

FLORIDA OFFICE ON DISABILITY AND HEALTH

Disability and Access to Health Care in Florida

Results from the 2009 Florida Behavioral
Risk Factor Surveillance System

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THROUGHOUT THE LIFESPAN, OF ALL FLORIDIANS & THEIR FAMILIES LIVING
WITH DISABILITY.

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EXECUTIVE SUMMARY

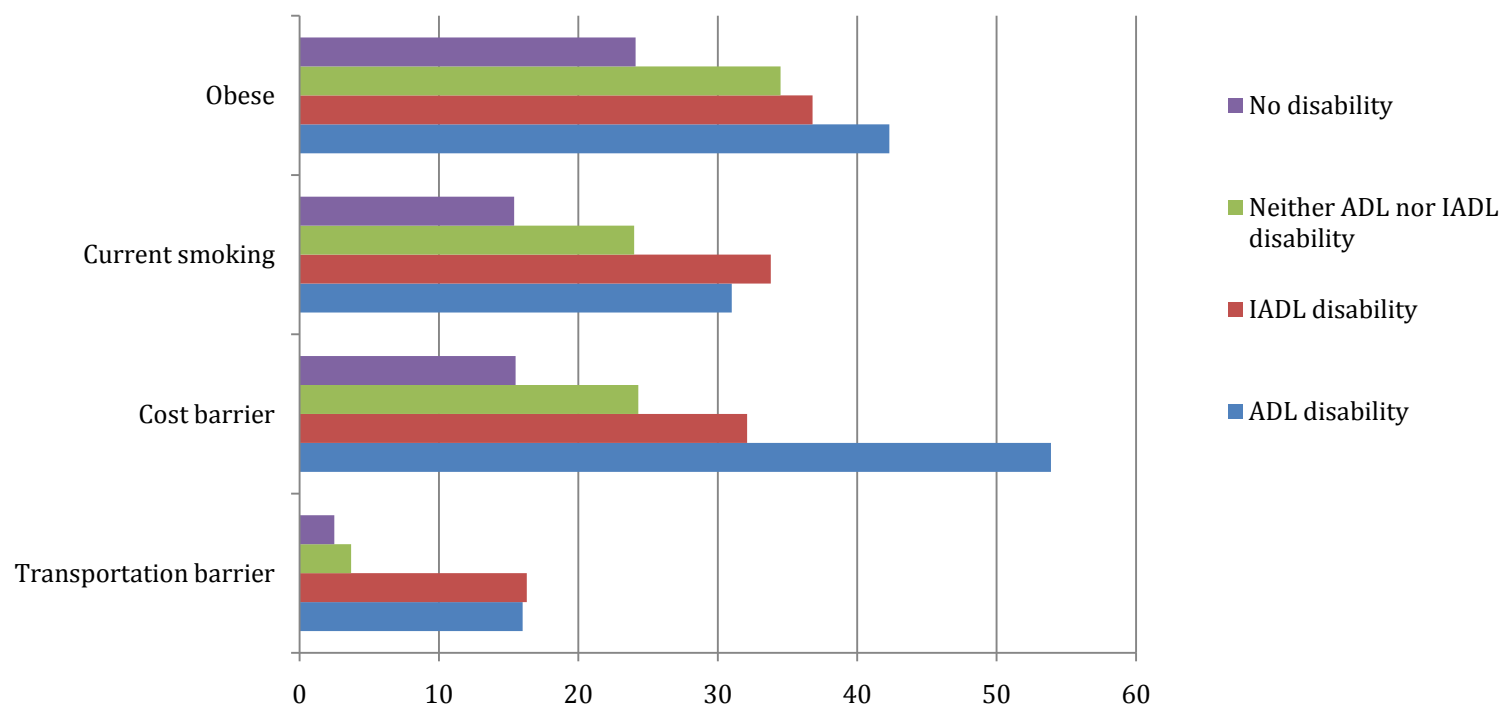
Disability status has been variously defined for specific programs and purposes. The Florida Office on Disability and Health (FODH), funded by the Centers for Disease Control and Prevention (CDC), takes a broad view of disability, including physical, mental, cognitive, emotional, and sensory impairments that occur across the life span. In this report, we focus on measuring the amount or prevalence of disability in the state of Florida, using data from the Behavioral Risk Factor Surveillance System (BRFSS) and applying several classifications of disability severity. We also assess access to health care, health behaviors, and health conditions among people with and without disability in the state.

The BRFSS, a telephone survey designed to represent all non-institutionalized adults in each state, has a standard definition of disability. During 2009, the FODH added more questions about disability duration and type. This report classifies respondents as having long-term (≥ 6 months) disability with personal care needs, long-term disability with routine assistance needs, long-term disability with neither personal care nor routine assistance needs, and no disability.

Respondents with disability were, on average, older than respondents without disability and they were less likely to have a college degree, be employed, or report their race and ethnicity as white, non-Hispanic. Respondents with disability also reported lower household incomes than respondents without disability. Health insurance coverage was similar across all respondents, regardless of disability status. In spite of having insurance coverage, Floridians with disability reported poorer access to care and health behaviors in general. Furthermore, the disparity in access to care increased with disability severity for many variables measured (see Figure 1, below). For example, respondents with disability were more likely to report that transportation and cost were barriers to health care, both of which were more commonly a problem among people with more severe disabilities. More than half of people with the most serious category of disability said they did not see a doctor in the past year when they needed to because of cost. Fifteen percent of people without disability reported not seeing a doctor because of cost in the past year. People with a disability were significantly less likely to engage in physical activity outside of work and significantly more likely to be current smokers and classified as obese compared to people without a disability. For all of these variables, there was evidence of a trend that people with more severe disability had more negative health behaviors (less physical activity, more smoking, and higher obesity). Floridians with disability also had poorer physical health, mental health, and social support than Floridians without disability.

Striking differences in demographic variables, health status, health care access, and health behaviors exist in Florida based on disability status. The disparities become more evident when we can identify people who need routine or self-care assistance. Although programs and services exist to support the health and social participation of people with disability, more needs to be done to assure that Floridians with disability have equal access to health care and also to education and employment opportunities that will increase their socioeconomic position and allow greater access to health care services.

Figure 1. Selected health characteristics of adult Floridians by disability status, Behavioral Risk Factor Surveillance System (BRFSS) 2009.



Obesity is defined as a body mass index (BMI) greater than or equal to 30.0 based on self-reported height and weight.

