

Results of a Proxy Respondent Web-survey

A companion report to: Results of a web survey of Florida adults with disability: 2009-2010

Florida Office on Disability and Health, May 2011



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Report of the Florida Office on Disability and Health at the University of Florida.

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The mission of the Florida Office on Disability & Health is to maximize the health, well-being, & quality of life, throughout the lifespan, of all Floridians & their families living with disability. See our website at <http://fodh.phhp.ufl.edu/>

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Many of the questions contained in the survey were adapted from the Behavioral Risk Factor Surveillance System, an annual telephone survey conducted in all U.S. states and territories and administered by the Centers for Disease Control and Prevention and state health departments. More information is available at www.cdc.gov/brfss.

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Executive Summary

This report was conducted by the Florida Office on Disability and Health (FODH) as a summary and analysis of our recently completed web-based survey, completed by proxy respondents, about Floridians with disability. This report serves as a companion to a previous report titled, “Results of a web survey of Florida adults with disability: 2009-2010” Available at our website <http://fodh.pphp.ufl.edu/publications/>. In that report we were able to describe our population of Florida adult respondents with disability and point out some key differences between them and respondents to the population-based random digit dialed Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the state and the Centers for Disease Control and Prevention (CDC). We pointed out that because the BRFSS only samples adults, and because it’s likely that people living with certain types of disability are less likely to be sampled or participate in a phone-based survey, that we chose to use a web-based platform, and primarily recruit respondents through partners that deliver services to people living with many different forms of disability. In order to be as inclusive as possible, and give a voice to as many people as possible, we also fielded a survey specifically for caregivers to convey the disability experience of their loved ones who were too young or otherwise incapable of participating in other surveys. This report describes that population of previously unheard respondents and some characteristics of the people who responded on their behalf. These data include responses from 538 proxies and describes the general health of people they provide care for, their health care access and utilization, health behaviors, disaster preparedness, mental health, and social circumstances and connectedness.

As we hoped it would, our web survey data represented people with disability that are younger than those sampled in the BRFSS. Encouragingly, our data suggests that despite limitations, many of the people with disability (PWD) represented in this survey were generally healthy and engaging in many healthy behaviors. Unfortunately, despite having health insurance and a personal doctor, many PWD are still experiencing barriers in access to healthcare.

These data provide important insight into the needs of, and challenges faced by, Florida’s population of people with disability. Many of the respondents to this survey were unlikely to have been sampled in the population-based random digit dialed Behavioral Risk Factor Surveillance System (BRFSS). It is our hope that this report, and our companion report completed by self-respondents, will be valuable additional tools for those who provide services and consider policies that are especially relevant to Floridians living with disability.

Background

The Florida Office on Disability and Health (FODH) works to increase the amount of information collected about the health and quality of life of persons with disabilities in Florida and to use these data to produce publicly available reports. The FODH often uses data from the Behavioral Risk Factor Surveillance System (BRFSS), which collects information about health and health behaviors through a random-digit dialed telephone survey in each state. The BRFSS includes two disability-screening questions and therefore provides valuable information on the prevalence of disability and the health and health behaviors of persons with disability. Nationally, the Centers for Disease Control and Prevention (CDC) oversees the BRFSS. The BRFSS is designed to represent adults age 18 and older in each state; however, respondents must be able to answer for themselves and only persons in civilian, non-institutional settings are sampled for interviews. Therefore, many people are excluded from the BRFSS, potentially people with the most severe disabilities. Also, individuals under age 18 are excluded by design. The purpose of this project was to collect the same type of information as the BRFSS but through a different method: a web-based survey. It was our hope that, through the use of web-based surveys, we would capture valuable information about the health and health disparities of Floridians with disability that were missed by the BRFSS. This report covers proxy respondents who could not complete a web-survey themselves. A companion report based on 691 self-respondents is also available (see <http://fodh.pphp.ufl.edu/publications/>).

Web Survey Development & Methods for Proxy-Respondents

Questionnaire Development

The 2009 Florida BRFSS was used as a template for our web-based health survey of persons with disabilities via proxies. In addition, FODH Partners suggested specific topics in which they were interested. All questions were converted to a self-response version appropriate for web-based delivery and for proxy response. Proxy respondents were asked questions about both themselves (demographics, general health and disability, and health care access) and the person they provided care for (the PWD). The proxy survey mirrored the self-respondent web survey; however questions that seemed inappropriate for proxies were deleted. The FODH pilot tested the survey among its staff, advisory board members, and some families closely affiliated with Partner agencies. The goal was to keep the survey under 20 minutes. Following feedback from some of the pilot testers that the survey was too long and took up to 30 minutes, some questions were removed. All respondents were provided information about the survey and the FODH and were asked to provide informed consent before completing the survey. No personally identifying information was collected from proxies or about the PWD who was the primary subject of the survey.

Survey Fielding and Recruitment

The proxy version of the web-based survey began accepting responses in May 2009 and closed on December 31st, 2010. A total of 538 surveys were completed during the 17 months.

The FODH began recruiting proxy respondents for persons with disability (PWD) by posting information about the surveys on its website and sending emails to all Partners with information

about the survey including the purpose, eligibility criteria, and a link to participate. The FODH launched several outreach campaigns around the survey in an effort to renew interest in the topic and increase the number of respondents for both the self- and proxy-versions of the surveys throughout the project period. These campaigns were successful, and each yielded between 30-100 new respondents to both surveys. FODH staff also called every Partner on its active list at least once during the project to remind them about the survey, asked for their help in disseminating the link, and offered materials related to the survey like bookmarks, flyers, and newsletter articles. FODH staff attended disability fairs in Orange and Duval Counties and distributed information about the survey. The survey was a discussion topic on monthly FODH Advisory Board and Partnership calls and periodic data updates were offered. A number of Partners also posted the survey link on their own websites.

