



September 2006

## ADULT DISABILITY IN LOS ANGELES COUNTY

Approximately 54 million people in the United States are living with a disability,<sup>1</sup> and the total costs associated with disability among persons of all ages were estimated in 1997 to be over \$300 billion – upward of 5 percent of the gross domestic product.<sup>2</sup> Another \$195 billion in earnings and taxes are lost each year due to unemployment among persons with disabilities.<sup>3</sup> In 2005, recognizing that health and wellness for persons with disabilities is a matter of increasing public health importance, the Surgeon General put out the first *Call to Action to Improve the Health and Wellness of Persons with Disabilities*.<sup>4</sup> Furthermore, one of the goals of Healthy People 2010 is to promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. (see Healthy People 2010 Sidebar).

People with disabilities have special health concerns, and obtaining accurate information about disabilities in the community is important for guiding health promotion and disease prevention efforts, estimating the need for and providing services, making policies, and monitoring progress toward achieving national health objectives. However, this segment of the population is often overlooked in routine population-based data collection. Questions on disabilities were added to the 2002-03 Los Angeles County Health Survey (LACHS) to examine the prevalence and types of disability, in order to help guide efforts directed at reducing disparities and improving quality of life for persons with disabilities (PWD).

The 2002-03 LACHS measured disability among adults using three questions that asked about long-term health impairments or disabilities that lasted or were expected to last at least 3 months: 1) Are you limited in any way in any activities because of a physical, mental, or emotional problem? 2) Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? 3) Do you consider yourself a person with a disability? An affirmative response to any of these questions qualified the respondent as a person with a disability. The first two questions are used in the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and the third is from the National Organization on Disability.

### Nearly One-in-Five Adults Report Having a Disability

Age-adjusted<sup>5</sup> results showed that nearly 20% (1.3 million) of adults in Los Angeles County reported having a disability. The likelihood of reporting a disability increased with age, with 7% of 18-24 year olds reporting a disability compared to over one-third (36%) of those 65 years or older (Table 1). The percent of adults with a disability was similar among men and women but varied by race/ethnicity, with African-Americans more likely to report having a disability (31%) compared to Whites (22%), Latinos (18%), and Asians/Pacific Islanders (12%). Having a disability was inversely related to income, with 28% of adults below

1. McNeil JM, Binette J. Prevalence of Disabilities and Associated Health Conditions Among Adults—United States, 1999. *Morbidity and Mortality Weekly Report* 50(7):120-125, 2001  
2. Brandt EN, Pope AM (Eds.). *Enabling America: Assessing the Role of Rehabilitation Science and Engineering*. Washington DC, National Academy Press, 1997  
3. American Association of People with Disabilities. *About AAPD*. Washington DC, American Association of People with Disabilities, 2004; [www.aapd-dc.org/docs/info.html#top](http://www.aapd-dc.org/docs/info.html#top)

4. U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities*. U.S. Department of Health and Human Services, Office of the Surgeon General, 2005

5. Most health conditions do not occur at the same rate throughout the life span; for example, arthritis increases with age. Certain population sub-groups can have different age distributions, so age-adjustment allows for comparisons of a condition between groups while controlling for such age differences.

**TABLE 1** Percent of Adults (18+ Years) with a Disability, 2002-03

|                                 | Percent† | Estimated Number |
|---------------------------------|----------|------------------|
| <b>Los Angeles County</b>       | 19.8%    | 1,298,000        |
| <b>Gender</b>                   |          |                  |
| Male                            | 21.0%    | 647,000          |
| Female                          | 18.8%    | 651,000          |
| <b>Age Group</b>                |          |                  |
| 18-24                           | 7.2%     | 69,000           |
| 25-29                           | 9.5%     | 68,000           |
| 30-39                           | 12.2%    | 186,000          |
| 40-49                           | 17.8%    | 240,000          |
| 50-59                           | 28.0%    | 265,000          |
| 60-64                           | 31.8%    | 103,000          |
| 65 or over                      | 36.3%    | 367,000          |
| <b>Race/Ethnicity</b>           |          |                  |
| Latino                          | 17.8%    | 389,000          |
| White                           | 22.3%    | 588,000          |
| African American                | 30.6%    | 199,000          |
| Asian/Pacific Islander          | 12.2%    | 116,000          |
| <b>Education</b>                |          |                  |
| Less than high school           | 20.7%    | 338,000          |
| High school                     | 21.0%    | 296,000          |
| Some college or trade school    | 21.4%    | 368,000          |
| College or post graduate degree | 16.7%    | 289,000          |
| <b>Federal Poverty Level*</b>   |          |                  |
| 0-99% FPL                       | 28.4%    | 347,000          |
| 100%-199% FPL                   | 20.7%    | 333,000          |
| 200%-299% FPL                   | 19.2%    | 257,000          |
| 300% or above FPL               | 15.4%    | 361,000          |

† Age-adjusted percentage according to the 2000 U.S. standard population aged 18 years and older.  
 \* Based on 2002 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$18,859 (100% FPL), \$37,718 (200% FPL), and \$56,557 (300% FPL).

