

2013 Ohio Disability Data Report

Ohio Disability and Health Program

The Ohio Colleges of Medicine Government Resource Center
The Ohio State University Nisonger Center

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Ohio Disability and Health Program



Health Promotion



Access to Care



Emergency Preparedness

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Additional copies of the report can be found at <http://nisonger.osu.edu/odhp/reports>

Introduction

The Ohio Disability and Health Program (ODHP) is a new initiative that aspires to promote health, improve emergency preparedness, and increase access to healthcare for Ohioans with disabilities. An important part of the program is to seek out meaningful information on these topics. This report provides information on disability prevalence for the population of Ohio as well as measures of access to healthcare, and health behaviors for people with and without disabilities. It incorporates data from multiple population surveys to provide a snapshot of disability at this point in time in Ohio.

A separate document, *Disability and Health in Ohio Public Health Needs Assessment*, includes these quantitative findings and also reports on qualitative data from statewide open forums and an online survey. It can be found at <http://nisonger.osu.edu/odhp/reports>.

Data Sources and Disability Measures

Three main data sources are examined in this report: the 2012 Ohio Medicaid Assessment Survey (OMAS)¹, the 2011 Behavioral Risk Factor Surveillance System (BRFSS)², and the 2009-2011 American Community Survey (ACS) 3-year estimates³. The ACS data includes estimates from the full sample as well as the Public Use Microdata Sample (PUMS). In each of these surveys, disability is assessed by multiple questions to create an indicator that approximates disability status. The questions that relate to disability differ for each survey, which creates three unique definitions that attempt to approximate disability. The differences in these approximations of disability are in some cases large, and these identified disability groups should not be considered comparable. The OMAS disability definition attempts to approximate disability by mainly using questions concerning health needs. The intention behind the definition is to capture the population who are eligible for Medicaid because of a disability. The OMAS adult approximation of disability is defined by variables indicating needed long-term day-to-day assistance, needed special therapies, a potential disabling mental health condition, needed assistance for adults with special health care needs that are in fair or poor health, or involvement in certain disability benefit programs. For children, variables indicating need for atypical care or services, activity limitations, need for special therapies long term, a potential disabling mental health or developmental condition, or involvement in certain disability benefit programs are used to approximate disability.

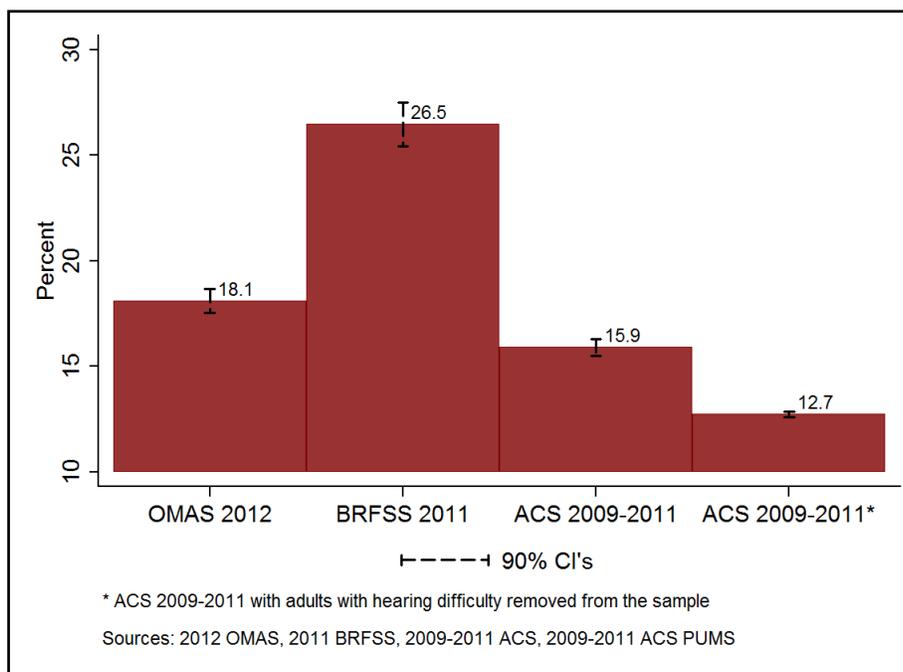
The BRFSS approximation of disability uses two questions asking about routine activity limitation due to a physical, mental, or emotional problem and also any health problems requiring special equipment. The ACS asks more direct questions about disability than the BRFSS or the OMAS and includes questions about physical categories of disability as well as functional difficulties. It asks questions about hearing, vision, cognitive, ambulatory, self-care, and independent living difficulty to approximate disability. Only hearing and vision questions are asked about children under 5 years of age, and the independent living difficulty is not asked for those younger than 17 years of age.