Severity of Disability Levels

The FODH recognizes that disability is a broad term, and the ways in which individuals experience disability are as diverse as the individuals themselves. One way we captured a more specific measure of this experience is by including measures of severity of disability-related limitations (DRL). The usual questions asked on the BRFSS used by the CDC to classify a person as having a disability are, “Is your (relationship of PWD) limited in any way in any activities because of physical, mental, or emotional problems?” and “Does your (relationship with PWD) 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 those two questions, the person for whom he or she is responding is considered to have a disability. In addition to those questions, that were adapted to ask about the PWD, we asked respondents, “Because of any impairment or health problem, does your (relationship) need the help of other persons in handling their routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?” and “Because of any impairment or health problem, does your (relationship) need the help of other persons with their personal care needs, such as eating, bathing, dressing, or getting around the house?” These two questions are closely aligned with the definitions of Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL) respectively, and have been used previously by the CDC as optional questions on the BRFSS. While these may not be perfect measures of severity of disability, we believe that they are more informative than the CDC’s definition alone, and, as this report describes, for many conditions and characteristics, there appear to be trends associated with severity of DRL using our criteria.

The following results are based on the responses received through December 31, 2010. Participants could choose to skip any questions, including the severity of disability questions, and some sections are for a specific group (e.g., female PWD) and therefore not all data presented include information from all respondents. The number of persons represented in each percentage reported is noted in the text, table, or figure legend (*n=count for given question*). For the reasons stated above, in addition to reporting means and proportions for the overall sample (everyone that answered that particular question on the survey), we also report means and proportions by severity level, classified in the following way: Individuals who were reported as having a disability, but not to need assistance with IADLs or ADLs (*n*=38); individuals who were reported needing assistance with IADLs, but not ADLs (*n*=114), and the highest level of DRL, individuals who need assistance with ADLs (*n*=386).

All analysis was conducted using SAS 9.2 (SAS Institute, Inc., Cary, North Carolina). The University of Florida Institutional Review Board approved this project as exempt.

Results

Proxy Respondents

The average age for proxy respondents was about 50 years old, and almost ninety percent of them were women. Ninety-five percent of proxy respondents were also a caregiver for the person they were responding on behalf of. Over eighty percent of proxy respondents reported excellent, very good, or good health, despite the fact that almost forty percent experienced activity limitations because of physical, mental, or emotional problems, and a further eight percent had a health problem that requires the use of special equipment. The six most prevalent health conditions reported by proxy respondents were anxiety, arthritis, asthma, depression, diabetes, and high blood pressure. The vast majority of proxy respondents were taking the survey on behalf of a child or foster child, followed by a parent (Figure 1, Table 1). Sixty-seven percent of proxy respondents overall had concerns about the memory of the person they were answering on behalf of. Seventy-three percent of respondents answering on behalf of someone with ADL limitations felt that memory problems interfered with everyday activities of the person they were responding for, in contrast with only fifty-six percent of respondents that were responding on behalf of someone with no IADL or ADL limitations.

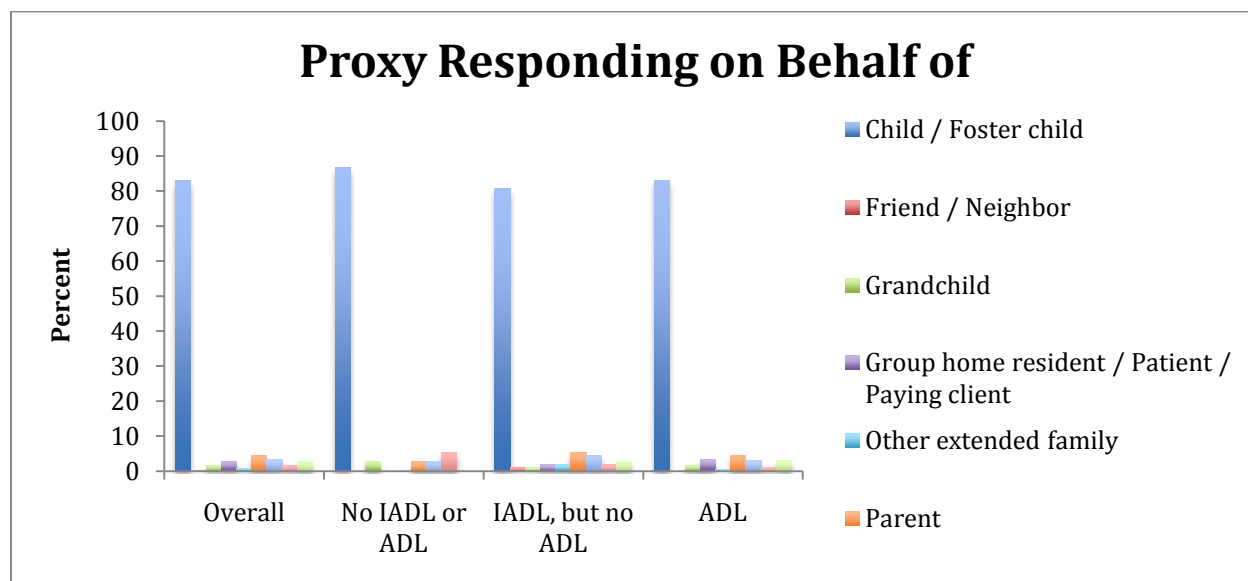


Figure 1. Relationship of person with disability to proxy respondent who completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

The section on caregiving in our web survey was completed by ninety-five percent of proxy respondents. The average number of years that proxy respondents had been caregiving was thirteen. Eighty-four percent were living in the same house as the care recipient, and the majority spent 40 hours or more per week caregiving. However, the amount of time spent caregiving varied by the severity of limitations experienced by the care recipient. Thirty-five percent of

proxy's providing care for a person with IADL, but no ADL limitations spent 40 hours or more per week caregiving, in contrast to sixty-nine percent of people providing care for a person with ADL limitations (Figure 2, Table1).