100% of the Federal Poverty Level (FPL) reporting a disability compared to 15% of those at or above 300% FPL.

The prevalence of reported disability was highest in the South Service Planning Area (SPA), Antelope Valley SPA, and South Bay SPA (23% in each), while the total number of adults who reported having a disability was highest in the San Fernando Valley SPA (266,000) (Table 2).

## Type of Disabilities Reported

Information was also gathered about the types of disabilities reported. People with disabilities were

asked if they had a physical, sensory, mental health, or learning disability. Reporting of more than one type of disability was permitted. Over three-quarters of PWDs reported having a physical disability defined by a lack of mobility, a limitation in body movement

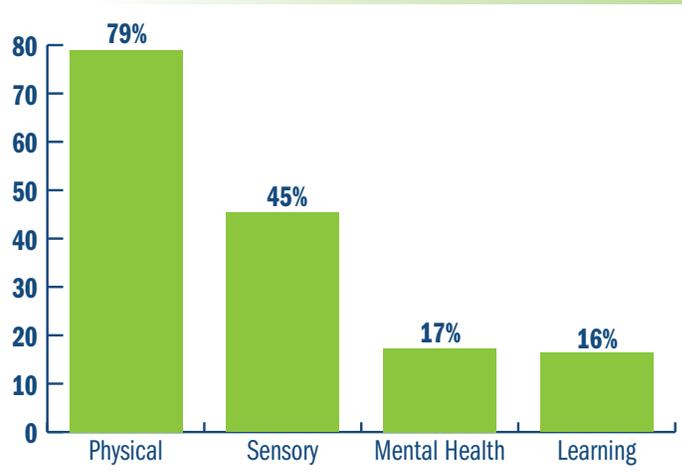
**TABLE 2** Percent of Adults (18+ Years) with a Disability, by Service Planning Area, 2002-03

|                              | Percent† | Estimated Number |
|------------------------------|----------|------------------|
| <b>Los Angeles County</b>    | 19.8%    | 1,298,000        |
| <b>Service Planning Area</b> |          |                  |
| Antelope Valley              | 22.9%    | 48,000           |
| San Fernando                 | 18.8%    | 266,000          |
| San Gabriel                  | 17.9%    | 219,000          |
| Metro                        | 20.8%    | 160,000          |
| West                         | 17.3%    | 82,000           |
| South                        | 23.3%    | 124,000          |
| East                         | 19.1%    | 159,000          |
| South Bay                    | 22.9%    | 239,000          |

† Age-adjusted percentage according to the 2000 U.S. standard population aged 18 years and older.

such as standing, crouching, bending, or sitting, or difficulty gripping, holding, or manipulating small objects or carrying light loads; 45% reported a sensory disability of difficulty hearing or problems seeing; 17% reported a mental health condition as a disability; and 16% reported problems with learning (Figure 1). Among PWDs, 46% reported having only one type of disability, 29% reported having two types of disabilities, 9% reported having three types of disabilities, and 6% having all four types of disabilities. Another 10% reported that their type of disability was not captured in any of the four categories.

**FIGURE 1** Prevalence of Types of Disability† among Adults with a Disability (18+ years), 2002-03



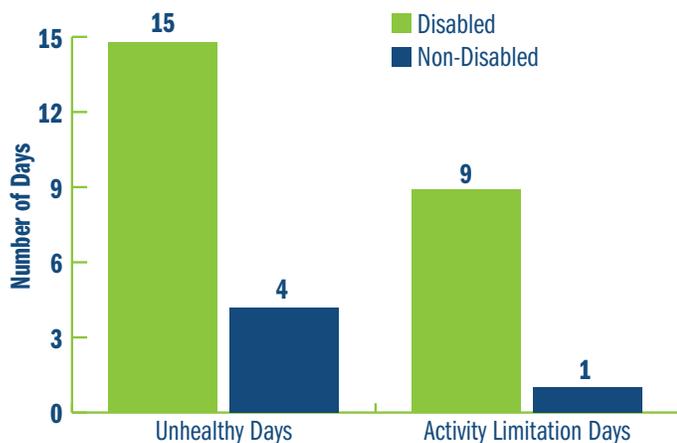
† Respondents may have reported more than one type of disability.