Findings

Adult Disability Prevalence

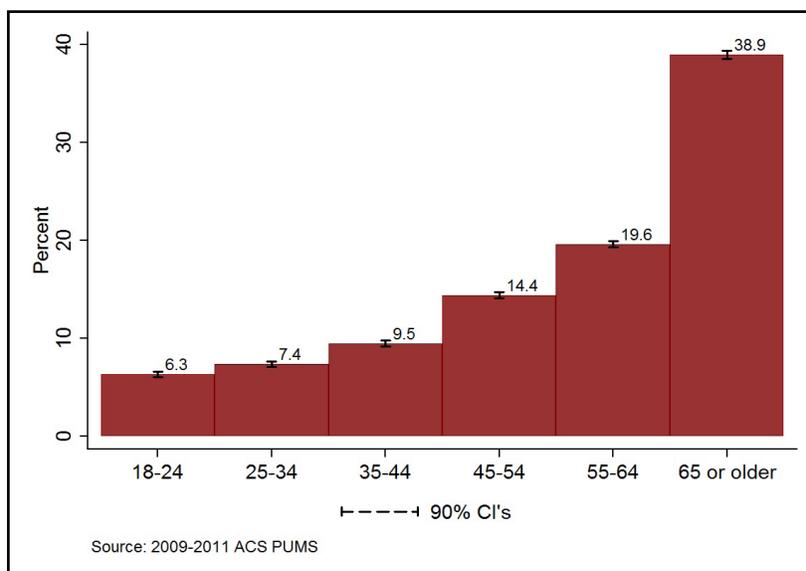
Self-reported disability prevalence estimates for Ohio adults range from 15.9% to 26.5% across the data sources. In Figure 1 we see that the OMAS and ACS estimates are relatively similar, while the BRFSS estimate is much larger. We also calculate a prevalence estimate from the ACS PUMS removing those who identify as having hearing difficulty to mimic the upcoming BRFSS disability questions. The BRFSS utilizes phone interviews (without allowing for proxy interviews), which excludes much of the population with hearing difficulty from being interviewed. We note that the OMAS 2012 estimate is only for adults 19 and older, the Ohio Medicaid program adult eligibility age threshold, while the others include 18 year-olds.

Figure 1: Adult Disability Prevalence



In figure 2 disability prevalence is closely associated with age in adults. We see that prevalence of self-reported disability steadily increases with age from 6.3% among 18 to 24 year-olds to 38.9% among those 65 and older.

Figure 2: Adult Disability Prevalence by Age Category



In Figures 3 and 4 we see the individual disability types among those who self-reported any disability. Ambulatory (52.3%), cognitive (44.8%), and independent living (36.5%) difficulties are the most commonly reported. Adults with a disability 65 and older report a greater percentage of hearing, vision, ambulatory, self-care, and independent living difficulty than adults younger than 65.