Smoking status was determined by self-reported smoking on some or most days.

Cost was considered to be barrier to health care if respondents said they did not visit a health care provider when they needed to during the past year because of cost.

Transportation was considered to be a barrier to health care if respondents reported transportation was often or always a problem in getting health care.

DISABILITY

Disability status has been variously defined for specific programs and purposes. The Florida Office on Disability and Health (FODH; see <http://fodh.phhp.ufl.edu>), funded by the Centers for Disease Control and Prevention (CDC), takes a broad view of disability, including physical, mental, cognitive, emotional, and sensory impairments that occur across the life span. Disability can be viewed as a health outcome; in other words, it can be seen as the result of an injury, a genetic predisposition, or a health condition. However, disability is more than an outcome and represents a demographic descriptor, one that can be used to assess whether inequities exist in employment, education, quality of life, and health.^(1,2) In this report, we discuss disability in this context – as an experience and demographic group descriptor, rather than a health outcome. This social model of disability also corresponds to the World Health Organization’s *International Classification of Functioning, Health, & Disability*⁽³⁾ and the FODH Strategic Plan⁽⁴⁾ composed in concert with the FODH’s partners. An estimated 40 to 50 million people in the United States live with a disability, a number that is expected to grow as the country ages.⁽⁵⁾ Even from the perspective of the social model, health and disability are not mutually exclusive and it is the responsibility of public health to engage people with disabilities in health promoting behaviors and preventive screenings in order to prevent secondary health conditions.^(2,6) Healthy People 2010 was the first of the national Healthy People documents to include a chapter devoted to disability, the goal of which was to “promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.”⁽²⁾ Among the objectives in Chapter 6 of Healthy People 2010 are:

6-1. Include in the core of all relevant Healthy People 2010 surveillance instruments a standardized set of questions that identify “people with disabilities.”

6-10. (Developmental) Increase the proportion of health and wellness and treatment programs and facilities that provide full access for people with disabilities.

6-11. (Developmental) Reduce the proportion of people with disabilities who report not having the assistive devices and technology needed.

6-13. Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers.

Source: HEALTHY PEOPLE 2010 (2)

In addition to these Chapter 6 objectives, Chapter 1 of Healthy People 2010, which focused on Access to Quality Health Services, established objectives to increase the proportion of people with health insurance (1-1), a source of ongoing care (1-4), and a primary care provider (1-5). In addition, the chapter includes an objective to reduce the proportion of people who do not receive care when needed (1-6).⁽²⁾

In this report, we focus on measuring the amount or prevalence of disability in the state of Florida, using data from the Behavioral Risk Factor Surveillance System (BRFSS) and

several classifications of disability. We also assess access to health care, health behaviors, and health conditions among people with and without disability in the state.

ACCESS TO HEALTH CARE

Access to quality health care may reduce the risk of premature death and disability.^(7,8) Access has been defined as including not only health insurance or a means of paying for health services but also actual utilization of health services. Specifically, the Institute of Medicine defined access as “the timely use of personal health services to achieve the best possible health outcomes” in its report, *Access to Health Care in America*.⁽⁹⁾ Health insurance has been shown to increase utilization, so a relationship does exist between these two components of access, but a single measure is not sufficient to accurately describe health care access. Individuals with disability may have health insurance through an employer, a family member, or through a government program like Medicaid or Medicare. Because of the availability of government programs, most individuals with a disability should have health insurance coverage. Despite this coverage, however, numerous reports and studies have shown that individuals with disability are less likely to utilize health care services for preventive care compared to individuals without disability. Recently, the Institute of Medicine’s *The Future of Disability in America* recommended that accessibility of health care facilities should be improved, that barriers to health insurance for people with disabilities should be reduced, and that assistive services and technologies should be more available to people with disabilities.⁽⁵⁾

THE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone-based survey that samples random adults to collect information about their health and health behaviors. It is managed by the Centers for Disease Control and Prevention (CDC) but is administered by states and territories.⁽¹⁰⁾ The BRFSS occurs annually in all 50 states, the District of Columbia, and U.S. territories. A random sample of non-institutionalized state residents age 18 and older is contacted by a landline telephone to participate in the survey. Institutional settings include places like prisons, group homes, nursing homes, and college dormitories; individuals living in these settings are not eligible to participate in the BRFSS and therefore are not represented in the data. After data collection, sample weights are applied to respondents to correct for selection and response issues. The resulting BRFSS data represent Florida’s non-institutionalized adult population based on age, sex, and race/ethnicity.

The BRFSS is a useful public health tool and provides ongoing data to assess the prevalence of health conditions and behaviors and also to track trends over time. Each year, the BRFSS includes two questions that are used to identify respondents with a disability:

- (1) Are you limited in any way in any activities because of physical, mental, or emotional problems?
- (2) Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

If a respondent answers “yes” to either of these questions, he is classified as having a disability. Although this definition provides some information about disability, it lacks a duration dimension. It also does not provide any detail about the type(s) of activity limitation a respondent has or the special equipment she uses. In 2009, the FODH funded the addition of several questions about disability duration and type in order to better understand disability in Florida using the BRFSS (see Appendix A for a list of questions). The following questions were asked only of people who reported an activity limitation (Question 1):

(3) Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

(4) Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?

