to have major depression than people 65 and older. People ages 45-64 years also had a higher percentage of depression than the oldest age group. There were no significant differences between men and women and between whites and blacks. Figures 26 and 27 illustrate findings on prevalence of current major depression by disability within sex, race, and age.

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<sup>8</sup> The number of days for each of the eight questions was converted into points: 0-1 days = 0 points; 2-6 days = 1 point; 7-11 days = 2 points; 12-14 days = 3 points. The number of points across all eight items was summed into a total depression score. A total score of 10 or greater was categorized as "current major depression". Total depression score based on the PHQ-8 has a sensitivity of 88% and 88% specificity for major depression as well as a positive likelihood ratio of 7.1, which means that primary care patients with major depression are seven times more likely to have a PHQ-8 score of 10 or greater than patients without major depression. For more information about PHQ scoring algorithms in the BRFSS, refer to: Kroenke K, et al. The PHQ-9: validity of a brief depression severity measure. *J Gen Intern Med.* 2001; 16:606-613.

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Figure 26 -- Current Major Depression by Disability, Sex, & Race (2006)

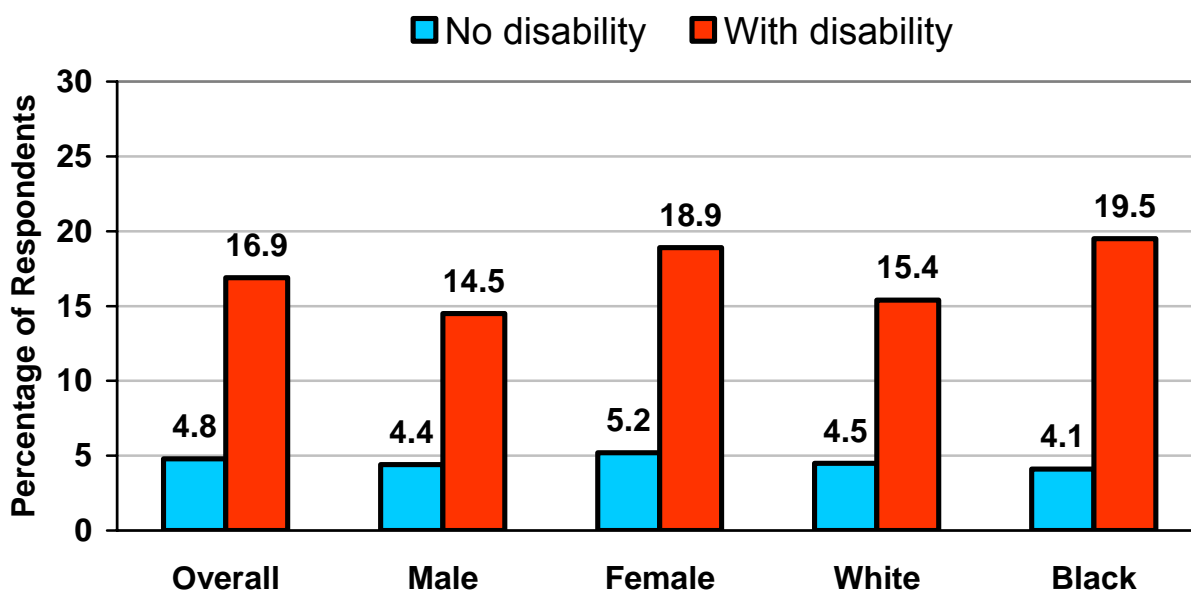
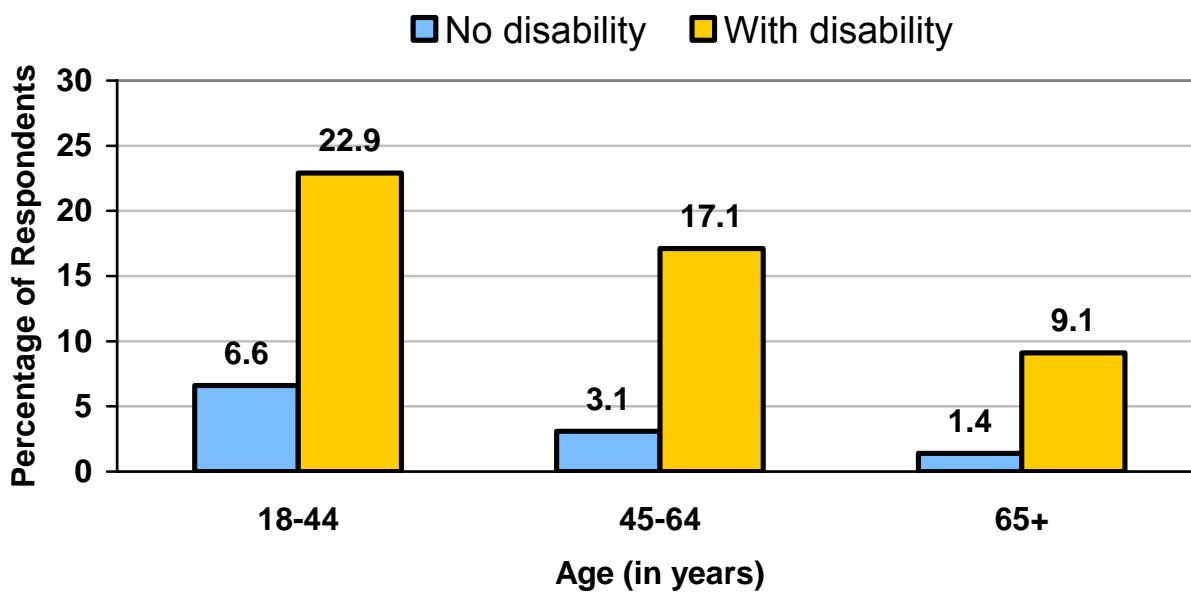


Figure 27 -- Current Major Depression by Disability and Age (2006)



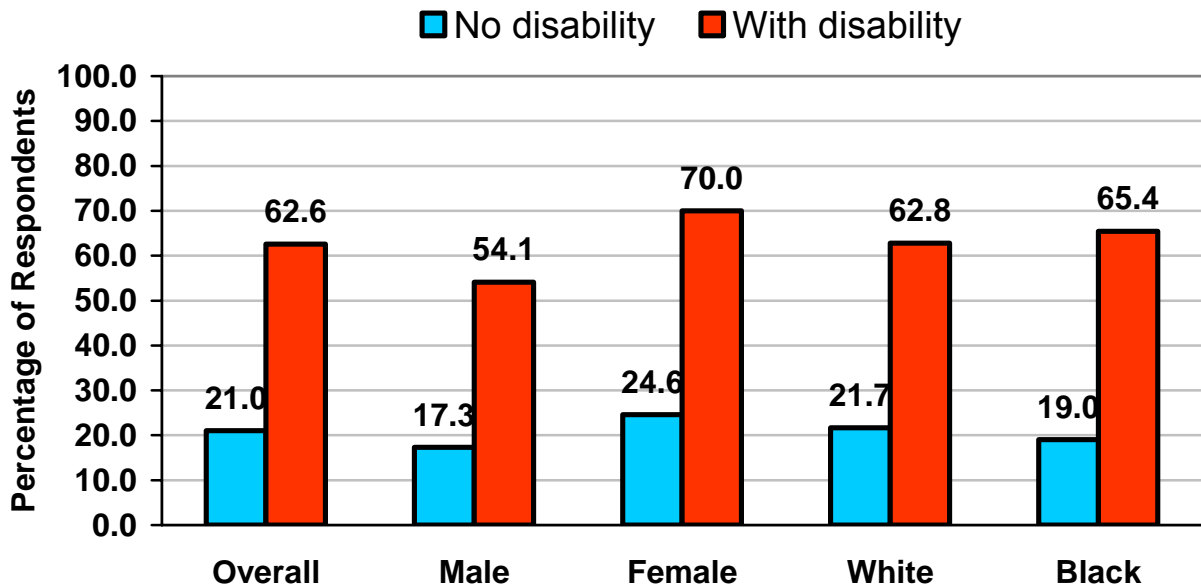
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## Arthritis

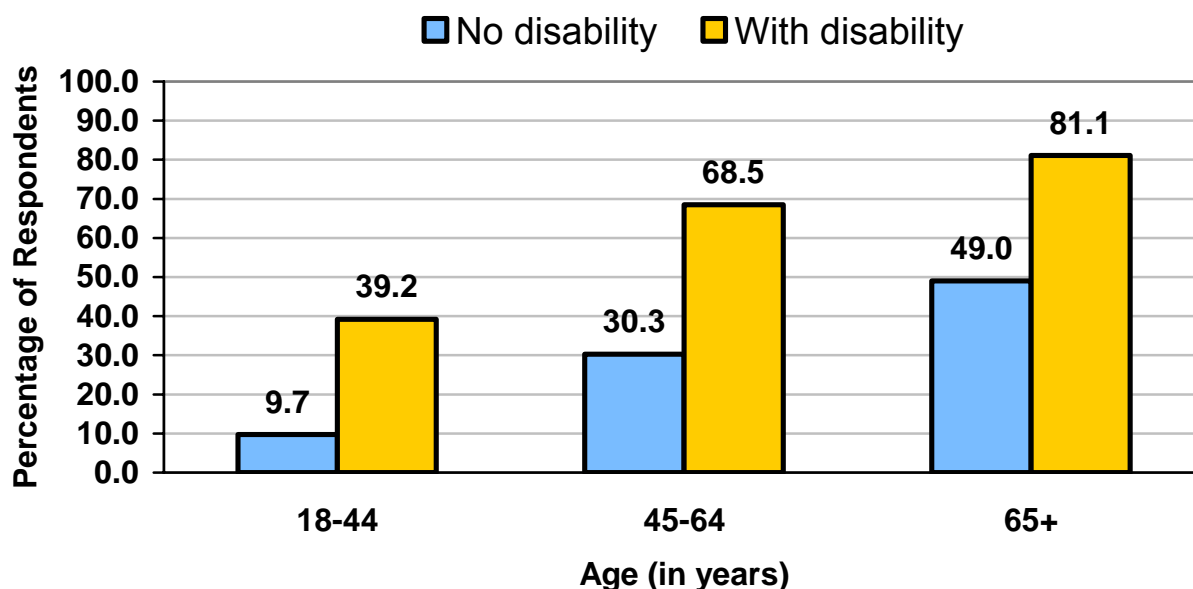
In the 2004 and 2005 BRFSS survey, respondents were asked if they had “ever been told by a doctor, nurse, or other health professional that [they] have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.” On average, 28.3% of adults in Virginia reported having been diagnosed with arthritis. A third (37.7%) of those adults reported being limited in performing their usual activities because of their arthritis symptoms.

People with disabilities were three times more likely to report having ever been diagnosed with arthritis than people without disabilities (62.6% vs. 21%). Among people with disabilities, arthritis prevalence was highest for those 65 and older (81.1%) and for women (70%). Women were 1.3 times more likely than men to have arthritis, and the risk of arthritis was 1.8 to 2.0 times higher among older adults, compared to younger adults. There were no differences in rates of arthritis between whites and blacks. Figures 28 and 29 illustrate these findings on arthritis prevalence by disability within sex, race, and age groups.

**Figure 28 -- Arthritis by Disability, Sex, & Race (2004-2005)**



**Figure 29 -- Arthritis by Disability and Age (2004-2005)**



## **Asthma**

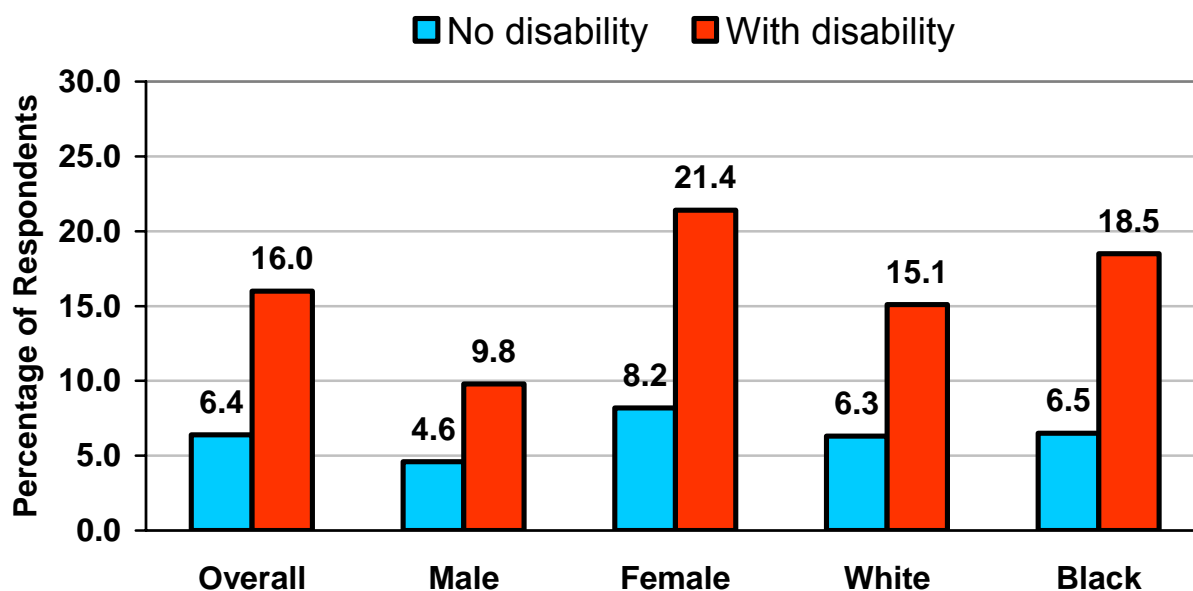
Asthma is considered to be a chronic respiratory disease. In 2006, 13.2% of Virginia adults said that they had previously been diagnosed with asthma, and 8.4% still have asthma. People with disabilities were 2-1/2 times more likely than people without disabilities to report having current asthma (16% vs. 6.4%). Among people with disabilities:

- Women had the highest percentage rate of asthma (21.4%) and were over 2 times more likely to report having asthma compared to men.
- People 18-44 years were 1.2 times more likely to have asthma than adults 65 and older.
- Although the rate of asthma appeared higher among blacks than whites, the difference was not significant.

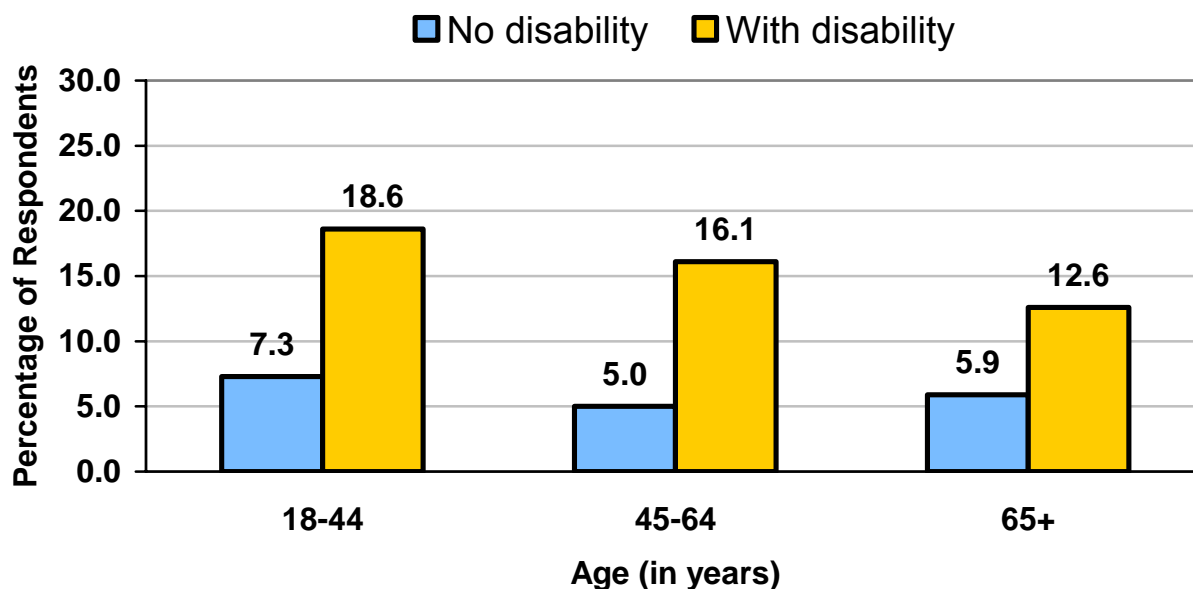
Figures 30 and 31 illustrate these findings on asthma prevalence by disability within sex, race, and age groups.

Among people diagnosed with asthma, those who had a disability were at greater risk than those without disabilities for reporting having an asthma attack in the last 12 months (62% vs. 45.2%).

**Figure 30 -- Current Asthma by Disability, Sex, & Race**



**Figure 31 -- Current Asthma by Disability and Age**



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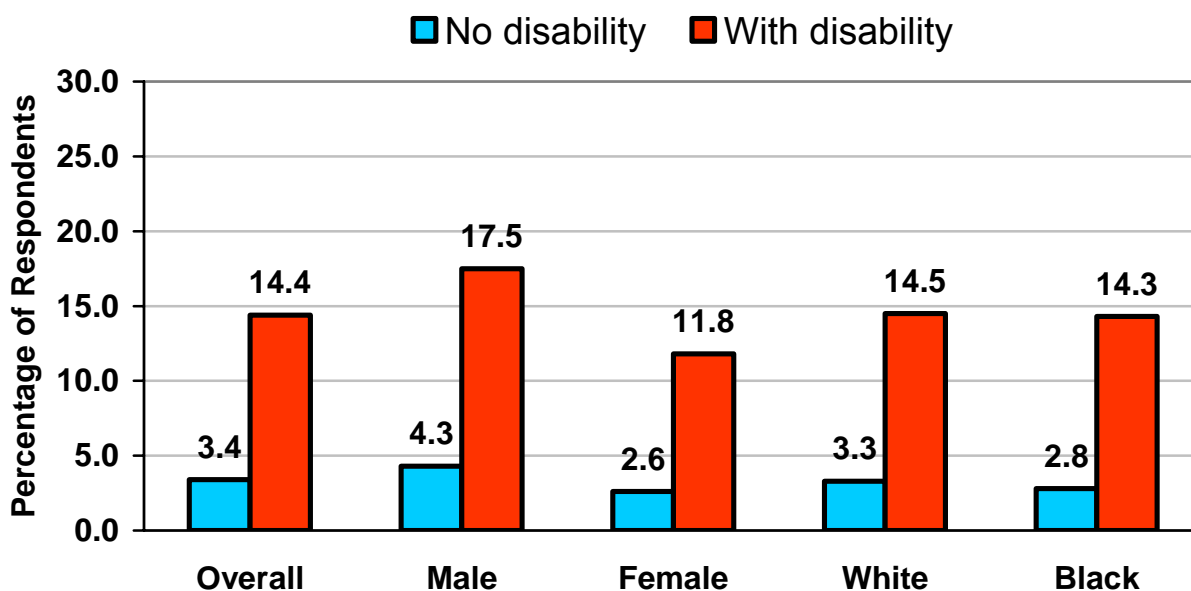
## Cardiovascular Disease and Risk Factors

*Cardiovascular Events.* Cardiovascular disease (CVD) comprises many types of diseases affecting the heart and circulatory system. Heart disease, which is classified under CVD, is considered one of the major killers of Americans. It is the leading cause of death in the United States. In Virginia, there were nearly 14,000 deaths due to heart disease. CVD also includes cerebrovascular disease. An additional 3,500 deaths from cerebrovascular disease (including stroke) occurred in 2006 in Virginia.

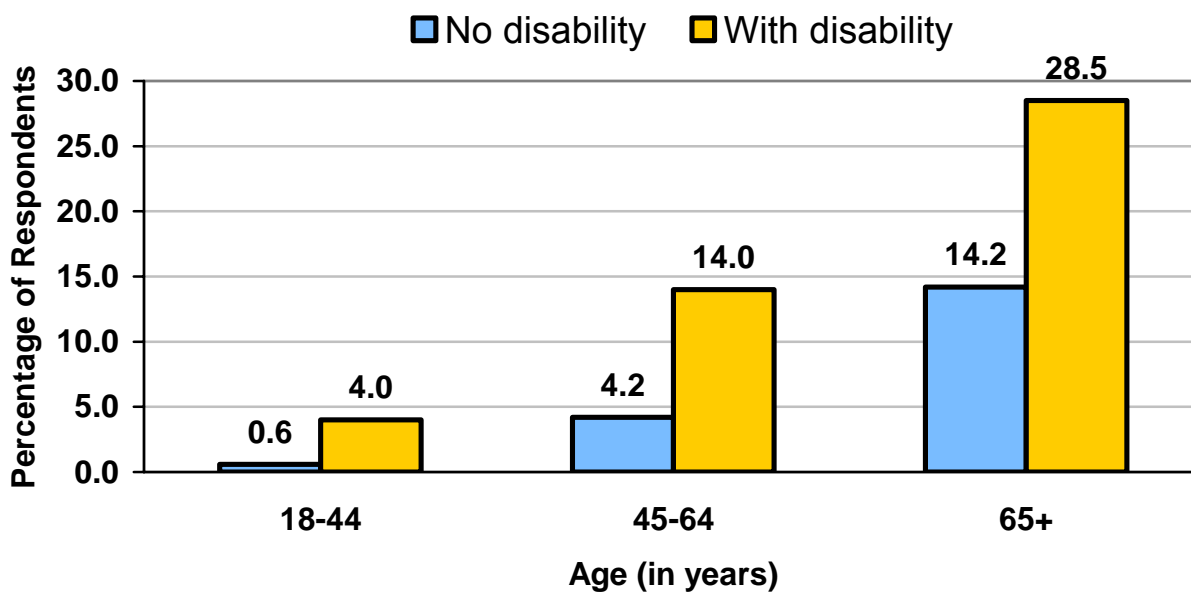
Survey respondents were asked if they had ever been told by a doctor that they had a heart attack (also called myocardial infarction). They were also asked if they ever had been told that they had a stroke. Based on survey findings from 2006, 4.3% of Virginians said that they previously had a heart attack, and 1.9% previously had a stroke. Heart attack and stroke are cardiovascular events and indicative of having CVD.

People with disabilities were 4.2 times more likely to have had a cardiovascular event--either heart attack or stroke--than people without disabilities (14.4% vs. 3.4%). Among those with disabilities, prevalence of a cardiovascular event was highest in adults 65 and older, followed by men, whites and blacks. Risk of a cardiovascular event was 50% greater in men than women, and 3-1/2 to 7 times greater for older people compared to younger adults. Figures 32 and 33 show percentage rates of having a cardiovascular event by disability within sex, race, and age.

**Figure 32 -- Cardiovascular Events by Disability, Sex, & Race**



**Figure 33 -- Cardiovascular Events by Disability and Age**

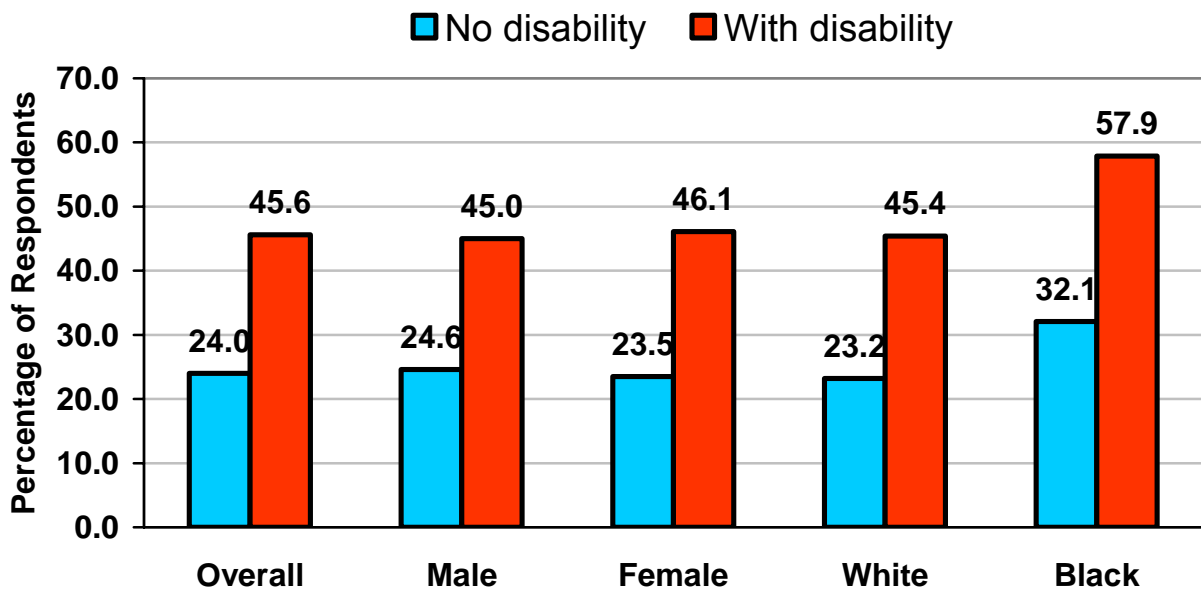


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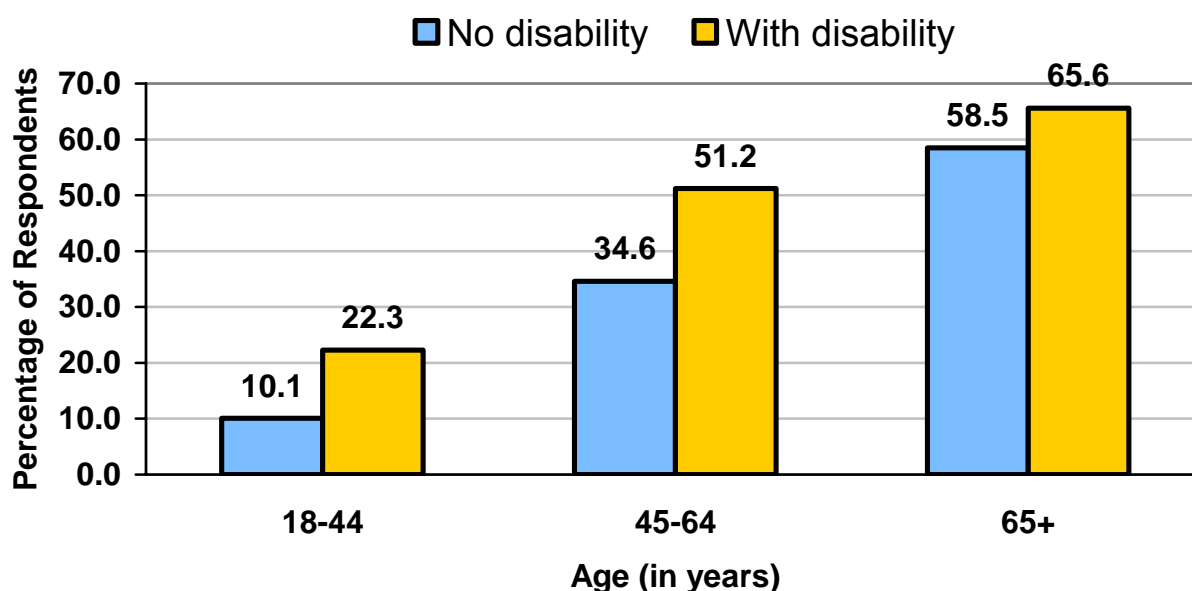
*High Blood Pressure.* High blood pressure is considered a major risk factor for heart disease. Respondents were asked if they had ever been told by a doctor, nurse, or other health professional that they had high blood pressure. Respondents who said ‘yes, only during pregnancy’ were excluded from the sample.