Figure 3: Disability Type among Adults Ages 18-64 with a Disability

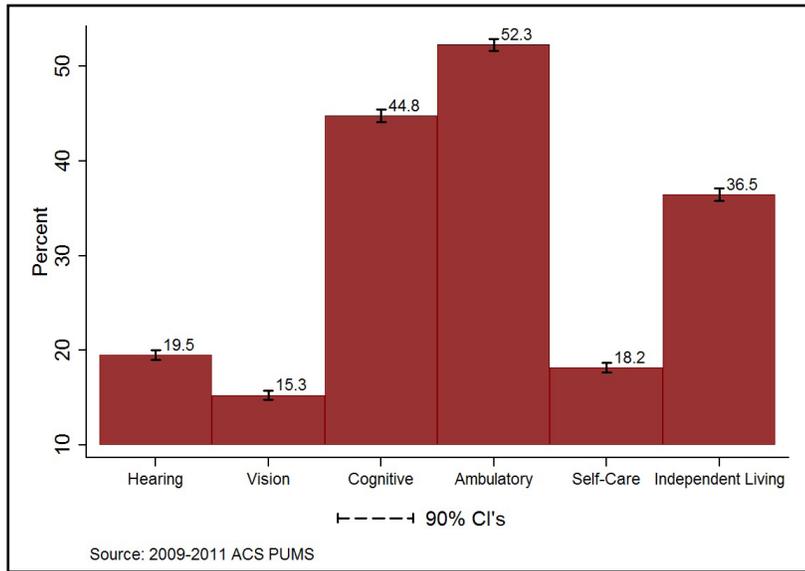


Figure 4: Disability Type among Adults Ages 65 and Older with a Disability

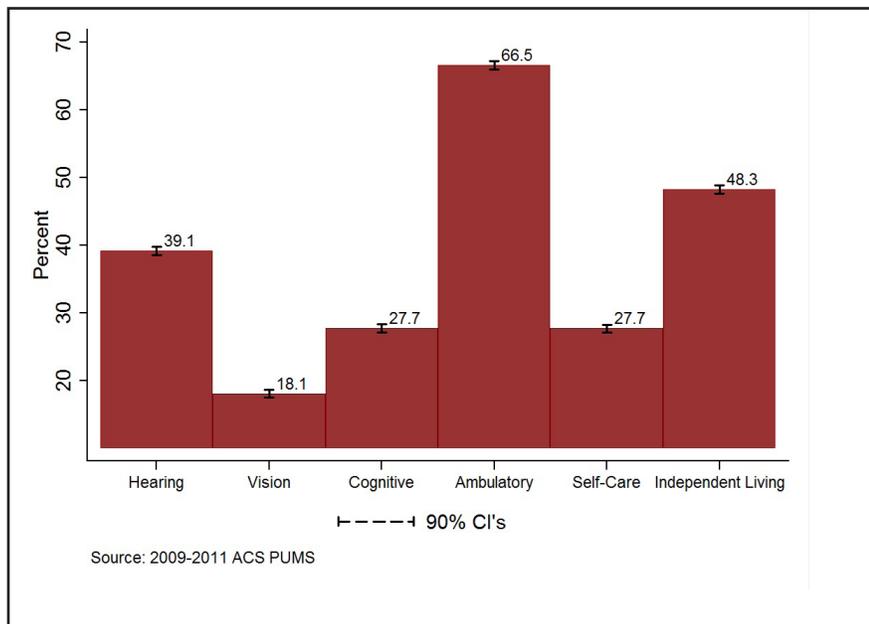
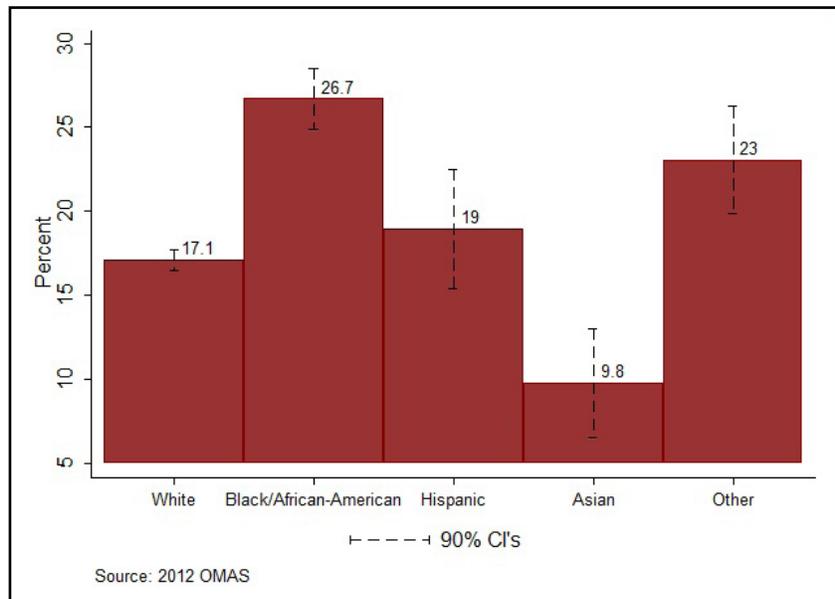


Figure 5 shows the self reported prevalence of disability among adults by race-ethnicity. We see that the prevalence of disability in adults is considerably higher, 26.7% compared to 17.1%, for black/African American adults compared to white adults. Asian adults reported the lowest disability prevalence at 9.8%.

Figure 5: Adult Disability Prevalence by Race-Ethnicity



Across Ohio we see varying rates of reported disability prevalence. Figure 6 shows the self-reported adult disability prevalence for those living in Appalachian, metropolitan, rural non-Appalachian and suburban county types. Appalachian adults reported the highest prevalence of disability (21.4%), followed by the metropolitan counties (18.7%), and rural non-Appalachian counties (16.4%). Suburban adults reported the lowest prevalence of disability at 14.3%. Figure 7 shows the disability prevalence for all ages across the state of Ohio by county and indicates a cluster of high disability in Ohio’s southernmost counties, with Scioto County having the highest disability prevalence in the state (22.0%). The areas of higher prevalence on the map are consistent with our findings in Figure 6.

Figure 6: Ohio Adult Disability Prevalence by County Type

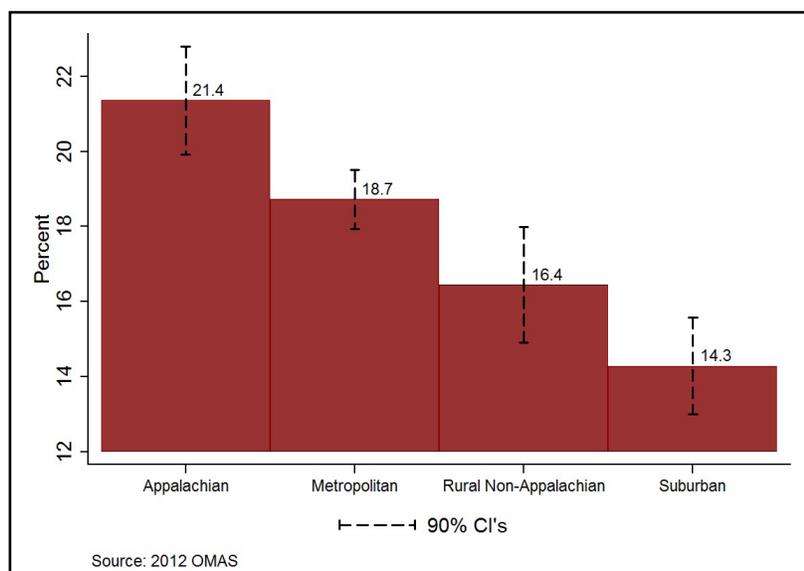


Figure 8: Ohio Child Disability Prevalence (Ages 18 and younger)