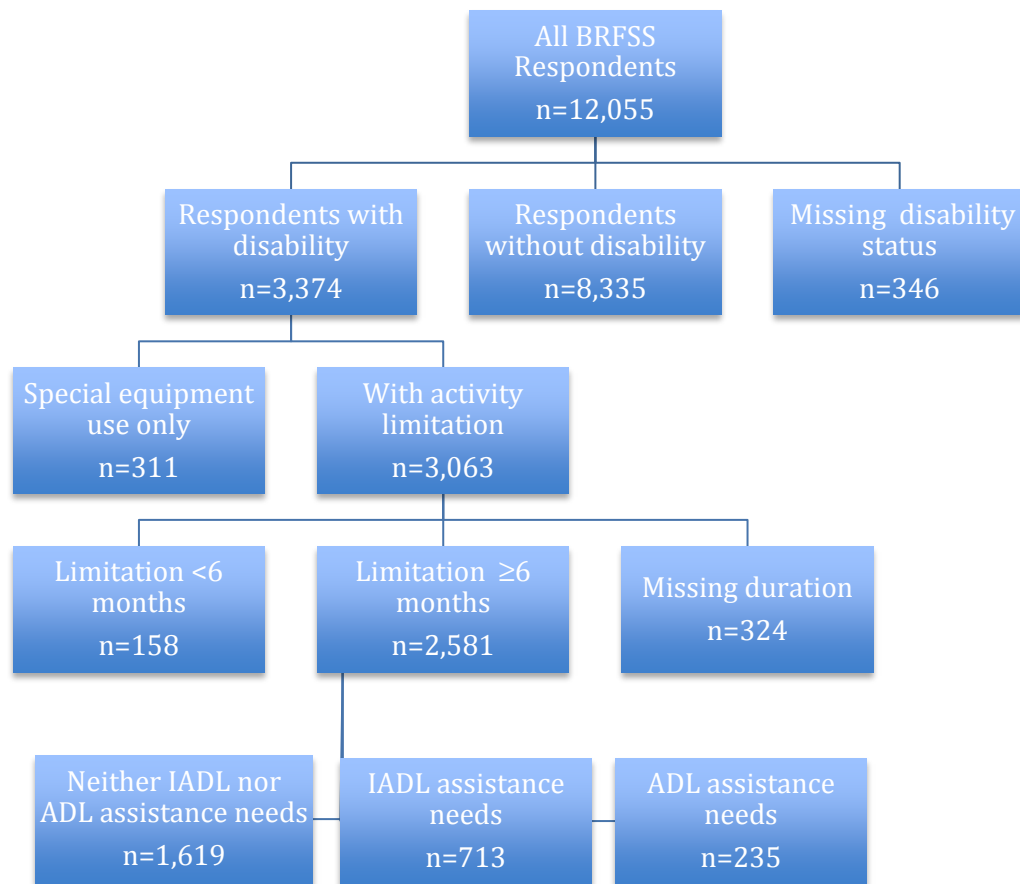
(5) What is your main health condition or disability that limits your activity?

(6) How long have your activities been limited due to this condition or impairment?

Question 3 addresses routine needs, often called instrumental activities of daily living (IADLs) while Question 4 asks about personal care needs, or activities of daily living (ADLs). We created disability variables combining the duration question (Question 6) with the IADL and ADL assistance needs questions in this report to create a range of disability variables. These new variables were intended to represent a continuum of disability severity, and to exclude persons with potentially transient conditions that result in activity limitation or special equipment use. In addition to the general BRFSS definition of disability described above (Questions 1 and 2), we created three classifications for people with an activity limitation who reported having the limitation 6 months or longer and (1) needing IADL assistance only, (2) needing ADL assistance with or without IADL assistance, and (3) needing neither IADL nor ADL assistance. These three classifications were exclusive of one another (an individual respondent appears in only one of the three) but the BRFSS definition of disability includes all three sub-classifications plus respondents who only reported using special equipment (see Figure 1).

In total, there were 3,374 Florida BRFSS respondents classified as having a disability in 2009 based on the CDC definition. Of those with a disability, 311 reported using special equipment but said they did not have an activity limitation. Among the 3,063 respondents with an activity limitation, 2,567 reported it had lasted for 6 months or longer: 235 had an ADL impairment lasting 6 months or more, 713 had only an IADL impairment lasting 6 months or more, and 1,619 had an activity limitation with neither an IADL nor ADL impairment lasting 6 months or longer. There were 8,335 respondents on the 2009 Florida BRFSS who were classified as not having a disability.

Figure 2. Flowchart of disability definitions used in this report based on questions from the 2009 Florida Behavioral Risk Factor Surveillance System (BRFSS).



The BRFSS also includes questions about health insurance, health care providers, health behaviors, and health diagnoses each year. Respondents are asked whether they have any form of health insurance coverage, whether they have a primary physician, when their last check-up was, whether cost prevented them from seeing a doctor, when their last health screening exams were (breast, colorectal, prostate, Pap, etc.), what behaviors they engage in (smoking, physical activity, alcohol use, etc.), and what health diagnoses they have ever had (high blood pressure, high cholesterol, stroke, diabetes, cancer, etc.). In addition to these standard questions included on the BRFSS, the FODH added questions about the type of health insurance, whether respondents with disability had difficulty finding a provider who understood their condition, whether transportation or attitudes were a problem in getting health care, and when they had last visited a dentist (see Appendix A for a list of questions).

This report presents results from the 2009 Florida BRFSS using the FODH-added disability questions along with the standard BRFSS disability questions to assess health care access and health behaviors among Floridians with and without disability. There were 12,055 respondents to the Florida BRFSS in 2009. For each question, respondents could say they

did not know the answer or could refuse to answer the question. In this report, we code both of these options as missing. We excluded 346 who were missing information on the disability questions and therefore disability status could not be classified. We did not exclude respondents who were missing data on any other questions; instead, we report the proportions of valid responses for each question in each table. If, for example, a respondent was missing information about having a personal provider, he is not included in the reported proportions for that variable, but is included for all other variables for which he provided a valid response. Therefore, the number of people included in any one proportion's denominator may not be the total number of people included in the column (with a specific disability classification).

RESULTS

Demographic Characteristics

On average, respondents with a disability were older than respondents without disability. The mean age of respondents with disability was 55 years compared to an average age of 48 years among respondents without disability. Respondents with only an IADL impairment were significantly more likely to be female compared to all other groups (68% compared to 48-53% female). Respondents with a disability had significantly lower levels of education, and a gradient existed by disability severity. For example, 39% of respondents without disability had a college degree or higher level of education compared to 11% of respondents with ADL disability, 19% of respondents with IADL disability, and 29% of respondents with non-ADL/IADL disability. Likewise, employment differed significantly based on disability status and also within disability based on severity of need. Among respondents with no disability, 63% reported being employed compared to 32% of respondents with any disability. Roughly 5% of respondents with an ADL disability were employed. Household income was significantly lower among respondents with a disability, and the trend was the same as for education: respondents with higher levels of disability reported lower levels of income. Thirty percent of respondents with ADL disability reported an annual household income less than \$15,000 compared to 5% of respondents with no disability. Race and ethnicity varied based on disability status, particularly when viewed based on need for assistance. Respondents with an ADL impairment were significantly more likely to report their race as black, non-Hispanic or to report Hispanic ethnicity (versus white, non-Hispanic) than were respondents with a long-term disability with no ADL or IADL impairments (19% with ADL impairment reported black, non-Hispanic race and ethnicity and 24% reported Hispanic ethnicity compared to 9% each among respondents with a disability but no ADL or IADL assistance needs).