## Disparities Reported Between Persons with Disabilities and Able-Bodied Persons

To assess health-related quality of life in PWDs, the CDC's Healthy Days measures<sup>6</sup> were used to determine the total number of unhealthy days (days of poor physical or mental health) and activity limitation days (days that poor physical or mental health hindered participation in usual activities such as self-care, work, or recreation) a person experienced in the past 30 days; adults were also asked to rate their health status as being excellent, very good, good, fair, or poor.

Results for these quality of life measures differed significantly for PWDs and able-bodied adults. PWDs reported three times as many unhealthy days as those without a disability, and reported an average of nine activity limitation days (in the past 30 days) compared to 1 activity limitation day among those without a disability (Figure 2). Additionally, 42% of PWDs rated their health as fair or poor, compared to only 16% of persons without a disability. Also, 60% reported not participating in as many social activities as they would like because of their disability.

**FIGURE 2** Average Number of Unhealthy Days and Activity Limitation Days (in the past 30 days) by Disability Status, 2002-03

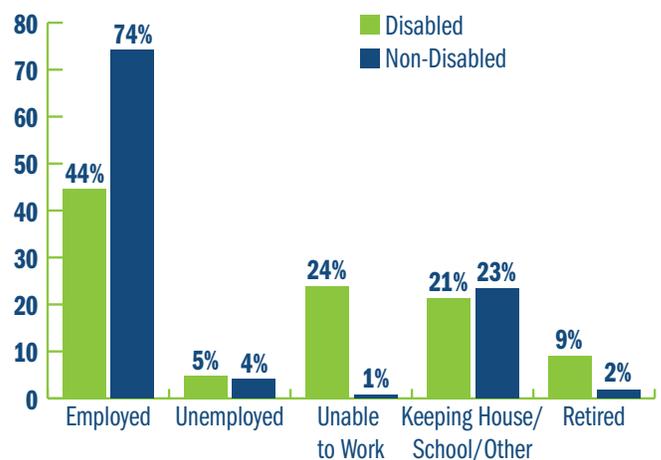


## Employment

Disparities were also found in employment status among PWDs who were of working age (18-64 years old). Less than half (44%) of PWDs were employed compared to nearly three-quarters (74%) of persons without a disability, and nearly one-quarter (24%) of PWDs reported being unable to work compared to less than 1% of able-bodied people (Figure 3).

Working-aged PWDs also reported lower levels

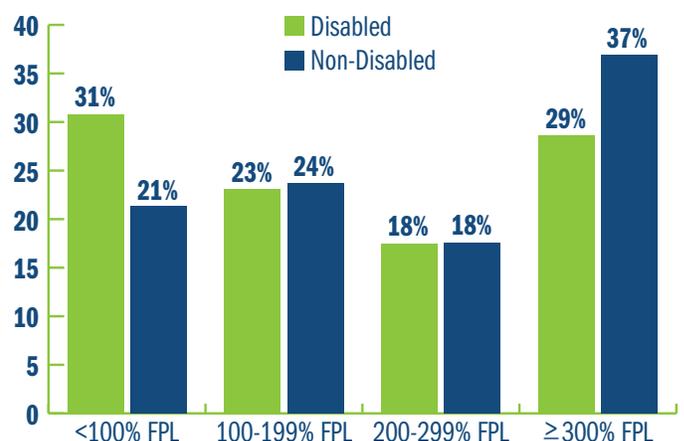
**FIGURE 3** Employment Status among Adults (18-64 years) by Disability Status, 2002-03



of income compared to those without a disability: 31% of working-aged PWDs were below 100% FPL compared to 21% of those without a disability (Figure 4). However, among adults of working age who were employed, no significant income differences were found (Figure 5).

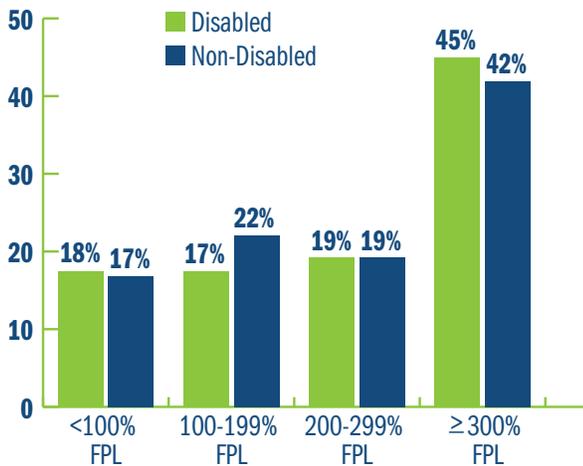
Accommodations for PWDs should be a part of both home and work environments. One-third (33%) of PWD reported that they either currently had (11%) or could benefit from (25%) special modifications, adaptive equipment, or other features in their home. Knowing where to be able to turn to for help could also be beneficial for PWDs. However, the survey found that over half (58%) of PWDs did not know where to obtain information on their disability.

