



RHODE ISLAND DEPARTMENT OF HEALTH
DAVID R. GIFFORD, MD, MPH, DIRECTOR OF HEALTH
DONALD CARCIERI, GOVERNOR

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HEALTH DISPARITIES AND PEOPLE WITH DISABILITIES MID-COURSE REVIEW



SAFE AND HEALTHY LIVES IN SAFE AND HEALTHY COMMUNITIES
RHODE ISLAND DEPARTMENT OF HEALTH



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INTRODUCTION

According to the Surgeon General, fifty-four million persons with disabilities live in the United States. Disability cuts across all demographic characteristics including race, ethnicity, age, education, and socioeconomic status. It is well documented that significant health disparities exist between people with and without disabilities. In response to these health disparities the national Healthy People initiative added a chapter dedicated solely to promote the health and well-being of individuals with disabilities. The overarching goal of this chapter is as follows:

Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.

The national Healthy People initiative identified thirteen objectives that serve to elevate awareness of the health disparities faced by people with disabilities, concentrate efforts toward the promotion of improved health outcomes and full community participation for people with disabilities, and measure progress towards these ends.

Healthy Rhode Island 2010 serves as the primary plan for prevention in Rhode Island. One of the two Healthy Rhode Island 2010 overarching goals is to eliminate health disparities. The Rhode Island Department of Health (HEALTH) will initially focus on the existing health differences between Rhode Island's racial and ethnic minority populations and the overall population on key measures of health, mortality, behavioral risks, and access to health care in the state. HEALTH has also identified the health and well being of Rhode Islanders with disabilities as a priority area.

In Rhode Island, similar to the rest of the nation, one in five (20.2%) residents have disabilities. Rhode Islanders with disabilities demonstrate lower levels of employment, income, education, utilization of preventive health care, health and wellness, and greater participation in health risk



behaviors compared to people without disabilities. There are also higher rates of disability among racial and ethnic minorities. The intent of this report is to provide information about the health and wellness of individuals with disabilities in Rhode Island and to document their progress on a series of health indicators. The data that follows highlights the status of Rhode Islanders with disabilities based on the Healthy Rhode Island 2010 ten leading health indicators and corresponding objectives, and includes other pertinent data from both the Behavioral Risk Factor Surveillance System and the Rhode Island Health Interview Survey.

HEALTH DISPARITIES AND PEOPLE WITH DISABILITIES

Areas of Decline

- » Physical Activity
- » Overweight and Obesity
- » Tobacco Use
- » Life Satisfaction/Mental Health
- » Oral Health
- » Women's Preventive Care

Areas of Improvement

- » Substance Abuse
- » Immunization
- » Regular Source of Primary Care

OBJECTIVES AT A GLANCE						
	DATA SOURCE(S)	TARGET 2010	BASELINE (1998-2000)		MID-COURSE (2003-2004)	
			PWD*	PWOD**	PWD*	PWOD**
PHYSICAL ACTIVITY						
Objective 1: Reduce the proportion of RI adults aged 18 years and older who engage in no leisure-time physical activity.	BRFSS	20%	43%	26%	42%	20%
Objective 2: Increase the proportion of RI adults aged 18 years and older who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes a day.	BRFSS	67%	37%	52%	NA	NA
OVERWEIGHT AND OBESITY						
Objective 1: Reduce the proportion of RI adults aged 20 years and older who are obese.	BRFSS	14%	26%	15%	30%	17%
Objective 2: Reduce the proportion of children and adolescents, 6 to 19 years of age, who are overweight and obese.	RI HIS	10%	41%	34%	46%	34%
Objective 3: Increase the proportion of adults aged 18 years and older who consume at least five daily servings of fruits and vegetables.	BRFSS	50%	27%	27%	27%	28%
TOBACCO USE						
Objective 1: Reduce cigarette smoking by RI adults aged 18 years and older.	BRFSS	10%	24%	22%	25%	21%
Objective 2: Increase smoking cessation attempts by RI adult smokers aged 18 years and older.	BRFSS	75%	50%	46%	58%	57%
SUBSTANCE ABUSE						
Objective 1: Reduce binge drinking by RI adults aged 18 years and older in the past 30 days.	BRFSS	6%	9%	17%	8%	20%
MENTAL HEALTH						
Objective 1: Increase the proportion of RI adults with disabilities aged 18 years and older reporting satisfaction with life.	BRFSS	96%	86%	96%	81%	96%
Objective 2: Increase the proportion of RI adults with disabilities aged 18 years and older reporting sufficient emotional support.	BRFSS	84%	69%	78%	68%	81%
Objective 3: Reduce the proportion of RI adults with disabilities aged 18 years and older who report feelings such as sadness, unhappiness, or depression that prevent them from being active.	BRFSS	7%	27%	8%	31%	7%
INJURY AND VIOLENCE						
Objective 1: Reduce injuries from falls in all RI residents.	RI HIS	2%	4%	2%	7%	2%
ENVIRONMENTAL QUALITY						
Objective 1: Reduce the proportion of non-smokers, children under 18 years of age, exposed to environmental tobacco smoke.	RI HIS	20%	56%	41%	46%	37%
IMMUNIZATION						
Objective 1: Increase the proportion of RI adults aged 65 years and older who are vaccinated annually against influenza.	BRFSS	95%	77%	73%	80%	73%
Objective 2: Increase the proportion of RI adults aged 65 years and older who have ever been vaccinated against pneumococcal disease.	BRFSS	90%	65%	55%	80%	66%
ACCESS TO HEALTH CARE						
Objective 1: Increase the proportion of RI adults 18-64 years of age with health insurance.	BRFSS	100%	91%	91%	91%	89%
Objective 2: Increase the proportion of RI adults aged 18 years and older who have a specific source of ongoing care.	BRFSS	96%	87%	83%	87%	85%
Objective 3: Increase the proportion of RI adults aged 18 years and older who use the oral health care system each year.	BRFSS	56%	66%	77%	69%	79%
Objective 4: Increase the proportion of RI women aged 18 years and older who received a Pap test within the preceding 3 years.	BRFSS	90%	74%	85%	77%	87%
Objective 5: Increase the proportion of RI women aged 40 years and older who received a mammogram within the preceding 2 years	BRFSS	70%	80%	83%	84%	84%