Based on 2006 survey findings, 30.2% of Virginians reported having high blood pressure. People with disabilities were 1.9 times more likely to have been told, at some point in time, that they have high blood pressure (45.6% versus 24%). As expected, prevalence of high blood pressure increased with age. Among people with disabilities, those 65 and older had the highest prevalence rate (65.6%). For people with disabilities, risk of high blood pressure was 2.2 to 2.9 times greater in older age groups, and blacks were 1.3 times more likely than whites to have high blood pressure. Figures 34 and 35 present findings on high blood pressure by disability within sex, race and age groups.

**Figure 34 -- High Blood Pressure by Disability, Sex, & Race**



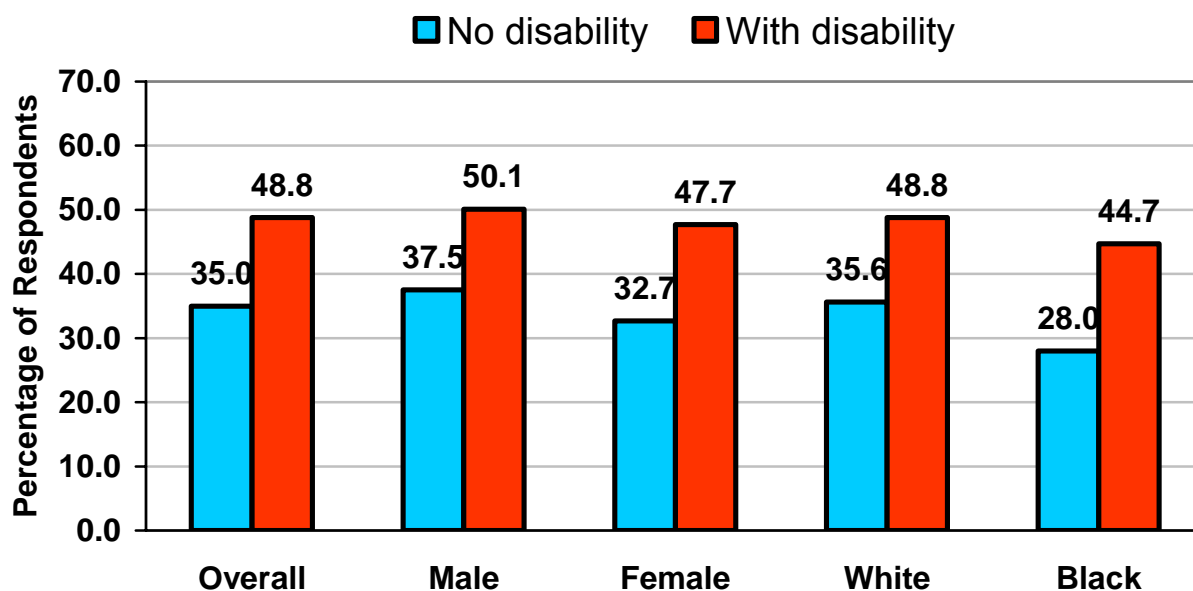
**Figure 35 -- High Blood Pressure by Disability and Age**



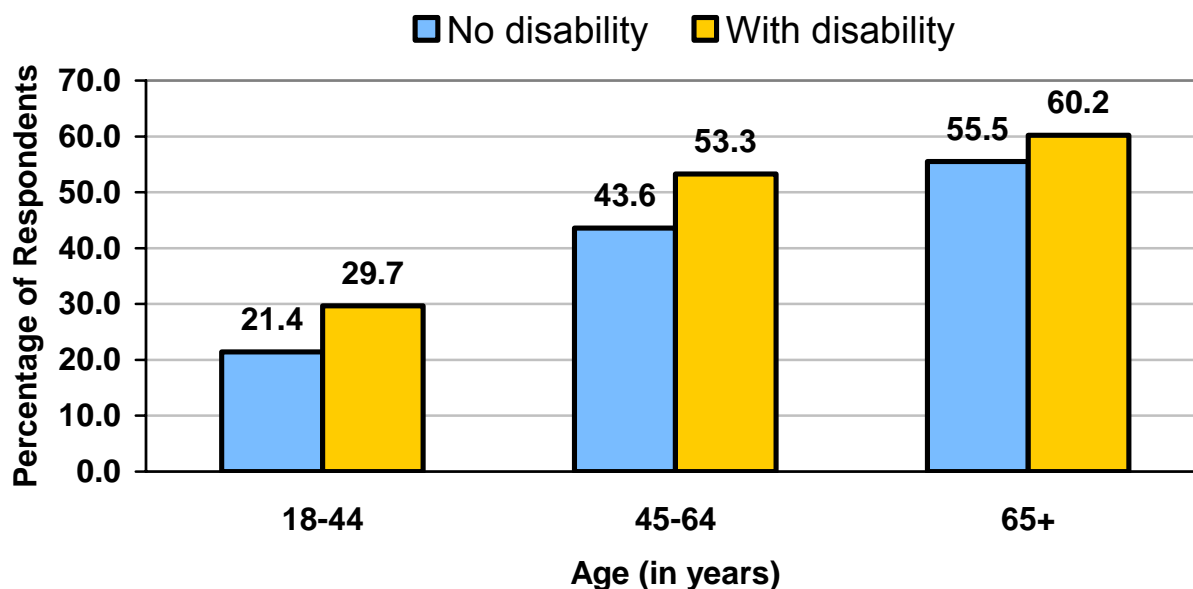
*High Cholesterol.* Another risk factor for development of CVD is having high blood cholesterol, which can lead to the formation of blood clots and reduce blood flow through major arteries. Respondents were asked if they had ever been told by a doctor, nurse, or other health professional that their blood cholesterol is high. Based on 2006 findings, 40.1% of Virginians had high blood cholesterol. People with disabilities were 1.4 times more likely to have high cholesterol than people without disabilities (48.8% vs. 35%). Prevalence of high cholesterol was highest among adults 65 and older (60.2%). Among those with disabilities, the risk of high cholesterol was about 1.8 to 2 times greater in older people. Rates of reporting high cholesterol were similar between men and women, and between blacks and whites. Figures 36 and 37 show differences in prevalence of high cholesterol by disability within sex, race, and age groups.



**Figure 36 -- High Cholesterol by Disability, Sex, & Race**



**Figure 37 -- High Cholesterol by Disability and Age**



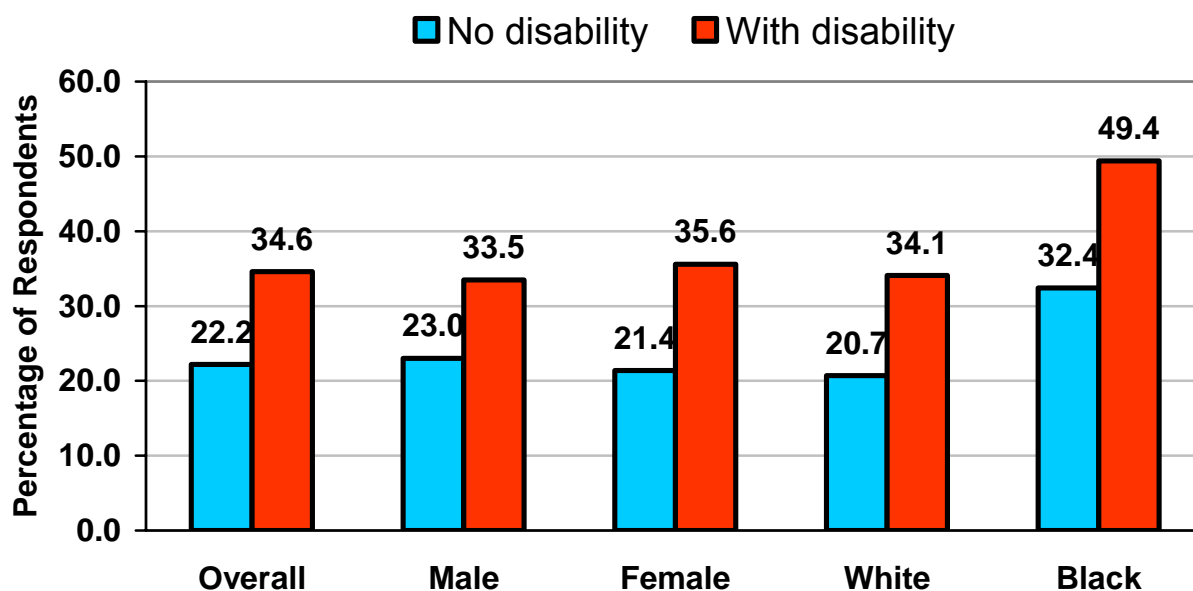
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*Obesity.* Obesity is the second leading cause of preventable death in the United States, right behind tobacco use. Obesity is a major risk factor for heart disease and stroke and a contributing risk factor for death or disability from cancer and other chronic diseases. In 2006, about 25% of Virginia residents were considered obese and 37% were overweight.

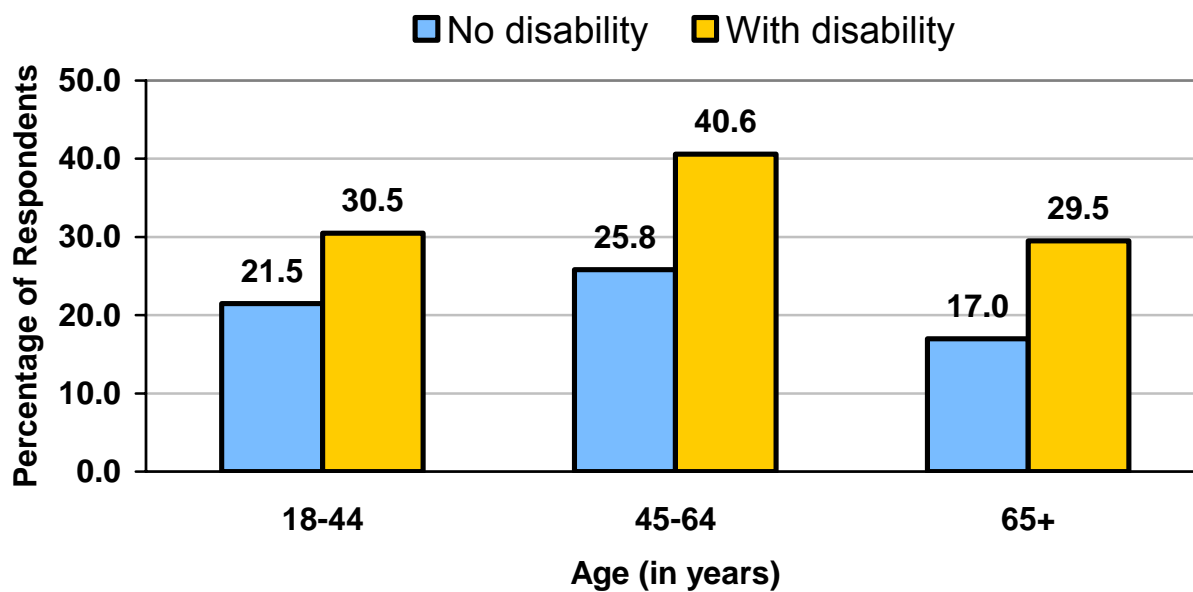
According to the Centers for Disease Control and Prevention (CDC), a person's height and weight can be used to calculate a number called "body mass index", or BMI. For most adults, BMI is used as a reliable indicator of overweight and obesity because it correlates with their amount of body fat. Based on self-reported height and weight, each respondent's BMI was calculated and classified as overweight (BMI  $\geq$  25 but less than 30), obese (BMI  $\geq$  30), or neither (BMI  $<$  25).

People with disabilities were slightly more likely to be either overweight or obese (69.5%) than people without disabilities (59.1%). People with disabilities were 1.6 times more likely to be obese than people without disabilities (34.6% vs. 22.2%). Among people with disabilities, almost half (49.4%) of blacks were obese, nearly 1.5 times greater than whites (34.1%). Adults ages 45-64 tended to have higher rates of obesity than either younger or older adults. Figures 38 and 39 illustrate these findings on obesity.

**Figure 38 -- Obesity by Disability, Sex, & Race**



**Figure 39 -- Obesity by Disability and Age**

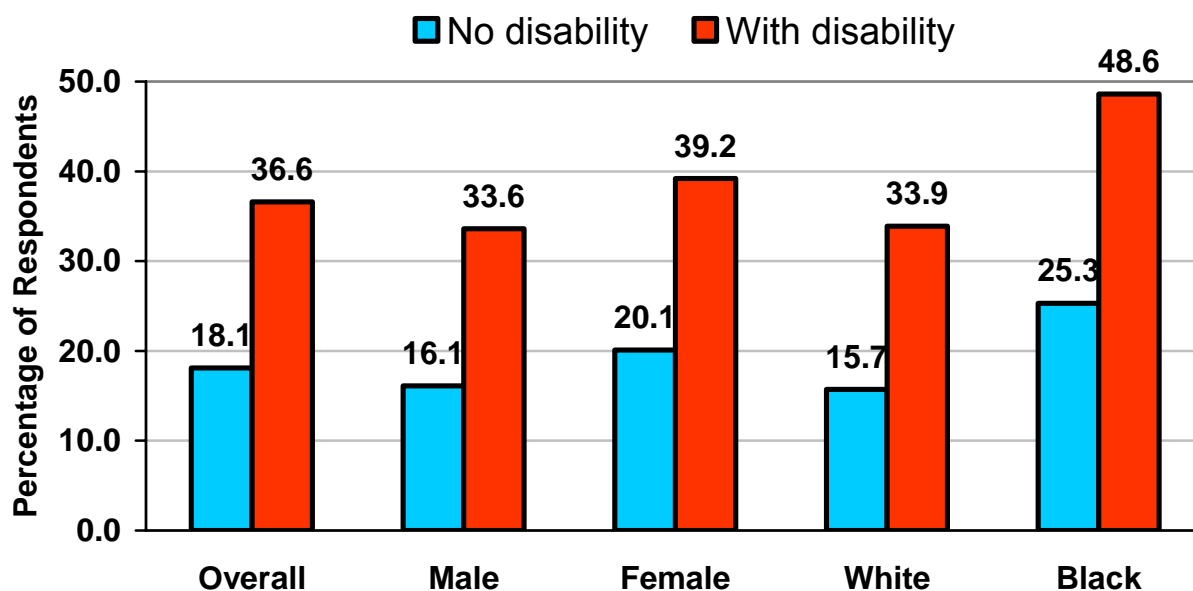


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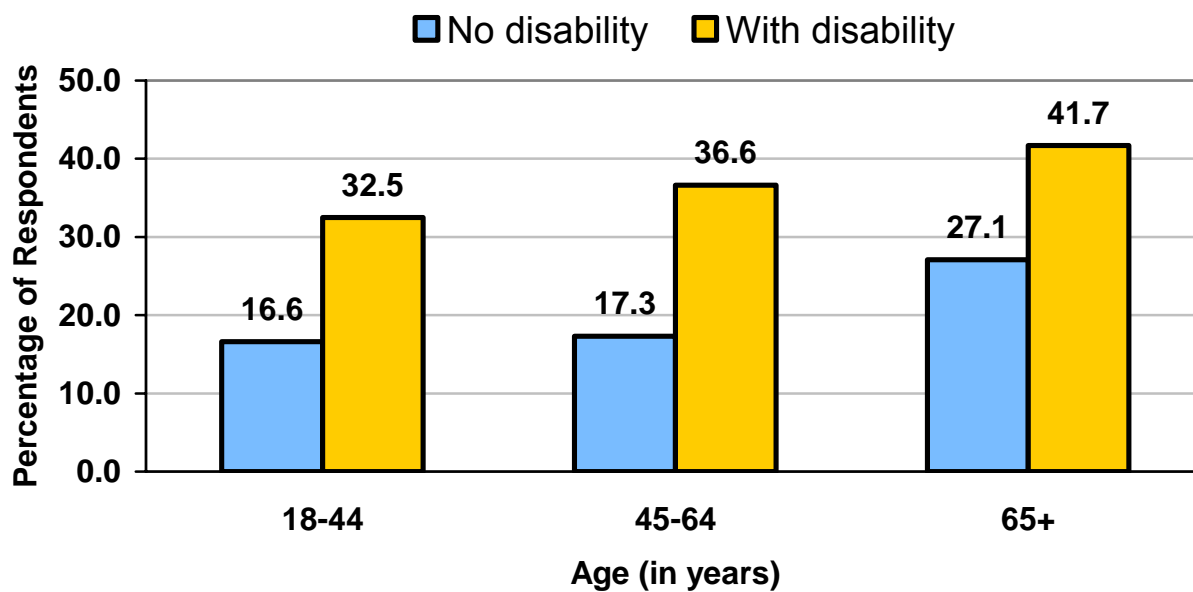
*Physical Inactivity.* An important aspect of well-being is access to and participation in physical activity. Lack of physical activity, or physical inactivity, is a risk factor for death and disability from CVD as well as other chronic diseases.

Survey respondents were asked if they participated in any physical activity (aside from their job) in the past month. In 2006, 21.7% of Virginians reported not being physically active in the previous month. People with disabilities were twice as likely to be physically inactive than people without disabilities (36.6% vs. 18.1%). Among individuals with disabilities, nearly half (48.6%) of non-Hispanic blacks were physically inactive, and were 1.4 times more likely to be inactive compared to whites. Adults 65 and older were about 1.3 times more likely to be inactive compared to adults 18-44 years. Figures 40 and 41 present findings on physical activity by disability within sex, race, and age.

**Figure 40 -- No Physical Activity in Past Month by Disability, Sex, & Race**



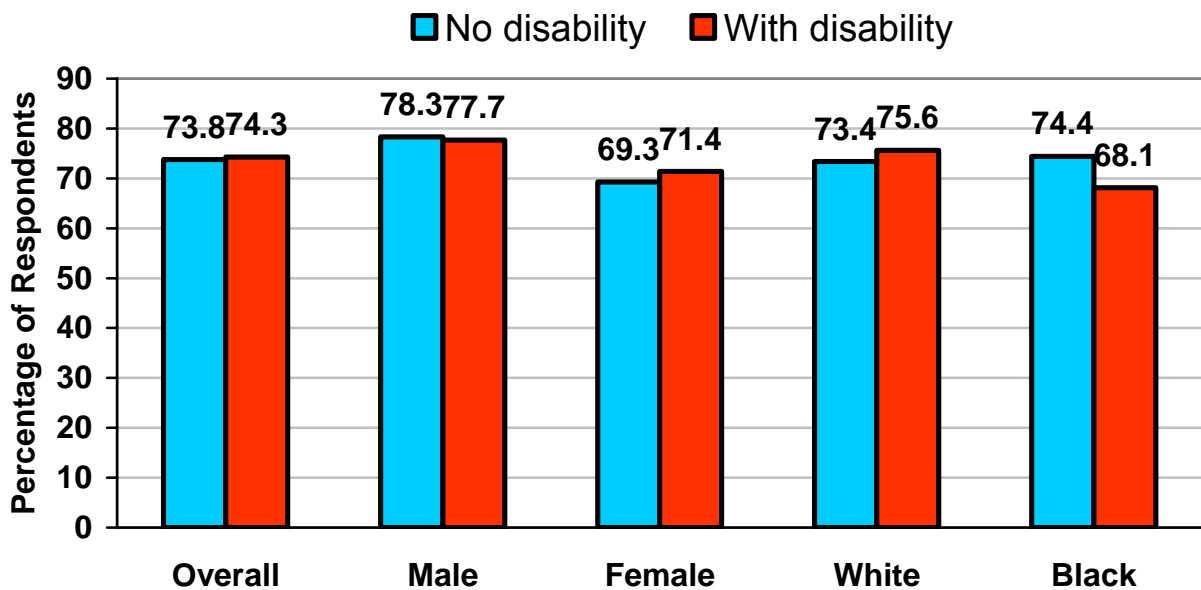
**Figure 41 -- No Physical Activity in Past Month by Disability and Age**



*Diet.* Along with weight and physical activity, diet is related to development of chronic disease conditions, including heart disease and cancer. Survey respondents were asked about their eating habits, specifically, how often they ate fruits (including fruit drinks) and vegetables. Based on their responses, they were classified as either meeting the recommended daily amount--five or more daily servings--of fruits and vegetables or not meeting the recommendation--eating fewer than five daily servings.

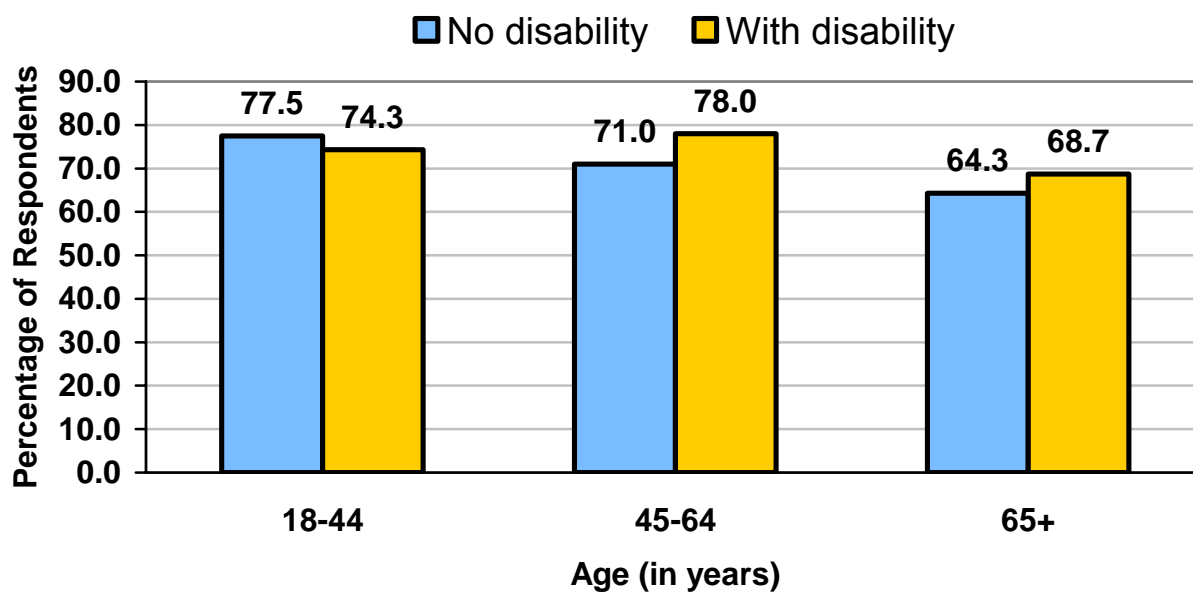
In 2005, only 26% of Virginians got enough servings of fruits and vegetables in their daily diet, whereas 74% ate fewer than five daily servings of fruits and vegetables. People with and without disabilities were similar in their rates of not eating the recommended servings of fruits and vegetables (74.3% vs. 73.8%). Among people with disabilities, there were no sex or race differences in terms of eating a diet poor in fruits and vegetables. Adults 65 and older were slightly less likely to be at risk for eating few fruits and vegetables than younger age groups. Figures 42 and 43 illustrate findings by disability within sex, race, and age.

**Figure 42 -- Eat Few Fruits and Vegetables by Disability, Sex, & Race (2005)**



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**Figure 43 -- Eat Fewer Fruits and Vegetables by Disability and Age (2005)**



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## Diabetes

Diabetes is a disease where the pancreas fails to produce insulin which regulates blood glucose levels. Diabetes can lead to serious complications, including heart disease, kidney failure, blindness, and limb amputation, if not properly controlled. Diabetes is the sixth leading cause of death in the U.S.

In 2006, 7.5% of Virginians were told that they had diabetes. This rate excludes women who had diabetes only during pregnancy, and people who had pre-diabetes. People with disabilities were 2-1/2 times more likely to have diabetes than people without diabetes (14.1% vs. 5.7%). Blacks had a 59% greater risk of having diabetes than whites. Adults 65 and older had the highest rate of diabetes (22.4%), and were five times more likely to have diabetes than adults 18-44 years. Figures 44 and 45 present findings on diabetes prevalence by disability within sex, race, and age.

As part of managing diabetes, it is recommended that people with diabetes get their blood glucose levels checked twice yearly using the hemoglobin A1c (HgA1c) test. One third (36.1%) of people with diabetes regularly checked their HgA1c twice yearly. People with disabilities who have diabetes were no more likely to miss checking their HgA1c than people without disabilities.