Respondents with a disability were significantly more likely to report being veterans compared to respondents without a disability. However, this varied within disability sub-categories. Respondents with a non-ADL/IADL were most likely to report they were veterans (24%) while respondents with ADL disability were least likely of all groups with or without disability to report they were veterans (11%). Between 24% and 30% of respondents reported providing care to a family member or friend with a disability or long-term health condition in the past month. Respondents who themselves had a disability

were more likely to report being caregivers than respondents with no disability (31% compared to 24%).

Satisfaction and Support

People with a disability were significantly less likely to report that they were satisfied with life in general or that they received the emotional support needed compared to people without a disability. A gradient existed for both variables in which people with more severe disability reported lower levels of satisfaction and support. The same was true for ratings of general health: 23% of people with ADL disability, 39% of people with IADL disability, 65% of people with non-ADL/IADL disability, and 91% of people with no disability rated their general health as good, very good, or excellent.

Physical and Mental Health Status

The BRFSS includes questions about the numbers of days of poor health in the past 30 days and days on which activities were limited because of poor health. Table 2 shows the average number of poor health days reported among respondents with and without disability. On average, respondents without a disability reported around 2 days of poor physical, mental, and activity-limited days in the preceding 30 days (2.0, 2.4, and 2.3 days, respectively). Meanwhile, respondents with a CDC-defined disability reported 10.7 days of poor physical health, 7.3 days of poor mental health, and 10.0 days on which their activities were limited because of poor mental or physical health. On all three variables, there was a trend toward more days of poor health or activity limitation as disability severity increased from no need for assistance to need for ADL assistance. Frequent mental distress, experiencing 14 days or more of poor mental health in the past month, was significantly more common among respondents with a disability (23%) than among respondents without disability (7%).

Health Care Access and Health Care Utilization

Table 3 includes information about health care access and health care utilization. Respondents with a disability were equally as likely as respondents without a disability to report having health insurance coverage (around 82% for all groups; 72% for respondents with ADL disability). However, the type of health insurance coverage differed significantly by disability status. Respondents without a disability were most likely to have an employer-based plan (62%) while respondents with a disability most often had Medicare coverage (40%) or an employer-based plan (36%). People with more severe (ADL) disability were most likely to be covered by Medicare or Medicaid, while people with less intense assistance needs more often had employer-based coverage.

Respondents with a disability more often had a personal doctor compared to respondents without a disability, and they were significantly more likely to report having more than one personal doctor (11% with disability and 6% with no disability). The time since the last routine medical visit was similar among all respondents; most had been within the past year. Respondents with a disability were significantly less likely than respondents without disability to have visited a dentist in the past year, however (58% with any disability, 38%

with ADL disability, 49% with IADL disability, 62% with non-ADL/IADL disability, and 71% without disability).

One in five respondents with a disability reported having trouble finding a provider who understands their health condition (19%). Among respondents with ADL disability, that number rose to one in three (32%). Transportation was significantly more likely to be barrier to healthcare among people with a disability than among people without a disability: 16% of respondents with ADL disability or IADL disability said it was often or always a problem compared to 3% of respondents without disability. Cost was a barrier to health care for all respondents, particularly those with a disability. More than half (54%) of people with an ADL disability said they did not see a doctor in the past year when they needed to because of cost. Fifteen percent of people without disability reported not seeing a doctor because of cost in the past year.

Disability and Health Conditions

In Table 4, a variety of reported health conditions are listed and the frequency of diagnosis by disability status is reported. For all conditions, respondents with a disability were significantly more likely to report ever being diagnosed with a given health condition. There was an increasing gradient by disability severity for asthma and diabetes. Around half of respondents with a disability reported having been diagnosed with arthritis (56%), high cholesterol (52%), or hypertension (49%).

Finally, Table 5 shows the type of disability respondents reported as the primary cause of their activity limitation. More than 80% of respondents said a physical disability was the main health condition that limited their activities (82% overall, 84% with ADL disability, 91% with IADL disability, and 82% with non-ADL/IADL disability). The second most common response among people with ADL disability was a memory or cognitive disability (9%), while among all other respondents the second most commonly reported health condition reported was emotional problems (3% with IADL disability and 9% with non-ADL/IADL disability).

Health Behaviors

People with a disability were significantly less likely to engage in physical activity outside of work (61% versus 80%) and significantly more likely to be current smokers (24% versus 16%) compared to people without a disability (Table 4). People with a disability were more likely to be classified as obese based on their body mass index compared to people without a disability (35% compared to 24%). For all of these variables, there was evidence of a trend that people with more severe disability had more negative health behaviors (less physical activity, more smoking, higher obesity). People with and without disability were equally likely to drink heavily (5% of both groups) and people with a disability were significantly less likely to binge drink (9% compared to 14% of people without disability). Recent vaccination for influenza was more common among respondents with a disability than among respondents without a disability (45% compared to 30%).

DISCUSSION

Striking differences in demographic variables, health status, health care access, and health behaviors exist in Florida based on disability status and severity. Although we see many of these differences when using a broad definition of disability, like the one that is standard on the BRFSS, the disparities become more evident when we can identify people with needs for ADL and IADL assistance. A strong gradient in socioeconomic position, support, and health exists by disability severity in Florida. Although programs and services exist to support the health and social participation of people with disability, more needs to be done to assure that Floridians with disability have equal access to health care and also to education and employment opportunities that will increase their socioeconomic position and allow greater access to health care services.

The BRFSS is a cross-sectional survey, meaning that respondents are asked all questions at one point in time. Therefore, it is not always clear whether a person's disability status caused another health problem or if the health problem was responsible for the disability. This is noteworthy in Table 4, which shows the prevalence of various health conditions by disability status. All conditions were significantly more common among respondents with a disability compared to respondents without a disability, and in some cases were several times more common (for example, cardiovascular problems and treatment for mental or emotional health problems). We cannot be sure whether the disability or the diagnosis came first in these situations, so this table should not be interpreted to indicate that disability causes other health conditions like asthma or cancer. It could be that the health conditions listed are responsible for the disability.