*PWD: People with disabilities. **PWOD: People without disabilities

PREVALENCE OF DISABILITY BY DEMOGRAPHIC CHARACTERISTICS 2000 US CENSUS			
RI CIVILIAN NON-INSTITUTIONALIZED POPULATION 5 YEARS AND OVER	NUMBER OF PEOPLE	PEOPLE WITH DISABILITY	PERCENTAGE WITH DISABILITY
TOTAL	967,557	195,806	20.2%
AGE			
5-15 YRS	156,956	10,629	6.8%
16-20 YRS	77,331	11,084	14.3%
21-64 YRS	589,705	116,305	19.7%
65-74 YRS	72,942	21,581	29.6%
75 YRS OR OLDER	70,623	36,207	51.3%
GENDER			
MALE	461,369	94,279	20.4%
FEMALE	506,188	101,527	20.1%
ETHNICITY			
HISPANIC OR LATINO (OF ANY RACE)	79,084	19,539	24.7%
NOT HISPANIC OR LATINO	888,473	176,267	19.8%
RACE			
WHITE ALONE	827,999	162,404	19.6%
BLACK OR AFRICAN AMERICAN ALONE	40,226	10,094	25.1%
AMERICAN INDIAN AND ALASKAN NATIVE ALONE	4,507	1,208	26.8%
ASIAN ALONE	21,665	4,124	19.0%
NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER	383	153	39.9%
SOME OTHER RACE	47,277	11,467	24.3%
TWO OR MORE RACES ALONE	25,500	6,356	24.9%
POVERTY LEVEL			
INCOME IN 1999 BELOW POVERTY LEVEL	108,464	33,568	30.9%
INCOME IN 1999 AT OR ABOVE POVERTY LEVEL	836,378	159,989	19.1%
EMPLOYMENT STATUS (21-64 YRS)			
EMPLOYED	443,841	67,906	15.3%
NOT EMPLOYED	145,864	48,399	33.2%
SCHOOL ENROLLMENT / EDUCATION LEVEL (18-34 YRS)			
ENROLLED IN SCHOOL	76,613	9,384	12.2%
BELOW COLLEGE	10,019	2,249	22.4%
COLLEGE OR GRADUATE SCHOOL	66,594	7,135	10.7%
NOT ENROLLED IN SCHOOL	165,091	28,097	17.0%
NOT HIGH SCHOOL GRADUATE	31,355	8,666	27.6%
HIGH SCHOOL GRADUATE/GED	51,152	9,923	19.4%
SOME COLLEGE, NO DEGREE	32,241	4,847	15.0%
ASSOCIATE DEGREE	11,740	1,469	12.5%
BACHELOR'S DEGREE	29,740	2,493	8.4%
GRADUATE OR PROFESSIONAL DEGREE	8,863	699	7.9%

Source: US Census Bureau, Census 2000 Summary File 3 (SF 3) – Rhode Island

HEALTH STATUS DISPARITIES BETWEEN RHODE ISLAND ADULTS WITH AND WITHOUT DISABILITIES ADULTS 18 YEARS AND OLDER, 1998-2000 AND 2003-2004				
	1998-2000		2003-2004	
	WITH DISABILITY	WITHOUT DISABILITY	WITH DISABILITY	WITHOUT DISABILITY
GENERAL HEALTH				
EXCELLENT/VERY GOOD	26.0%	64.1%	25.3%	64.5%
GOOD	32.2%	27.9%	31.0%	27.3%
FAIR/POOR	41.9%	8.1%	43.8%	8.2%
PHYSICAL HEALTH WAS NOT GOOD DURING PAST 30 DAYS				
NONE	37.3%	72.1%	33.2%	71.7%
1-14 DAYS	31.3%	23.7%	30.8%	24.1%
15-30 DAYS	31.4%	4.2%	35.9%	4.1%
MENTAL HEALTH WAS NOT GOOD DURING PAST 30 DAYS				
NONE	59.8%	71.4%	50.5%	68.0%
1-14 DAYS	20.7%	22.1%	24.9%	25.1%
15-30 DAYS	19.5%	6.5%	24.6%	6.9%
PAIN INTERFERED WITH ACTIVITIES DURING PAST 30 DAYS				
NONE	44.9%	83.7%	37.6%	83.9%
1-14 DAYS	25.2%	13.7%	26.7%	13.3%
15-30 DAYS	30.0%	2.6%	35.7%	2.8%
DID NOT GET ENOUGH REST OR SLEEP DURING PAST 30 DAYS				
NONE	36.1%	35.4%	29.4%	32.5%
1-14 DAYS	31.7%	43.4%	33.1%	47.2%
15-30 DAYS	32.3%	21.2%	37.6%	20.3%
FELT VERY HEALTHY DURING PAST 30 DAYS				
NONE	27.3%	7.1%	32.7%	6.2%
1-14 DAYS	28.1%	15.3%	31.7%	17.7%
15-30 DAYS	44.6%	77.6%	35.6%	76.1%