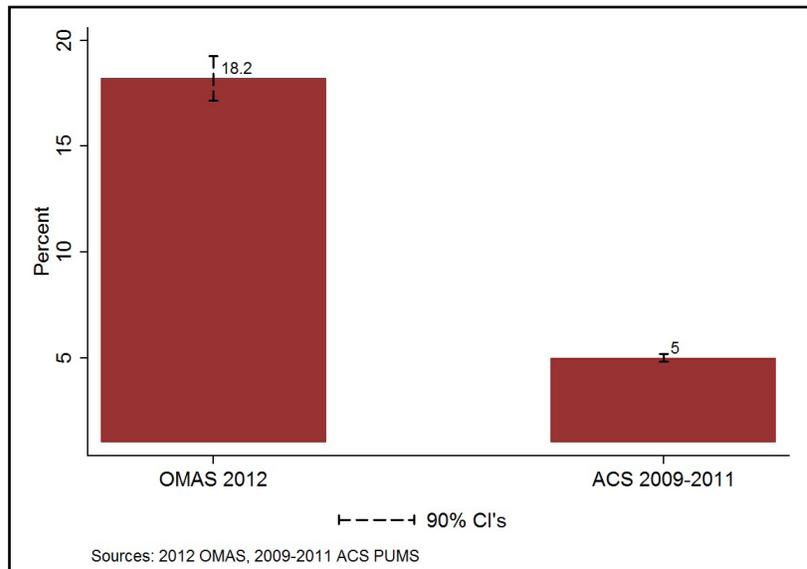


Figure 9: Ohio Child Disability Prevalence by Age Category

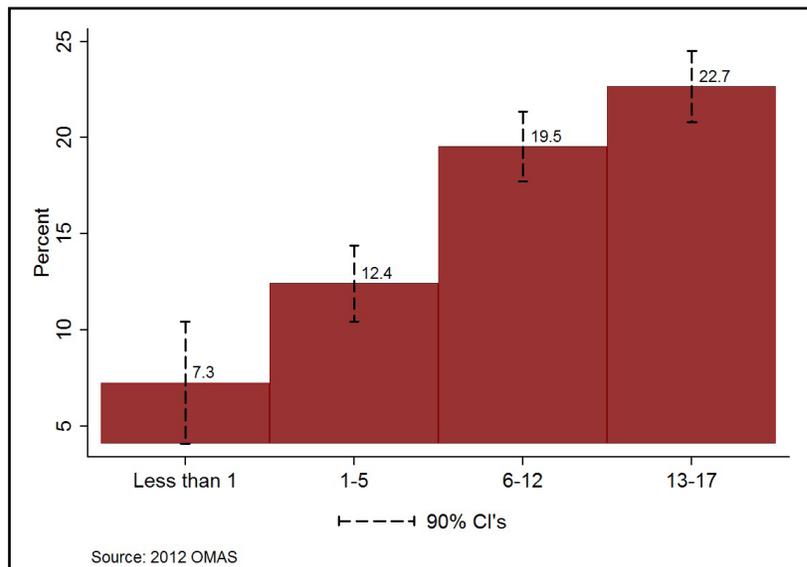
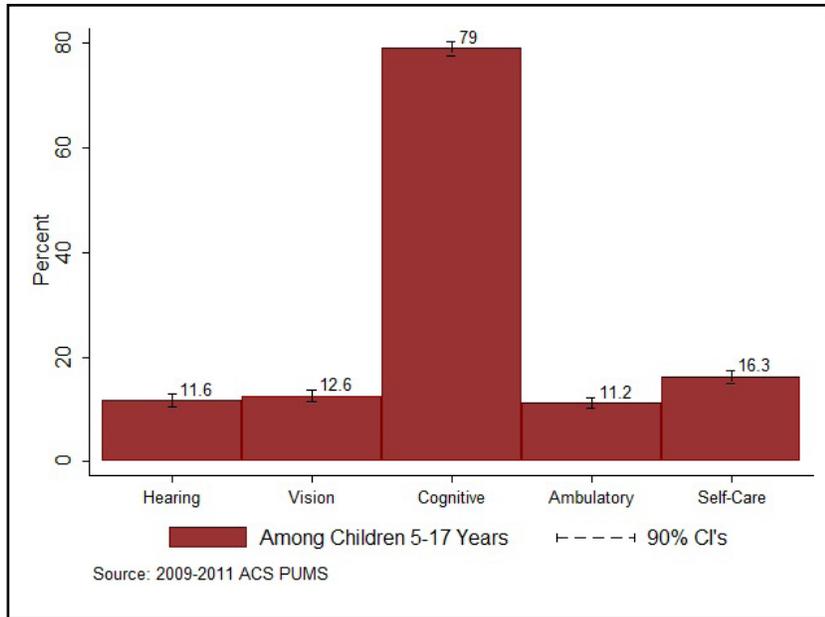


Figure 10 shows the disability types among children reported as having a disability. The most commonly reported type by far was a cognitive difficulty with 79.0% of children with disabilities aged 5 to 17 having a cognitive difficulty. Children under 5 years of age were excluded from this part of the analysis because the disability types reported by the ACS for children under 5 were related only to hearing and vision difficulty.