Figure 44 -- Diabetes by Disability, Sex, & Race

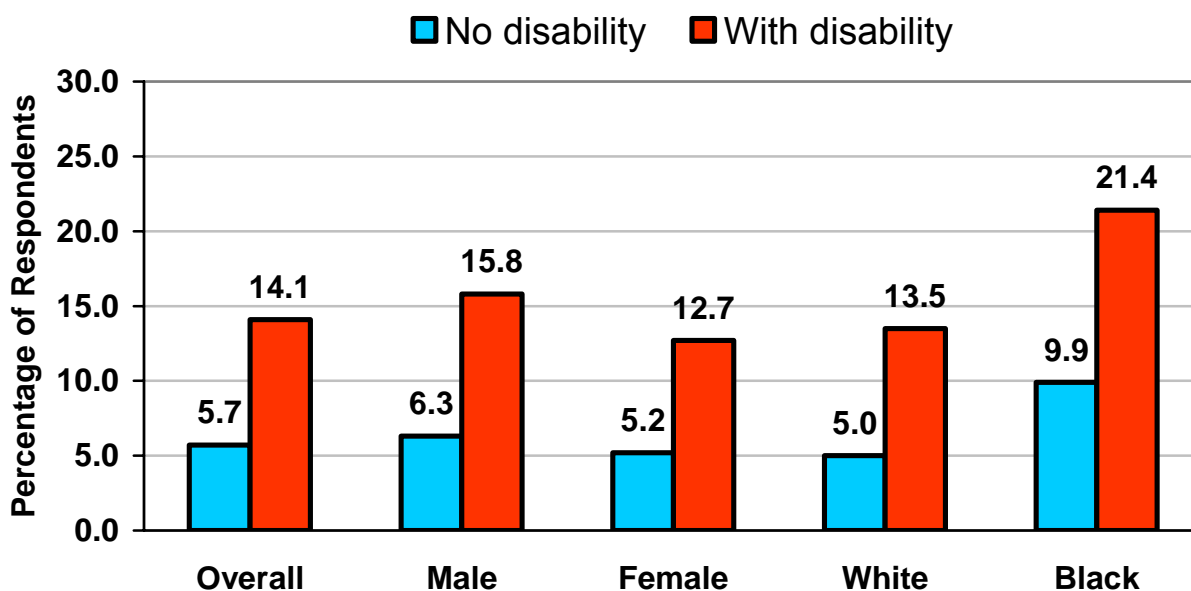
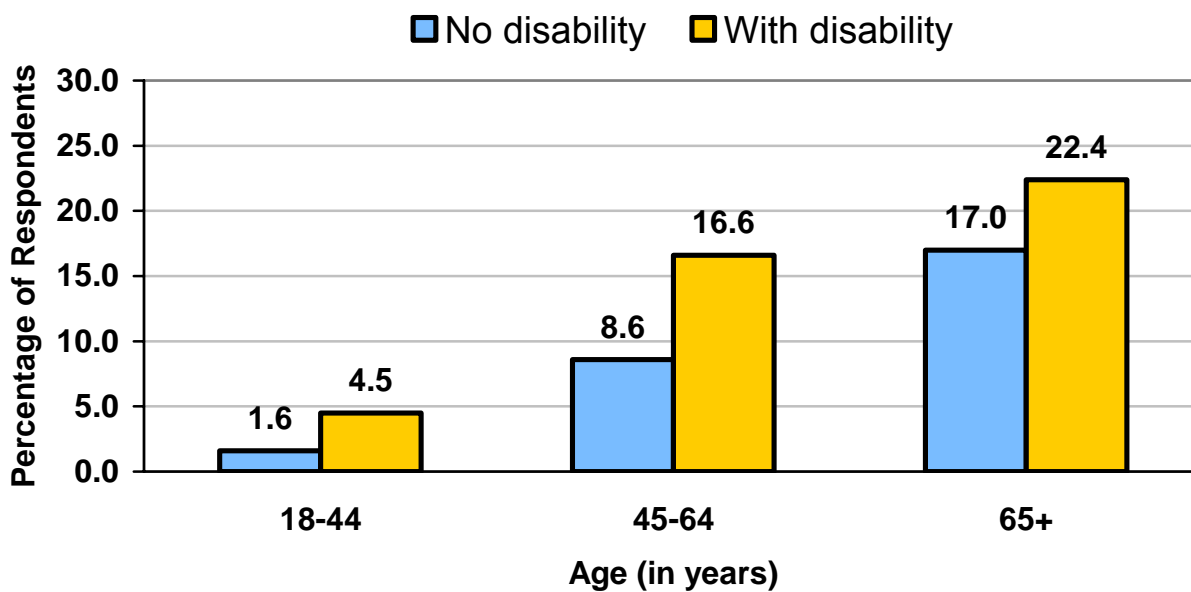


Figure 45 -- Diabetes by Disability and Age



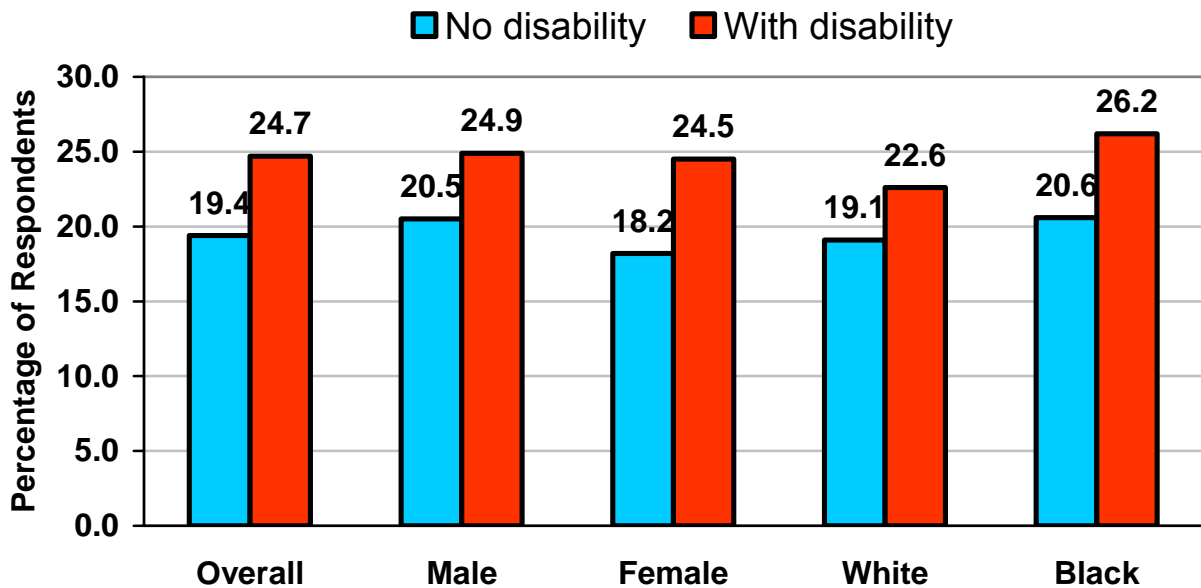
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## Tobacco Use

*Cigarette Smoking.* Smoking and other tobacco use is the leading preventable cause of death in the United States. An estimated 438,000 deaths occur each year from tobacco use and exposure to secondhand smoke.

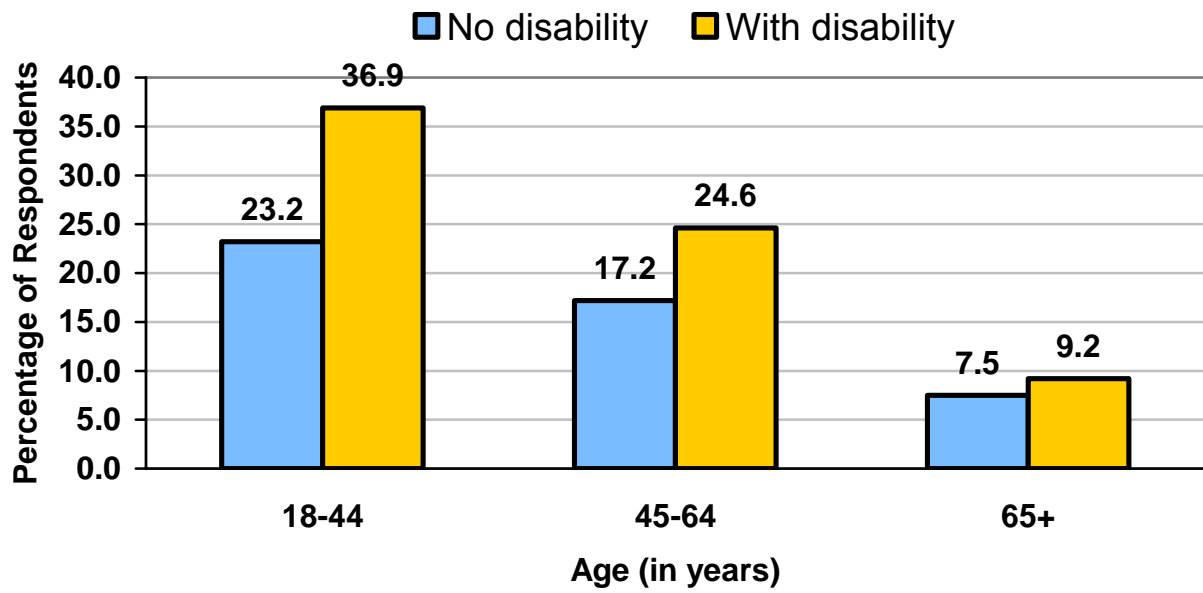
One-in-five (19.3%) Virginians smoke cigarettes, according to the 2006 survey. People with disabilities were more likely to be current smokers than people without disabilities (24.7% vs. 19.4%). Among people with disabilities, the prevalence of smoking was highest among adults 18-44 years, who were four times more likely to smoke than adults 65 and older. Smoking rates were similar between men and women, and there were no differences between whites and blacks. Figures 46 and 47 illustrate these findings.

**Figure 46 -- Cigarette Smoking by Disability, Sex, & Race**



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**Figure 47 -- Cigarette Smoking by Disability and Age**

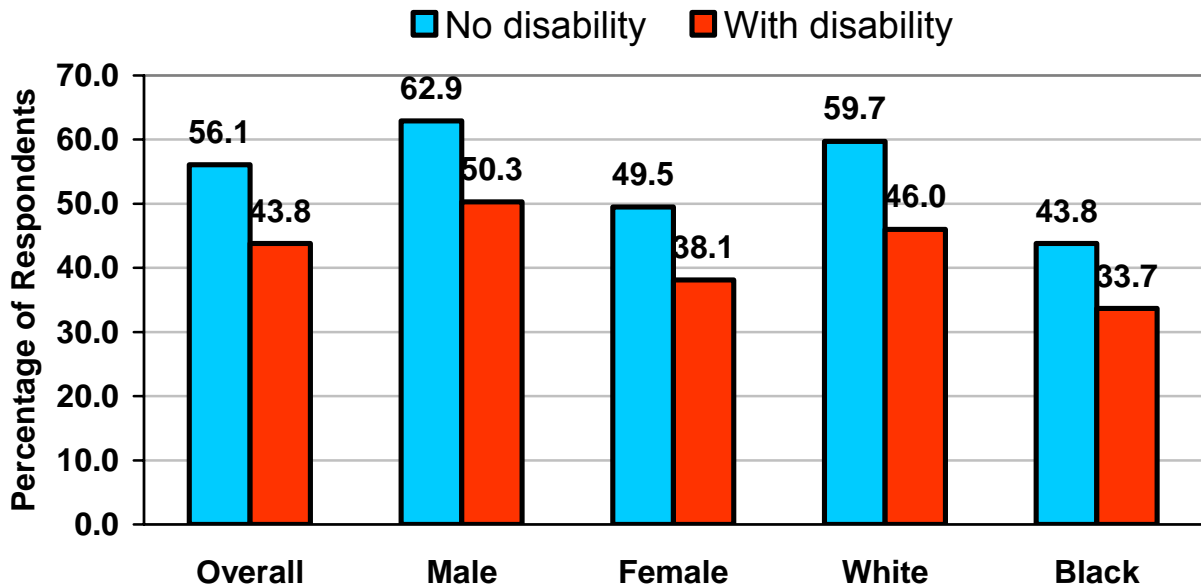


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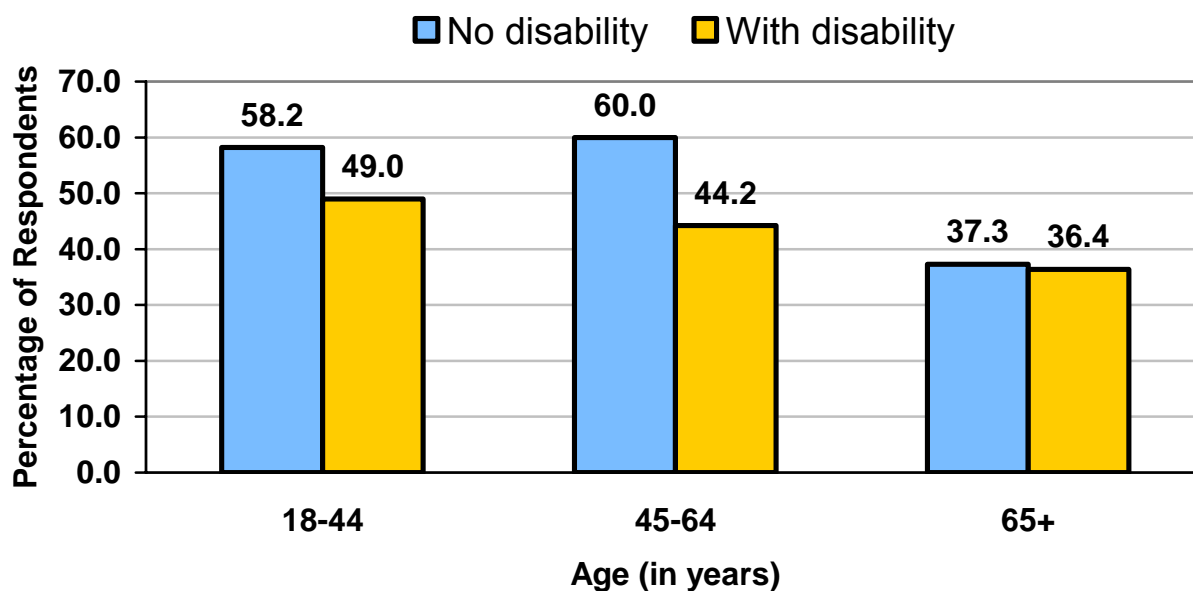
## Alcohol Abuse

*Drinking Alcohol.* People with disabilities were less likely than people without disabilities to have drunk alcohol in the past month (43.8% vs. 56.1%). Among people with disabilities, the prevalence of alcohol use was highest among men (50.3%), 18-44 year olds (49%) and whites (46%). Figures 48 and 49 illustrate these findings.

**Figure 48 -- Drank Alcohol in Past Month by Disability, Sex, & Race**



**Figure 49 -- Drank Alcohol in Past Month by Disability and Age**



*Heavy Drinking.* Excessive use of alcohol, including heavy drinking and binge drinking, is considered a risk factor for chronic diseases, including some forms of cancer. “Heavy drinking” is defined as having more than two drinks a day, if you are a man, or having more than one drink a day, if you are a woman.

People with disabilities were less likely than people without disabilities to be heavy drinkers (3.6% vs. 4.8%). Among people with disabilities, there were no differences in rates of heavy drinking by sex, age, or race. Figures 50 and 51 illustrate these findings.

Figure 50 -- Heavy Drinking by Disability, Sex, & Race

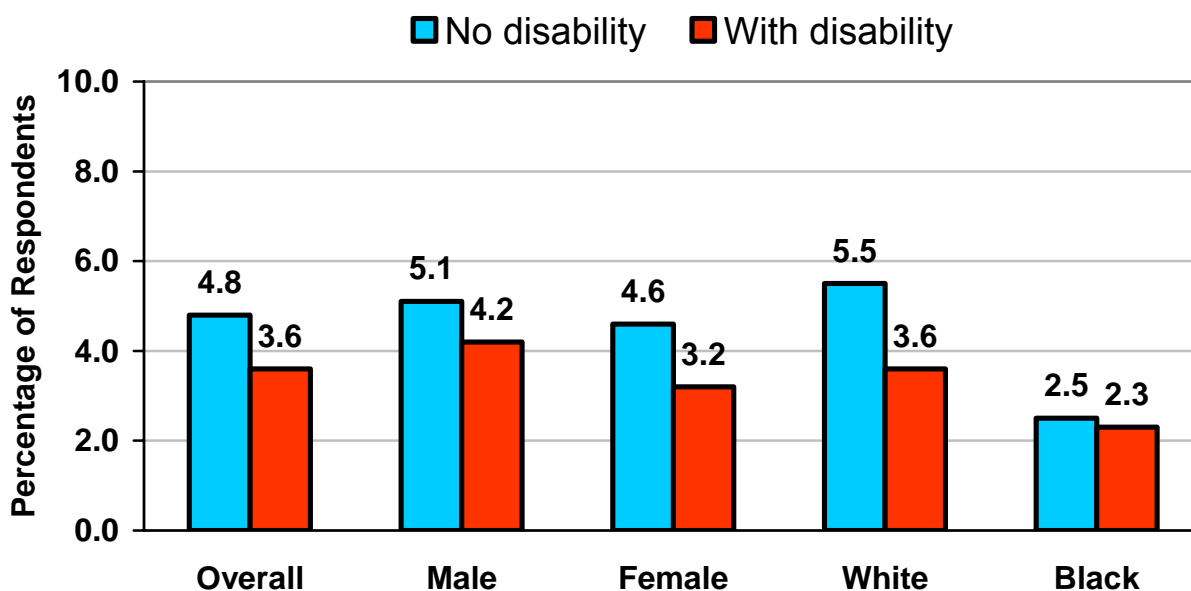
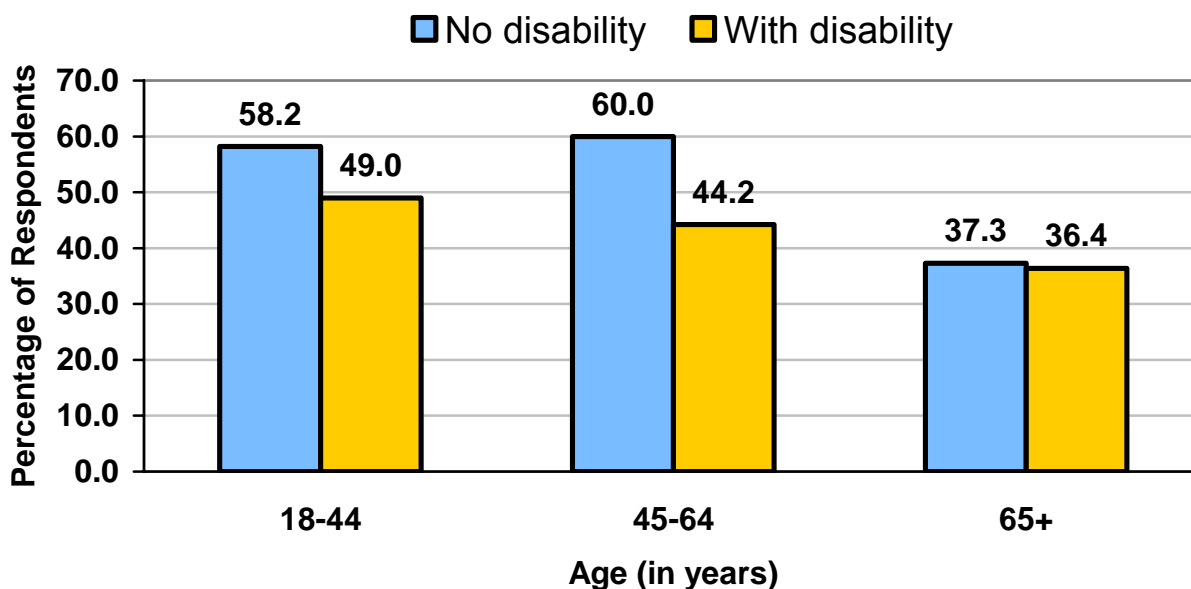


Figure 51 -- Heavy Drinking by Disability and Age

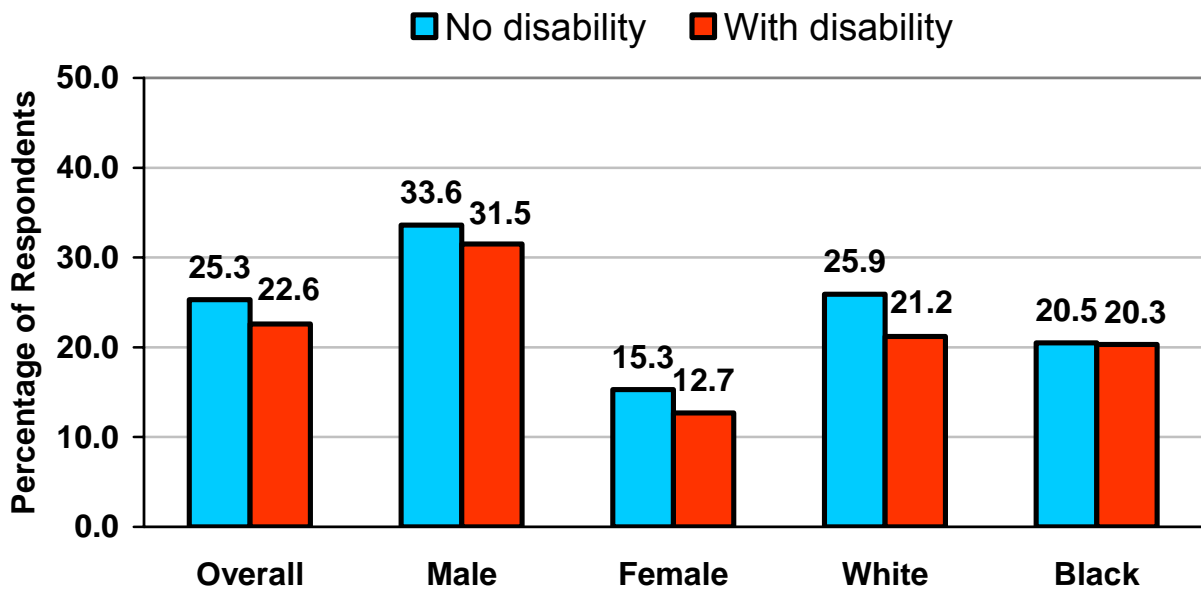


*Binge Drinking.* “Binge drinking” is defined as having five or more drinks in one occasion for men, and four or more drinks for women. People with disabilities were less likely than those without disabilities to binge drink

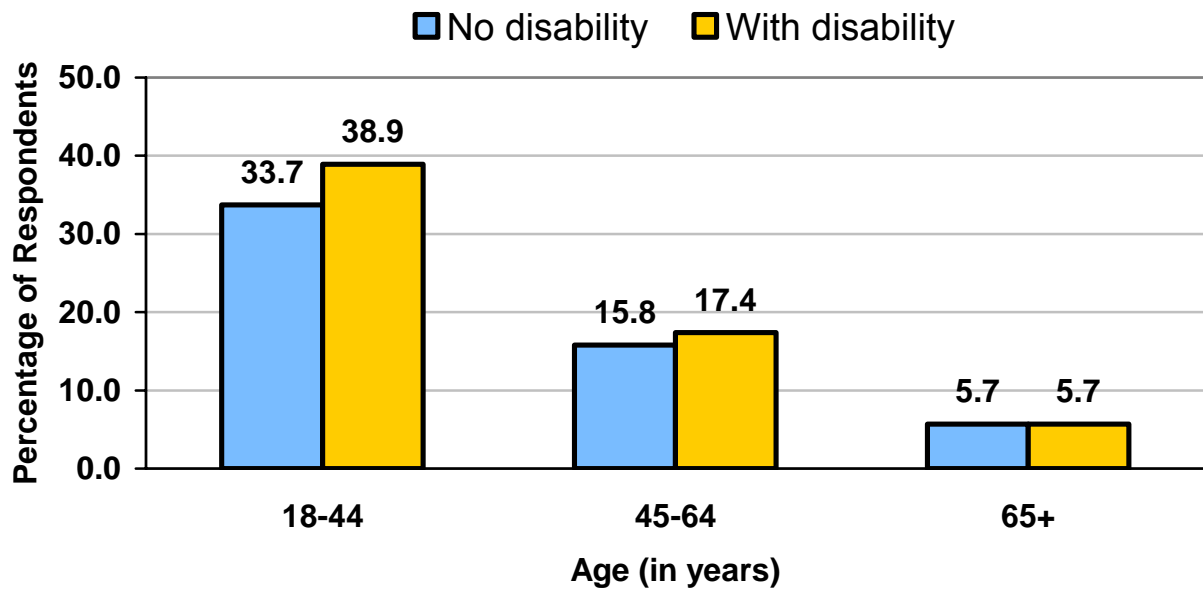
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(22.6% vs. 25.3%). Among people with disabilities, men were 2.5 times more likely than women to binge drink. Adults 18-44 years-old had the highest rate of binge drinking (38.9%) and were almost 7 times more likely to binge drink than people 65 years and older. Figures 52 and 53 illustrate findings on binge drinking by disability within sex, race, and age.