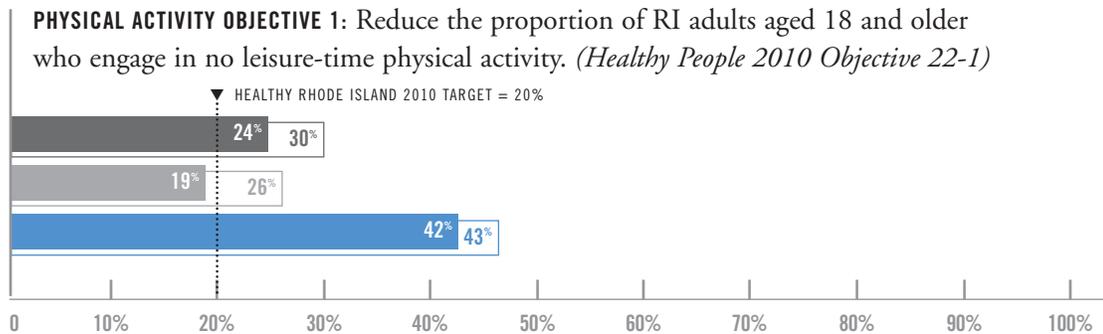
PHYSICAL ACTIVITY

MIDCOURSE

ALL RHODE ISLAND RESIDENTS
 PEOPLE WITHOUT DISABILITIES
 PEOPLE WITH DISABILITIES

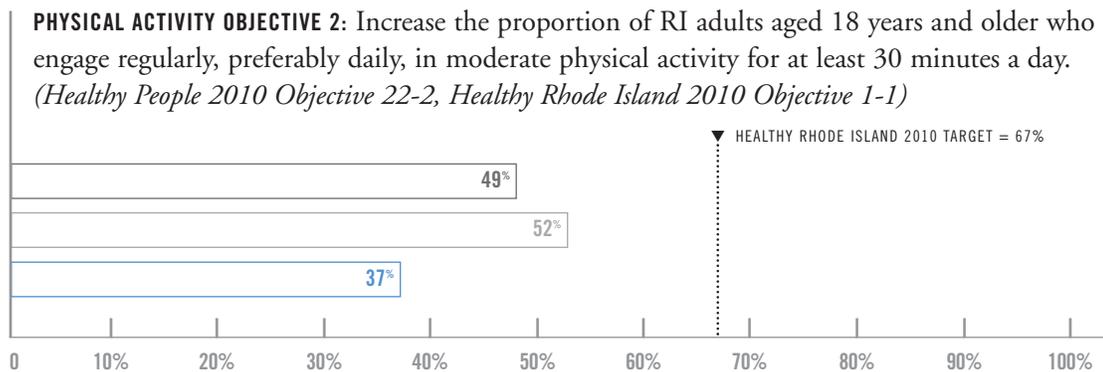
BASELINE

ALL RHODE ISLAND RESIDENTS
 PEOPLE WITHOUT DISABILITIES
 PEOPLE WITH DISABILITIES



Data Source: 1) BRFSS 1998, 2000; 2) BRFSS 2003, 2004

Midcourse data indicates that people with disabilities (42%) in Rhode Island are twice as likely not to participate in any leisure-time physical activity than people without disabilities (19%). The disparities between people with and without disabilities are consistent with national trends.



Data Source: 1) BRFSS 2001, 2003

Baseline data is not available for this objective because the measurement for adult physical activity in the national Behavioral Risk Factor Surveillance System (BRFSS) was changed in 2000. A new baseline and target have been created for the physical activity objective using more recent data. Mid-course data is not yet available.

The new baseline data indicates that people with disabilities (37%) are significantly less likely to participate in physical activity than people without disabilities (52%).

Note: In the bar charts in this document, the following acronyms have been used: ALL represents all Rhode Island residents, PWD represents persons with disabilities, PWOD represents persons without disabilities, CWD represents children with disabilities, CWOD represents children without disabilities.

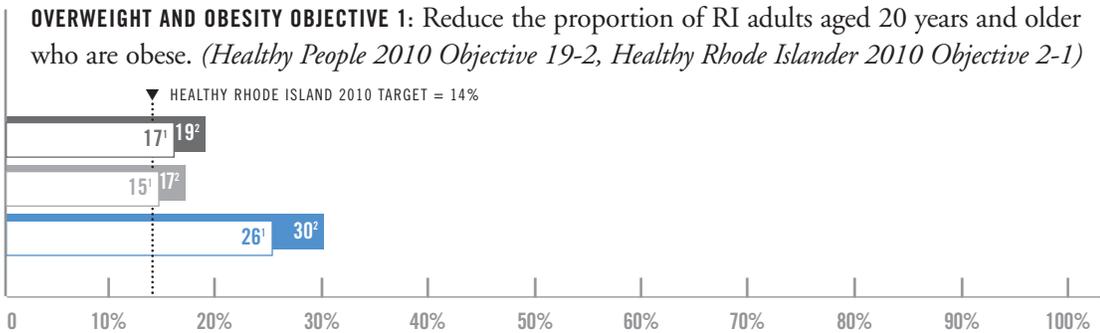
OVERWEIGHT AND OBESITY

MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

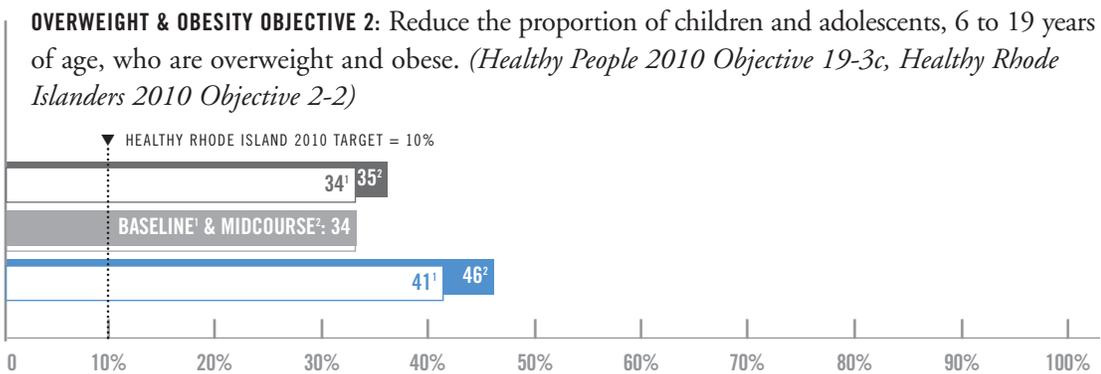
BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES



Data Source: 1) BRFSS 1998, 2000; 2) BRFSS 2002, 2004

The Rhode Island Department of Health has identified overweight and obesity as one of its four core public health priorities. People with disabilities (30%) continue to exhibit obesity rates nearly double those without disabilities (17%).