This report does not represent the full range of disability experience, as evidenced by the results in Table 5. Most respondents – regardless of the level of disability – reported a physical disability (82-91%). It is possible that these results reflect the type of disability most prevalent in the population. However, based on the results of the 2000 Census ⁽¹¹⁾ and the 2007 American Community Survey ⁽¹²⁾ this is not likely to be the case. In those surveys, around two-thirds of respondents have a physical disability and the prevalence of other types of disability is much higher than in this study. (On the Census and American Community Survey, respondents can report more than one type of disability and it does not have to cause an activity limitation, as in this survey.) Because these data were collected through a telephone survey, it is likely that people with communication or cognitive disabilities may not be adequately represented. In order to complete the BRFSS, respondents must be able to answer the questions themselves; a family member or other person cannot complete the survey on their behalf. This weakness of the BRFSS sample for the purposes of FODH was handled by our use of a volunteer web-based set of surveys using similar questions to this BRFSS report. However, a voluntary sample cannot be used to substitute for the BRFSS random adult selection that is closer to representative of Florida community-dwelling adults.

Finally, although the BRFSS is designed to represent all non-institutionalized adults in the state, some of the percentages in this report are based on a small number of survey respondents. This is particularly true for the columns that include only respondents with ADL disability. When the results we report are based on fewer than 50 individuals, the

estimates may not be accurate. The 95% confidence intervals (CI) are reported for all percentage estimates. The CI indicates the range of possible values if the same questions were repeated with the same sample procedure 95 of 100 times. When the CI is wide, it indicates the percentage estimate is less precise and should be interpreted with caution. We feel it is important to provide these estimates because little data is available by disability severity in Florida. However, small and imprecise estimates should not be used to make policy, funding, or health care decisions.

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Table 1. Demographic and quality of life characteristics of Floridians with and without disability (weighted), 2009 Behavioral Risk Factor Surveillance System.

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
		Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)
Age+	18-24	5.2 (2.7-7.7)	12.7 (0.0-27.7)	7.6 (0.0-15.4)	3.7 (0.9-6.6)	7.0 (5.4-8.7)
	25-34	8.8 (6.5-11.0)	5.1 (0.5-9.7)	9.4 (3.5-15.2)	7.0 (4.3-9.7)	15.7 (13.9-17.4)
	35-44	18.4 (14.3-22.4)	15.4 (2.8-27.9)	8.5 (4.2-12.7)	21.6 (16.7-26.4)	26.0 (23.9-28.0)
	45-54	18.6 (16.1-21.0)	22.6 (12.8-32.4)	22.5 (16.4-28.5)	18.6 (15.2-21.9)	18.1 (16.7-19.5)
	55-59	8.3 (6.9-9.7)	15.6 (7.9-23.3)	10.1 (6.9-13.3)	9.3 (7.2-11.5)	7.2 (6.3-8.0)
	60-64	9.5 (7.8-11.2)	7.3 (2.9-11.5)	14.2 (8.5-19.8)	9.9 (7.7-12.1)	6.7 (5.9-7.4)
	65-74	13.0 (11.4-14.6)	8.4 (4.5-12.3)	13.6 (10.1-17.0)	13.3 (11.1-15.4)	10.1 (9.3-11.0)
	75 and older	18.3 (16.3-20.3)	12.9 (6.9-18.9)	14.3 (10.5-18.1)	16.6 (14.1-19.1)	9.2 (8.4-10.0)
Gender	Female	51.2 (47.6-54.9)	53.4 (39.7-67.1)	68.0 (60.7-75.2)	48.3 (43.7-52.8)	51.3 (49.1-53.4)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Education status+§	Less than high school	13.5 (11.0-15.9)	16.5 (7.1-25.9)	19.1 (11.5-26.8)	9.6 (7.0-12.2)	8.3 (6.9-9.6)
	High school degree or equivalent	29.6 (26.0-33.2)	32.0 (19.7-44.4)	28.1 (21.5-34.6)	29.1 (25.0-33.2)	26.5 (24.6-28.3)
	Some college, college degree, or higher	31.3 (28.1-34.4)	40.1 (26.2-54.0)	33.9 (26.8-40.9)	32.8 (28.5-37.0)	26.7 (25.0-28.5)
	College degree or higher	25.7 (22.7-28.6)	11.3 (4.9-17.8)	18.9 (12.9-24.9)	28.5 (24.3-32.8)	38.5 (36.5-40.5)
Employment status+§	Employed	32.3 (28.9-35.7)	4.8 (1.7-7.9)	17.8 (11.1-24.6)	39.8 (35.1-44.5)	62.8 (60.8-64.7)
	Out of work, student, homemaker	15.1 (12.4-17.9)	24.5 (9.7-39.3)	18.0 (10.4-25.7)	15.4 (11.8-18.9)	17.8 (16.0-19.6)
	Retired	31.4 (28.7-34.2)	19.7 (12.4-27.0)	33.0 (26.1-39.9)	30.8 (27.3-34.3)	18.4 (17.3-19.5)
	Unable to work	21.1 (17.4-24.7)	51.0 (37.4-64.6)	31.1 (24.7-37.5)	14.0 (10.6-17.3)	1.0 (0.5-1.5)
Household Income+§	Less than \$15,000	14.4 (11.9-16.9)	29.8 (18.2-41.3)	22.4 (15.0-29.8)	10.7 (7.6-13.7)	5.2 (4.3-6.0)
	\$15,000-\$25,000	21.9 (19.2-24.7)	20.5 (12.2-28.8)	25.7 (18.6-32.7)	22.7 (18.8-26.6)	15.2 (13.5-16.8)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Household Income+§	\$25,000-\$50,000	26.0 (22.3-29.8)	29.5 (14.1-45.0)	26.7 (20.0-33.4)	25.5 (21.3-29.7)	24.6 (22.7-26.4)
	\$50,000-\$75,000	9.9 (8.1-11.8)	7.8 (2.6-13.1)	4.4 (1.9-6.8)	13.0 (9.9-16.0)	13.1 (11.9-14.3)
	More than \$75,000	13.1 (11.0-15.3)	5.7 (0.3-11.2)	6.8 (4.0-9.7)	15.7 (12.6-18.9)	28.3 (26.4-30.3)
	Missing or refused	14.6 (12.5-16.7)	6.6 (2.4-10.8)	14.0 (9.3-18.8)	12.4 (9.9-14.8)	13.6 (12.2-15.0)
Race/ethnicity+	White only, non-Hispanic	66.7 (62.6-70.8)	52.0 (38.3-65.8)	56.9 (48.5-65.3)	75.4 (70.6-80.1)	61.1 (58.9-63.3)
	Black only, non-Hispanic	11.8 (9.5-14.0)	18.9 (7.3-28.6)	14.1 (9.2-18.9)	9.1 (6.4-11.8)	14.1 (12.4-15.9)
	Other race only or Multiracial, non-Hispanic	7.0 (4.9-9.1)	6.4 (1.5-11.3)	10.5 (4.4-16.6)	7.0 (4.0-10.0)	5.0 (4.0-6.0)
	Any race, Hispanic	14.5 (10.4-18.7)	23.7 (9.9-37.4)	18.5 (9.5-27.5)	8.5 (4.7-12.3)	19.7 (17.6-21.9)
General life satisfaction+§	Very Satisfied/Satisfied	84.1 (81.4-86.7)	65.5 (51.9-79.1)	77.7 (70.7-84.6)	87.1 (83.7-90.5)	96.1 (95.2-96.9)
Emotional support+§	Always or usually receive support needed	65.8 (62.5-69.1)	52.6 (38.6-66.6)	57.0 (49.1-64.8)	69.6 (65.1-74.1)	80.6 (78.8-82.4)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Marital status+	Married/Coupled	56.3 (52.7-60.0)	55.1 (41.5-68.8)	49.7 (41.8-57.5)	61.9 (57.6-66.2)	65.6 (63.4-67.5)
	Divorced/Widowed/Separated	30.0 (26.5-33.4)	28.3 (17.4-39.3)	32.0 (25.9-38.0)	27.5 (23.7-31.2)	18.9 (17.5-20.3)
	Never married	13.7 (10.8-16.5)	16.5 (3.2-29.8)	18.4 (9.9-26.8)	10.6 (7.8-13.4)	15.6 (13.7-17.5)
General health+§	Excellent, very good, or good	57.8 (54.4-61.3)	22.7 (11.8-33.6)	39.5 (31.8-47.3)	65.5 (61.3-69.7)	91.0 (89.7-92.2)
Frequent mental distress+§	≥14 days of poor mental health in the past 30 days	23.5 (20.7-26.4)	38.5 (25.1-51.9)	33.9 (26.5-41.3)	21.9 (18.2-25.5)	7.2 (6.1-8.3)
Veteran status+	Respondent was ever on active duty	20.9 (18.3-23.4)	10.8 (5.6-16.0)	13.9 (9.3-18.5)	23.8 (20.2-27.4)	12.4 (11.2-13.6)
Caregiver status+	Respondent provides care to someone with a long-term illness or disability (any age)	31.4 (27.6-35.3)	28.2 (16.8-39.5)	29.9 (23.0-36.9)	34.3 (29.6-39.0)	24.3 (22.4-26.1)