Percent of Proxy Respondents Spending 40+ Hours Per Week Caregiving

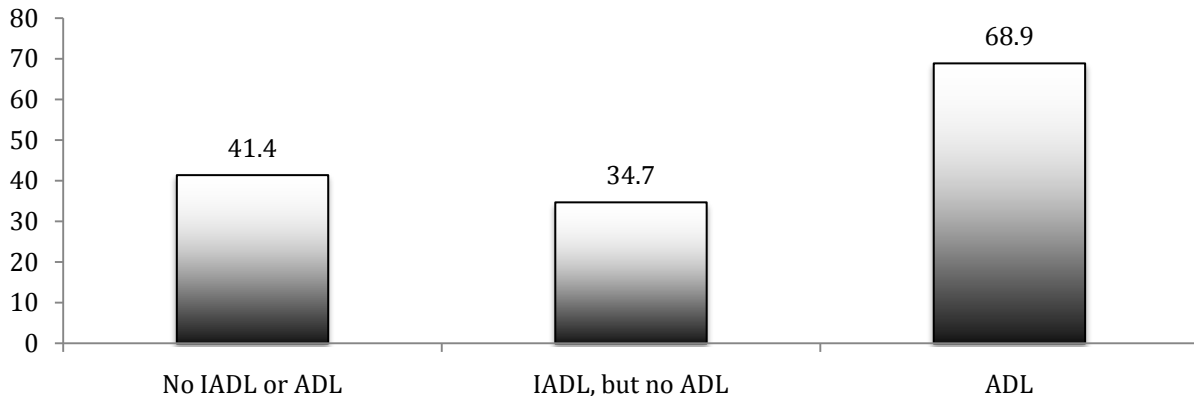


Figure 2. Percent of proxy respondents spending 40+ hours per week caregiving who completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

Overall, the three greatest difficulties faced by these caregivers were that it creates a financial burden (28%), it creates stress (26%), and that it doesn't leave enough time for self (11%) (Figure 3, Table 1). Interestingly, a higher percentage of people providing care for someone with no IADL or ADL limitations reported stress as the greatest difficulty (43%) than people providing care for people with ADL limitations (22%). In a reverse trend, proxy respondents providing care for people with ADL limitation more often reported financial burden as their greatest difficulty (32%) than proxy respondents that provide care for someone with no IADL or ADL limitations (17%). Unfortunately, thirty-three percent of proxy respondents reported they were injured in the 12 months preceding the survey while helping the PWD. However, there was again quite a bit of variability. Proxy respondents providing care for someone with ADL limitations more often reported injury (43%) than respondents in the two other groups (11% of people providing care for someone with no IADL or ADL limitations, and 9% of people providing care for someone with IADL, but no ADL, limitations.). Interestingly, the questions we used to classify severity of disability, and questions asked about caregiving needs, gave somewhat different responses. Even among respondents for whom we classified the PWD as having no IADL or ADL limitations, 3% (ADLs) and 11% (IADLs) reported that these are the areas which the recipient most needs help.

Greatest Difficulty Faced by Proxy Respondent as a Caregiver

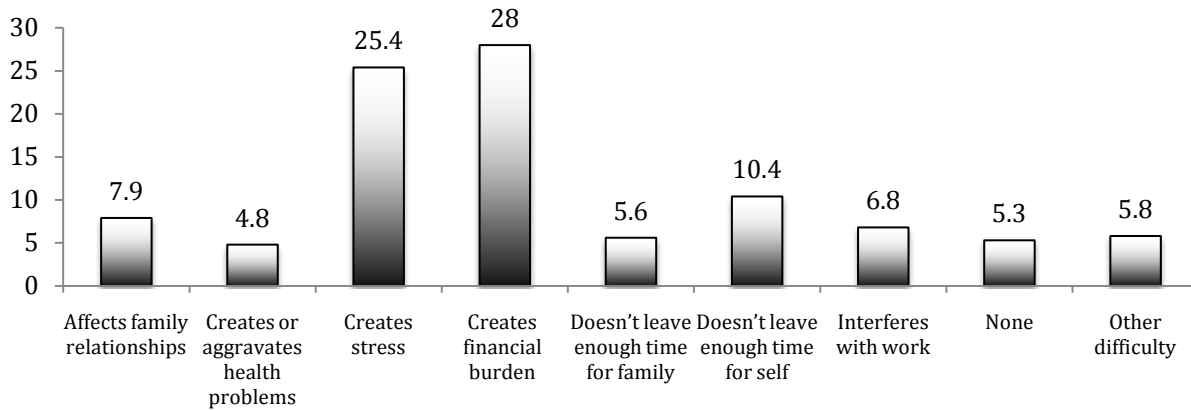


Figure 3. Greatest difficulty faced as a caregiver reported by proxy respondents who completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