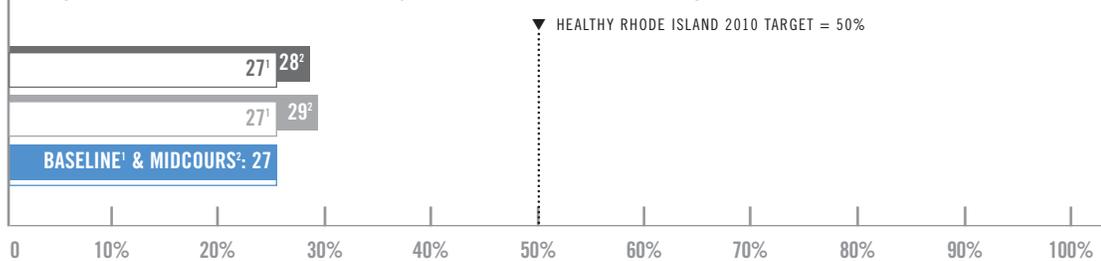


Data Source: 1) RI Health Interview Survey 2001; 2) RI Health Interview Survey 2004

While there has not been a significant change in the overall levels of obesity among youth since the baseline measurement, children and adolescents with disabilities displayed an increase (5%) in the rate of obesity from baseline. Adolescents with disabilities (46%) also continue to demonstrate higher levels of obesity than their peers without disabilities (34%).



OVERWEIGHT AND OBESITY OBJECTIVE 3: Increase the proportion of persons aged 18 years and older who consume at least five daily servings of fruits and vegetables. (*Healthy People 2010 Objectives 19-5 and 19-6, Healthy Rhode Islanders 2010 Objective 2-3*)



Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2002-2003

There is no significant difference in the consumption of fruits and vegetables between people with and without disabilities. In addition, there has been little change in the consumption of fruit and vegetables for Rhode Islanders as a whole from the baseline measurement.

This objective combines Healthy People 2010 objectives 19-5 and 19-6. This objective is not included in the 21 objectives chosen nationally to measure the national Leading Health Indicators. Rhode Island will measure this objective using BRFSS data which surveys people 18 years and older and does not include children under 18 years. In addition, the national objective 19-6 delineates that at least one-third of vegetables consumed should be dark green or orange. The BRFSS does not collect data on the color of vegetables consumed. Therefore, Rhode Island has amended its state objective to include the United States Dietary Association's recommendation of five servings of fruits and vegetables per day, regardless of vegetable color.

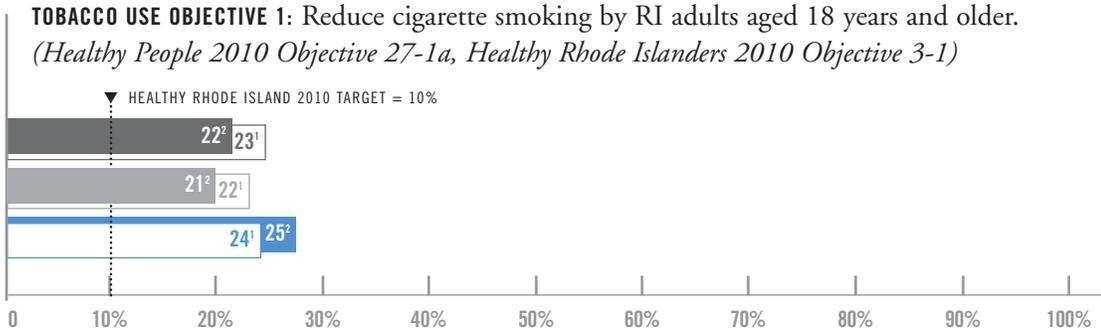
TOBACCO USE

MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

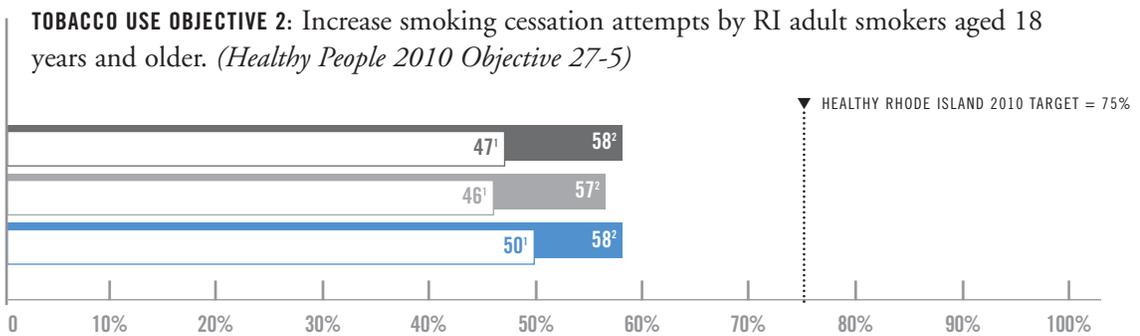
BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES



Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2002-2004

Midcourse data indicates that adults with disabilities (25%) were more likely to smoke than adults without disabilities (21%).



Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2003-2004

While there was a significant increase in the number of Rhode Island adult smokers who attempted to quit smoking, there were no significant differences between people with and without disabilities.

SUBSTANCE ABUSE

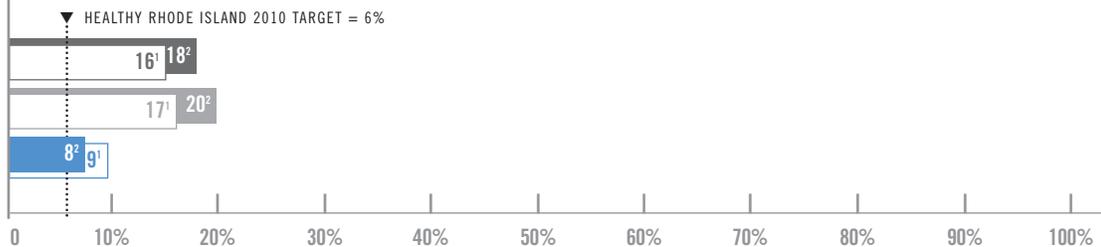
MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

SUBSTANCE ABUSE OBJECTIVE 1: Reduce binge drinking by RI adults aged 18 years and older in the past 30 days. (*Healthy People 2010 Objective 26-11c*)



Data Source: 1) BRFSS 1998; 2) BRFSS 2004

At the midcourse people with disabilities (8%) were less likely to participate in binge drinking than people without disabilities (20%).



MENTAL HEALTH

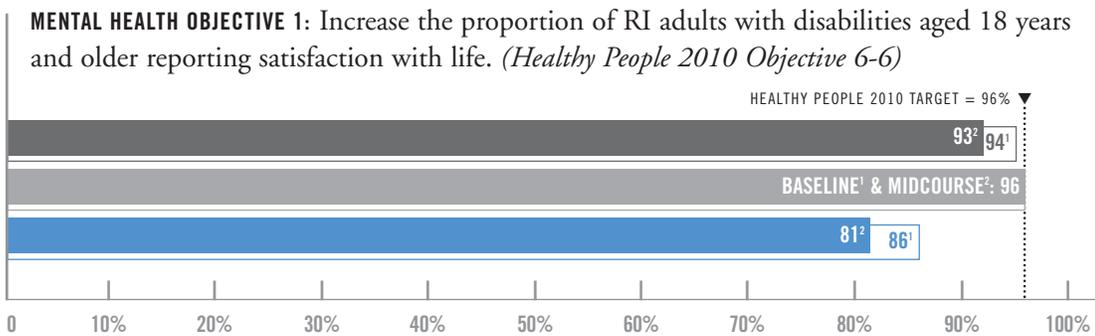
MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

BASELINE

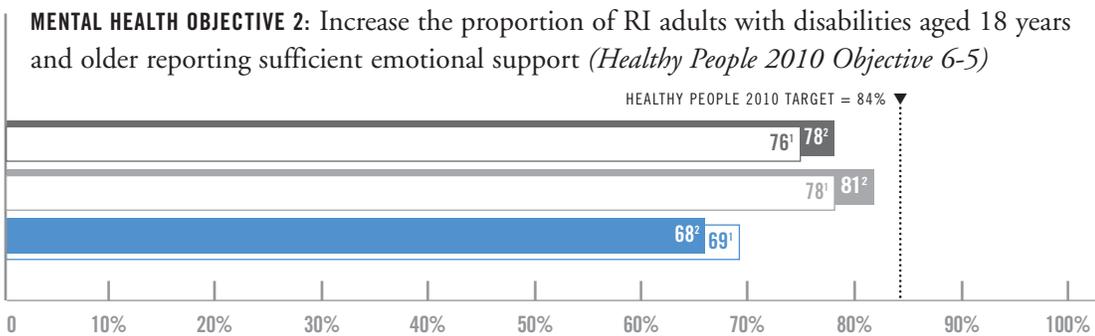
- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

The following objectives are not included in the Healthy Rhode Islanders 2010 plan but are Healthy People 2010 objectives that reflect either proxy measures of mental health or represent factors that influence mental health status.



Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2003-2004

Adults with disabilities (81%) continue to demonstrate lower levels of life satisfaction than adults without disabilities (96%). There was also a significant decrease from the baseline measurement in the proportion of Rhode Island adults with disabilities who reported satisfaction with life.

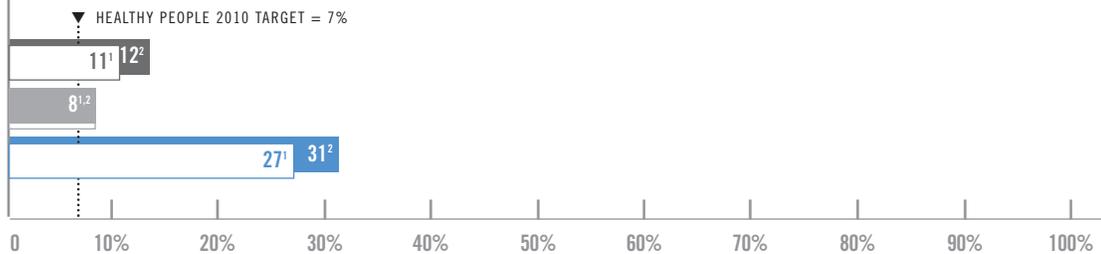


Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2003-2004

People with disabilities (68%) were considerably less likely to report sufficient emotional support compared to people without disabilities (81%). There was little change in the proportion of adults with disabilities who reported having sufficient emotional support from the baseline measurement.