CI: Confidence Interval

* The column labeled “any duration, any type” is disability defined as having an activity limitation and/or using special equipment. In order to be included in subsequent disability columns, respondents must have reported an activity limitation (with or without special equipment).

+ p<0.05 for any duration disability compared to no disability

§ p<0.05 for trend difference across disability severity (no disability, ≥6 month disability with no IADL or ADL impairment, ≥6 month disability with IADL impairment, ≥6 month disability with ADL impairment)

Table 2. Mean days of poor physical, mental, and activity limited days among Floridians with and without disability (weighted), 2009 Florida Behavioral Risk Factor Surveillance System.

Variable	Disability*				No disability (n=8,335)
	Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
	mean (SE)	mean (SE)	mean (SE)	mean (SE)	mean (SE)
Average number of days of poor physical health in the past 30 days	10.7 (0.42)	19.9 (1.65)	14.5 (0.99)	8.4 (0.45)	2.0 (0.14)
Average number of days of poor mental health in the past 30 days	7.3 (0.39)	11.5 (1.47)	10.1 (1.09)	6.7 (0.48)	2.4 (0.13)
Average number of days on which activities were limited because of poor physical or mental health in the past 30 days	10.0 (0.51)	18.4 (1.20)	14.4 (1.24)	7.7 (0.51)	2.3 (0.23)

SE: Standard Error

* The column labeled “any duration, any type” is disability defined as having an activity limitation and/or using special equipment. In order to be included in subsequent disability columns, respondents must have reported an activity limitation (with or without special equipment).

+ p<0.05 for any duration disability compared to no disability

§ p<0.05 for trend difference across disability severity (no disability, ≥6 month disability with no IADL or ADL impairment, ≥6 month disability with IADL impairment, ≥6 month disability with ADL impairment)

Table 3. Health care access and health behavior characteristics of Floridians with and without a disability (weighted), 2009 Behavioral Risk Factor Surveillance System.