**Figure 52 -- Binge Drinking by Disability, Sex, & Race**



**Figure 53 -- Binge Drinking by Disability and Age**





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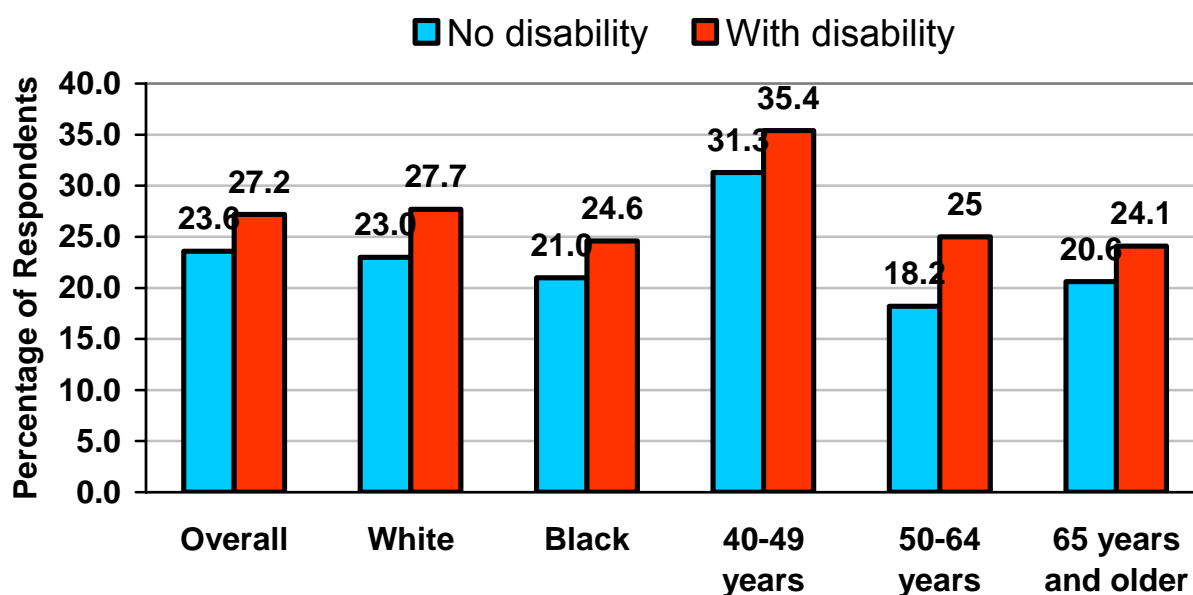
## Cancer Screening

Early detection of cancer plays a key role in reducing cancer-related morbidity and mortality. BRFSS contains questions about screening activities for breast, cervical, colorectal and prostate cancers.

*Mammography.* According to the American Cancer Society, women should get screened for breast cancer by having routine breast exams by a healthcare provider starting in their 20's and yearly mammograms starting at age 40. Women in the sample who were ages 40 and older were asked if they ever had a mammogram and, if so, when they had their last mammogram. Women who had never had a mammogram or whose last mammogram took place more than two years ago were considered at risk for breast cancer.

According to 2006 state BRFSS findings, 92% of women 40 and older reported that they have had a mammogram, whereas almost 8% never had a mammogram. Approximately 3 out of 4 (76.5%) women had one in the past two years, whereas 23.5% either never had a mammogram or had one more than two years ago. Women with disabilities were slightly more likely than women without disabilities to have not gotten a recent mammogram (27.2% vs. 23.6%) and to be at risk. Among women with disabilities, those who were 40-49 years-old had the highest rate of not getting a recent mammogram (35.4%). There was no difference in rates between white and black women. Figure 54 shows mammography rates by disability within race and age.

**Figure 54 -- No Mammogram in Past Two Years by Disability, Race, & Age**



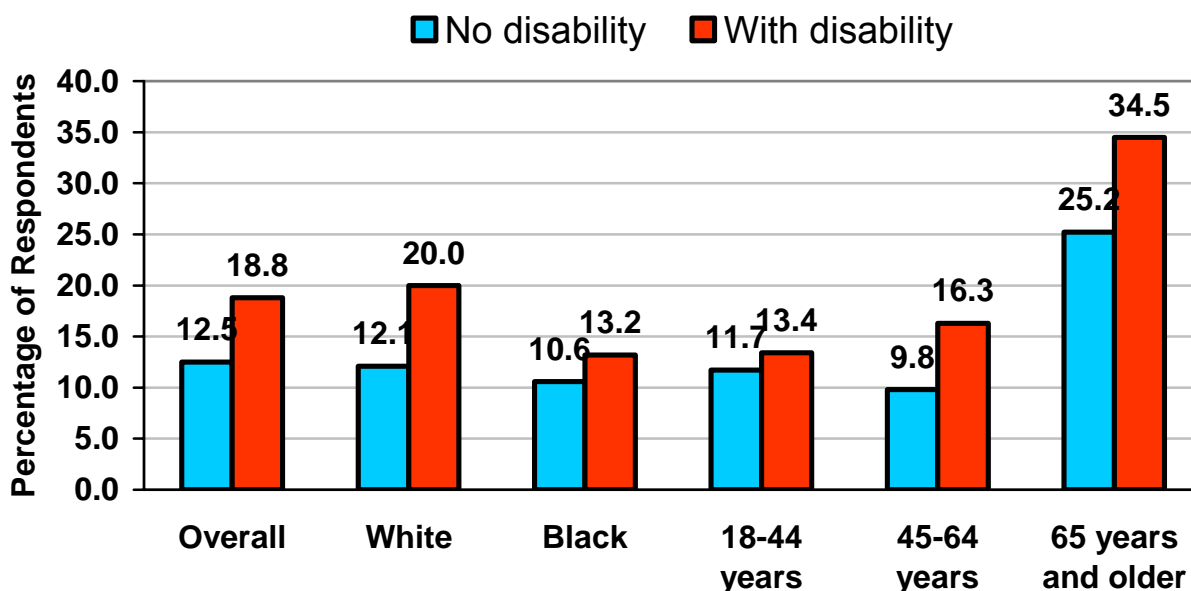
*Pap Test.* According to the American Cancer Society, women 18 and older are recommended to get tested for cervical cancer by having a Pap test every 1-3 years<sup>9</sup>, starting soon after they become sexually active or by age 21. Women in the sample, who were 18 and older and had a cervix, were asked if they ever had a Pap test to detect cervical cancer, and, if so, when they had their last Pap test. Women who never had a Pap test or whose last test was more than three years ago were considered at risk for cervical cancer.

According to 2006 state BRFSS finding, about 95% of women have previously had a Pap test, whereas 5% never had a Pap test. About 86% had a Pap test within the past three years, whereas 14% either never had a Pap test or they last had a Pap test more than three years ago. Women with disabilities were 1.5 times more likely than women without disabilities to be at risk by not having a recent Pap test (18.8% vs. 12.5%). Women ages 65 and older, who had the highest rate of not getting a Pap test in the

<sup>9</sup> For women at normal risk, screening should be every year if a regular Pap test is performed, or every two years if a liquid-based test is used. After age 30, women who have had three or more consecutive normal Pap test results can get screened every 2-3 years. Also, women who have HPV DNA testing with their Pap test can be screened every three years.

past three years (34.5%), were 2.6 times at greater risk than women under the age of 45 years. There were no differences in risk between white and black women. Figure 55 presents these findings on Pap test rates by disability within race and age.

**Figure 55 -- No Pap Test in Past Three Years by Disability, Race, & Age**



**Colon Endoscopy.** According to the American Cancer Society, adults 50 and older are recommended to get tested for colon cancer using any of the following methods:

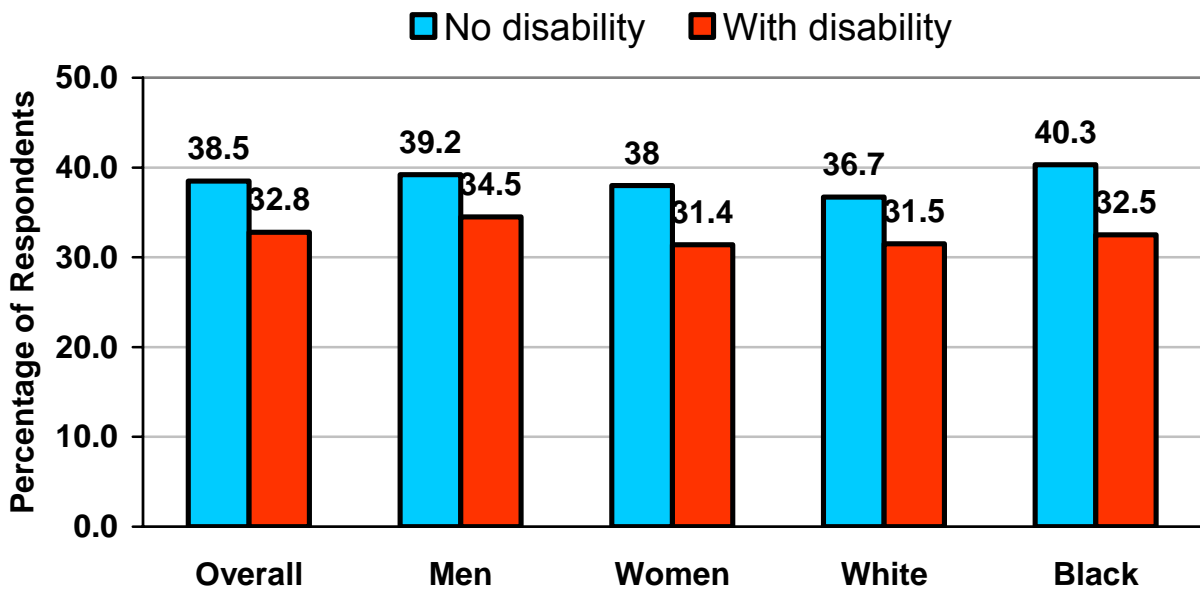
- CT colonography (also called “virtual colonoscopy”) every 5 years
- Colonoscopy every 10 years
- Flexible sigmoidoscopy every 5 years
- Double contrast barium enema every 5 years
- Fecal occult blood test every year (or fecal immunochemical test every year)
- Stool DNA testing (no interval specified)

The first four types of tests detect both colon cancer and colon polyps that can become cancerous.

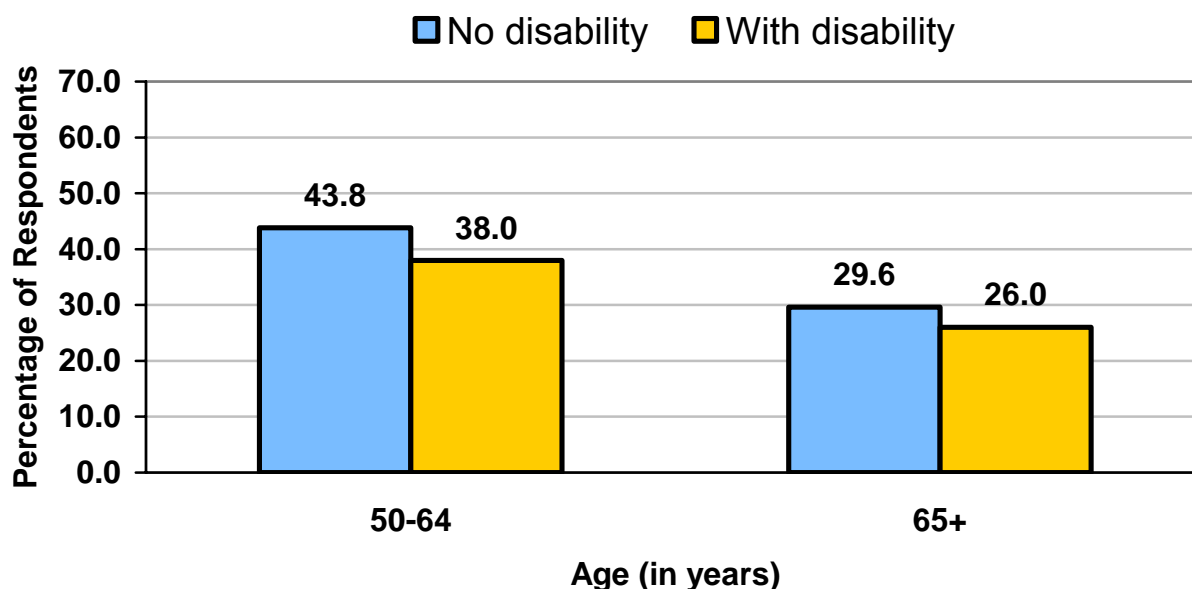
Adults in the sample who were 50 and older were asked if they ever had a colonoscopy or sigmoidoscopy (both are colon endoscopic tests). Those

adults who said that they never had either test were considered at risk for colon cancer. According to 2006 state BRFSS findings, 65% of adults have had a colonoscopy or sigmoidoscopy to screen for colon cancer, whereas 35% have never been screened using either of these two tests. People with disabilities were less likely to be at risk--to not get screened--than people with no disabilities (32.8% vs. 38.5%). There were no differences by sex or by race. However, adults 50-64 years were more likely to not be screened, and therefore more at risk, than older adults (38% vs. 26%). Figures 56 and 57 illustrate findings on colon endoscopy by disability within sex, race, and age.

**Figure 56 -- Never Had Colon Endoscopy by Disability, Sex, & Race**



**Figure 57 -- Never Had Colon Endoscopy by Disability and Age**

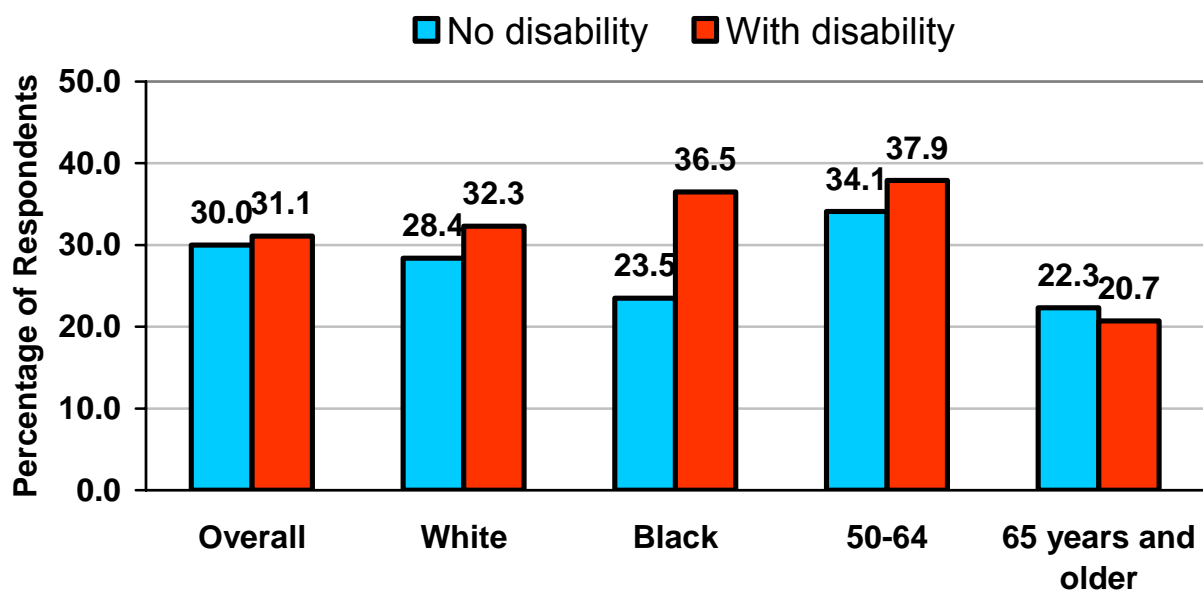


*PSA Test.* According to the American Cancer Society, men should get screened for prostate cancer--having a prostate-specific antigen (PSA) blood test and digital rectal exam every year--starting at age 50.

Men in the sample, who were 50 and older, were asked if they ever had a PSA test, and, if so, when they had their last PSA test. Men who never had a PSA test or whose last test was more than two years before the survey were considered at risk for prostate cancer.

According to 2006 state BRFSS findings, 81% of men 50 and older have had a PSA test, whereas 19% never had this screening test. About 70% of men had a PSA test within the past two years, whereas 30% either never were screened using a PSA test or were last screened more than two years ago. Men with disabilities were no more likely than men with no disabilities to not get screened (31.1% vs. 30%) and therefore at no greater risk. Among men with disabilities, those who were 50-64 years-old had the highest rate of not getting screened, and were 1.8 times more likely to not get screened than men 65 and older. There was no difference in rates of PSA testing by race. Figure 58 presents these findings on prostate cancer screening by disability within race and age.

Figure 58 -- Not Had a PSA Test in Past Two Years by Disability, Race, & Age



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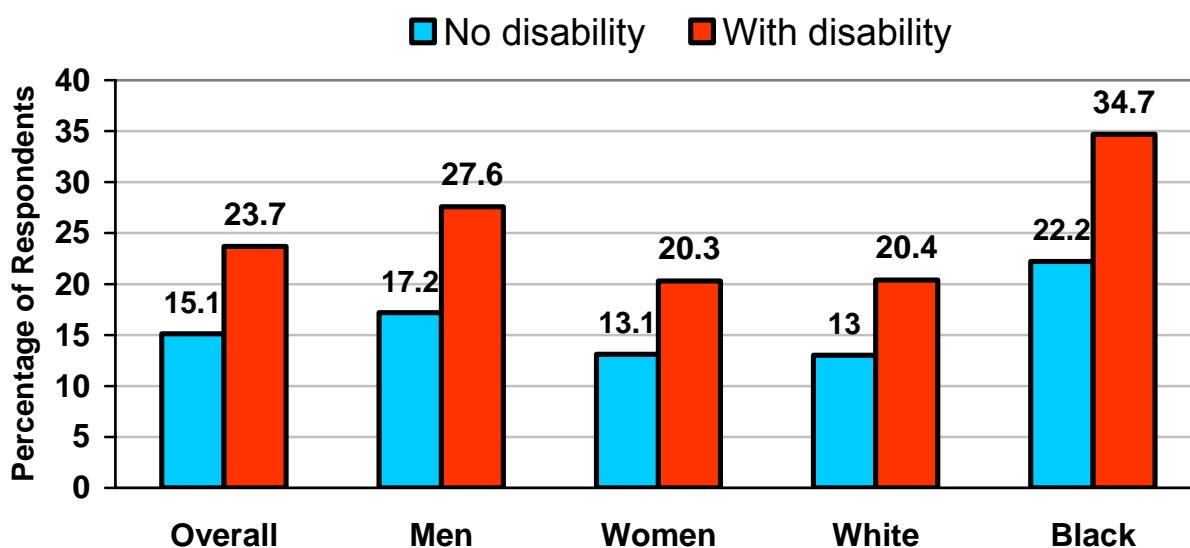
## Dental Care

Dental health problems (e.g., tooth decay, gum disease) can eventually become chronic in nature. There is evidence that poor dental health can be a contributing cause and consequence of other chronic diseases, such as heart disease and diabetes.

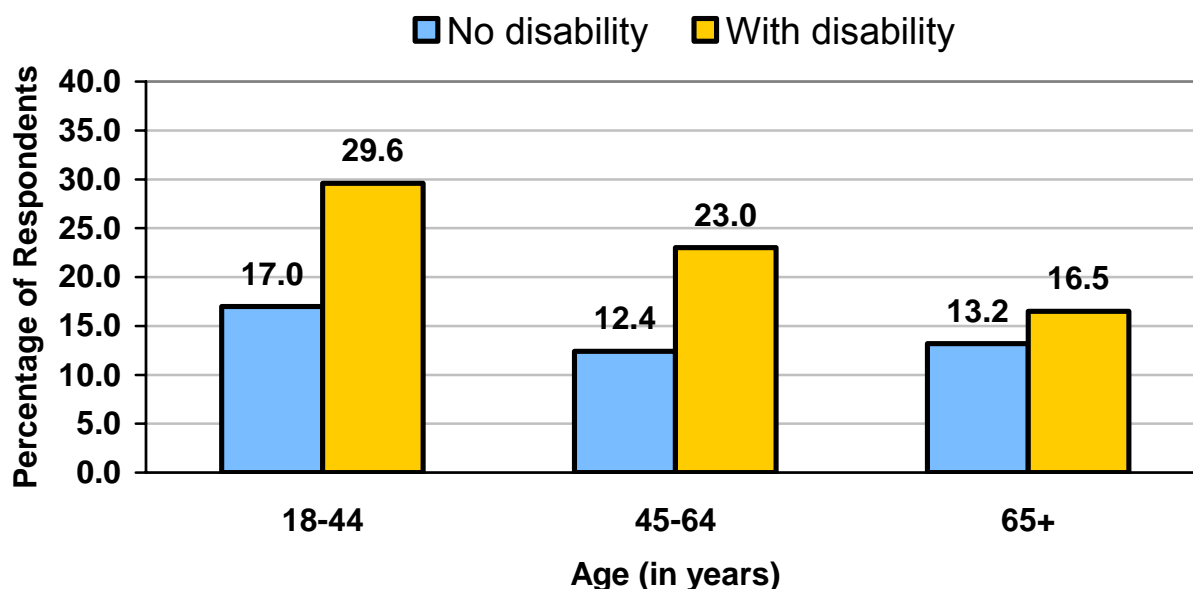
*Professional Teeth Cleaning.* Dental health problems can stem from poor dental hygiene practices as well as lack of preventive care. It is recommended that both adults and children visit and have their teeth cleaned by a dentist twice yearly. According to 2006 state BRFSS findings, 82% of Virginians last visited a dentist within the past two years, whereas 18% did not. Also, 82% last had their teeth cleaned by a dentist (or dental hygienist) within the past two years, whereas 18% either never had them cleaned or went for two or more years since their last cleaning.

Compared to people with no disabilities, those with disabilities were 1.6 times more likely to report not getting their teeth cleaned within the past two years – 23.7% versus 15.1%. Among people with disabilities, men, young adults (18-44 years), and blacks had the highest rates of not getting their teeth cleaned. Figures 59 and 60 present findings on professional teeth cleaning by disability within sex, race, and age.

**Figure 59 -- No Teeth Cleaning in Past Two Years by Disability, Sex, & Race**



**Figure 60 -- No Teeth Cleaning in Past Two Years by Disability and Age**



*Permanent Tooth Loss.* Survey respondents were asked how many of their permanent teeth had been removed because of tooth decay or gum disease (not including loss of teeth because of injury or orthodontic work). About one-in-four (39.6%) adults in Virginia have had at least one tooth permanently removed according to the 2006 state BRFSS findings.

People with disabilities were 1.6 times more likely to have tooth loss than people with no disabilities (58.5% vs. 37.7%). Among people with disabilities, those who were 65 and older had the highest percentage rate (80.3%) of tooth loss and were over 2 times more likely to report tooth loss than 18-44 year-olds. Blacks were more likely to report tooth loss than whites. Figures 61 and 62 illustrate these findings.