Figure 10: Disability Type among Children with a Disability



Figures 11 and 12 show child disability prevalence by race-ethnicity and county type. We do not see the increased disability prevalence in black/African American children that we saw in adults. The disability prevalence among Asian children is much lower compared with the other groups, which is a similar pattern to what we observed in adults. By county type, we see a similar trend for children as adults, suggesting a higher prevalence of disability in Appalachian counties. It should be noted that confidence intervals in Figure 12 are wide, which shows low precision of these estimates. This pattern of disability prevalence in disability for children by county type is similar to that of adults with the exception that children in rural Non-Appalachian counties showed a lower prevalence than in suburban counties.

Figure 11: Child Disability Prevalence by Race-Ethnicity

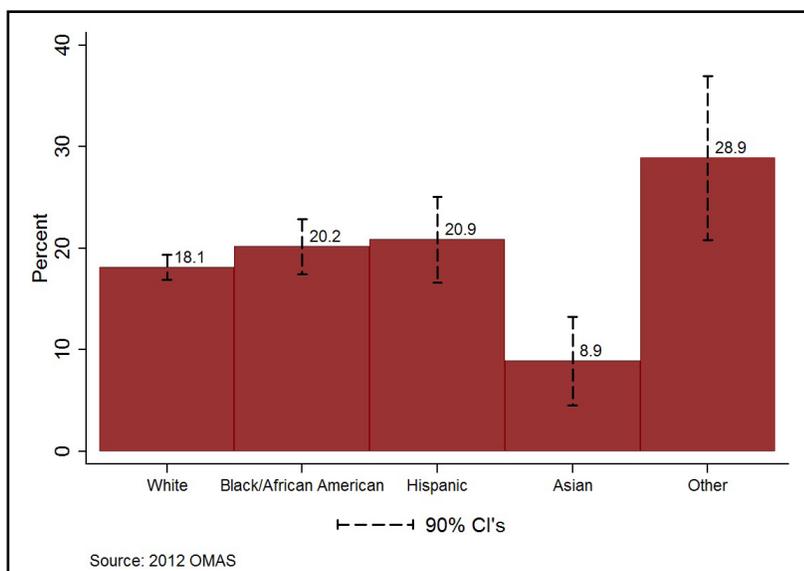
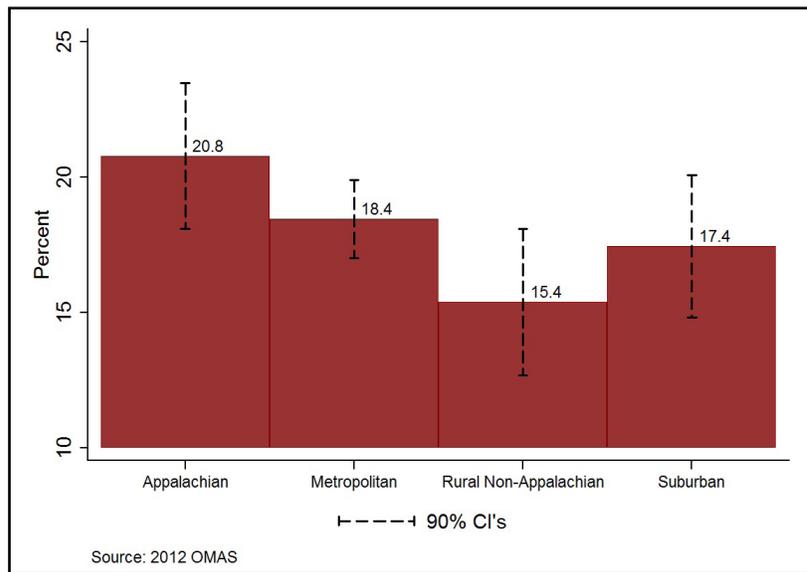


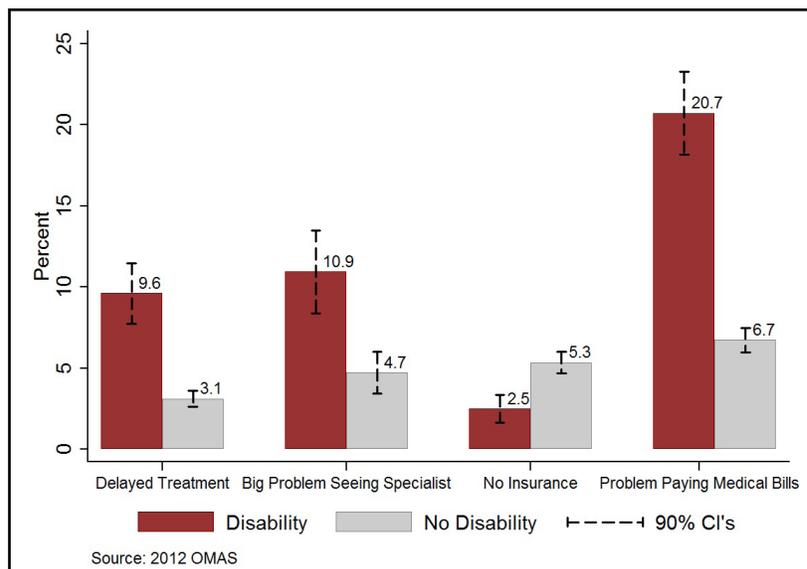
Figure 12: Child Disability Prevalence by County Type