MENTAL HEALTH OBJECTIVE 3: Reduce the proportion of RI adults with disabilities aged 18 years and older who report feelings such as sadness, unhappiness, or depression that prevent them from being active. (*Healthy People 2010 Objective 6-3*)*



Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2003-2004

People with disabilities (31%) were significantly more likely to report feeling sad, depressed, or blue compared to people without disabilities (8%). In addition, while not significant, trend data suggests that feelings of sadness and depression are increasing amongst people with disabilities.

INJURY AND VIOLENCE

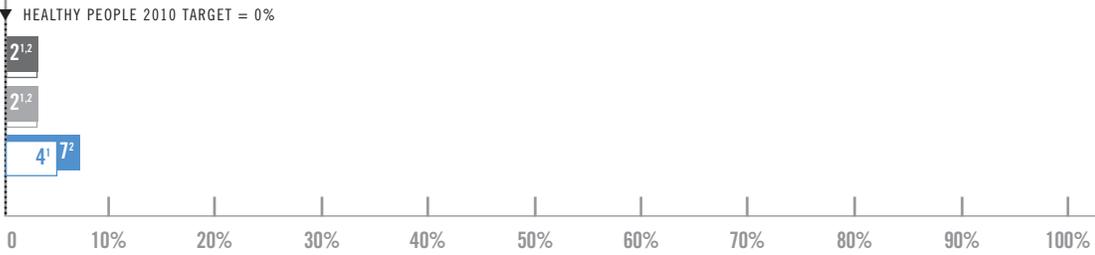
MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

INJURY AND VIOLENCE OBJECTIVE 1: Reduce injuries from falls in all RI residents. (*Healthy People 2010 Objective 15-27*)



Data Source: 1) RI Health Interview Survey 2001; 2) RI Health Interview Survey 2004

People with disabilities (7%) were significantly more likely to have an injury as the result of a fall compared to people without disabilities (2%).



ENVIRONMENTAL QUALITY

MIDCOURSE

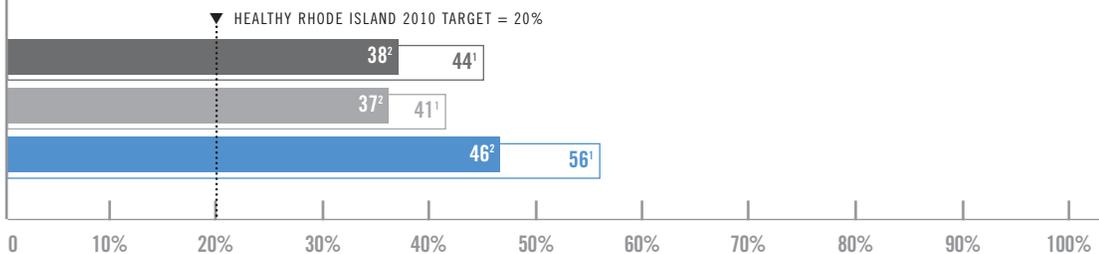
- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

ENVIRONMENTAL QUALITY OBJECTIVE 1: Reduce the proportion of non-smokers, children under 18 years of age, exposed to environmental tobacco smoke. (*Healthy People 2010 Objective 27-10*).

PROXY OBJECTIVE: To reduce the proportion of households where smoking is permitted inside the house or inside the car all or most of the time. Data includes households reporting regular smoking in the house or apartment, regular smoking in the vehicle (for households with children under the age of 18), and those that have no rules prohibiting smoking in the house or car.



Data Source: 1) RI Health Interview Survey 2001; 2) RI Health Interview Survey 2004

Children with disabilities (46%) were more likely to live in households where smoking was permitted either in the house or in the car compared to children without disabilities (37%). Overall, there was a significant decline in exposure to environmental tobacco for both populations.



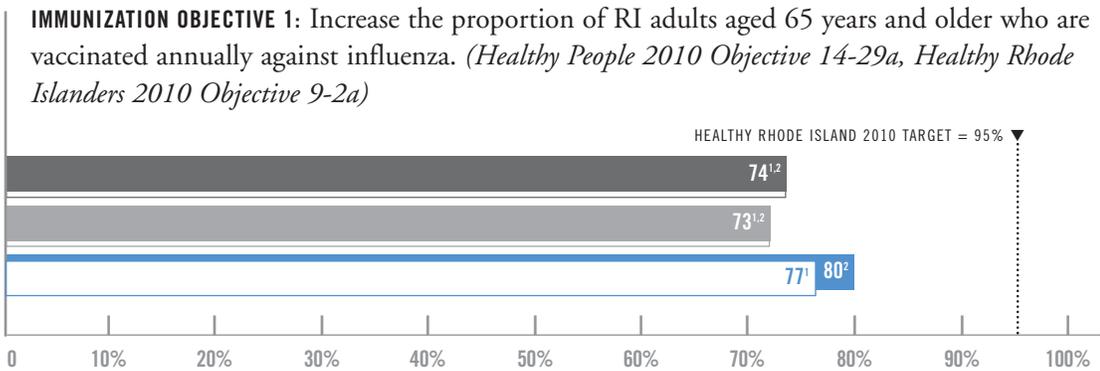
IMMUNIZATION

MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

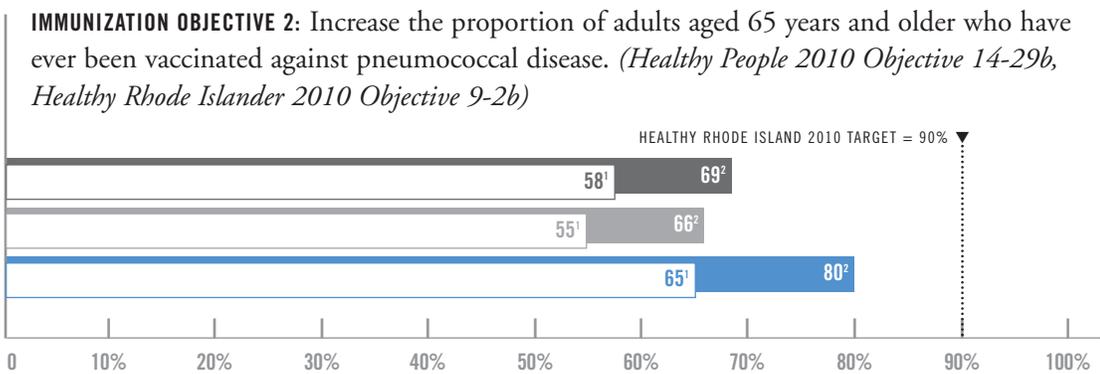
BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES



Data Source: 1) BRFSS 1999-2000; 2) BRFSS 2002-2004

There was a significant difference between people with (80%) and without disabilities (73%) who reported that they are vaccinated against influenza. Both national and Rhode Island specific data suggest little change in vaccination rates for influenza since the baseline measurement. Rhode Island vaccination rates are 10% higher than the national average.



Data Source: 1) BRFSS 1999-2000; 2) BRFSS 2002-2004

People with disabilities (80%) continue to report higher levels of vaccination for pneumococcal disease than do people without disabilities (66%). The increase in the number of Rhode Islanders who have been vaccinated for pneumococcal disease is consistent with national trends. Rhode Island continues to show vaccination rates that are 10% higher than the national rates.



ACCESS TO HEALTH CARE

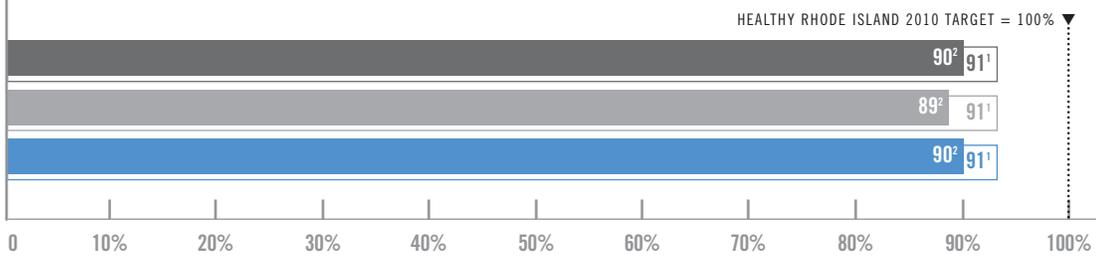
MIDCOURSE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

BASELINE

- ALL RHODE ISLAND RESIDENTS
- PEOPLE WITHOUT DISABILITIES
- PEOPLE WITH DISABILITIES

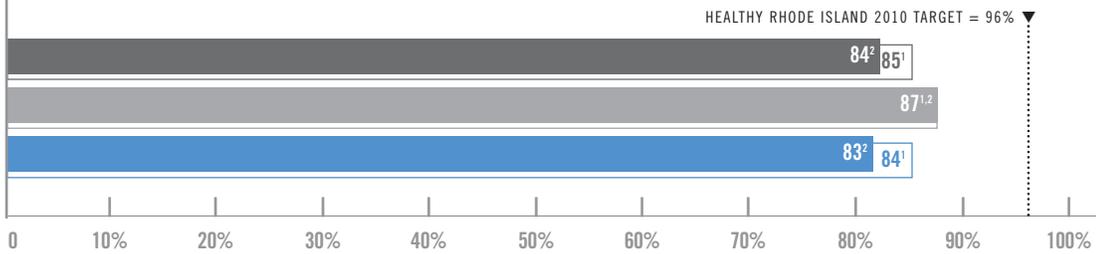
ACCESS TO HEALTH CARE OBJECTIVE 1: Increase the proportion of RI adults aged 18 to 64 years with health insurance. (*Healthy People 2010 Objective 1-1, Healthy Rhode Islander 2010 Objective 10-1*)



Data Source: 1) BRFSS 1999-2000; 2) BRFSS 2002-2004

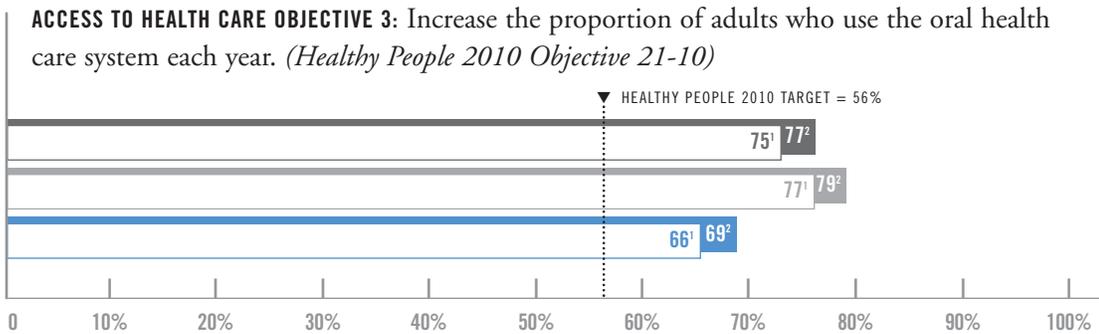
There was little difference between people with and without disabilities who reported having health care coverage. As a whole, 10% of Rhode Islanders are uninsured.