Figure 61 -- Tooth Loss Due to Disease by Disability, Sex, & Race

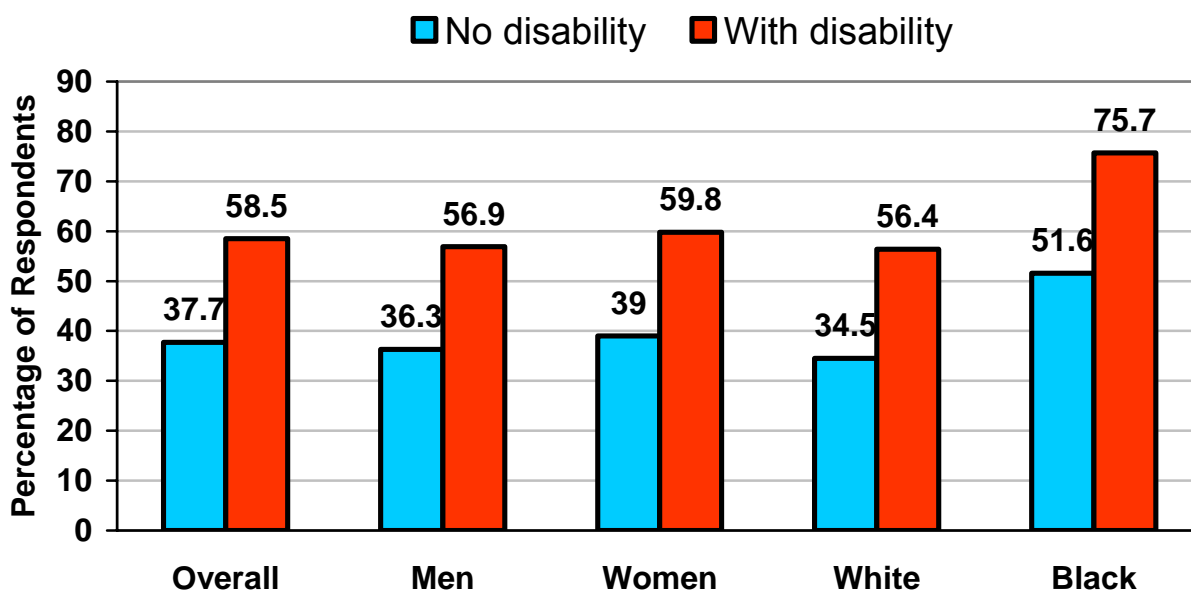
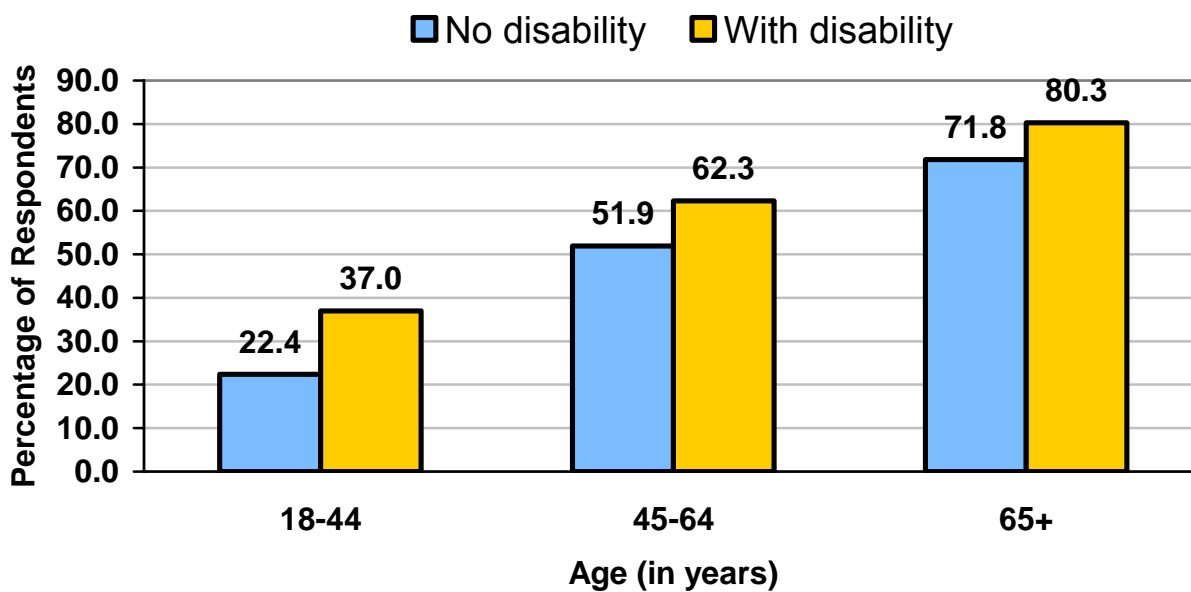
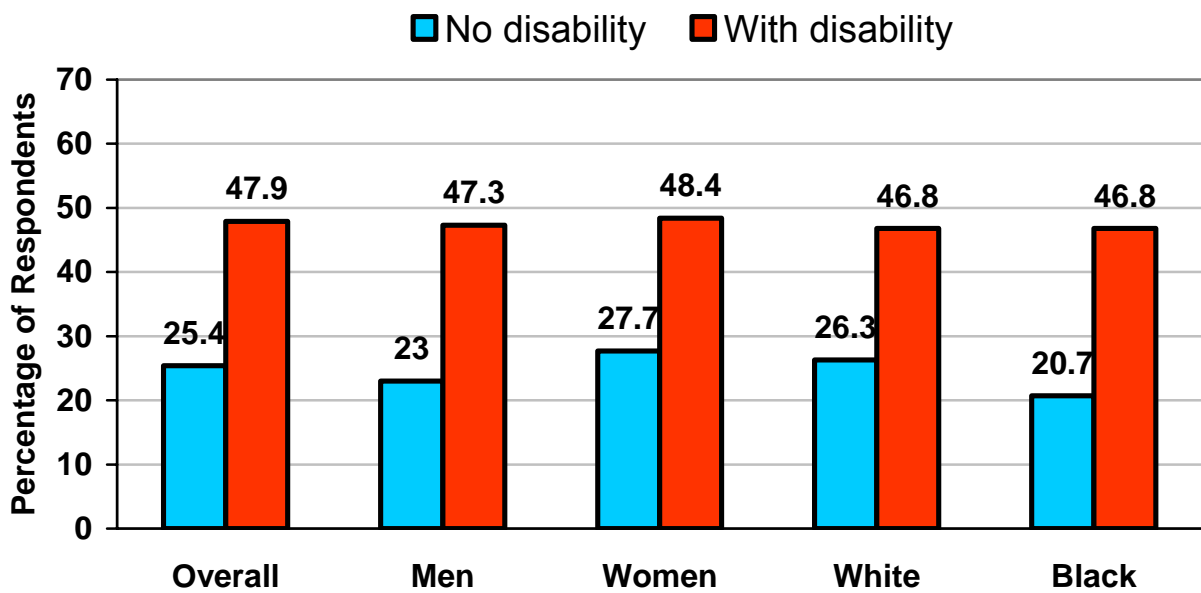


Figure 62 -- Tooth Loss Due to Disease by Disability and Age

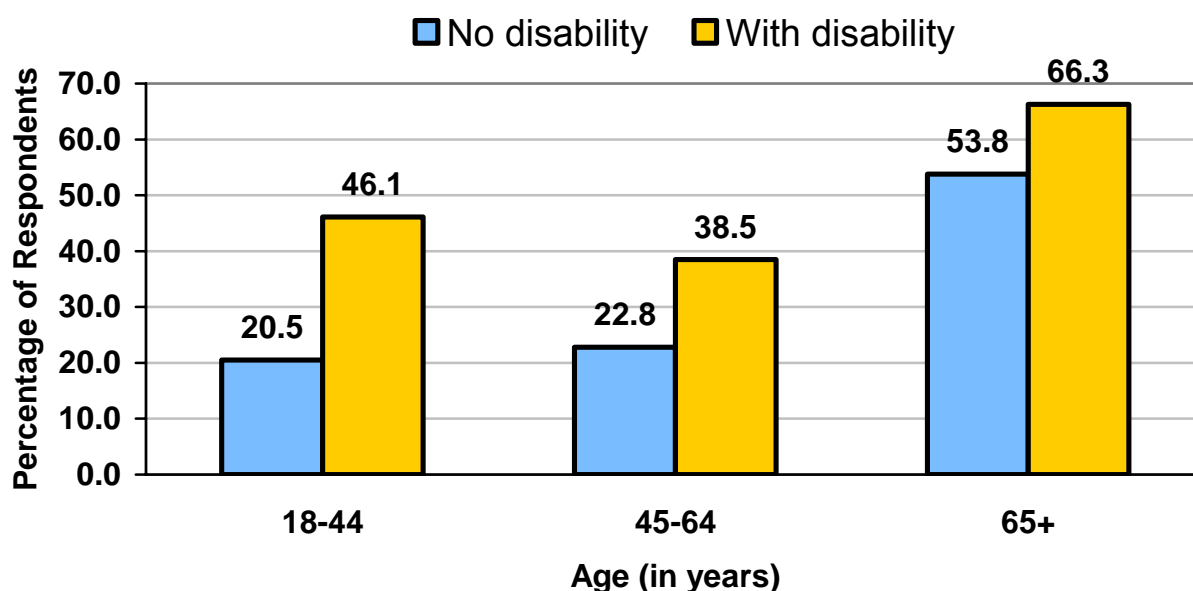


**Dental Insurance.** Dental health depends on access to dental care just as much as good dental hygiene practices. Survey respondents were asked in the 2005 BRFSS survey if they have any kind of insurance coverage that pays for some or all of their routine dental care. Overall, 70.4% of adults have dental insurance coverage, whereas 29.6% do not have such coverage. Compared to those without disabilities, people with disabilities were more likely to not have insurance coverage for routine dental care (47.9% vs. 25.4%). Among people with disabilities, those who were 65 and older had the highest rate of not having dental insurance coverage (66.3), whereas adults 45-64 years had the lowest rate (38.5%). There were no differences by age or race. Figures 63 and 64 illustrate findings on lack of dental health insurance coverage by disability within sex, race, and age.

**Figure 63 -- No Dental Insurance Coverage by Disability, Sex, & Race (2005)**



**Figure 64 -- No Dental Insurance Coverage by Disability and Age (2005)**

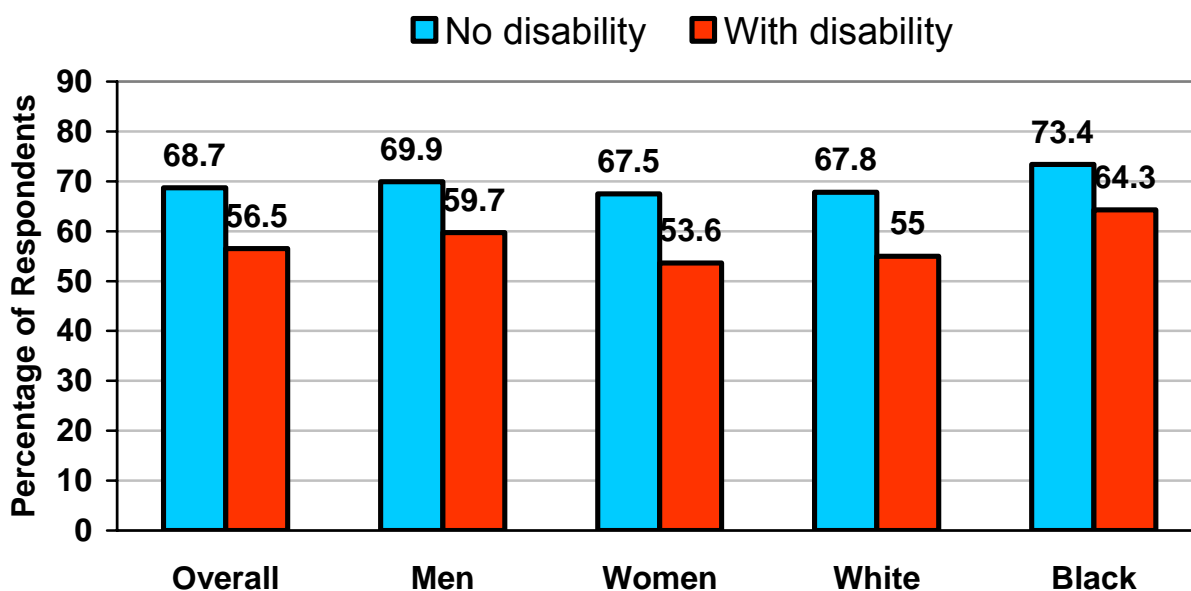


### **Influenza and Pneumonia Vaccination**

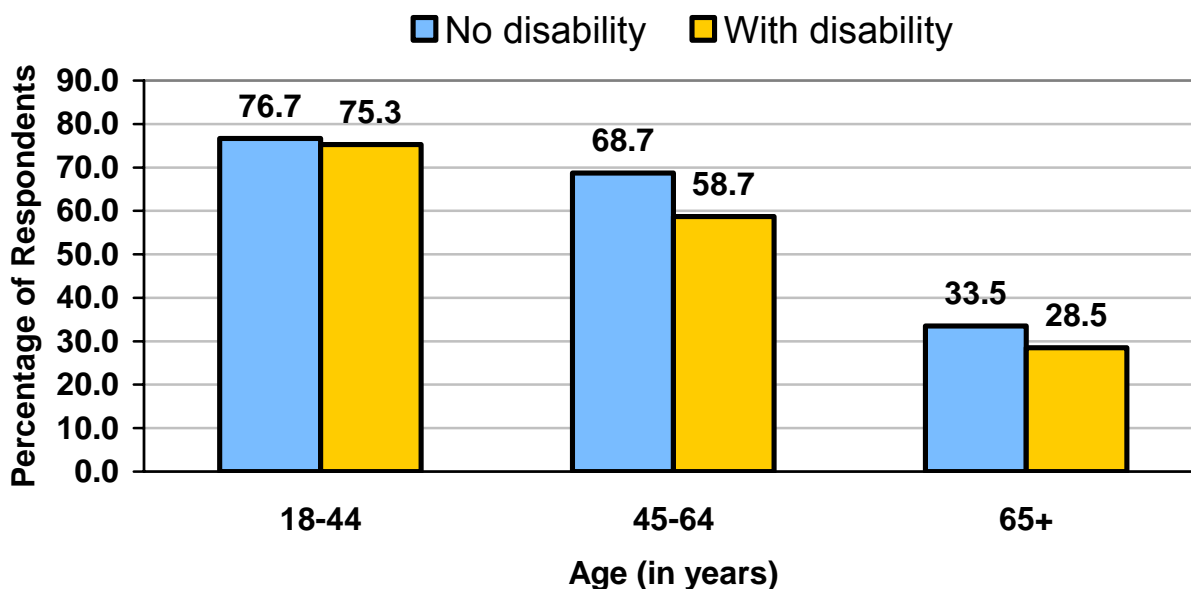
Vaccination against flu and pneumonia are important measures for preventing influenza, and especially so for at risk populations, including the elderly and people who have chronic diseases, such as asthma, heart disease, and diabetes.

*Influenza Vaccination.* Survey respondents were asked if they have had a flu shot or flu vaccine that was sprayed in their nose (like FluMist) within the past twelve months. In 2006, 36% of Virginians reported being vaccinated in the past 12 months, whereas 64% were not vaccinated. People with disabilities were less likely than people without disabilities to be unvaccinated (56.5% vs. 68.7%) and therefore less likely to be unprotected or at risk for getting influenza. Among people with disabilities, those who were more likely to be unprotected because they were not vaccinated were male, young or black. Adults under 65 were 2 to 2.6 times more likely to not get vaccinated than individuals 65 and older. Figures 65 and 66 illustrate findings on flu vaccine.

**Figure 65 -- No Flu Vaccination in Past 12 Months by Disability, Sex, & Race**



**Figure 66 -- No Flu Vaccination in Past 12 Months by Disability and Age**

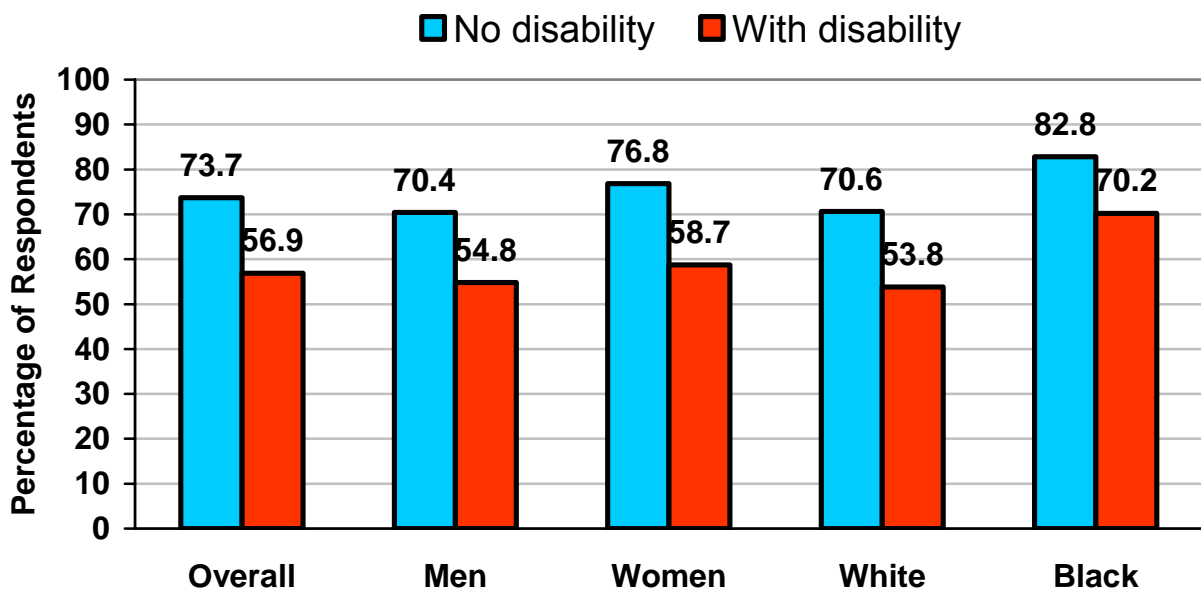


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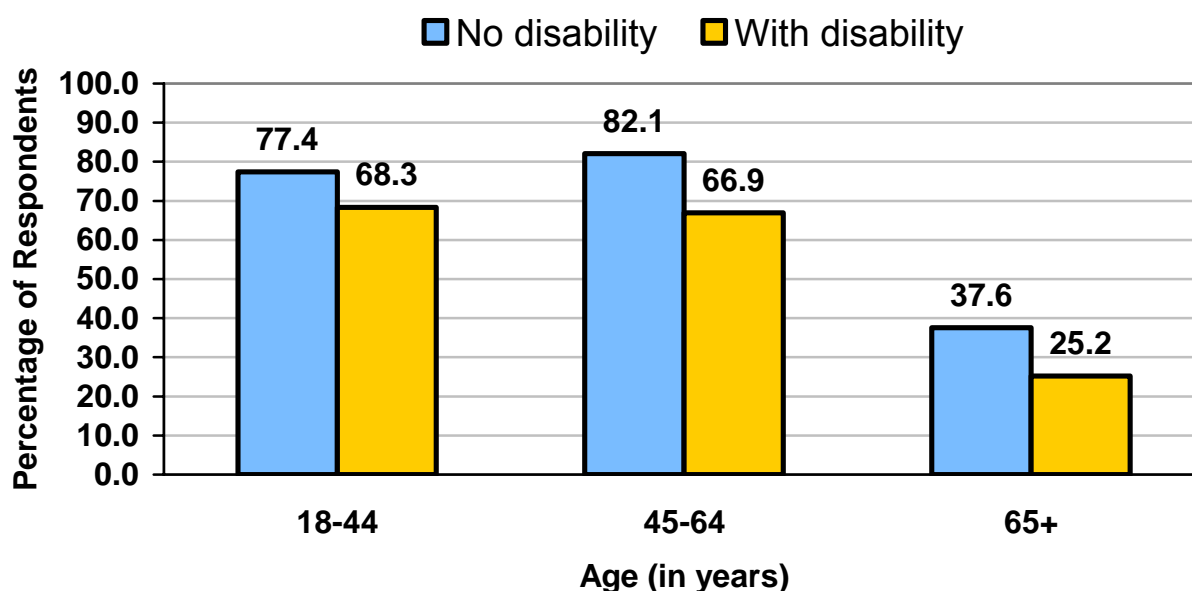
*Pneumonia Vaccination.* Survey respondents were asked if they ever had a pneumonia shot, also called “pneumococcal vaccine”. The pneumonia vaccine is usually only given once or twice in a person’s lifetime and provides lifelong immunity.

Only 30% of Virginians ever got a pneumonia vaccine, whereas 70% did not. People with disabilities were at no greater risk by not getting their pneumonia shot or vaccination, compared to people without disabilities (56.9% vs. 73.7%). Adults under age 65 were 2.7 times more likely to not get vaccinated against pneumonia, compared to adults 65 and older. Blacks had a higher rate of not being vaccinated than whites. Figures 67 and 68 illustrate these findings.

**Figure 67 -- Never Had a Pneumonia Vaccination by Disability, Sex, & Race**



**Figure 68 -- Never Had a Pneumonia Vaccination by Disability and Age**

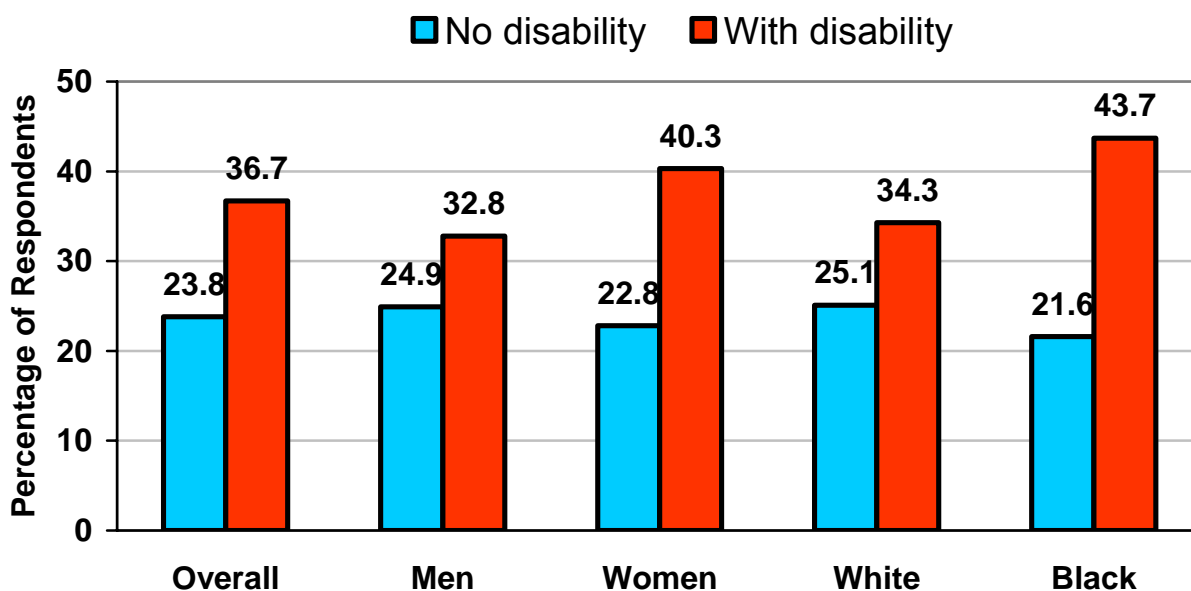


### **Experience of Violence**

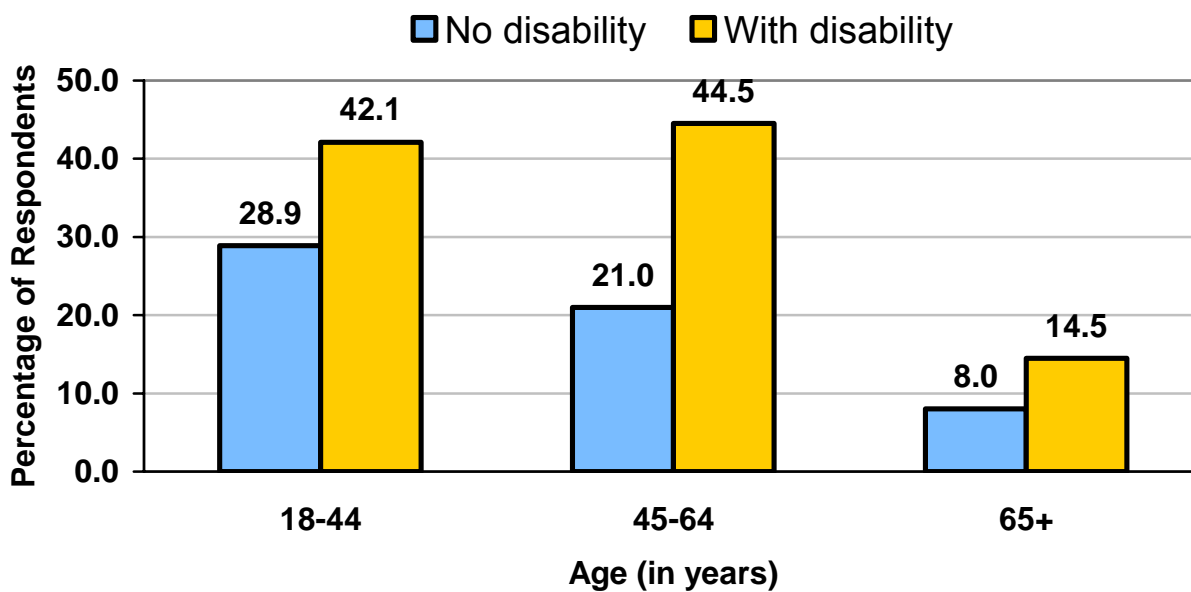
Injuries and violence are public health problems that can affect all individuals.

*Non-Sexual Violence.* In 2004 only, survey respondents were asked “has a stranger ever pushed, hit, slapped, kicked, or physically hurt you in any other way?”. In Virginia, 26% of adults said that they had experienced violence of a non-sexual nature. People with disabilities were 1.5 times more likely to have experienced non-sexual violence than people without disabilities (36.7% vs. 23.8%). Among those with disabilities, adults under the age of 65 were about three times more likely to have experienced (non-sexual) violence, compared to adults 65 and older. There were no differences by sex or by race. Figures 69 and 70 illustrate these findings.

**Figure 69 -- Victim of Non-Sexual Violence by Disability, Sex, & Race (2004)**

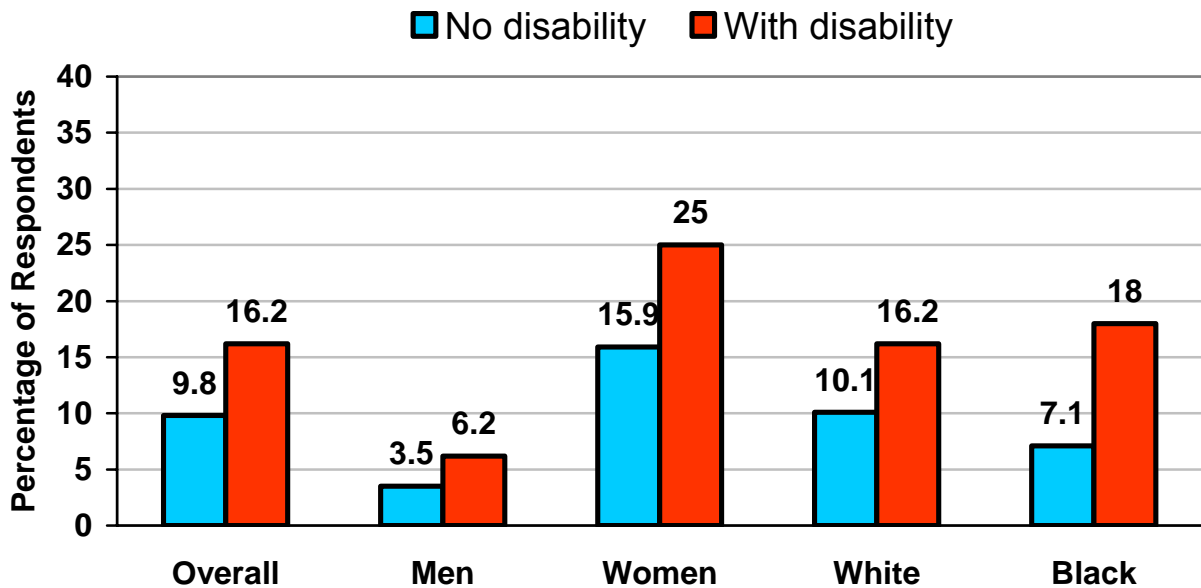


**Figure 70 -- Victim of Non-Sexual Violence by Disability and Age**



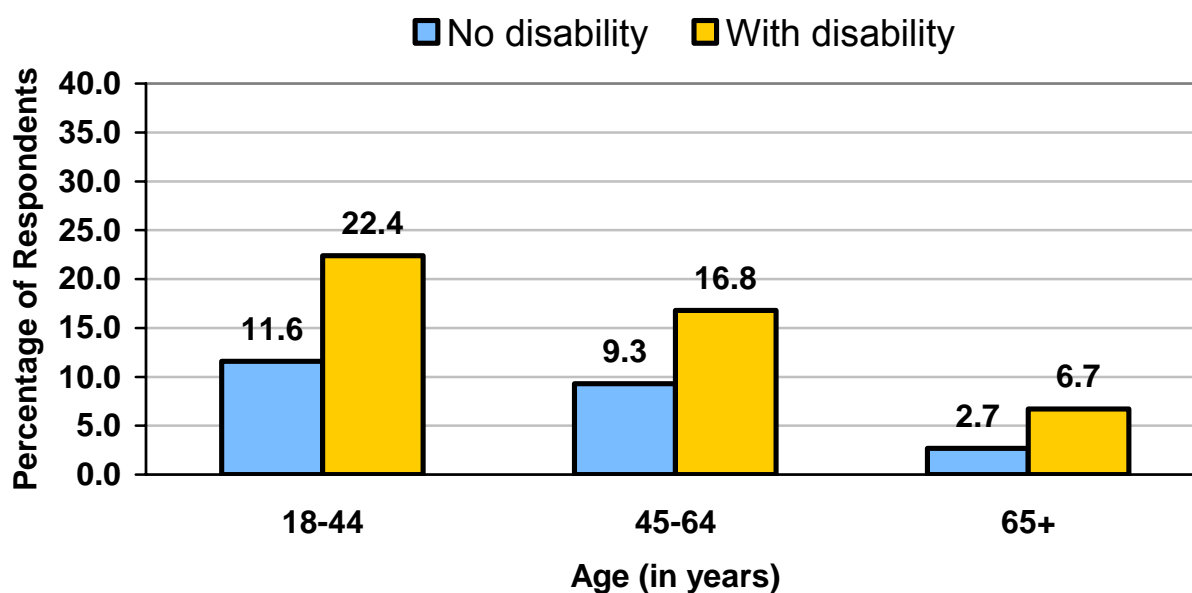
**Sexual Violence.** Survey respondents were asked “has anyone ever had (or attempted to have) sex with you after you said or showed that you didn’t want to or without your consent?”. These questions were asked in 2005 and 2006. In 2006 only, 9.2% of Virginians had been a victim of either attempted sexual violence or a completed sexual violence. People with disabilities were 1.7 times more likely than people without disabilities to have been a victim of sexual violence (16.2% vs. 9.8%). Among people with disabilities, women reported the highest rate of sexual violence (25%) and were four times more likely to be sexually victimized. Young adults 18-44 years were 3.3 times more likely to be sexually victimized, compared to adults 65 and older. Figure 71 and 72 illustrates these findings.