**FIGURE 4** Federal Poverty Level\* among All Adults (18-64 years) by Disability Status, 2002-03



\* Based on 2002 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$18,859 (100% FPL), \$37,718 (200% FPL), and \$56,557 (300% FPL).

6. Moriarty DG, Zack MM, Kobau R. The Centers for Disease Control and Prevention's healthy days measures—population tracking of perceived physical and mental health over time. *Health Qual Life Outcomes* 2003;1(37)1-8. Available at <http://www.bqlo.com/content/1/1/37>

**FIGURE 5****Federal Poverty Level\* among Employed Adults (18-64 years) by Disability Status, 2002-03**

\* Based on 2002 Federal Poverty Level (FPL) thresholds which for a family of four (2 adults, 2 dependents) correspond to annual incomes of \$18,859 (100% FPL), \$37,718 (200% FPL), and \$56,557 (300% FPL).

## Health Care Access

Several measures of access to health care were compared among PWDs and those reporting no disability. An estimated 23% of PWDs of working age had no form of health insurance coverage, compared to 27% of people without a disability; over 25% of PWDs were covered by Medi-Cal compared to 11% of people without a disability; and 13% of PWDs reported having no regular source of care, compared to 21% of those without a disability. PWDs were three times as likely as people without a disability to report not receiving needed health care during the past year due to transportation problems (17% vs. 5%, respectively). Additional barriers reported among PWDs included not getting needed medical care during the past year because of the physical layout of their physician's office (21%), and feeling unfairly treated by their own doctor or clinic staff *because of their disability* (12%). Although the percent of PWDs that reported having no insurance and having no regular source of care was lower than in people without a disability, it is concerning that so many persons with disabilities are having difficulty accessing the health care system, since they are likely to have more conditions requiring medical care and management.

Nationally, participation in preventive health services has been found to be lower among people with disabilities<sup>4</sup> compared to people without disabilities, perhaps due to a tendency to focus on treating specific disabilities during healthcare visits rather than the needs of the whole person. In this survey of LA County residents, slightly more PWDs (aged 65 or older)

## on the web

**The 2001 New Freedom Initiative (NFI)** aims to eliminate the barriers that prevent people with disabilities from participating fully in community life. [www.hhs.gov/newfreedom/](http://www.hhs.gov/newfreedom/)

**National Organization on Disability (N.O.D.)** expands the participation and contribution of America's 54 million men, women, and children with disabilities in all aspects of life. [www.nod.org](http://www.nod.org)

**The Office on Disability (OD)** reports to the Secretary of Health and Human Services and serves as an advisor on HHS activities relating to disabilities. The OD oversees the implementation and coordination of disability programs, policies, and special initiatives for persons with disabilities. [www.hhs.gov/od/goals.html](http://www.hhs.gov/od/goals.html)

**DisabilityInfo.gov** is a user-friendly web site that contains links to information of interest to people with disabilities, their families, employers, service providers, and other community members. [www.disabilityinfo.gov](http://www.disabilityinfo.gov)

**National Council on Disability (NCD)** is an independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families. [www.ncd.gov/](http://www.ncd.gov/)

**LILA** is a consumer-directed and regionally focused online project to benefit people with disabilities living in Los Angeles County. [www.lila.ucla.edu](http://www.lila.ucla.edu)

**American Association on Health and Disability (AAHD)** supports health promotion and wellness initiatives for people with disabilities at the federal, state and local level. [www.aahd.us/](http://www.aahd.us/)

**The Alliance for Technology Access (ATA)** is a network of community-based Resource Centers, Developers, Vendors and Associates dedicated to providing information and support services to children and adults with disabilities, and increasing their use of standard, assistive, and information technologies. [www.ataccess.org/](http://www.ataccess.org/)

received the flu shot during the past year compared to those (aged 65 or older) without a disability (73% and 68%, respectively), and a lower percentage of women with a disability received a pap smear in the past 3 years (78%) compared to women without a disability (87%). The percentages of people with and without disabilities who received other preventive services were similar, but low for both groups, including: mammogram within the past 2 years in women 50 years and older (78% in disabled, 77% in non-disabled); blood stool testing within the past 2 years in adults 50 years and older (35% in disabled, 31% in non-disabled); and pneumonia vaccination in adults 65 years and older (57% in disabled, 55% in non-disabled).