Access to Care

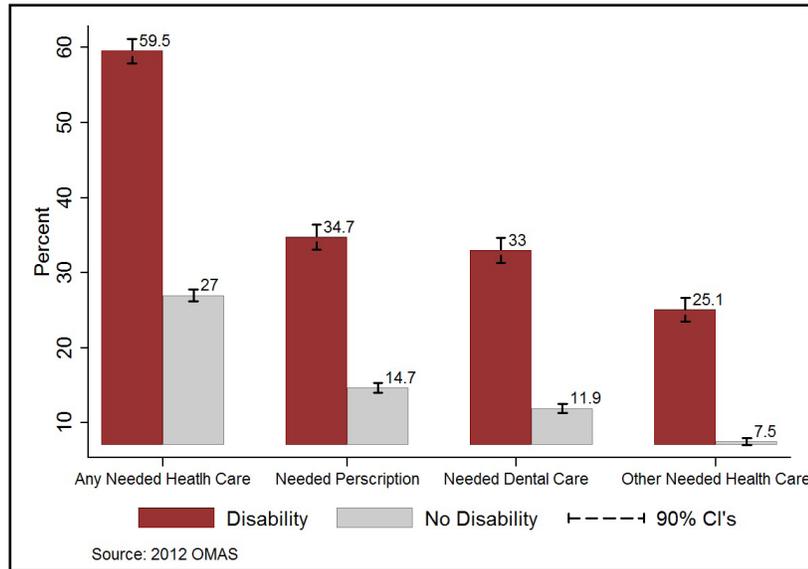
Figure 13 shows that among Ohio adults with disabilities, 9.6% report delayed medical treatment compared with 3.1% among Ohioans without disabilities. Ohioans with disabilities also report having more problems with seeing a specialist when needed, 10.9% to 4.7%, and having problems paying medical bills, 20.7% to 6.7%, compared to Ohioans without disabilities.

Figure 13: Adult Access to Care by Disability Status



Adults with disabilities reported not getting needed health care, prescriptions, and dental care at rates more than double those without disabilities, as can be seen in Figure 14. Here needed health care includes needed dental, prescription, vision, mental health or counseling services, or other health care. Examples of other health care are a medical exam or medical supplies.

Figure 14: Adult Access to Care - Did Not Get Needed Care by Disability Status



Regarding children with disabilities, Figure 15 shows that compared to children without disabilities, children with disabilities are reported more likely to not get needed medical care, have experienced delayed treatment, and have big problems seeing a specialist. These access issues are problematic for children with disabilities in Ohio despite the fact that the uninsured rate for children is quite small overall. In fact, children with disabilities in Ohio are more likely to have insurance than those children without disabilities.”

Figure 15: Child Access to Care by Disability Status

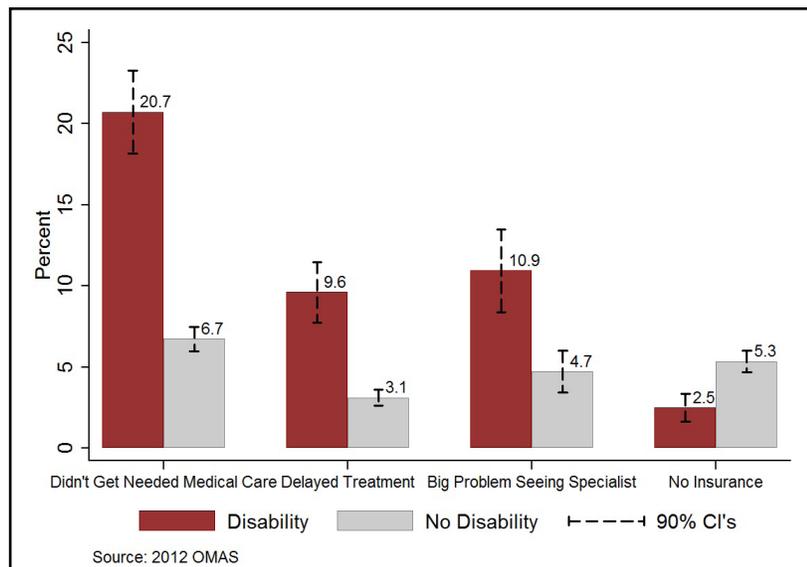


Figure 16 shows striking differences in the health risk behaviors for adults with and without disabilities. We find that among adults with disabilities 47.9% report smoking daily, 49.3% report not regularly exercising, and 45.5% report not visiting the dentist annually, compared to 36.1%, 28.7%, and 29%, respectively, among adults without disabilities. Figure 17 shows BMI categories for those with and without disabilities. Obesity prevalence is higher in adults with disabilities (44.4%), compared to adults without disabilities (30.1%).