**Figure 71 -- Victim of Sexual Violence by Disability, Sex, & Race (2005-2006)**





**Figure 72 -- Victim of Sexual Violence by Disability and Age**



*Fall With Injury.* Survey respondents who 45 years and older were asked if they had a fall within the past three months, and, if so, if they were injured. “Injured” was defined as being hurt to the point where the person was limited in their regular activities for at least a day or had to go see a doctor.<sup>10</sup> In 2006, approximately 4% of adults ages 45 and older had a fall with injury within the past three months. People with disabilities were 3.8 times more likely to experience a fall with injury compared to people with no disabilities. Among people with disabilities, there were no differences in rates of fall by race, and only slight differences between men and women (9.2% vs. 12.8%). Interestingly, adults who were 65 and older were less likely to report having a fall with injury than adults 45-64 years (9% vs. 12.5%). Figures 73 and 74 illustrate findings on disability and falls.

<sup>10</sup> In 2006, there was a change in wording of the questions: respondents were instead asked how many falls occurred and how many falls resulted in injury. Responses were recoded to ‘yes’ or ‘no’ responses.

Figure 73 -- At Risk for Fall with Injury by Disability, Sex, & Race

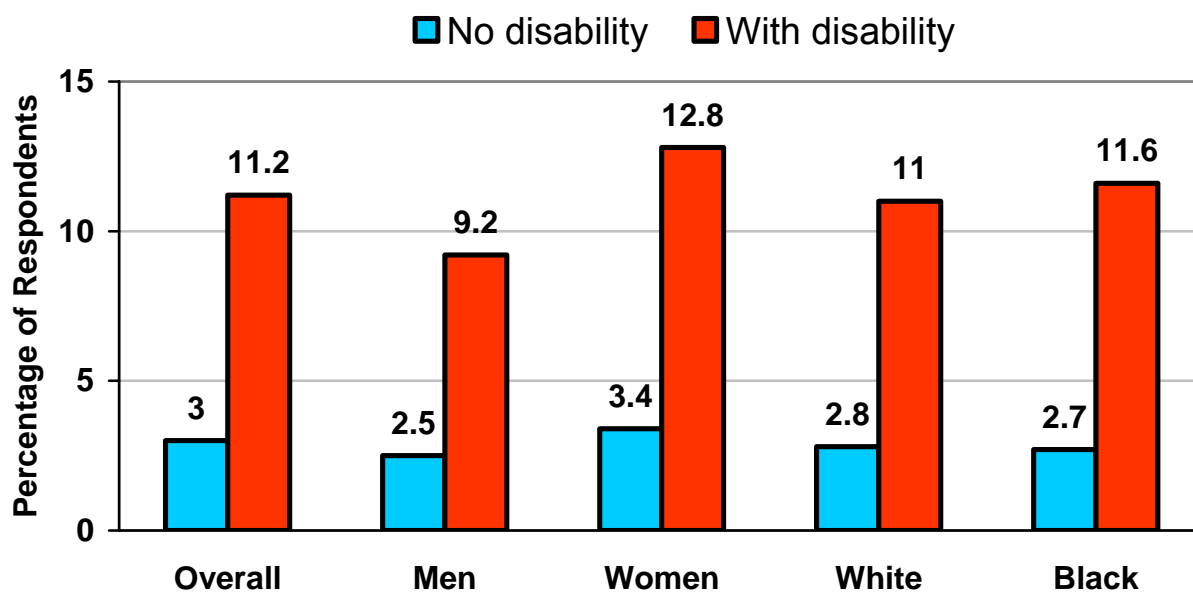
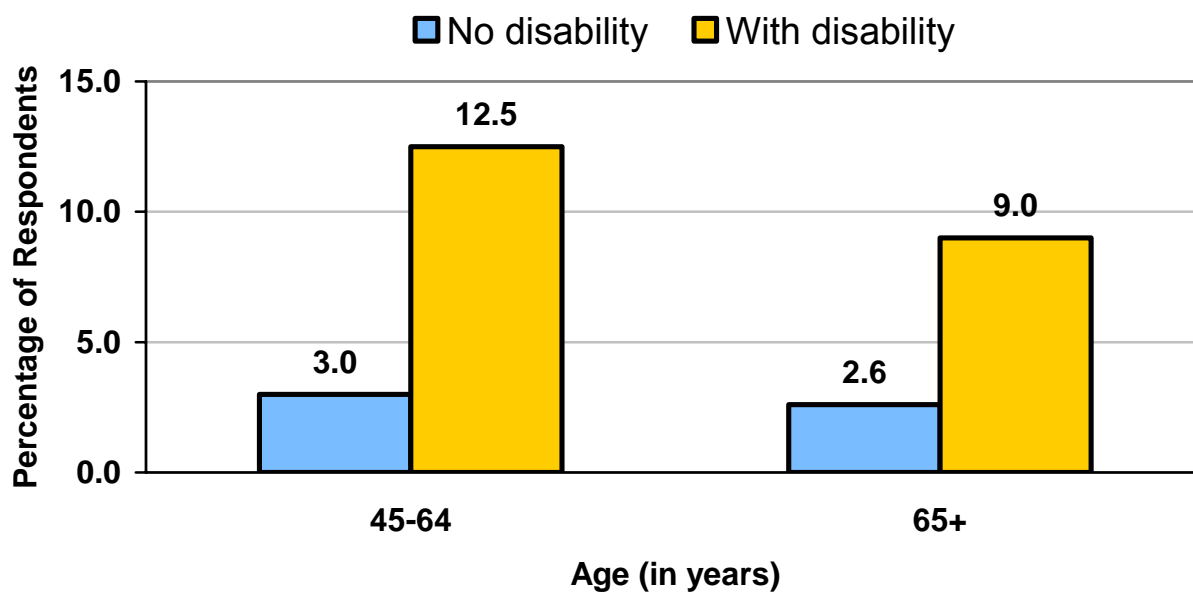


Figure 74 -- At Risk for Fall With Injury by Disability and Age



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## Caregiver Health Status

The health of the individual with a disability is important. Also equally important is the health and well-being of his or her caregiver. The health of a person with disability may impact his or her caregiver's ability to provide effective care as well as the caregiver's physical and mental health and overall well-being. This relationship is beyond the scope of this analysis and report and should be explored in future studies.

## Relationship of BRFSS Findings to Healthy People 2010

Healthy People 2010 (HP 2010), managed by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services, is a set of national health objectives to be achieved by the year 2010.<sup>11</sup> The overarching goal of HP 2010 is to improve the quality and years of life for all people and to eliminate all health disparities among different segments of the population.

Table 6 places the findings of this report within the context of eleven selected HP 2010 targets. A thumbs up symbol (👍) indicates that the prevalence of the health indicator is better than or more favorable than the relevant HP 2010 goal. Conversely, a thumbs down symbol (👎) indicates that the prevalence of the health indicator is worse than or less favorable than the relevant HP 2010 goal.

Individuals with no disabilities met or exceeded the HP 2010 targets for four of 11 selected objectives: having health insurance, receiving a colon endoscopic test, receiving a mammogram, and engaging in leisure physical activity. People with disabilities met or exceeded four objectives: having health insurance, having a primary care provider, receiving a colon endoscopic test, and receiving a mammogram. It is noteworthy that people with and without disabilities do not necessarily meet the same objectives.























For five objectives that both people with and without disabilities did not meet--having high blood pressure, having high cholesterol, being obese, smoking, receiving a Pap test--people with disabilities had worse rates and fell far behind, compared to their counterparts with no disabilities. This is an example of how disparities between groups can exist even when HP 2010



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<sup>11</sup> Additional information about Healthy People may be found at [www.healthypeople.gov](http://www.healthypeople.gov).

targets are met or exceeded. On only one objective (flu vaccination) did people with disabilities do better than their counterparts, even if both did not meet the goal.

**Table 1 -- Summary of Health Indicators by Disability Compared to HP 2010 Goals**

<b>Objective</b>	<b>Disability</b>	<b>No Disability</b>	<b>HP 2010 Goal</b>
<b>Health Care Access and Status</b>			
Adults under 65 with health insurance	85% 	87% 	100%
Adults with usual primary care provider	89% 	82% 	85%
<b>Heart Disease and Stroke</b>			
Adults with high blood pressure	46% 	24% 	16%
Adults with high blood cholesterol	49% 	35% 	17%
<b>Cancer</b>			
Women 18 and older who received a Pap test in past 3 years	81% 	88% 	90%
Adults 50 and older who ever received a colonoscopy or sigmoidoscopy	67% 	62% 	50%
Women over 40 who received a mammogram within last 2 years	73% 	76% 	70%
<b>Weight Control and Exercise</b>			
Adults who are obese	35% 	22% 	15%
Adults who engage in no leisure time physical activity	37% 	18% 	20%
<b>Smoking</b>			
Current smokers	25% 	19% 	12%
<b>Immunizations</b>			
Adults 65 and older had flu vaccine in past 12 months	72% 	67% 	90%

 = Meets or exceeds the HP2010 goal.  = Falls below the HP2010 goal.

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## SUMMARY

Based on findings from the BRFSS adult health behavior survey, 18% of Virginia's adults say that they have either a physical, mental or emotional condition that limits their activities. This represents about 1.1 million adults in Virginia. About one-in-four people with disabilities require special equipment, like a wheelchair, walker, cane, or telephone with TTY capabilities.

Disabilities occur in all demographic groups, both men and women, white and black, old and young. However, there was a higher proportion of disabilities among older people. Other groups that were affected included military veterans. Socially, people with disabilities were less likely to be in committed relationships than those without disabilities. People with disabilities had fewer years of education, were more apt to be in low income groups (making less than \$35,000 a year), and were less likely to be employed. Compared to people without disabilities, those with disabilities were 22 times more likely to be unable to work. Inability to work affected both younger and older age groups.

These demographic characteristics have a number of implications. The educational approach used by providers in the health care system should be sensitive to the educational level of people with disabilities. Also, many individuals with disabilities are not working--either unemployed or unable to work--and living on limited incomes. This raises concern about access to care that is typically driven by employment-based health insurance.

People with disabilities were as likely to have health insurance than those without disabilities, if not more so. They were more likely to have a primary care doctor or other usual source of care whom they regarded as their personal provider. However, more reported having difficulty accessing medical care when needed in the past year, especially due to high cost. More young people with disabilities were uninsured and did not have a personal provider. They also had more difficulty getting care when needed due to cost. The reasons for this are unclear. Plausible explanations include lack of insurance coverage for the particular service needed, lack of transportation, or lack of a provider at the specific time he/she was needed.

People with disabilities were more likely to have fair to poor health in general, more days when they felt unhealthy both physically and mentally,

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and more days when they could not carry out their usual activities centered on work, recreation, or self-care because of their health condition. On average, people with disabilities experienced 10 days in the past month when their physical health was not good, and six days in the past month when their mental health was not good. They also had about 7 days, on average, when their mental or physical health impaired their ability to carry out their normal activity. These numbers were much higher than for people without disabilities.

Compared to people with no disabilities, those with disabilities were:

- 2-1/2 times more likely to have suffered from anxiety or depression at some point in their life, and more likely to be experiencing symptoms of major depression in the past two weeks.
- 3 times more likely to have arthritis.
- 2-1/2 times more likely to have asthma, and more likely to have asthma attacks, which is an indication of asthma not being under control.
- 4 times more likely to have had a heart attack or stroke.
- 2-1/2 times more likely to have diabetes.

People with disabilities were far more likely to be at risk for heart disease, stroke, diabetes and other chronic diseases by virtue of participating in certain risk behaviors or making certain lifestyle choices. People with disabilities were more likely to be obese and not physically active. They smoked at greater rates than people with no disabilities. Perhaps, as a result, people with disabilities were more likely to say that they now have high blood pressure and high cholesterol, which are risk factors for developing coronary artery disease. Many more people with disabilities reported a history of previous heart attack or stroke.

People with disabilities were at risk for dental problems as well. They were more likely to have permanent tooth loss due to decay or disease, perhaps stemming from having no dental insurance and being less likely to go to a dentist or dental hygienist for teeth cleaning.

People with disabilities were at greater risk for health problems due to injury or violence. They were more likely to be victims of both sexual and non-sexual violence. Women had a four times greater risk than men of reporting being a victim of attempted or completed sexual assault.

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Adults 45 and older who had disabilities were nearly four times more likely to experience falls that resulted in injury. However, older adults were no more likely to report experiencing falls with injury than middle-aged adults. This would suggest that falls are not simply a matter of aging for this population.

There were some health similarities between people with and without disabilities; in some cases, those with disabilities appeared to be doing better than those without disabilities. People with disabilities were less likely than those without disabilities to have consumed alcohol in the past month or to engage in excessive drinking. With the exception of breast cancer screening, people with disabilities were more likely to have been screened for certain major cancer types (e.g., colon, prostate, cervical). Furthermore, individuals with disabilities, regardless of age, were more likely to have received the influenza vaccine within the past year or ever received a vaccination for pneumonia.

Oftentimes, efforts are made to eliminate disparities between those with and without disabilities in terms of healthcare access, health status, and risk behaviors. The preliminary findings illustrate that disparities exist within the disability community based on gender, race, and age. To summarize:

- Men with disabilities were more likely than women to have had a previous heart attack or stroke, diabetes, be overweight, and drink alcohol, especially, binge drink. They were less likely to have a personal physician, to have their teeth cleaned by a dental provider, and to get their annual flu vaccine.
- Women with disabilities were more likely than men to have arthritis, asthma, be less physically active, and be a victim of sexual violence. Women also complained of more mental and physical unhealthy days as well as days with activity limitation.
- Blacks with disabilities were particularly at risk compared to whites. They were more likely to not see a doctor when needed, to have poor health status and report more days where their health was unhealthy and their activity was limited. They were more likely to have high blood pressure and diabetes, be overweight or obese, be less physically active. They were less likely to report having a recent teeth cleaning and therefore more often reporting permanent tooth loss. They were less likely to get either a flu vaccine or pneumonia vaccine. However, whites with disabilities had a greater rate of alcohol use in the past month.

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- Being older was a risk factor for having poor health status and more physical unhealthy days, arthritis, previous heart attack or stroke, diabetes, high blood pressure, high cholesterol, being less physically active, permanent tooth loss and having no dental insurance. Women 65 and older were least likely to get a Pap test compared to younger women.
  - However, younger adults with disabilities had more mental unhealthy days, greater rates of major depression and asthma, greater likelihood of smoking, drinking (especially binge drinking), and being a victim of sexual and non-sexual violence. They were less likely to be routinely screened for breast, colon and prostate cancers, to get their flu and pneumonia vaccines, and to get their teeth cleaned by a dental provider.

These preliminary findings suggest that efforts be made to not only narrow the gap between those with and without disabilities but to also reduce disparities among different subgroups living with disability. The findings should be kept in mind as programs are developed for and marketed to individuals with disabilities. Further, these findings suggest the need for additional research into subgroup differences within the disability population.

People with and without disabilities, separately, exceeded the HP 2010 targets for four of eleven selected objectives. However, for six objectives which both groups did not exceed, people with disabilities lagged behind people without disabilities on five of those objectives, whereas on the sixth objective --getting the flu vaccine--people with disabilities were ahead of their counterparts who had no disabilities. This suggests that there is much work to be done to close the gap between people with and without disabilities and bring both groups equally up to the HP 2010 standard.

### **Limitations**

BRFSS data can provide valuable insights into the health status and health risk behaviors of individuals. Also, as demonstrated in this report, BRFSS data can be used to explore differences between those with and without disabilities. However, as with all survey data, BRFSS does have limitations. Those that are relevant to these analyses are as follows:



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1. BRFSS is a telephone survey of randomly selected households. One adult in each household is selected for participation. If there is an adult in the household with a disability, but he/she is not the one selected for participation, his/her information will be unreported.
  2. BRFSS is limited to households with telephones. Individuals that are least well-off financially as well as younger adults and adults from minority race and ethnic groups tend to be underrepresented when using telephone survey methodology. The findings likely depict the best-case scenario with regard to health and disability.
  3. Individuals requiring TTY or other alternative forms of survey completion are unable to participate in BRFSS. This limits this study's findings to individuals with select types of disability. SERL offers TTY as an option for respondents on other disability-related projects. This should be incorporated into any future research involving the disability community.
  4. Also, there is no method in place for individuals with hearing-impairment to complete BRFSS via TTY.
  5. BRFSS is a survey of the non-institutionalized adult population 18 years and older. This survey is not designed to capture information on people who reside in institutions, including assisted living facilities, long-term stay hospitals, etc. Some of these residents may have a disability that is not being assessed.
  6. Although there are a few questions related to demographics and child car seat use, there is essentially no information generated from BRFSS about children, including children and youth with disabilities.
  7. The data collected via BRFSS is self-report. Although respondents are asked about the presence of health conditions such as high blood pressure and diabetes, there is no formal clinical examination to determine if these disease conditions truly exist.
  8. It is often desirable to look at differences among subgroups of respondents in order to identify plausible explanations for various findings. However, this requires larger sample sizes with adequate representation among subgroups. A preliminary analysis of differences based on gender, age, and race was done for this report. However, the findings should be considered preliminary. With regard to race, comparisons could not be made between Hispanics and non-Hispanics due to the small number of Hispanic respondents in the sample. The same was true for Asian/Pacific Islanders as well as American Indians.

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9. Secondary data were used for this project. The analyses and interpretations were limited, to some degree, by the content of BRFSS and the way in which questions were worded. For example, “disability” is defined as having a physical, mental or emotional problem that limits one’s activities. Disability as defined using the BRFSS question is rather broad and inclusive and does not allow one to make distinctions between types of disabilities. Primary data collection would allow for greater flexibility in survey content and question wording.

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## APPENDIX

**Table 2 -- Disability by Demographic Subgroup**

Demographic Group	With Disability		No Disability		RR ("yes" to having a disability)
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N	
<b>Overall</b>	17.9 (17.1, 18.8)	3,496	82.1 (81.2, 82.9)	12,629	
<b>Men<sup>R</sup></b>	17.2 (15.8, 18.6)	1,281	82.8 (81.4, 84.2)	5,046	0.923
<b>Women</b>	18.6 (17.6, 19.6)	2,215	81.4 (80.4, 82.4)	7,583	
<b>18-44<sup>R</sup></b>	11.0 (10.0, 12.2)	745	89.0 (87.8, 90.0)	5,247	
<b>45-64</b>	23.3 (21.8, 24.8)	1,669	76.7 (75.2, 78.2)	4,778	0.474*
<b>65 and older</b>	29.7 (27.7, 31.8)	1,063	70.3 (68.2, 72.3)	2,526	0.372*
<b>White, non-Hispanic<sup>R</sup></b>	18.5 (17.5, 19.5)	2,632	81.5 (80.5, 82.5)	9,327	
<b>Black, non-Hispanic</b>	13.5 (11.8, 15.3)	429	86.5 (84.7, 88.2)	1,961	1.374*
<b>American Indian, non-Hispanic</b>	36.9 (25.0, 50.6)	35	63.1 (49.4, 75.0)	58	0.502*
<b>Asian, non-Hispanic</b>	5.3 (2.6, 10.7)	18	94.7 (89.3, 97.4)	170	3.474*
<b>Other, non-Hispanic</b>	28.3 (22.7, 34.7)	194	71.7 (65.3, 77.3)	375	0.653*
<b>Hispanic</b>	12.2 (16.9, 18.6)	70	87.8 (82.5, 91.7)	396	1.522*
<b>Married</b>	16.7 (15.7, 17.8)	1,719	83.3 (82.2, 84.3)	7,417	
<b>Divorced</b>	27.8 (25.2, 30.5)	641	72.2 (69.5, 74.8)	1,88	
<b>Widowed</b>	32.0 (29.1, 35.1)	552	68.0 (64.9, 70.9)	1,233	
<b>Separated</b>	22.9 (18.3, 28.2)	132	77.1 (71.8, 81.7)	336	
<b>Never been married</b>	12.8 (10.9, 15.1)	379	87.2 (84.9, 89.1)	1,833	
<b>Member of unmarried couple</b>	14.8 (9.7, 21.8)	53	85.2 (78.2, 90.3)	259	

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<b>Not in a relationship<sup>1R</sup></b>	20.3 (18.9, 21.8)	1,704	79.7 (78.2, 81.1)	4,890	1.221*
<b>In relationship<sup>1</sup></b>	16.7 (15.6, 17.7)	1,772	83.3 (82.3, 84.4)	7,676	
<b>Military Veteran<sup>R</sup></b>	21.8 (19.7, 23.9)	647	78.2 (76.1, 80.3)	1,986	1.271*
<b>Non-Veteran</b>	17.1 (16.2, 18.1)	2,833	82.9 (81.9, 83.8)	10,589	

<sup>1</sup> “Not in relationship” includes divorced, separated, widowed and never been married. “In relationship” includes married and member of unmarried couple.

Relative Risk (RR) estimates were computed for prevalence of disability using the first-listed demographic group as the referent (R).

\* p < .05.

**Table 3 -- Socioeconomic Status by Disability**

SES Status	With Disability		No Disability		Relative Risk
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N	
Less than high school	14.4 (13.0, 16.0)	587	8.5 (7.9, 9.3)	1,246	
High school degree (or GED)	28.7 (26.6, 31.0)	1,030	27.8 (26.7, 29.0)	3,656	
Some college	24.5 (22.6, 26.5)	907	24.0 (22.8, 25.1)	2,964	
College degree	32.2 (29.7, 35.0)	956	39.7 (38.4, 40.9)	4,720	
Less than high school	14.4 (13.0, 16.0)	587	8.5 (7.9, 9.3)	1,246	1.693*
High school degree or more	85.6 (84.0, 87.0)	2,893	91.5 (90.7, 92.1)	11,340	
Less than \$15,000	14.1 (12.6, 15.8)	577	4.9 (4.4, 5.5)	749	
\$15,000 - \$24,999	19.1 (17.0, 21.3)	606	11.2 (10.4, 12.2)	1,482	
\$25,000 - \$34,999	11.8 (10.3, 13.4)	384	11.0 (10.2, 11.9)	1,398	
\$35,000 - \$49,999	15.0 (13.4, 16.8)	450	15.5 (14.6, 16.5)	1,803	
\$50,000 - \$74,999	15.9 (14.0, 17.9)	413	19.2 (18.1, 20.3)	2,036	
\$75,000 and greater	24.1 (21.3, 27.2)	498	38.1 (36.8, 39.5)	3,458	
Less than \$35,000	45.0 (42.3, 47.7)	1,567	27.2 (26.0, 28.4)	3,629	1.656*
\$35,000 and greater	55.0 (52.3, 57.7)	1,361	72.8 (71.6, 74.0)	7,297	
Employed <sup>1</sup>	42.5 (39.5, 45.6)	798	70.9 (69.5, 72.2)	5,658	
Unemployed <sup>1</sup>	5.9 (4.1, 8.3)	93	3.0 (2.5, 3.5)	246	
Out of workforce <sup>1</sup>	31.2 (28.6, 33.9)	765	25.2 (23.9, 26.5)	2,467	
Unable to work	20.4 (18.4, 22.7)	528	0.9 (0.7, 1.2)	131	

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<b>Unable to work</b>	20.4 (18.4, 22.7)	528	0.9 (0.7, 1.2)	131	22.037*
<b>Not unable to work</b>	79.6 (77.3, 81.6)	1,656	99.1 (98.8, 99.3)	8,371	

<sup>1</sup> “Employed” includes employed for wages and self-employed. “Unemployed” includes individuals out of work for less than a year and those who were out of work for a year or more. “Out of work force” includes homemakers, students, and retirees. “Not unable to work” combines employed, unemployed, and out of workforce.

Relative Risk (RR) estimates were computed using the disability group as the referent (R).

\* p < .05.