ACCESS TO HEALTH CARE OBJECTIVE 2: Increase the proportion of RI adults aged 18 years and older who have a specific source of ongoing care. (*Healthy People 2010 Objective 1-4a, Healthy Rhode Islander 2010 Objective 10-2*)



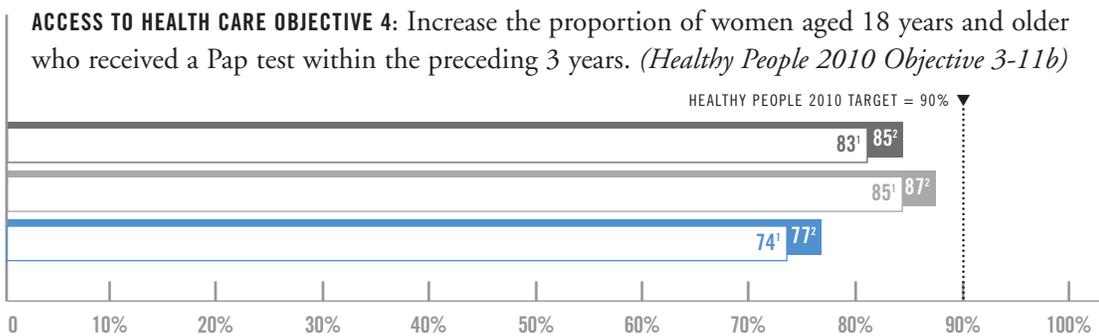
Data Source: 1) BRFSS 2000; 2) BRFSS 2001

There were marginal differences between people with disabilities (87%) and those without disabilities (85%) who reported having a usual source of care, and little difference between baseline and midcourse measurements.



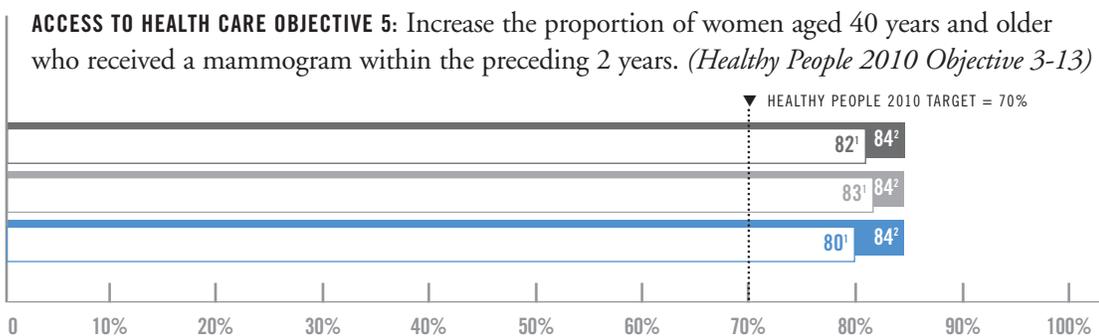
Data Source: 1) BRFSS 1999-2000; 2) BRFSS 2002-2004

Adults 18 years and older with disabilities (69%) were significantly less likely to report a dental visit in the last year than same age adults without disabilities (79%).



Data Source: 1) BRFSS 1999-2000; 2) BRFSS 2002-2004

Seventy-seven percent of women with disabilities reported having a Pap Test within the preceding 3 years. This is significantly lower than the proportion of women without disabilities (87%) reporting a Pap Test within the same time period.



Data Source: 1) BRFSS 1998-2000; 2) BRFSS 2002-2004

There is little difference between women with and without disabilities aged 40 and older who report having had a mammogram in the preceding two years. The midcourse measurements show a small increase in the number of women with disabilities who report having had a mammogram.

DATA SOURCES

The major data source for this document, both baseline and mid-course, is the Rhode Island Behavioral Risk Factor Surveillance System (RI-BRFSS). The RI-BRFSS, sponsored by the Centers for Disease Control and Prevention (CDC), is an ongoing, statewide, random-digit-dialed telephone survey of the noninstitutionalized RI adults aged 18 and older. The purpose of the survey is to estimate the prevalence of and to monitor the trends of the health status and health risk behaviors of RI adults. Responses are then weighted to be representative of all non-institutionalized adults in Rhode Island during that year.

The baseline data came from the 1998-2000 RI-BRFSS that consisted of 11,149 completed interviews and the mid-course data came from the 2003-2004 RI-BRFSS that consisted of 8,052 completed interviews. To get more specific information on the RI-BRFSS, visit <http://www.health.ri.gov/chic/statistics/brfss.php>.

The Rhode Island Health Interview Survey (RI-HIS) was a secondary data source for a few of the objectives in this document. The RI-HIS is a telephone survey of a representative sample of RI households, designed to collect health-related information on all members of the sampled households. The 2001 RI-HIS data was used for the baseline year (n= 6,877) and the 2004 RI-HIS data was used for the mid-course (n=6,742). To get more specific information on the RI-HIS, visit: <http://www.health.ri.gov/chic/statistics/rihis.php>.

DEFINITION OF DISABILITY FOR BRFSS

Baseline Data (1998-2000): Two questions were used to identify persons with disabilities. Persons who responded “yes” to either or both of the following questions were classified as having a disability:

- 1) Are you limited in any way in any activities because of any impairment or health problem?
- 2) If you use special equipment or help from others to get around, what type do you use?

Midcourse Data (2003-2004): Two similar questions, but slightly modified, were used to identify persons with disabilities. Persons who responded “yes” to either or both of the following questions were classified as having a disability:

- 1) Are you limited in any way in any activities because of 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?

Even though the screening questions are similar for the baseline and mid-course assessment, the effect of the wording change in disability screening questions on the prevalence estimates is not verified.



DATA ANALYSIS

All data analyses were performed using SUDAAN 9.0 (Survey Data Analysis) software to account for complex sample survey design. The sample weights provided by CDC were used to adjust for differences in the probability of selection, non-coverage, and non-response of the survey, that made the weighted data be representative of all non-institutionalized adults in RI. So, the results from this survey can be generalized to the adult population in Rhode Island.

To improve the precision of the prevalence estimates and to allow subgroup analyses, we combined two to three years of BRFSS data for both the baseline and mid-course assessment. Respondents who answered that they did not know or refused to answer a question were excluded from the analyses. The health disparity comparisons between people with and without disabilities did not use age adjustment.

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