Percent of Proxy Respondents Injured While Providing Care

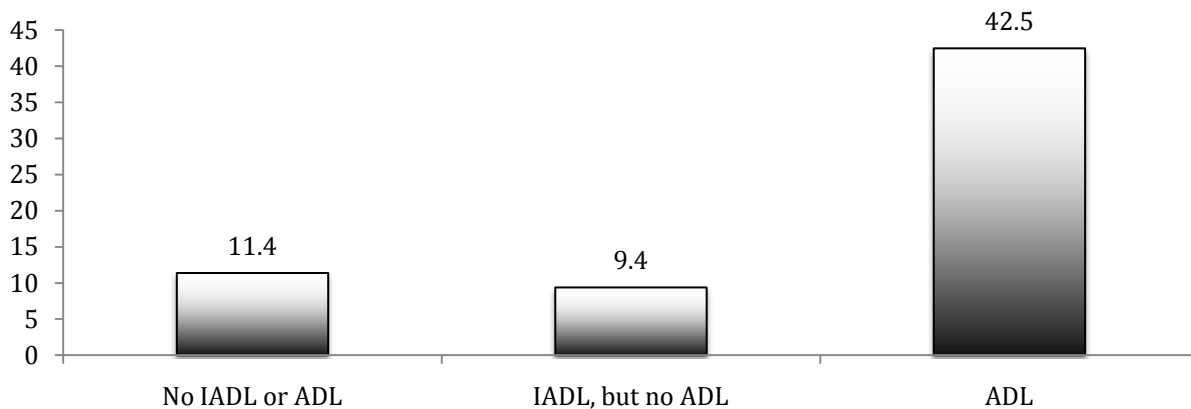


Figure 4. Percent of proxy respondents injured, during the previous 12 months, while providing care for the subject of a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

Demographic Information about PWD

The average age of PWD overall in this sample was about 22 years old, with respondents ranging from 1 years old to age 96. Overall, the largest proportion of PWD in this sample was between the ages of 10 and 19 (Figure 5, Table 2). Most PWD were male (Figure 6, Table 2), White non-

Hispanic (Figure 7, Table 2), had never been married, (92%), had completed less than a high school education (68%), and did not work (93%). However, given the age distribution, we would expect a small proportion of the PWD represented in this survey to be married, employed, or have advanced past high school.

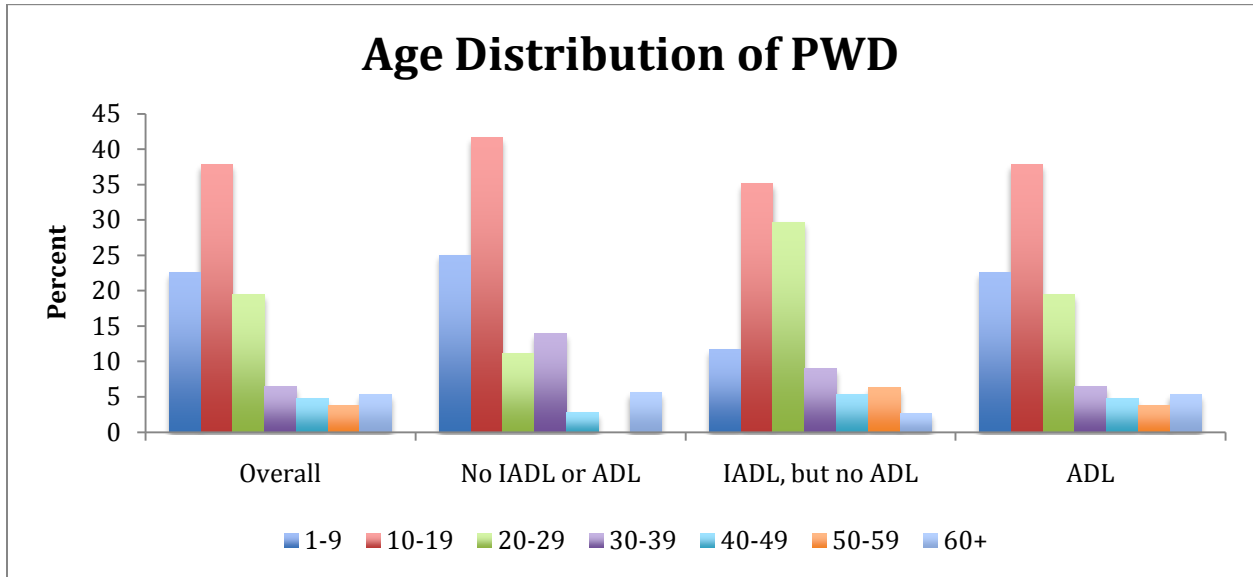


Figure 5. Age distribution of PWD as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

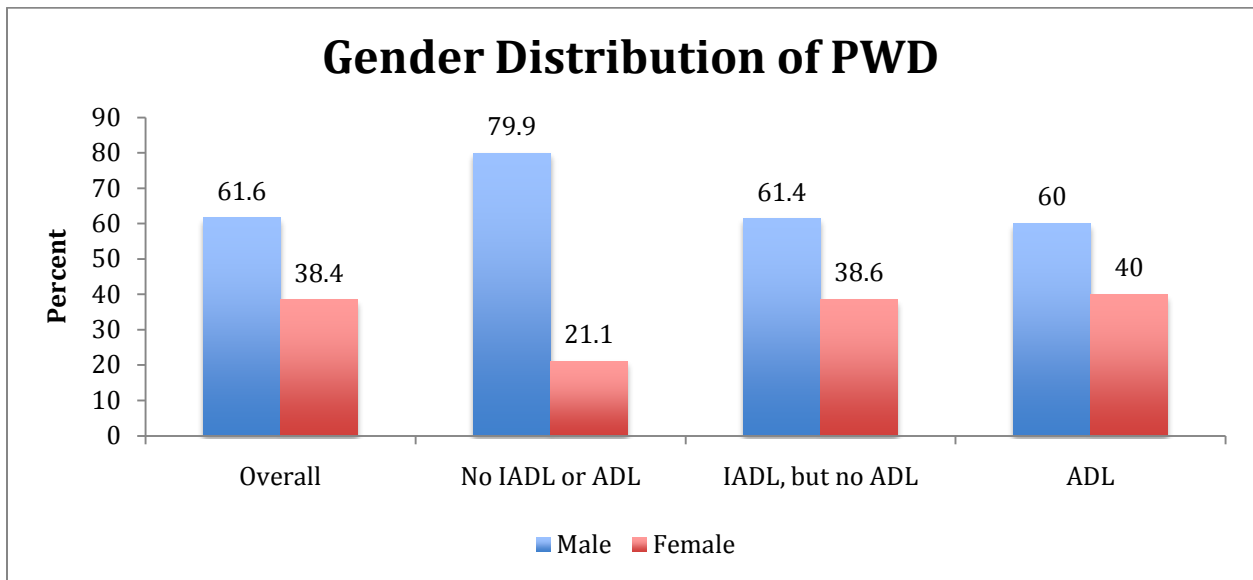


Figure 6. Gender distribution of PWD as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