**Table 4 -- Health Insurance Coverage by Disability**

<i>Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (Responded 'No')</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	12.0 (10.3, 14.0)	3,479	11.8 (10.9, 12.7)	12,584	0.998	.835
<b>Men</b>	14.4 (11.3, 18.2)	1,272	12.9 (11.6, 14.5)	5,022	1.444	.015
<b>Women<sup>R</sup></b>	10.0 (8.3, 11.9)	2,207	10.7 (9.6, 11.9)	7,562		
<b>18-44 years</b>	22.4 (17.9, 27.6)	739	15.3 (13.9, 16.8)	5,224	14.490	<.001
<b>45-64 years</b>	10.5 (8.6, 12.7)	1,660	9.2 (8.1, 10.5)	4,763	6.799	<.001
<b>65 and older<sup>R</sup></b>	1.5 (0.9, 2.7)	1,061	3.1 (1.9, 5.2)	2,520		
<b>White, non-Hispanic<sup>R</sup></b>	10.1 (8.4, 12.1)	2,623	8.9 (8.1, 9.9)	9,291	1.183	.358
<b>Black, non-Hispanic</b>	12.0 (8.7, 16.2)	425	19.4 (16.7, 22.4)	1,956		
<b>Other, non-Hispanic</b>	18.5 (11.0, 29.3)	244	16.0 (12.2, 20.6)	603		
<b>Hispanic</b>	33.5 (15.5, 58.0) †	69	28.9 (22.0, 36.9)	396		



**Table 5 -- Have Personal Doctor by Disability**

<i>Do you have one person you think of as your personal doctor or healthcare provider? (Responded 'No')</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	10.6 (8.9, 12.6)	3,479	18.0 (16.9, 19.2)	12,578	0.588	<.001
<b>Men</b>	13.6 (10.6, 17.1)	1,273	23.1 (21.2, 25.0)	5,019	1.696	.002
<b>Women<sup>R</sup></b>	8.0 (6.3, 10.2)	2,206	13.2 (11.9, 14.5)	7,559		
<b>18-44 years</b>	20.5 (16.3, 25.6)	742	24.7 (22.9, 26.5)	5,228	5.126	<.001
<b>45-64 years</b>	7.0 (5.3, 9.4)	1,664	10.8 (9.5, 12.2)	4,765	1.758	.046
<b>65 and older<sup>R</sup></b>	4.0 (2.5, 6.5)	1,054	6.5 (4.9, 8.6)	2,510		
<b>White, non-Hispanic<sup>R</sup></b>	9.8 (8.0, 11.8)	2,620	16.0 (14.8, 17.3)	9,299	0.614	.085
<b>Black, non-Hispanic</b>	6.0 (3.5, 10.1)	428	18.2 (15.6, 21.1)	1,953		
<b>Other, non-Hispanic</b>	16.7 (10.5, 25.6)	247	23.9 (19.1, 29.6)	598		
<b>Hispanic</b>	24.5 (8.1, 54.3) †	68	41.2 (33.1, 49.8)	394		

**Table 6 -- Not See Doctor Due to Cost by Disability**

<i>Was there a time during the last 12 months when you needed to see a doctor, but could not, due to cost? (Responded 'Yes')</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	20.5 (18.4 , 22.6)	3,482	9.1 (8.3, 10.0)	12,594	2.249	<.001
<b>Men</b>	19.5 (16.2, 23.3)	1,274	7.5 (6.3, 8.8)	5,034	.913	.403
<b>Women<sup>R</sup></b>	21.3 (19.0, 23.9)	2,208	10.7 (9.6, 11.8)	7,560		
<b>18-44 years</b>	33.8 (28.9, 39.1)	742	11.7 (10.4, 13.1)	5,238	5.387	<.001
<b>45-64 years</b>	18.9 (16.5, 21.6)	1,664	6.6 (5.7, 7.7)	4,768	3.012	<.001
<b>65 and older<sup>R</sup></b>	6.3 (4.7, 8.3)	1,057	3.8 (2.4, 5.9)	2,511		
<b>White, non-Hispanic<sup>R</sup></b>	18.0 (15.9, 20.3)	2,624	7.1 (6.4, 7.9)	9,308	1.304	.039
<b>Black, non-Hispanic</b>	23.5 (18.8, 29.0)	428	13.4 (11.1, 16.1)	1,956		
<b>Other, non-Hispanic</b>	28.3 (19.9, 38.7)	244	11.9 (8.8, 16.0)	600		
<b>Hispanic</b>	49.9 (31.68.9) †	69	23.5 (15.8, 33.6)	396		

**Table 7 -- Health Status by Disability**

<i>Would you say that in general your health is...[fair or poor]?</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	38.5 (36.2, 40.9)	3,478	7.3 (6.7, 8.0)	12,603	5.247	<.001
<b>Men</b>	37.9 (34.1, 41.8)	1,276	7.2 (6.3, 8.1)	5,036	0.969	.612
<b>Women<sup>R</sup></b>	39.1 (36.4, 41.9)	2,202	7.5 (6.7, 8.4)	7,567		
<b>18-44 years<sup>R</sup></b>	27.6 (23.6, 32.0)	742	4.5 (3.8, 5.4)	5,243		
<b>45-64 years</b>	40.6 (37.2, 44.1)	1,662	8.4 (7.2, 9.7)	4,769	1.473	<.001
<b>65 and older</b>	48.7 (44.6, 52.7)	1,055	17.0 (15.3, 18.9)	2,514	1.767	<.001
<b>White, non-Hispanic<sup>R</sup></b>	36.8 (34.3, 39.4)	2,622	5.9 (5.3, 6.5)	9,316	1.335	<.001
<b>Black, non-Hispanic</b>	49.2 (42.6, 55.7)	428	11.9 (9.8, 14.4)	1,955		
<b>Other, non-Hispanic</b>	38.3 (29.1, 48.4)	244	6.1 (4.1, 9.0)	603		
<b>Hispanic</b>	38.5 (23.3, 56.2) †	69	14.3 (9.7, 20.5)	396		

**Table 8 -- Mean Number of Physical & Mental Unhealthy Days by Disability**

...For how many days during the past 30 days was your <b>physical</b> health not good?	With disability		No disability		Overall p-value
	Weighted Mean (95% CI)	N	Weighted Mean (95% CI)	N	
<b>Overall</b>	9.96 (9.39, 10.52)	3,304	1.83 (1.71, 1.94)	12,382	<.001
<b>Men</b>	9.30 (8.37, 10.22)	1,212	1.55 (1.39, 1.71)	4,964	<.001
<b>Women</b>	10.53 (9.86, 11.19)	2,092	2.10 (1.94, 2.26)	7,418	
<b>18-44 years</b>	8.09 (7.02, 9.16)	725	1.60 (1.44, 1.76)	5,206	<.001
<b>45-64 years</b>	10.56 (9.75, 11.37)	1,605	1.66 (1.49, 1.83)	4,715	
<b>65 and older</b>	11.38 (10.33, 12.42)	960	3.29 (2.89, 3.69)	2,383	
<b>White, non-Hispanic</b>	9.56 (8.93, 10.18)	2,495	1.70 (1.58, 1.82)	9,184	<.001
<b>Black, non-Hispanic</b>	12.45 (11.05, 13.85)	408	1.98 (1.68, 2.28)	1,909	
<b>Other, non-Hispanic</b>	10.46 (8.08, 12.84)	238	2.23 (1.60, 2.85)	594	
<b>Hispanic</b>	9.70 (4.67, 14.74)	64	1.90 (1.21, 2.59)	389	
...For how many days during the past 30 days was your <b>mental</b> health not good?					
<b>Overall</b>	6.07 (5.61, 6.52)	3,359	2.66 (2.50, 2.83)	12,417	<.001
<b>Men</b>	5.66 (4.95, 6.38)	1,230	2.11 (1.86, 2.36)	4,968	<.001
<b>Women</b>	6.42 (5.84, 6.99)	2,129	3.19 (2.97, 3.42)	7,449	
<b>18-44 years</b>	8.75 (7.69, 9.81)	719	3.38 (3.11, 3.65)	5,198	<.001
<b>45-64 years</b>	5.95 (5.34, 6.55)	1,616	1.91 (1.73, 2.10)	4,713	
<b>65 and older</b>	2.81 (2.25, 3.37)	1,007	1.32 (1.08, 1.56)	2,430	
<b>White, non-Hispanic</b>	5.41 (4.93, 5.88)	2,547	2.63 (2.45, 2.82)	9,197	<.001
<b>Black, non-Hispanic</b>	7.75 (6.09, 9.41)	411	2.67 (2.23, 3.11)	1,926	
<b>Other, non-Hispanic</b>	8.11 (6.17, 10.06)	237	2.77 (2.10, 3.440)	591	
<b>Hispanic</b>	9.21 (5.85, 12.57)	64	2.69 (1.52, 3.85)	388	

**Table 9 -- Mean Number of Days With Activity Limitation by Disability**

<i>During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?</i>	<b>With disability</b>		<b>No disability</b>		<b>Overall p-value</b>
	<b>Weighted Mean (95% CI)</b>	<b>N</b>	<b>Weighted Mean (95% CI)</b>	<b>N</b>	
<b>Overall</b>	6.90 (6.42, 7.38)	3,370	0.95 (0.85, 1.05)	12,543	<.001
<b>Men</b>	6.82 (6.02, 7.62)	1,234	0.87 (0.71, 1.03)	5,018	<.001
<b>Women</b>	6.97 (6.39, 7.54)	2,136	1.02 (0.91, 1.14)	7,525	
<b>18-44 years</b>	6.97 (6.00, 7.93)	728	0.96 (0.81, 1.11)	5,234	<.001
<b>45-64 years</b>	7.39 (6.66, 8.12)	1,617	0.75 (0.64, 0.87)	5,756	
<b>65 and older</b>	5.96 (5.18, 6.73)	1,007	1.39 (1.11, 1.67)	2,476	
<b>White, non-Hispanic</b>	6.25 (5.74, 6.76)	2,551	0.87 (0.78, 0.96)	9,290	<.001
<b>Black, non-Hispanic</b>	10.01 (8.47, 11.54)	411	0.94 (0.72, 1.16)	1,942	
<b>Other, non-Hispanic</b>	8.32 (6.24, 10.41)	241	1.17 (0.72, 1.62)	595	
<b>Hispanic</b>	8.34 (4.21, 12.46)	69	1.40 (0.32, 2.49)	394	

**Table 10 -- Current Major Depression by Disability (2006)**

<i>Risk for Current Major Depression (based on PHQ-8 total score ≥ 10)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	16.9 (14.2, 20.0)	1,258	4.8 (3.5, 6.6)	3,880	3.501	<.001
<b>Men</b>	14.5 (10.7, 19.4)	445	4.4 (2.4, 7.8)	1,530	0.766	.144
<b>Women<sup>R</sup></b>	18.9 (15.5, 23.0)	813	5.2 (3.8, 7.1)	2,350		
<b>18-44 years</b>	22.9 (16.6, 30.8)	247	6.6 (4.4, 9.8)	1,494	2.527	<.001
<b>45-64 years</b>	17.1 (13.6, 21.2)	596	3.1 (2.1, 4.4)	1,550	1.883	.003
<b>65 and older<sup>R</sup></b>	9.1 (6.3, 12.9)	407	1.4 (0.8, 2.6)	812		
<b>White, non-Hispanic<sup>R</sup></b>	15.4 (12.6, 18.7)	962	4.5 (3.3, 6.1)	2,945	1.266	.316
<b>Black, non-Hispanic</b>	19.5 (12.7, 28.7)	136	4.1 (2.0, 7.9)	544		
<b>Other, non-Hispanic</b>	20.1 (10.9, 34.1)	90	2.8 (1.4, 5.6)	176		
<b>Hispanic</b>	41.7 (14.1, 75.7) †	26	15.2 (3.7, 45.8) †	114		

† Cell size is less than 50, or 95% confidence interval half-width is greater than (>) 10. Use caution in interpreting the percentage rate.

Note: Relative Risk (RR) estimates were computed comparing risk between people with disabilities and the risk for people with no disabilities on the health outcome—see RR for Overall group. Among people with disabilities only, relative risk estimates were computed between men and women, between younger and older age groups, and between non-Hispanic whites and blacks. People of Other Race and Hispanics had less stable percentage rates and were not included in the rate comparisons for race. The referent group is denoted with an “R”. P-values from significance testing (Pearson chi-square) are reported.

**Table 11 -- Arthritis Prevalence by Disability (2004-2005)**

<i>Have you ever been told by a doctor, nurse or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	62.6 (59.4, 65.6)	2,151	21.0 (20.0, 22.2)	8,258	2.973	<.001
<b>Men<sup>R</sup></b>	54.1 (48.9, 59.1)	801	17.3 (15.9, 18.9)	3,316	1.295	<.001
<b>Women</b>	70.0 (66.7, 73.1)	1,350	24.6 (23.0, 26.2)	4,942		
<b>18-44 years<sup>R</sup></b>	39.3 (33.4, 45.3)	481	9.7 (8.6, 10.9)	3,534		
<b>45-64 years</b>	68.5 (64.1, 72.7)	1,035	30.3 (28.1, 32.5)	3,069	1.748	<.001
<b>65 and older</b>	81.1 (77.2, 84.5)	625	49.0 (45.5, 52.4)	1,608	2.070	<.001
<b>White, non-Hispanic<sup>R</sup></b>	62.8 (59.3, 66.2)	1,622	21.7 (20.4, 23.0)	6,112	1.042	.543
<b>Black, non-Hispanic</b>	65.4 (57.5, 72.5)	276	19.0 (16.5, 21.8)	1,280		
<b>Other, non-Hispanic</b>	66.7 (53.8, 77.4)	144	16.7 (13.0, 21.0)	405		
<b>Hispanic</b>	34.6 (17.3, 57.2) †	39	18.1 (11.2, 27.9)	257		

**Table 12 -- Current Asthma by Disability**

<i>Risk for Current Asthma</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	16.0 (14.3, 17.9)	3,452	6.4 (5.8, 7.1)	12,557	2.492	<.001
<b>Men<sup>R</sup></b>	9.8 (7.8, 12.3)	1,270	4.6 (3.8, 5.5)	5,022	2.174	<.001
<b>Women</b>	21.4 (18.9, 24.1)	2,182	8.2 (7.3, 9.2)	7,535		
<b>18-44 years</b>	18.6 (14.9, 23.0)	733	7.33 (6.4, 8.4)	5,216	1.476	.014
<b>45-64 years</b>	16.1 (13.9, 18.6)	1,656	5.0 (4.3, 5.9)	4,754	1.275	.071
<b>65 and older<sup>R</sup></b>	12.6 (10.1, 15.7)	1,044	5.9 (4.5, 7.6)	2,510		
<b>White, non-Hispanic<sup>R</sup></b>	15.1 (13.2, 17.2)	2,597	6.3 (5.6, 7.1)	9,273	1.229	.171
<b>Black, non-Hispanic</b>	18.5 (14.2, 23.8)	426	6.5 (5.0, 8.4)	1,953		
<b>Other, non-Hispanic</b>	19.9 (13.6, 28.2)	243	8.0 (5.5, 11.3)	597		
<b>Hispanic</b>	19.7 (8.7, 38.8) †	69	5.0 (3.2, 7.9)	396		



**Table 13 -- Cardiovascular Disease Events by Disability**

<i>Cardiovascular Disease Events (e.g., heart attack, stroke)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	14.4 (12.9, 16.1)	3,439	3.4 (3.1, 3.9)	12,418	4.201	<.001
<b>Men</b>	17.5 (14.9, 20.4)	1,256	4.3 (3.7, 5.0)	4,948	1.481	<.001
<b>Women<sup>R</sup></b>	11.8 (10.2, 13.6)	2,183	2.6 (2.2, 3.2)	7,470		
<b>18-44 years<sup>R</sup></b>	4.0 (2.7, 6.0)	737	0.6 (0.4, 0.8)	5,172		
<b>45-64 years</b>	14.0 (11.9, 16.5)	1,643	4.2 (3.4, 5.1)	4,707	3.472	<.001
<b>65 and older</b>	71.5 (67.4, 75.2)	1,040	85.8 (83.6, 87.7)	2,464	7.042	<.001
<b>White, non-Hispanic<sup>R</sup></b>	14.5 (12.7, 16.4)	2,594	3.3 (2.9, 3.8)	9,200	0.990	.948
<b>Black, non-Hispanic</b>	14.3 (11.0, 18.5)	420	2.8 (2.1, 3.8)	1,928		
<b>Other, non-Hispanic</b>	12.4 (8.4, 18.0)	239	4.7 (2.4, 9.1)	588		
<b>Hispanic</b>	11.1 (5.4, 21.2)	68	1.6 (0.8, 2.9)	384		

**Table 14 -- High Blood Pressure by Disability**

<i>Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (excl. Yes, during pregnancy only)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	45.6 (43.1, 48.1)	3,385	24.0 (23.0, 25.1)	12,089	1.900	<.001
<b>Men</b>	45.0 (40.7, 49.3)	1,235	24.6 (23.0, 26.2)	4,809	0.974	.659
<b>Women<sup>R</sup></b>	46.1 (43.2, 49.1)	2,150	23.5 (22.1, 24.9)	7,280		
<b>18-44 years<sup>R</sup></b>	22.3 (18.3, 27.0)	724	10.1 (9.1, 11.3)	5,030		
<b>45-64 years</b>	51.2 (47.5, 54.8)	1,621	34.6 (32.6, 36.7)	4,575	2.294	<.001
<b>65 and older</b>	65.6 (61.5, 69.6)	1,203	58.5 (55.6, 61.2)	2,416	2.941	<.001
<b>White, non-Hispanic<sup>R</sup></b>	45.4 (42.5, 48.3)	2,564	23.2 (22.1, 24.4)	9,009	1.276	.001
<b>Black, non-Hispanic</b>	57.9 (50.9, 64.5)	411	32.1 (28.9, 35.5)	1,830		
<b>Other, non-Hispanic</b>	38.8 (29.6, 48.9)	233	19.1 (15.0, 24.0)	573		
<b>Hispanic</b>	31.0 (16.5, 50.5) †	66	13.9 (9.4, 20.0)	370		

**Table 15 -- High Cholesterol by Disability**

<i>Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	48.8 (46.1, 51.5)	3,038	35.0 (33.6, 36.4)	10,055	1.394	<.001
<b>Men</b>	50.1 (45.6, 54.7)	1,103	37.5 (35.3, 39.8)	3,953	1.051	.392
<b>Women<sup>R</sup></b>	47.7 (44.6, 50.8)	1,935	32.7 (31.0, 34.4)	6,102		
<b>18-44 years<sup>R</sup></b>	29.7 (24.5, 35.5)	560	21.4 (19.4, 23.5)	3,524		
<b>45-64 years</b>	53.3 (49.4, 57.2)	1,498	43.6 (41.4, 45.9)	4,219	1.795	<.001
<b>65 and older</b>	60.2 (55.9, 64.4)	965	55.5 (52.5, 58.3)	2,254	2.028	<.001
<b>White, non-Hispanic<sup>R</sup></b>	48.8 (45.7, 51.9)	2,306	35.6 (34.0, 37.2)	7,614	0.915	.297
<b>Black, non-Hispanic</b>	44.7 (37.7, 51.9)	365	28.0 (24.9, 31.2)	1,482		
<b>Other, non-Hispanic</b>	54.8 (44.9, 64.4)	208	38.4 (31.4, 45.9)	442		
<b>Hispanic</b>	35.5 (20.9, 53.5) †	54	33.6 (22.8, 46.4) †	261		

**Table 16 -- Obesity by Disability**

<i>Risk for obesity (BMI ≥30)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	34.6 (32.2, 37.1)	3,333	22.2 (21.1, 23.3)	12,109	1.557	<.001
<b>Men</b>	33.5 (29.5, 37.6)	1,257	23.0 (21.4, 24.6)	4,991	0.941	.414
<b>Women<sup>R</sup></b>	35.6 (32.7, 38.5)	2,076	21.4 (20.1, 22.9)	7,118		
<b>18-44 years</b>	30.5 (25.9, 35.5)	717	21.5 (20.0, 23.1)	5,047	1.035	.739
<b>45-64 years</b>	40.6 (36.9, 44.4)	1,586	25.8 (24.0, 27.8)	4,577	1.377	<.001
<b>65 and older<sup>R</sup></b>	29.5 (25.9, 33.3)	1,019	17.0 (15.1, 19.1)	2,432		
<b>White, non-Hispanic<sup>R</sup></b>	34.1 (31.3, 37.0)	2,514	20.7 (19.5, 22.0)	8,982	1.449	<.001
<b>Black, non-Hispanic</b>	49.4 (42.8, 56.1)	407	32.4 (29.4, 35.6)	1,872		
<b>Other, non-Hispanic</b>	25.1 (18.3, 33.5)	239	17.6 (14.0, 21.9)	584		
<b>Hispanic</b>	26.5 (13.6, 45.4) †	68	22.6 (16.5, 30.1)	371		

**Table 17 -- Overweight by Disability**

<i>Risk for overweight (BMI ≥25); including obese</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	69.5 (67.0, 71.9)	3,333	59.1 (28.1, 33.0)	12,109	1.177	<.001
<b>Men</b>	72.7 (68.6, 76.5)	1,257	69.1 (67.1, 71.1)	4,991	1.092	.017
<b>Women<sup>R</sup></b>	66.6 (63.7, 69.4)	2,076	49.0 (47.3, 50.8)	7,118		
<b>18-44 years<sup>R</sup></b>	63.6 (58.0, 68.8)	717	54.9 (52.8, 56.8)	5,047		
<b>45-64 years</b>	74.3 (71.0, 77.4)	1,586	67.7 (65.6, 69.7)	4,577	1.170	<.001
<b>65 and older</b>	68.9 (65.0, 72.5)	1,019	57.5 (54.6, 60.3)	2,432	1.083	.113
<b>White, non-Hispanic<sup>R</sup></b>	68.4 (65.6, 71.0)	2,514	57.9 (56.4, 59.5)	8,982	1.198	<.001
<b>Black, non-Hispanic</b>	81.9 (76.7, 86.1)	407	70.1 (66.8, 73.3)	1,872		
<b>Other, non-Hispanic</b>	65.6 (53.0, 76.3) †	239	47.1 (41.0, 53.4)	584		
<b>Hispanic</b>	73.2 (55.1, 85.9) †	68	61.5 (53.1, 69.2)	371		

**Table 18 -- No Leisure Activity in Past Month by Disability**

<i>During the past month, other than your regular job, did you participate in any physical activities or exercises...? (Responded 'No')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	36.6 (34.2, 39.0)	3,484	18.1 (17.2, 19.1)	12,610	2.017	<.001
<b>Men</b>	33.6 (29.7, 37.7)	1,279	16.1 (14.7, 17.6)	5,038	0.857	.027
<b>Women<sup>R</sup></b>	39.2 (36.5, 42.0)	2,205	20.1 (18.8, 21.4)	7,572		
<b>18-44 years<sup>R</sup></b>	32.5 (27.5, 38.0)	743	16.6 (15.2, 18.0)	5,242		
<b>45-64 years</b>	36.6 (33.3, 39.9)	1,665	17.3 (15.9, 18.8)	4,774	1.125	.207
<b>65 and older</b>	41.7 (37.8, 45.7)	1,057	27.1 (24.7, 29.7)	2,516	1.284	.008
<b>White, non-Hispanic<sup>R</sup></b>	33.9 (31.4, 36.5)	2,621	15.7 (14.8, 16.7)	9,314	1.435	<.001
<b>Black, non-Hispanic</b>	48.6 (42.4, 54.9)	428	25.3 (22.7, 28.1)	1,961		
<b>Other, non-Hispanic</b>	43.1 (32.3, 54.6) †	247	15.9 (12.3, 20.3)	603		
<b>Hispanic</b>	43.2 (26.1, 62.0) †	70	32.9 (24.8, 43.2)	395		

**Table 19 -- Eat Few Fruits & Vegetables by Disability (2005)**

<i>At risk for not eating five or more daily servings of fruits and vegetables</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	74.3 (70.7, 77.7)	1,156	73.8 (71.8, 75.6)	4,176	1.008	.771
<b>Men</b>	77.7 (72.0, 82.5)	437	78.3 (75.3, 81.0)	1,666	0.781	.085
<b>Women<sup>R</sup></b>	71.4 (66.6, 75.9)	719	69.3 (66.8, 71.8)	2,510		
<b>18-44 years</b>	74.3 (66.4, 80.8)	240	77.5 (74.6, 80.1)	1,667	1.082	.274
<b>45-64 years</b>	78.0 (73.1, 82.3)	547	71.0 (67.7, 74.0)	1,611	1.136	.020
<b>65 and older<sup>R</sup></b>	68.7 (61.6, 75.0)	366	64.3 (59.8, 68.7)	873		
<b>White, non-Hispanic<sup>R</sup></b>	75.6 (71.6, 79.2)	880	73.4 (71.2, 75.6)	3,142	0.981	.197
<b>Black, non-Hispanic</b>	68.1 (56.0, 78.2) †	152	74.4 (68.7, 79.3)	652		
<b>Other, non-Hispanic</b>	69.3 (48.6, 84.3) †	61	69.7 (59.9, 78.0)	182		
<b>Hispanic</b>	69.4 (35.4, 90.4) †	16	81.2 (69.3, 89.2)	99		