Figure 16: Adult Health Risk Behaviors by Disability Status

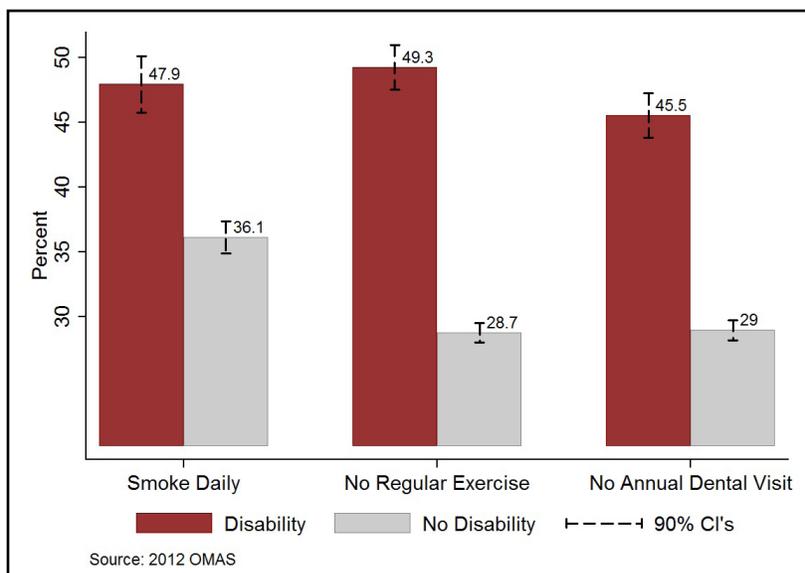


Figure 17: Adult BMI Category by Disability Status

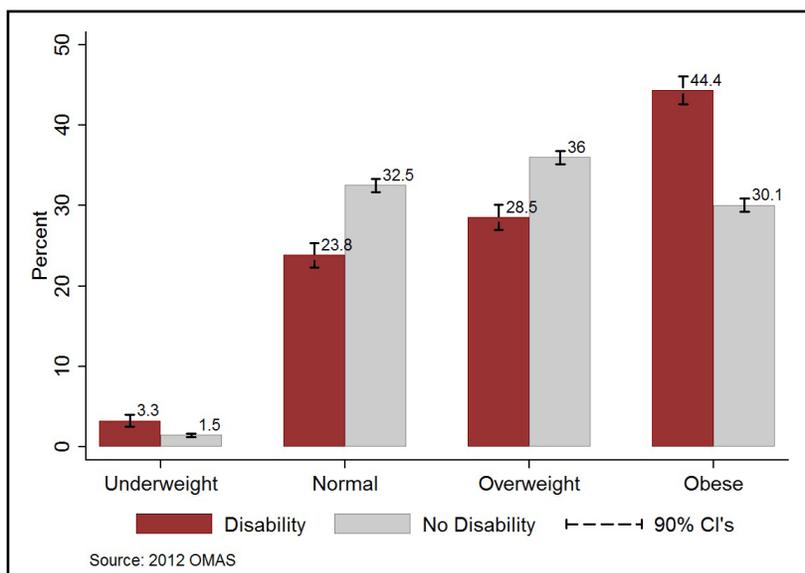
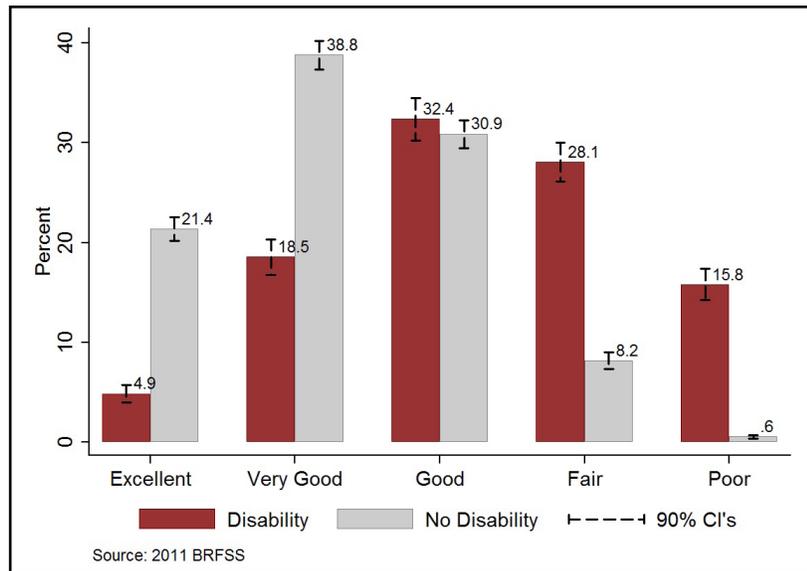


Figure 18 shows the reported self-rated health status of adults in Ohio by disability status. Survey respondents were asked the question, “In general, would you say that your health is excellent, very good, good, fair, or poor?” In Ohio, adults with disabilities are much more likely to report worse general health (fair or poor health) compared to adults without disabilities.