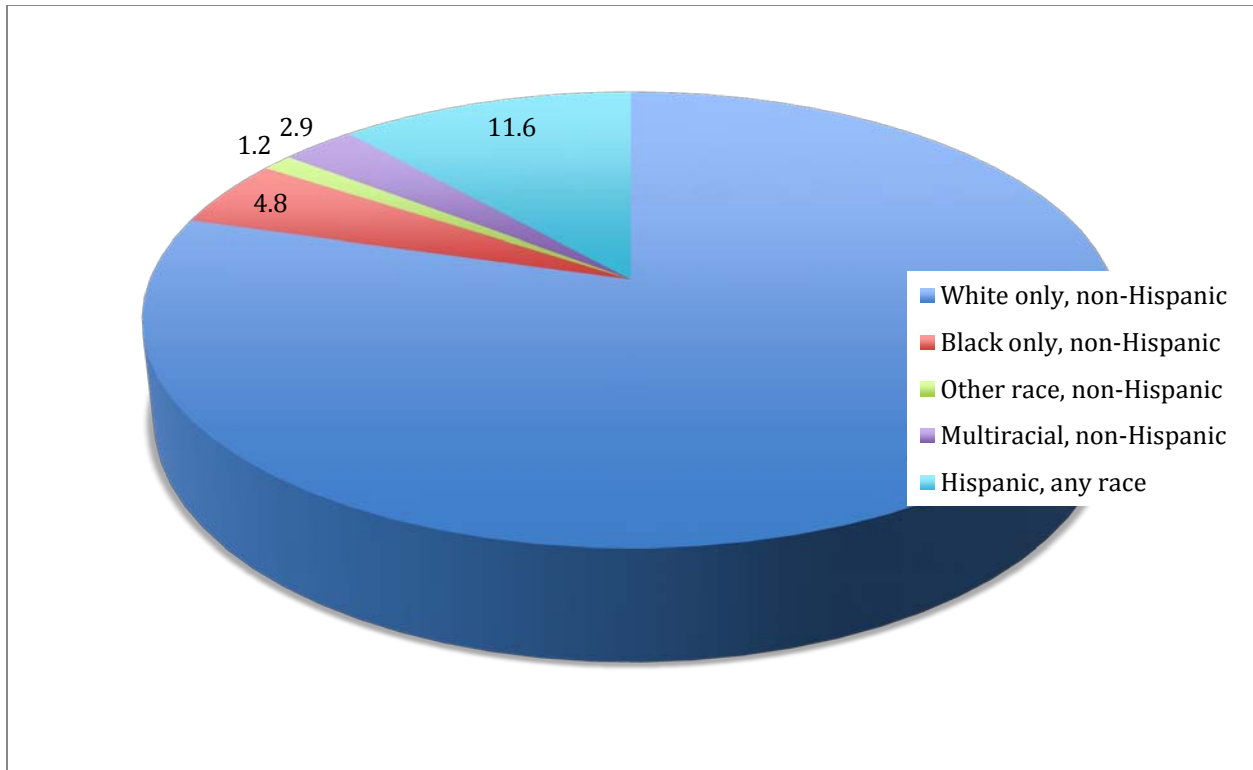


Figure 7. Overall Racial / Ethnic makeup of PWD as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

General Health of PWD

There were fewer obese individuals in the most severe category of DRL (11%) than in the least severe disability category (17%) and the middle category (27%). For PWD, as severity of limitations increased, the proportion of proxy respondents that rated their health as excellent, very good, or good decreased (84% for PWD with no IADL or ADL limitations; 72% for PWD with IADL, but no ADL limitations; 62% for PWD with ADL limitations). There was little difference in the mean number of healthy days reported per month across disability categories (average of 18.2 days overall). Overall, most proxy respondents said that the PWD for whom they were responding always or usually got the emotional support they needed (66%), and were very satisfied or satisfied with life (78%). On average, proxy respondents reported that in the past 30 days the PWD experienced depression 6 days, stress or anxiety 8.9 days, and very healthy and full of energy 17.8 days. Self-responders from our companion survey reported depression on 10.3 days, stress on 13.2 days, and healthy and full of energy on only 9.9 days. This difference is likely due to a combination of factors. First, Proxy respondents tend to under-report mental health distress. Second, young children tend to have less obvious mental health distress until they reach adolescence. Finally, this is further exacerbated by the challenge of reporting emotional symptoms for people with developmental disability, or who otherwise do not communicate well (e.g., autism, Alzheimer’s, etc.).

Health Care Access and Utilization

Regardless of severity of DRL, ninety percent or more of the PWD represented in this survey were reported as having some form of health insurance. The majority of PWD were reported as being covered by Medicaid (33%), on a parent's plan (29%), or by Medicare (16%) (Figure 8, Table 4).