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
		Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)
Health insurance	Any coverage	82.2 (79.3-85.2)	72.1 (57.1-87.0)	81.7 (74.1-89.3)	82.3 (78.4-86.1)	81.1 (79.1-83.0)
	<i>Among those who reported coverage, coverage is through:</i>					
	Employer or spouse's employer+	35.9 (32.5-39.5)	24.8 (14.0-35.5)	26.1 (20.0-32.2)	40.6 (35.5-45.6)	62.0 (59.9-64.1)
	Individual plan	7.6 (5.4-9.9)	4.2 (0.6-7.9)	11.7 (3.7-19.8)	6.5 (5.0-8.9)	8.2 (6.9-9.4)
	Medicare+	39.6 (36.4-42.9)	40.1 (28.0-52.2)	45.4 (37.7-53.1)	36.4 (32.1-40.7)	18.5 (17.1-19.9)
	Medicaid+§	7.1 (5.1-9.2)	25.7 (10.8-40.7)	7.5 (3.7-11.2)	5.3 (4.7-7.9)	3.6 (2.7-4.5)
	Military+	6.2 (4.3-8.1)	3.3 (0.0-4.5)	5.7 (1.3-10.1)	8.0 (5.0-11.0)	3.2 (2.6-3.9)
	Other	3.0 (1.9-4.0)	0.9 (0.0-2.1)	3.1 (1.1-5.2)	2.8 (1.5-4.0)	3.3 (2.4-4.2)
	Out of pocket	0.4 (0.1-0.7)	1.0 (0.0-2.5)	0.4 (0.0-1.2)	0.4 (0.0-0.8)	1.1 (0.6-1.7)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Personal doctor	Yes, only one	70.7 (66.8-74.6)	70.1 (55.9-84.3)	72.1 (64.3-79.9)	72.0 (67.6-76.4)	71.8 (69.8-73.8)
	Yes, more than one+	11.3 (9.5-13.1)	14.1 (6.6-21.7)	11.4 (7.4-15.3)	10.8 (8.3-13.4)	6.1 (5.2-7.1)
	No	18.0 (14.0-21.9)	15.8 (1.3-30.3)	16.5 (8.8-24.2)	17.2 (13.1-21.3)	22.1 (20.1-24.0)
Last routine medical checkup+	Within past year	80.5 (77.5-83.4)	73.3 (59.0-87.6)	82.4 (74.7-90.1)	76.8 (72.6-81.0)	73.7 (71.7-75.7)
	1-2 years ago	9.1 (6.9-11.3)	12.8 (0.9-24.7)	9.3 (2.3-16.4)	10.7 (7.8-13.7)	12.5 (10.8-14.1)
	2-5 years ago	4.6 (3.1-6.0)	8.3 (0.0-18.5)	4.0 (1.8-6.3)	4.2 (2.3-6.1)	6.8 (5.6-8.0)
	More than 5 years ago	5.8 (4.1-7.6)	5.6 (0.0-11.2)	4.2 (0.4-8.1)	8.2 (5.1-11.3)	7.0 (6.0-8.0)
Last dental visit +	Within past year	58.1 (54.7-61.5)	37.9 (25.6-50.2)	49.5 (41.7-57.4)	62.4 (57.9-66.9)	71.1 (69.0-73.1)
	1-2 years ago	13.9 (11.4-16.4)	23.0 (9.3-36.6)	12.0 (7.4-16.7)	12.0 (9.0-15.0)	11.5 (10.0-12.9)
	2-5 years ago	9.1 (7.3-11.0)	13.0 (3.2-22.8)	13.9 (8.5-19.4)	8.1 (5.9-10.3)	6.5 (5.5-7.5)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Last dental visit +	More than 5 years ago (including never)	18.8 (16.0-21.7)	26.1 (14.3-37.9)	24.5 (16.3-32.6)	17.4 (13.7-21.2)	10.9 (9.3-12.5)
Barriers to care	Difficulty finding a doctor who understands health condition(s)§	19.2 (16.4-22.0)	32.0 (18.0-46.0)	23.6 (17.0-30.1)	18.5 (14.6-22.3)	Not asked
	Transportation is often or always a problem in getting health care +§	8.3 (6.2-10.5)	16.0 (8.9-23.1)	16.3 (9.2-23.5)	3.7 (1.9-5.6)	2.5 (1.7-3.4)
	Did not see a doctor in the past year because of cost +§	26.5 (23.2-29.8)	53.9 (41.0-66.9)	32.1 (24.0-40.3)	24.3 (20.2-28.4)	15.5 (13.7-17.3)
Physical activity+§	Engage in physical activity outside of work	60.7 (57.3-64.0)	40.6 (26.4-54.9)	43.4 (35.8-51.1)	69.6 (65.7-73.5)	79.9 (78.2-81.6)
Smoking status+§	Currently smokes	23.8 (20.9-26.7)	31.0 (20.1-41.9)	33.8 (26.6-41.0)	24.0 (19.7-28.2)	15.4 (13.9-16.9)
	Formerly smoked	35.5 (32.0-39.1)	31.6 (18.5-44.6)	29.5 (23.7-35.3)	36.0 (31.9-40.0)	25.3 (23.7-27.0)
	Never smoked	40.6 (37.0-44.2)	37.5 (23.5-51.4)	36.7 (28.3-45.1)	40.1 (35.5-44.6)	59.3 (57.3-61.3)
Body Mass Index (BMI)+	Neither overweight nor obese (BMI<25.0)	31.8 (28.0-35.5)	23.3 (13.9-32.6)	34.8 (26.9-42.6)	29.9 (25.6-34.3)	38.0 (35.9-40.1)
	Overweight (BMI 25.0-29.9)	33.1 (29.7-36.4)	34.4 (20.0-55.4)	28.4 (22.1-34.8)	35.6 (31.0-40.1)	37.8 (35.8-39.9)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Body Mass Index (BMI)+	Obese (BMI≥30.0)	35.2 (31.9-38.4)	42.3 (29.2-55.4)	36.8 (30.1-43.4)	34.5 (30.1-38.9)	24.1 (22.2-26.1)
Alcohol consumption	Heavy drinking (≥2 drinks/day for men; ≥1 drink/day for women)	4.6 (3.3-5.9)	4.4 (0.0-9.4)	2.2 (1.0-3.4)	6.2 (4.0-8.5)	5.2 (4.3-6.1)
	Binge drinking (≥5 drinks/ occasion for men; ≥4 drinks/ occasion for women) +§	9.5 (7.6-11.4)	3.5 (0.0-8.2)	4.9 (2.3-7.5)	12.4 (9.3-15.5)	14.4 (12.8-16.0)
Influenza vaccine+	Had flu shot or spray within the past year	45.1 (41.6-48.6)	49.7 (36.1-63.3)	45.3 (37.8-52.9)	44.6 (40.1-49.1)	30.4 (28.7-32.2)

CI: Confidence Interval

* The column labeled “any duration, any type” is disability defined as having an activity limitation and/or using special equipment. In order to be included in subsequent disability columns, respondents must have reported an activity limitation (with or without special equipment).

+ p<0.05 for any duration disability compared to no disability

§ p<0.05 for trend difference across disability severity (no disability, ≥6 month disability with no IADL or ADL impairment, ≥6 month disability with IADL impairment, ≥6 month disability with ADL impairment)

Table 4. Health and diagnoses of Floridians (weighted), 2009 Behavioral Risk Factor Surveillance System.