**Table 20 -- Diabetes by Disability**

<i>Have you ever been told by a doctor that you have diabetes? (excl. diabetes during pregnancy only, and pre-diabetes)</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	14.1 (12.7, 15.7)	3,405	5.7 (5.2, 6.3)	12,404	2.481	<.001
<b>Men</b>	15.8 (13.3, 18.6)	1,259	6.3 (5.5, 7.2)	4,997	1.241	.045
<b>Women<sup>R</sup></b>	12.7 (11.2, 14.4)	2,146	5.2 (4.5, 5.9)	7,407		
<b>18-44 years<sup>R</sup></b>	4.5 (3.1, 6.5)	725	1.6 (1.2, 2.0)	5,147		
<b>45-64 years</b>	16.6 (14.3, 19.1)	1,615	8.6 (7.3, 10.0)	4,705	3.690	<.001
<b>65 and older</b>	22.4 (19.2, 25.9)	1,046	17.0 (14.9, 19.3)	2,475	4.975	<.001
<b>White, non-Hispanic<sup>R</sup></b>	13.5 (11.9, 15.4)	2,565	5.0 (4.5, 5.6)	9,156	1.585	<.001
<b>Black, non-Hispanic</b>	21.4 (17.2, 26.3)	417	9.9 (8.0, 12.3)	1,932		
<b>Other, non-Hispanic</b>	11.4 (7.7, 16.6)	238	5.7 (3.2, 10.0)	591		
<b>Hispanic</b>	6.8 (2.4, 17.8)	70	2.1 (1.1, 4.0)	390		

**Table 21 -- Current Smoking by Disability**

<i>At risk for current smoking (defined as having smoked at least 100 cigarettes, and now smoking either every day or some days)</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	24.7 (22.7, 26.8)	3,481	19.4 (18.4, 20.4)	12,554	1.274	<.001
<b>Men</b>	24.9 (21.7, 28.4)	1,276	20.5 (19.0, 22.2)	5,027	1.016	.855
<b>Women<sup>R</sup></b>	24.5 (22.1, 27.0)	2,205	18.2 (17.0, 19.6)	7,527		
<b>18-44 years</b>	36.9 (32.1, 41.9)	741	23.2 (21.7, 24.8)	5,232	3.992	<.001
<b>45-64 years</b>	24.6 (21.9, 27.5)	1,667	17.2 (15.7, 18.9)	4,749	2.664	<.001
<b>65 and older<sup>R</sup></b>	9.2 (7.3, 11.6)	1,055	7.5 (6.3, 8.9)	2,497		
<b>White, non-Hispanic<sup>R</sup></b>	22.6 (20.6, 24.8)	2,621	19.1 (18.0, 20.3)	9,278	1.159	.234
<b>Black, non-Hispanic</b>	26.2 (20.8, 32.4)	429	20.6 (17.7, 23.7)	1,947		
<b>Other, non-Hispanic</b>	38.2 (28.7, 48.8) †	246	20.3 (16.3, 25.0)	599		
<b>Hispanic</b>	37.2 (21.0, 57.0) †	70	18.1 (12.9, 24.7)	394		

**Table 22 -- Drinking in Past Month by Disability**

<i>During the past 30 days, have had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	43.8 (41.2, 46.3)	3,462	56.1 (54.8, 57.4)	12,551	0.781	<.001
<b>Men</b>	50.3 (46.0, 54.6)	1,268	62.9 (60.9, 64.9)	5,014	1.319	<.001
<b>Women<sup>R</sup></b>	38.1 (35.2, 41.1)	2,194	49.5 (47.8, 51.2)	7,537		
<b>18-44 years</b>	49.0 (43.6, 54.5)	736	58.2 (56.3, 60.2)	5,216	1.348	<.001
<b>45-64 years</b>	44.2 (40.5, 47.9)	1,656	60.0 (57.9, 61.9)	4,752	1.215	.006
<b>65 and older<sup>R</sup></b>	36.4 (32.4, 40.5)	1,053	37.3 (34.7, 40.0)	2,508		
<b>White, non-Hispanic</b>	46.0 (43.1, 48.9)	2,608	59.7 (58.2, 61.1)	9,283	1.365	.001
<b>Black, non-Hispanic<sup>R</sup></b>	33.7 (27.6, 40.3)	423	43.8 (40.4, 47.3)	1,942		
<b>Other, non-Hispanic</b>	38.7 (29.5, 48.8)	244	50.6 (44.3, 56.8)	600		
<b>Hispanic</b>	44.3 (27.0, 63.1) †	70	50.5 (42.2, 58.7)	392		

**Table 23 -- Heavy Drinking by Disability**

<i>Risk for heavy drinking (adult men having more than 2 drinks per day and adult women having more than one drink per day)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	3.6 (2.9, 4.5)	3,417	4.8 (4.3, 5.4)	12,370	0.749	.020
<b>Men</b>	4.2 (3.0, 5.9)	1,244	5.1 (4.3, 6.0)	4,933	1.322	.197
<b>Women<sup>R</sup></b>	3.2 (2.4, 4.1)	2,173	4.6 (3.9, 5.4)	7,437		
<b>18-44 years</b>	4.5 (3.0, 6.6)	731	5.1 (4.3, 6.0)	5,150	1.596	.093
<b>45-64 years</b>	3.4 (2.5, 4.7)	1,639	5.2 (4.4, 6.2)	4,685	1.218	.439
<b>65 and older<sup>R</sup></b>	2.8 (1.9, 4.1)	1,031	2.9 (2.2, 3.7)	2,468		
<b>White, non-Hispanic<sup>R</sup></b>	3.6 (2.9, 4.5)	2,576	5.5 (4.8, 6.2)	9,165	0.637	.258
<b>Black, non-Hispanic</b>	2.3 (1.1, 4.9)	418	2.5 (1.7, 3.5)	1,907		
<b>Other, non-Hispanic</b>	5.3 (2.1, 12.6)	238	2.8 (1.6, 4.8)	594		
<b>Hispanic</b>	1.4 (0.4, 4.5)	70	5.5 (2.3, 12.5)	381		



**Table 24 -- Binge Drinking by Disability**

<i>How many times during the past 30 days did you have 5 or more drinks, for men, or 4 or more drinks for women (binge drink) on an occasion?</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	22.6 (18.9, 26.7)	1,309	25.3 (23.7, 26.9)	6,457	0.893	.220
<b>Men</b>	31.5 (25.4, 38.3)	579	33.6 (31.2, 36.1)	3,013	2.487	<.001
<b>Women<sup>R</sup></b>	12.7 (9.8, 16.2)	730	15.3 (13.7, 17.1)	3,444		
<b>18-44 years</b>	38.9 (31.1, 47.3)	344	33.7 (31.3, 36.1)	2,998	6.868	<.001
<b>45-64 years</b>	17.4 (13.6, 22.0)	619	15.8 (14.0, 17.9)	2,560	3.071	<.001
<b>65 and older<sup>R</sup></b>	5.7 (3.5, 9.0)	339	5.7 (4.2, 7.7)	870		
<b>White, non-Hispanic<sup>R</sup></b>	21.2 (17.1, 25.9)	1,050	25.9 (24.2, 27.8)	5,150	0.954	.857
<b>Black, non-Hispanic</b>	20.3 (12.4, 31.2)	114	20.5 (16.9, 24.8)	747		
<b>Other, non-Hispanic</b>	27.0 (15.4, 42.8) †	92	22.8 (17.1, 29.7)	290		
<b>Hispanic</b>	48.3 (26.4, 71.0) †	29	26.4 (17.2, 38.2) †	186		

† 95% confidence interval half-width is greater than (>) 10. Use caution in interpreting the percentage rate.

Note: Relative Risk (RR) estimates were computed comparing risk between people with disabilities and the risk for people with no disabilities on the health outcome—see RR for Overall group. Among people with disabilities only, relative risk estimates were computed between men and women, between younger and older age groups, and between non-Hispanic whites and blacks. People of Other Race and Hispanics had less stable percentage rates and were not included in the rate comparisons for race. The referent group is denoted with an “R”. P-values from significance testing (Pearson chi-square) are reported.

**Table 25 -- No Mammogram in Past Two Years by Disability**

<i>Risk for not having a mammogram in the past two years (Women 40 years and older; Responded 'No')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	27.2 (24.5, 30.1)	1,835	23.6 (21.9, 25.4)	5,068	1.154	.029
<b>40-49 years</b>	35.4 (29.5, 41.8)	382	31.3 (28.0, 34.8)	1,514	1.469	.003
<b>50-64 years</b>	25.0 (20.9, 29.6)	793	18.2 (15.9, 20.8)	1,998	1.036	.787
<b>65 and older<sup>R</sup></b>	24.1 (19.8, 28.9)	660	20.6 (17.5, 24.1)	1,556		
<b>White, non-Hispanic<sup>R</sup></b>	27.7 (24.6, 31.0)	1,389	23.0 (21.2, 25.0)	3,797	0.888	.514
<b>Black, non-Hispanic</b>	24.6 (17.1, 34.0)	240	21.0 (16.5, 26.3)	810		
<b>Other, non-Hispanic</b>	30.9 (21.0, 42.9) †	115	32.8 (22.5, 45.1) †	174		
<b>Hispanic</b>	11.2 (4.2, 26.9) †	34	27.9 (13.8, 48.3) †	120		

**Table 26 -- No Pap Test in Past Three Years by Disability**

<i>Risk for not having a Pap test in the past three years (Women 18 years and older; Responded 'No')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	18.8 (16.2, 21.8)	1,260	12.5 (11.1, 13.9)	5,593	1.511	<.001
<b>18-44 years<sup>R</sup></b>	13.4 (9.9, 17.9)	383	11.7 (10.0, 13.8)	2,805		
<b>45-64 years</b>	16.3 (12.4, 21.1)	573	9.8 (7.9, 12.1)	1,940	1.212	.344
<b>65 and older</b>	34.5 (27.8, 42.0)	304	25.2 (21.1, 29.7)	848	2.571	<.001
<b>White, non-Hispanic<sup>R</sup></b>	20.0 (17.0, 23.3)	972	12.1 (10.7, 13.7)	4,168	0.659	.214
<b>Black, non-Hispanic</b>	13.2 (6.6, 24.7)	167	10.6 (7.6, 14.6)	907		
<b>Other, non-Hispanic</b>	21.1 (10.6, 37.8) †	70	19.5 (12.6, 28.9)	224		
<b>Hispanic</b>	4.6 (1.2, 16.8) †	22	10.8 (5.3, 20.9)	182		

**Table 27 -- Never Had Colon Endoscopy by Disability**

<i>Risk for not ever having a colonoscopy or sigmoidoscopy (Adults 50 years and older; Responded 'No')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	32.8 (30.2, 35.5)	2,271	38.5 (36.7, 40.4)	5,795	0.851	.001
<b>Men</b>	34.5 (30.1, 39.3)	811	39.2 (36.4, 42.0)	2,219	1.101	.260
<b>Women<sup>R</sup></b>	31.4 (28.3, 34.6)	1,460	38.0 (35.5, 40.4)	3,576		
<b>50-64 years</b>	38.0 (34.1, 42.0)	1,247	43.8 (41.3, 46.3)	3,369	1.460	<.001
<b>65 and older<sup>R</sup></b>	26.0 (22.8, 29.4)	1,024	29.6 (27.1, 32.3)	2,426		
<b>White, non-Hispanic<sup>R</sup></b>	31.5 (28.6, 34.5)	1,764	36.7 (34.7, 38.7)	4,485	1.032	.797
<b>Black, non-Hispanic</b>	32.5 (25.7, 40.1)	246	40.3 (35.3, 45.6)	755		
<b>Other, non-Hispanic</b>	49.3 (37.0, 61.7) †	140	47.9 (36.5, 59.6) †	205		
<b>Hispanic</b>	27.3 (12.4, 49.9) †	38	56.7 (40.4, 71.6) †	120		

**Table 28 -- No Home Blood Stool Test in Past Two Years by Disability**

<i>Risk for not having a blood stool test in past two years (Adults 50 years and older; Responded 'No')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	72.2 (69.5, 74.8)	2,215	74.1 (72.2, 75.9)	5,687	0.975	.254
<b>Men</b>	70.4 (65.9, 74.6)	792	72.3 (69.3, 75.2)	2,187	0.887	.246
<b>Women<sup>R</sup></b>	73.6 (70.3, 76.7)	1,423	75.5 (73.0, 77.9)	3,500		
<b>50-64 years</b>	75.7 (72.3, 78.8)	1,226	76.9 (74.4, 79.2)	3,332	1.120	.002
<b>65 and older<sup>R</sup></b>	67.6 (63.3, 71.6)	989	69.3 (66.2, 72.1)	2,355		
<b>White, non-Hispanic<sup>R</sup></b>	72.5 (69.4, 75.4)	1,714	73.6 (71.5, 75.6)	4,388	0.959	.451
<b>Black, non-Hispanic</b>	69.5 (61.8, 76.3)	243	74.4 (68.1, 79.9)	753		
<b>Other, non-Hispanic</b>	67.3 (55.8, 77.0) †	142	70.7 (56.5, 81.7) †	201		
<b>Hispanic</b>	86.5 (63.5, 95.9) †	37	91.4 (84.3, 95.4) †	117		

**Table 29 -- Not Having a PSA Test in Past Two Years by Disability**

<i>Risk for not having a prostate-specific antigen (PSA) test in the past two years (Men 50 years and older; Responded 'No')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	31.1 (26.6, 35.9)	773	30.0 (27.5, 32.7)	2,135	1.036	.688
<b>50-64 years</b>	37.9 (31.4, 44.9)	432	34.1 (30.7, 37.8)	1,306	1.829	<.001
<b>65 and older<sup>R</sup></b>	20.7 (15.3, 27.4)	341	22.3 (19.0, 26.0)	829		
<b>White, non-Hispanic<sup>R</sup></b>	32.3 (27.1, 38.0)	599	28.4 (25.7, 31.3)	1,701	1.127	.557
<b>Black, non-Hispanic</b>	36.5 (24.8, 50.0) †	71	23.5 (17.5, 30.8)	227		
<b>Other, non-Hispanic</b>	14.0 (7.0, 26.0) †	61	52.7 (36.3, 68.5) †	86		
<b>Hispanic</b>	59.2 (28.9, 83.8) †	12	44.6 (29.1, 61.3) †	49 †		

**Table 30 -- No Teeth Cleaning in Past Two Years by Disability**

<i>Risk for not having teeth cleaned by a dentist or dental hygienist within the past two years</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	23.7 (21.5, 26.2)	2,998	15.1 (14.2, 16.1)	11,577	1.571	<.001
<b>Men</b>	27.6 (23.6, 31.9)	1,100	17.2 (15.7, 18.8)	4,640	1.355	.002
<b>Women<sup>R</sup></b>	20.3 (18.0, 22.9)	1,898	13.1 (12.0, 14.3)	6,937		
<b>18-44 years</b>	29.6 (24.5, 35.3)	703	17.0 (15.6, 18.5)	5,059	1.791	<.001
<b>45-64 years</b>	23.0 (20.3, 25.9)	1,447	12.4 (11.2, 13.7)	4,420	1.391	.002
<b>65 and older<sup>R</sup></b>	16.5 (13.8, 19.6)	831	13.2 (11.4, 15.2)	2,028		
<b>White, non-Hispanic<sup>R</sup></b>	20.4 (18.3, 22.7)	2,283	13.0 (12.0, 13.9)	8,686	1.698	<.001
<b>Black, non-Hispanic</b>	34.7 (28.1, 41.9)	364	22.2 (19.2, 25.5)	1,739		
<b>Other, non-Hispanic</b>	34.2 (22.8, 47.8) †	210	20.0 (15.3, 25.6)	542		
<b>Hispanic</b>	39.9 (20.7, 62.7) †	64	19.5 (13.6, 27.3)	352		

**Table 31 -- Permanent Tooth Loss by Disability**

<i>How many of your permanent teeth have been removed because of tooth decay or gum disease? (Responded "1" or more)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	58.5 (55.8, 61.1)	3,359	37.7 (36.4, 38.9)	12,208	1.552	<.001
<b>Men</b>	56.9 (52.3, 61.4)	1,237	36.3 (34.4, 38.2)	4,884	0.951	.294
<b>Women<sup>R</sup></b>	59.8 (56.8, 62.8)	2,122	39.0 (37.4, 40.6)	7,324		
<b>18-44 years</b>	37.0 (32.1, 42.3)	735	22.4 (20.9, 24.0)	5,149		
<b>45-64 years</b>	62.3 (58.3, 66.1)	1,618	51.9 (49.8, 54.1)	4,638	1.681	<.001
<b>65 and older<sup>R</sup></b>	80.3 (76.6, 83.5)	990	71.8 (69.0, 74.5)	2,353	2.169	<.001
<b>White, non-Hispanic<sup>R</sup></b>	56.4 (53.3, 59.3)	2,536	34.5 (33.2, 35.9)	9,062	1.344	<.001
<b>Black, non-Hispanic</b>	75.7 (69.3, 81.1)	408	51.6 (48.1, 55.1)	1,871		
<b>Other, non-Hispanic</b>	54.7 (43.3, 65.7) †	240	34.2 (28.5, 40.3)	582		
<b>Hispanic</b>	60.8 (40.9, 77.7) †	68	44.4 (36.2, 53.0)	389		

**Table 32 -- No Dental Insurance Coverage by Disability**

<i>Not have health insurance coverage that pays for some or all of routine dental care (2005 only)</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	47.9 (43.7, 52.2)	1,082	25.4 (23.7, 27.3)	3,880	1.883	<.001
<b>Men</b>	47.3 (40.5, 54.1)	404	23.0 (20.4, 25.8)	1,535	0.976	.794
<b>Women<sup>R</sup></b>	48.4 (43.1, 53.8)	678	27.7 (25.4, 30.2)	2,345		
<b>18-44 years</b>	46.1 (37.6, 54.8)	222	20.5 (18.0, 23.1)	1,532	1.197	.156
<b>45-64 years<sup>R</sup></b>	38.5 (32.6, 44.7)	514	22.8 (20.0, 25.8)	1,523		
<b>65 and older</b>	66.3 (59.6, 72.5)	343	53.8 (48.9, 58.7)	803	1.721	<.001
<b>White, non-Hispanic<sup>R</sup></b>	46.8 (42.2, 51.5)	839	26.3 (24.3, 28.4)	2,971	0.999	.997
<b>Black, non-Hispanic</b>	46.8 (34.1, 59.9) †	134	20.7 (16.6, 25.5)	570		
<b>Other, non-Hispanic</b>	60.9 (40.1, 78.3) †	56	15.3 (10.1, 22.5)	160		
<b>Hispanic</b>	37.2 (15.1, 66.3) †	15	31.3 (18.0, 48.6) †	91		

**Table 33 -- No Flu Vaccination in Past 12 Months by Disability**

<i>Risk for not having a flu vaccination (flu shot or flu nasal spray) in the past 12 months</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	56.5 (54.0, 58.9)	3,487	68.7 (67.4, 69.9)	12,600	0.822	<.001
<b>Men</b>	59.7 (55.6, 63.6)	1,276	69.9 (67.9, 71.8)	5,040	1.113	.017
<b>Women<sup>R</sup></b>	53.6 (50.7, 56.5)	2,211	67.5 (65.9, 69.1)	7,560		
<b>18-44 years</b>	75.3 (70.4, 79.6)	743	76.7 (74.9, 78.4)	5,237	2.641	<.001
<b>45-64 years</b>	58.7 (55.2, 62.1)	1,667	68.7 (66.7, 70.7)	4,770	2.060	<.001
<b>65 and older<sup>R</sup></b>	28.5 (25.1, 32.1)	1,059	33.5 (31.0, 36.1)	2,518		
<b>White, non-Hispanic<sup>R</sup></b>	55.0 (52.2, 57.8)	2,627	67.8 (66.4, 69.1)	9,315	1.170	.012
<b>Black, non-Hispanic</b>	64.3 (57.6, 70.5)	427	73.4 (70.2, 76.3)	1,953		
<b>Other, non-Hispanic</b>	60.8 (50.8, 70.0)	246	69.9 (63.6, 75.6)	602		
<b>Hispanic</b>	62.5 (43.9, 78.1) †	70	68.6 (59.5, 76.5)	392		

**Table 34 -- Never Had Pneumonia Vaccination by Disability**

<i>Have you ever had a pneumonia shot (pneumococcal vaccine)? (Responded 'No')</i>	<b>With disability</b>		<b>No disability</b>		<b>Relative Risk</b>	<b>P-value</b>
	<b>Weighted Percent (95% CI)</b>	<b>N</b>	<b>Weighted Percent (95% CI)</b>	<b>N</b>		
<b>Overall</b>	56.9 (54.4, 59.3)	3,489	73.7 (72.5, 74.8)	12,592	0.772	<.001
<b>Men</b>	54.8 (50.5, 59.0)	1,279	70.4 (68.5, 72.3)	5,026	0.934	.139
<b>Women<sup>R</sup></b>	58.7 (55.8, 61.5)	2,210	76.8 (75.4, 78.1)	7,566		
<b>18-44 years</b>	68.3 (62.7, 73.3)	744	77.4 (75.6, 79.1)	5,234	2.710	<.001
<b>45-64 years</b>	66.9 (63.5, 70.0)	1,664	82.1 (80.4, 83.7)	4,767	2.653	<.001
<b>65 and older<sup>R</sup></b>	25.2 (21.9, 28.9)	1,063	37.6 (34.9, 40.4)	2,519		
<b>White, non-Hispanic<sup>R</sup></b>	53.8 (51.0, 56.6)	2,632	70.6 (69.1, 71.9)	9,327	1.304	<.001
<b>Black, non-Hispanic</b>	70.2 (63.6, 76.0)	429	82.8 (79.9, 85.4)	1,961		
<b>Other, non-Hispanic</b>	61.5 (49.6, 72.1)	247	82.9 (78.1, 86.8)	603		
<b>Hispanic</b>	87.5 (76.6, 93.7) †	70	86.2 (80.9, 90.2)	396		

**Table 35 -- Victim of Non-Sexual Violence by Disability (2004)**

<i>Has a stranger ever pushed, hit, slapped, kicked, or physically hurt you in any other way? (Responded 'Yes')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	36.7 (32.4, 41.2)	983	23.8 (22.0, 25.7)	4,001	1.542	<.001
<b>Men</b>	32.8 (26.1, 40.3)	360	24.9 (22.1, 27.9)	1,606	1.227	.110
<b>Women<sup>R</sup></b>	40.3 (35.1, 45.6)	623	22.8 (20.6, 25.3)	2,395		
<b>18-44 years</b>	42.1 (33.3, 51.6)	237	28.9 (26.2, 31.8)	1,833	2.901	<.001
<b>45-64 years</b>	44.5 (38.2, 51.0)	487	21.0 (18.3, 24.0)	1,427	3.062	<.001
<b>65 and older<sup>R</sup></b>	14.5 (10.4, 19.9)	253	8.0 (6.0, 10.7)	720		
<b>White, non-Hispanic<sup>R</sup></b>	34.3 (29.6, 39.5)	735	25.1 (22.9, 27.4)	2,927	1.272	.114
<b>Black, non-Hispanic</b>	43.7 (33.3, 54.7) †	119	21.6 (17.2, 26.8)	610		
<b>Other, non-Hispanic</b>	53.0 (38.9, 66.6) †	81	23.7 (17.3, 31.5)	214		
<b>Hispanic</b>	33.0 (11.4, 65.4) †	23	14.9 (9.6, 22.5)	154		

**Table 36 -- Victim of Sexual Violence by Disability (2005-2006)**

<i>Has anyone ever had sex (or attempted sex) with you after you said or showed that you didn't want them to or without your consent? (Responded 'Yes')</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	16.2 (14.2, 18.5)	2,132	9.8 (8.8, 11.0)	7,131	1.648	<.001
<b>Men<sup>R</sup></b>	6.2 (4.2, 9.1)	787	3.5 (2.5, 4.9)	2,870	4.016	<.001
<b>Women</b>	25.0 (21.9, 28.3)	1,345	15.9 (14.3, 17.7)	4,261		
<b>18-44 years</b>	22.4 (17.9, 27.7)	443	11.6 (10.0, 13.4)	2,894	3.341	<.001
<b>45-64 years</b>	16.8 (14.0, 20.0)	1,036	9.3 (7.9, 11.0)	2,857	2.506	<.001
<b>65 and older<sup>R</sup></b>	6.7 (4.4, 10.1)	644	2.7 (1.9, 3.7)	1,343		
<b>White, non-Hispanic<sup>R</sup></b>	16.2 (13.9, 18.7)	1,645	10.1 (9.0, 11.4)	5,476	1.111	.651
<b>Black, non-Hispanic</b>	18.0 (11.4, 27.2)	247	7.1 (5.5, 9.3)	1,008		
<b>Other, non-Hispanic</b>	21.0 (13.1, 31.9)	132	9.2 (5.8, 14.2)	311		
<b>Hispanic</b>	5.7 (1.9, 16.0) †	36	15.9 (8.1, 28.8) †	182		



**Table 37 -- At Risk for Fall With Injury by Disability**

<i>At risk for having a fall with injury within the past 3 months. "Injury" is defined as a fall causing the person to limit their regular activities for at least a day or to go to the doctor (Adults 45 and older)</i>	With disability		No disability		Relative Risk	P-value
	Weighted Percent (95% CI)	N	Weighted Percent (95% CI)	N		
<b>Overall</b>	11.2 (9.7, 12.9)	2,642	3.0 (2.4, 3.6)	7,007	3.793	<.001
<b>Men</b>	9.2 (7.2, 11.6)	951	2.5 (1.9, 3.3)	2,728	0.715	.025
<b>Women<sup>R</sup></b>	12.8 (10.8, 15.2)	1,691	3.4 (2.6, 4.3)	4,279		
<b>45-64 years<sup>R</sup></b>	12.5 (10.5, 14.9)	1,603	3.0 (2.4, 3.8)	4,549	0.719	.030
<b>65 and older</b>	9.0 (7.0, 11.5)	1,022	2.6 (2.0, 3.3)	2,389		
<b>White, non-Hispanic<sup>R</sup></b>	11.0 (9.3, 13.0)	2,031	2.8 (2.3, 3.4)	5,402	1.054	.814
<b>Black, non-Hispanic</b>	11.6 (7.7, 17.1)	306	2.7 (1.8, 4.2)	950		
<b>Other, non-Hispanic</b>	14.4 (9.2, 21.9)	173	3.5 (0.9, 13.0)	261		
<b>Hispanic</b>	14.1 (5.8, 30.3) †	42	3.8 (1.4, 9.8)	149		