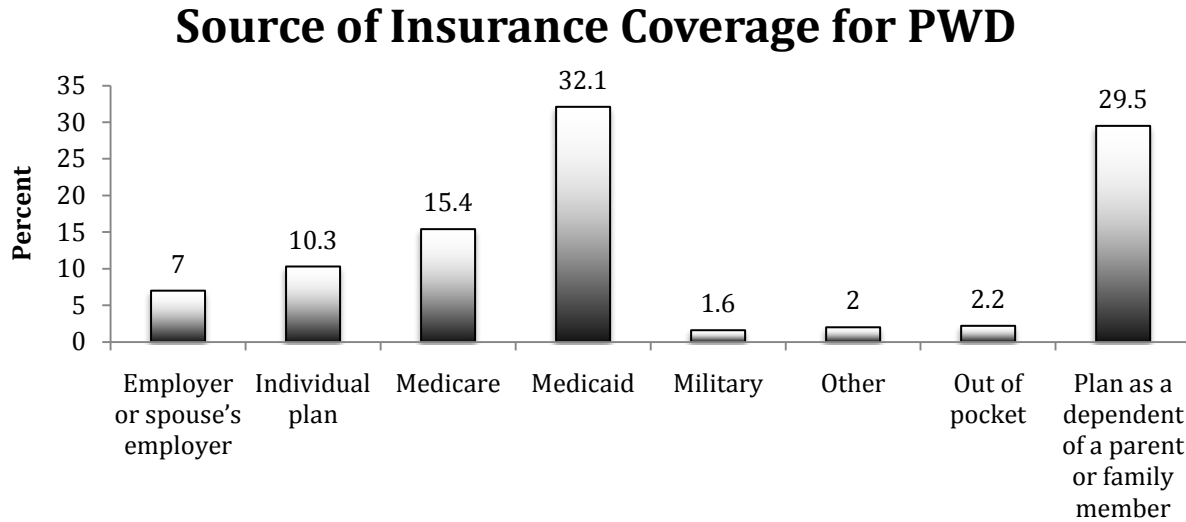


Figure 8. Source of insurance coverage for PWD as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

Encouragingly, about ninety-five percent of PWD were reported to have at least one personal doctor, a commonly used measure of the “medical home” concept. Fewer than ten percent were reported to have a transportation barrier to receiving care, find the design of the provider’s office as a barrier to receiving care, or find the attitude of health care providers to be unfriendly or unhelpful. Unfortunately, over half of PWD were reported to have trouble finding a physician who understands their health condition, and the same percentage reported that cost is a barrier to getting care.

Finally, about eighty percent of PWD were reported to have had a routine checkup in the past year; about seventy percent were reported to have had a dental visit in the past year; and forty-four percent were reported to have had an eye exam in the past year.

Health Behaviors

Respondents reported that the PWD did not get enough sleep for about 9 of the last 30 days. Fifty-five percent of all PWD were reported to engage in physical activity outside of work, and about eighty percent were reported to engage in moderate activities for at least 10 minutes at a time during a usual week (Figure 9, Table 5).

PWD Reported to Engage in Moderate Physical Activity

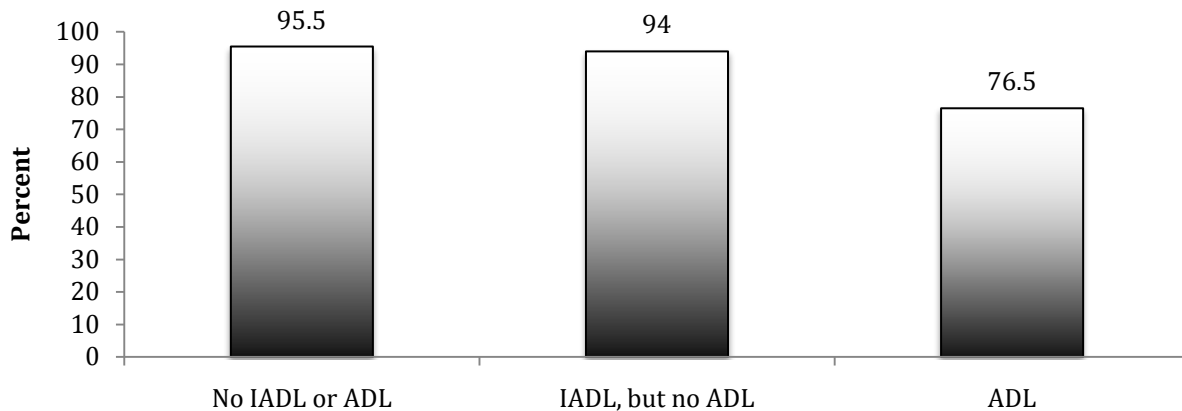


Figure 9. PWD reported to engage in moderate physical activity for at least 10 minutes at a time during a usual week as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

The vast majority of PWD were reported never having smoked (96.0%), nor to be a current smoker (99%). Forty-one percent of PWD were reported to have had a pneumococcal vaccination, and seventy-one percent of PWD were reported to always or sometimes eat fruits and vegetables daily.

Health and Disability Characteristics

The proportion of PWD reported as having several chronic or disabling conditions is shown in Figure 10, and also in Table 6. The main condition which led to disability varied somewhat by disability severity level. While learning or intellectual disability were the most prevalent condition reported in every level of disability severity, it made up a much larger proportion of limiting conditions in the middle severity group. PWD that had IADL, but no ADL limitations had a larger proportion of people limited by emotional problems than the other two groups. Finally, PWD that were living with ADL limitations had a higher proportion of people experiencing limitations due to a physical impairment (Figure 11, Table 6).

Although most of the PWD represented in this survey were male, and under the age of thirty, women's health questions were answered by some respondents. However, due to small cell sizes, proportions were not able to be reliably calculated for some rows. Of the females with disability that were represented, about fifteen percent had ever had a mammogram, about thirty-two percent have ever had a clinical breast exam, about twenty-five percent had ever had a pap test, and about six percent had ever had a hysterectomy. These questions were asked for all female PWD, and therefore may not represent screening problems at adult ages.