Figure 18: Adult Health Status by Disability Status



Ohio health status and exercise rates for adults with and without disabilities, compared to the national rates are shown in Figure 19. In Ohio, 43.9% of adults with disabilities report a fair or poor health status compared with 42.2% of adults with disabilities nationally. Also, 40.8% of Ohio adults with disabilities report no exercise in the past month compared with 36.9% nationally.

Figure 19: Ohio/National Comparisons of Health Status and Exercise by Disability Status

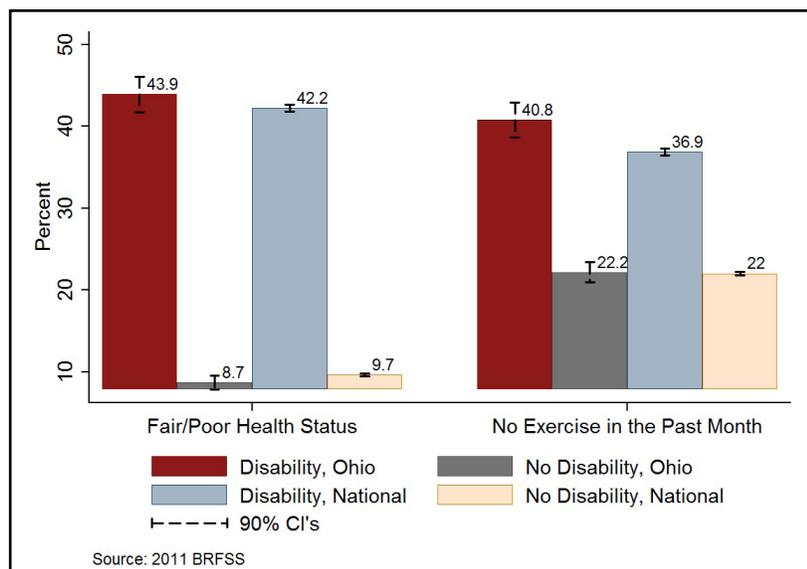
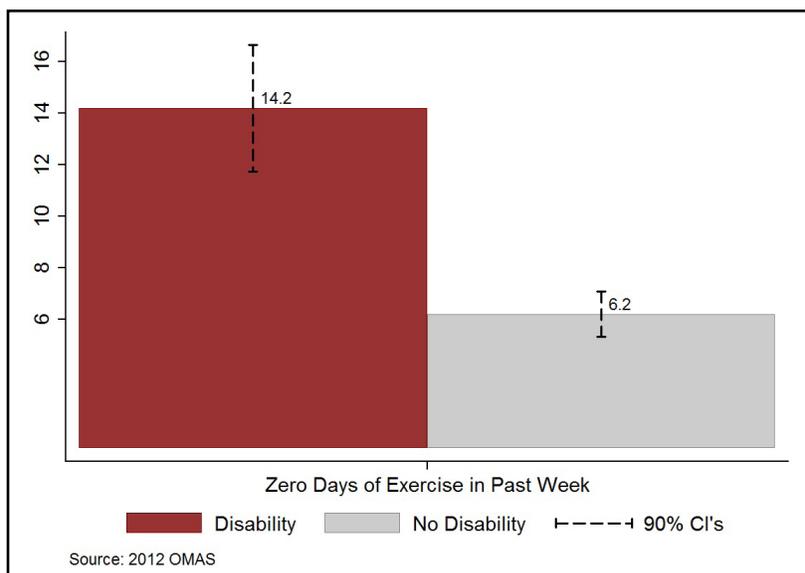


Figure 20 shows the percent of children with and without disabilities who exercised zero days in the past week. In Ohio, 14.2% of children with disabilities did not exercise in the past week compared with 6.2% of children without disabilities.

Figure 20: Child Exercise Behavior by Disability Status



Conclusion

We use multiple sources of data to estimate disability prevalence, indicators of access to healthcare, and health behaviors. We find that though approximations of disability vary by data source, they show consistent patterns and provide us with important information about Ohioans with disabilities. Estimates of adult disability prevalence range from 16% to 26%, while estimates of child disability prevalence range from 5% to 18%. Each survey uses different questions to approximate disability, which accounts for much of the variation in prevalence estimates. We find increased disability prevalence in Appalachian counties and among black/African American adults.

Adults with disabilities report delayed treatment, having a big problem seeing a specialist, having a problem paying medical bills, not getting needed health care, not getting needed prescriptions, and not getting needed dental care at higher rates than adults without disabilities. We find that adults with disabilities are more likely to smoke daily, not get regular exercise, be in poor or fair health, be obese, and to have not have an annual dental visit compared with adults without disabilities. Children with disabilities are also having more difficulty accessing health care compared with children without disabilities. These results show that there is much room for improvement in the healthcare access, utilization and health behaviors of adults with disabilities in Ohio.

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