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
		Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)
Arthritis+	Ever told have a form of arthritis by a health professional	55.7 (52.4-59.1)	64.5 (51.5-72.8)	64.2 (55.5-72.8)	56.6 (51.9-61.2)	18.6 (17.3-19.9)
Asthma+§	Ever told have asthma by a health professional	19.0 (15.6-22.5)	33.3 (20.2-46.4)	21.2 (16.1-26.2)	15.7 (12.9-18.5)	9.8 (8.4-11.2)
Cancer+	Ever told have cancer by a health professional	19.4 (17.3-21.5)	18.6 (10.5-26.8)	20.1 (15.3-24.9)	19.2 (16.3-22.1)	10.3 (9.3-11.2)
Diabetes+§	Ever told have diabetes by a health professional	19.0 (16.6-21.4)	28.1 (17.0-39.2)	19.4 (14.7-24.1)	17.6 (15.4-20.9)	8.3 (7.2-9.5)
Heart disease+	Ever told have angina or coronary heart disease by a health professional	12.4 (10.2-14.5)	12.5 (6.2-18.9)	14.7 (10.4-19.1)	13.3 (9.7-16.9)	2.9 (2.4-3.4)
High cholesterol+	Ever told have high cholesterol by a health professional	51.7 (47.8-55.5)	60.5 (47.5-73.6)	54.3 (46.1-62.5)	52.8 (48.1-57.5)	36.3 (34.2-38.4)
Hypertension+	Ever told have high blood pressure by a health professional	48.7 (45.1-52.3)	51.2 (37.5-64.8)	49.4 (41.7-57.2)	49.7 (45.1-54.2)	27.5 (25.7-29.2)
Myocardial infarction+	Ever told had MI or heart attack by a health professional	11.9 (10.1-13.7)	14.0 (6.4-21.6)	13.4 (9.4-17.4)	10.4 (8.2-12.6)	3.0 (2.4-3.6)

Variable	Categories	Disability*				No disability (n=8,335)
		Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)	
Stroke+	Ever had a stroke	7.8 (6.4-9.2)	14.3 (7.7-20.8)	9.4 (6.0-12.9)	5.4 (3.9-6.9)	1.6 (1.2-2.0)
Mental or emotional health treatment+	Now receiving medication or treatment for any	22.1 (19.3-24.9)	31.2 (17.9-44.5)	24.4 (18.9-29.8)	23.1 (18.9-27.3)	5.8 (4.9-6.7)

CI: Confidence Interval

* The column labeled “any duration, any type” is disability defined as having an activity limitation and/or using special equipment. In order to be included in subsequent disability columns, respondents must have reported an activity limitation (with or without special equipment).

+ p<0.05 for any duration disability compared to no disability

§ p<0.05 for trend difference across disability severity (no disability, ≥6 month disability with no IADL or ADL impairment, ≥6 month disability with IADL impairment, ≥6 month disability with ADL impairment)

Table 5. Main health condition that causes activity limitation (among people reporting activity limitation; weighted), 2009 Florida BRFSS.

Type of Health Condition	Disability*			
	Any duration, any type (n=3,374)	≥6 months with ADL impairment (n=235)	≥6 months with IADL impairment (n=713)	≥6 months without IADL or ADL impairment (n=1,619)
	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)	Percent (95%CI)
Physical impairment or disability	81.6 (78.6-84.6)	84.3 (71.1-97.4)	90.7 (87.1-94.3)	81.8 (77.9-84.8)
Learning or intellectual disability	0.5 (0.04-0.9)	--	0.09 (0.0-0.2)	0.8 (0.03-1.6)
Memory or cognitive disability	2.1 (0.5-3.7)	8.5 (0.0-21.6)	1.5 (0.0-3.2)	1.8 (0.02-3.6)
Emotional problems, such as depression, bipolar disorder or Schizophrenia	6.5 (4.5-8.5)	3.1 (0.0-6.6)	3.3 (0.9-5.8)	8.7 (5.6-11.9)
Hearing disability	0.6 (0.2-1.0)	--	0.9 (0.0-2.3)	0.5 (0.2-0.8)
Blindness	0.8 (0.4-1.3)	1.3 (0.0-3.0)	1.5 (0.5-2.4)	0.6 (0.03-1.3)
Speech impairment	0.09 (0.0-0.2)	--	--	0.01 (0.00-0.03)
Don't know or not sure	7.8 (5.9-9.7)	2.9 (0.3-5.5)	1.9 (0.7-3.1)	5.7 (3.6-7.8)

* The column labeled “any duration, any type” is disability defined as having an activity limitation and/or using special equipment. In order to be included in subsequent disability columns, respondents must have reported an activity limitation (with or without special equipment).

§ p<0.05 for trend difference across disability severity (≥6 month disability with no IADL or ADL impairment, ≥6 month disability with IADL impairment, ≥6 month disability with ADL impairment)

Cells with no number value indicate that none of the respondents reported the given condition; therefore, a reliable estimate cannot be made.

APPENDIX A: FODH QUESTIONS ADDED TO 2009 Florida BRFSS

Q1. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Ask only if Core 11.1 [activity limitation] =Yes

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Q2. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?

Ask only if Core 11.1 [activity limitation] =Yes

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Q3. What is your main health condition or disability that limits your activity?

Would you say it is a...

Ask only if Core 11.1 [activity limitation]=Yes

- 1 Physical impairment or disability
- 2 Learning or intellectual disability
- 3 Memory or cognitive disability
- 4 Emotional problems, such as depression, bipolar disorder or schizophrenia
- 5 Hearing disability
- 6 Blindness
- 7 Speech impairment
- 77 Don't know / Not sure
- 99 Refused

Q4. How long have your activities been limited due to this condition or impairment?

Ask only if Core 11.1 [activity limitation] =Yes

- 1 _____ Number of months (specify number of months)
- 2 _____ Number of years (specify number of years)
- 6 6 6 All or almost all of my life
- 7 7 7 Don't know
- 9 9 9 Refused

Q5. What type of health care insurance or coverage do you have? Is it coverage through...

Ask only if Core 3.1 [any health insurance]=Yes

- 1 Your employer or your spouse's employer
- 2 A plan that you or someone else buys for you
- 3 Medicare, Medicare supplemental or MEDIGAP
- 4 MEDICAID or Title XIX
- 5 The military, CHAMPUS, or the VA
- 6 Insurance through some other source
- 7 None (out of pocket)

77 Don't know/not sure
99 Refused

Q6. Have you had difficulty finding a health care provider who understands your health condition or impairment?

Ask only if Core 11.1 [activity limitation]=Yes or 11.2 [special equipment]=Yes

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Q7. How often is transportation a problem for you in getting health care? Would you say...

1 Not a problem
2 Rarely a problem
3 Sometimes a problem
4 Often or always a problem
7 Don't know/not sure
9 Refused

Q8. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Q9. How long has it been since you last visited a dentist or a dental clinic?

(If needed: Include visits to dental specialists, such as orthodontists.)

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know/Not sure
8 Never
9 Refused