Prevalence of Selected Medical Conditions for PWD

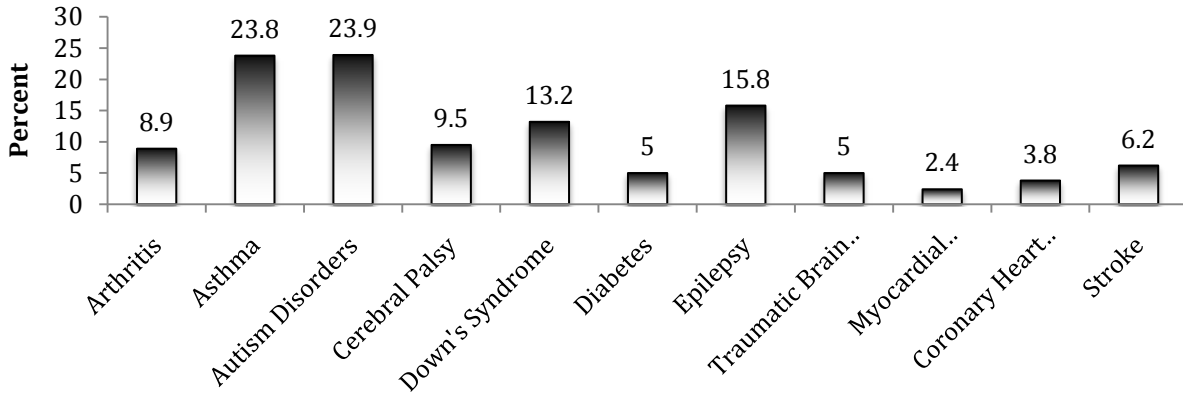


Figure 10. Prevalence of selected medical conditions for PWD as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

Main Limiting Condition

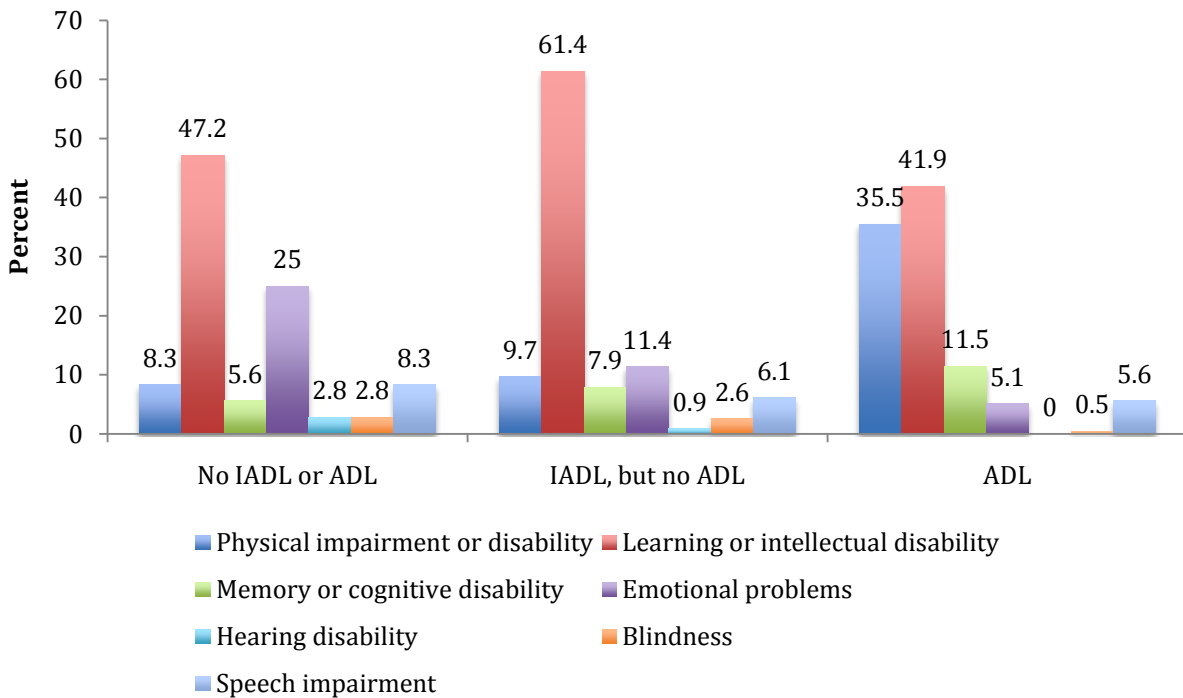


Figure 11. Main limiting condition for PWD as reported by proxy respondents on a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH) on behalf of someone with a disability, May 2009 – December 2010.

Disaster Preparedness

Overall, the majority of the proxy respondents described the PWD they were answering for as somewhat prepared for a disaster (59%). We speculate that these questions might also have been answered from the perspective of the proxy's readiness to assist the PWD. About fifty percent of proxies reported having a 3-day supply of water in the house, seventy-two percent reported having a 3-day supply of food in the house, eighty-six percent reported having a 3-day supply of prescription medication in the house, eighty-two percent reported having a battery operated radio, and ninety-four percent reported having a battery operated flashlight. By far the most common way the respondents said that PWD would to communicate with relatives in the event of a disaster was by cell phone (66%). PWD would receive communication from the authorities via radio (26%) or television (40%). Only twenty-two percent of PWD were reported to have a written evacuation plan; however, almost ninety percent would evacuate if public authorities announced mandatory evacuations. More details are available in Table 7.