## Implications

Disabilities affect people of all ages, races, ethnicities, and social and economic backgrounds. While significant progress has been made since the passage of the *Americans with Disabilities Act* in 1990, significant health disparities and barriers to full participation in society still exist for people with disabilities. In LA County, one-in-five adults are living with at least one disability. The actual prevalence may be even higher because the LACHS does not include the estimated 3% of persons with a disability that are being served in institutional settings such as nursing facilities; people living in households with significant mental or physical impairments may be less likely to participate in a telephone survey<sup>4</sup>; and the survey was not offered in alternative formats such as TTY/TDD (Telecommunications Device for the Deaf). In addition, PWDs had lower rates of both employment and income and had poorer health-related quality of life compared to people without disabilities. Furthermore, many people with disabilities reported significant barriers to receiving timely and appropriate medical care and lacked knowledge concerning where to seek information and assistance regarding their disabilities.

The Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities*<sup>4</sup> is based on the principle that good health is necessary for persons with disabilities to secure the freedom to work, learn, and engage in their families and communities. Additionally, the report stresses that disability is not an illness. Good health means the same thing for everyone whether experiencing a disability or not: achieving and sustaining an optimal level of wellness – both physical and mental – that promotes a fullness of life.

Promoting policies and practices that assure equal opportunity for all individuals with disabilities is critical to realizing good health. Efforts to improve the health and well being of PWDs should include: promoting broader understanding that PWDs can lead long, healthy, productive lives; encouraging healthy behaviors and routine preventive care among PWDs; making health care and support services more accessible to persons with disabilities; and providing health care professionals with knowledge and resources to screen, diagnose and treat PWDs with dignity and understanding. Resources regarding universal design and how specific types of disabilities can be physically accommodated (<http://www.fpg.unc.edu/~ncodh/rbar/>) should also be more widely promoted.

Finally, it is important to recognize that many

## HEALTHY PEOPLE 2010 OBJECTIVES

Healthy People 2010 challenges individuals, communities, and professionals to take specific steps to ensure that good health, as well as long life, are enjoyed by all. *The Healthy People 2010 objectives for persons with disabilities include:*

- Standardize a set of questions in surveillance instruments that identify “people with disabilities”
- Reduce the proportion of adults with disabilities who report feelings of sadness, unhappiness, or depression that prevent them from being active
- Increase the proportion of adults with disabilities who participate in social activities
- Increase the proportion of adults with disabilities reporting sufficient emotional support
- Increase the proportion of adults with disabilities reporting satisfaction with life
- Reduce the number of people with disabilities in congregate care facilities
- Eliminate disparities in employment rates between working-aged adults with and without disabilities
- Increase the proportion of health, and wellness, and treatment programs and facilities that provide full access for people with disabilities
- Reduce the proportion of people with disabilities who report not having the assistive devices and technology needed
- Reduce the proportion of people with disabilities reporting environmental barriers to participate in home, school, work, or community activities
- Increase the number of states that have public health surveillance and health promotion programs for people with disabilities and their caregivers

*Reference: U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2<sup>nd</sup> ed. Washington, DC: U.S. Government Printing Office, November 2000. <http://www.healthypeople.gov/>*

opportunities exist for preventing secondary conditions in persons with disabilities, such as overuse injuries, osteoporotic fractures, and depression. Taking advantage of available opportunities for prevention is important, as the prevalence of disability in the United States is projected to continue to increase as improvements in medical care occur, our population ages, and life expectancy increases.<sup>4</sup>



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## **ADULT DISABILITY IN LOS ANGELES COUNTY**

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The 2002-03 survey collected information on a random sample of 8,167 adults and 5,995 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. The 2002-03 survey was supported by First 5 LA, the California Department of Health Services (through grants to the Maternal, Child and Adolescent Health Program, the Tobacco Control and Prevention Program, and the Alcohol and Drug Program Administration) and the Public Health Response and Bioterrorism Preparedness federal grant. The survey was conducted for the Los Angeles County Department of Health Services by Field Research Corporation.

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**For additional information about the L.A. County  
Health Survey, visit: [www.lapublichealth.org/ha](http://www.lapublichealth.org/ha)**

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