Mental Health and Stigma

Overall, forty-nine percent of PWD were reported to be taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem. Over the previous thirty days, seventeen percent of PWD were reported as being nervous all or most of the time, ten percent reported as feeling hopeless all or most of the time, twenty-seven percent reported as feeling restless all or most of the time, seven percent reported as feeling depressed all or most of the time, twenty-four percent reported as feeling as though everything was an effort all or most of the time, and eight percent reported to feel worthless all or most of the time. On average during the previous 30 days, there were seven days that a mental condition or emotional problem kept PWD from doing work or other usual activities. More details are available in Table 8.

Social Circumstances, Social Connectedness, and Violence

Due to the demographic profile of PWD represented in this survey, home ownership was very low (8%). Additionally, few PWD were reported by proxies to be often worried about being able to pay rent/mortgage (3%), or worried about being able to afford to eat nutritious meals (2%). Of PWD that did work, most were paid by the hour (58%). Finally, about seventeen percent of PWD represented here voted in the 2008 presidential election.

Thankfully, very few PWD were reported to have experienced any sort of intimate partner violence. For this reason, very few cells in Table 9 pertaining to intimate partner violence contain enough data to provide interpretable information.

Finally, about eighteen percent of PWD were reported to live in a household where firearms were kept. Of that eighteen percent, about seventeen percent of the firearms were loaded, and about six percent of loaded firearms were unlocked.

Discussion and Future Directions

The web-based proxy respondent health survey of Floridians with disabilities provides valuable insight and information about the health, health behaviors, and caregiving circumstances of persons with a disability in Florida. Many of the Floridians represented in this web survey were unlikely to have been sampled through ongoing public health surveillance activities like the BRFSS, since about 12,000 adults are sampled in a typical year and among these, about 16% are classified as persons with disability based on the two CDC questions. Importantly, the current sample based captured the disability experience for children under age 18, and represents Floridians across a broad spectrum of functional severity, including those with the most severe limitations.

Proxy respondents in this report tended to be middle-aged, white non-Hispanic, women, and answered on behalf of their child. Most of them were also caregivers, and many of them experienced some limitations themselves. For most of the caregivers who responded to this survey, caregiving is a full time endeavor, which can result in increased stress, financial burden, can increase likelihood of comorbid disease and injury. These results are consistent with what we have seen in previous studies. For more information about caregiving, please see one of our reports on caregiving available at: <http://fodh.phhp.ufl.edu/publications/>.

Generally, PWD represented in this data were much younger, and more likely to be male than data captured by our self-respondent web-survey. It is almost certainly attributable to this fact that we also observed lower prevalence of marriage, education, employment, obesity, many chronic conditions, and violence. On average, they were also reported to have healthier behaviors such as low prevalence of smoking, high prevalence of moderate activities, and high prevalence of fruit and vegetable consumption. This suggests that despite the fact that in some cases many young people are living with relatively severe limitations, they can be generally healthy and live a high quality of life. The challenge seems to be keeping health and access to care as PWD transition from pediatric to adult services.

Even though PWD in this report generally had health insurance (95% overall), a personal doctor (94% overall), access to transportation (91% overall), and generally accessible doctor's offices (92% overall reported design of office was accessible, and 94% overall reported office staff was friendly and helpful) many of them still had barriers to care. Fifty-three percent could not find a doctor that understands their health condition, and twenty-four percent could not see a doctor because of cost. Several components are lacking from the current health care system that may give rise to these problems. First, continuing education for physicians aimed at education about the needs of special populations is very sparse. This is a topic that FODH has been trying to address for several years now (see <http://fodh.phhp.ufl.edu/training/>). Second, many children with special needs have to be seen by multiple providers. In the absence of a smooth handoff of the patient between providers, facilitated by information exchange and communication, young adults with disability may perceive that physicians don't understand them, their needs, and their condition. Finally, services for children with special needs and adults with disability can be very segmented. As many children turn 18 or 19, they experience gaps in insurance coverage, continuity of care, and delivery of services. Some have suggested that a system of care that increases communication, sharing of medical information, continuity (or at least a fluid transition) of payers and service providers, and increased education for providers, payers,

caregivers, and people with special needs would limit or even remove many of these barriers and lead to better outcomes^{1,2}.

In a companion report, we also examine a similar self-response web survey to assess differences between persons with a disability who completed the survey on their own behalf and persons who did not. The FODH will continue using web-based surveys to collect information from Floridians with disabilities, particularly those who may not be sampled in other surveys.

For questions about the data in this report or for additional information on survey questions not summarized here, please contact the FODH at fodh@php.ufl.edu.

References:

1. Cannell MB, Brumback BA, Bouldin ED, Hess J, Wood DL, Sloyer PJ, Reiss JG, Andresen EM. Age group differences in health care access for people with disabilities: Are young adults at increased risk? Results from the Florida Behavioral Risk Factor Surveillance System. *J Adolesc Health*. In Press.
2. American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians-American Society of Internal Medicine. A consensus statement on health care transitions for young adults with special health care needs. *Pediatrics*. 2002 Dec;110(6 pt 2):1304-1306.

Table 1: Characteristics of proxy respondents who completed a web survey of health, behavior and social issues for persons with disability, for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Proxy age Mean (±SD)	Age of proxy respondent at survey	49.3 (10.6)	46.8 (10.5)	51.2 (9.7)	49.0 (10.9)
Proxy gender (%)	Female	88.2	83.3	88.7	88.5
Proxy general health (%)	Excellent, very good, or good	83.5	88.9	87.6	81.7
Proxy activity limitations (%)	Limited in any way in any activities because of physical, mental, or emotional problems	37.9	35.3	32.7	39.8
Proxy uses equipment (%)	Has health problem that requires use of special equipment	8.1	2.8	9.5	8.2
Proxy major health problem¹ (%)	Anxiety	5.2	6.3	2.0	6.1
	Arthritis	7.4	6.3	13.0	5.8
	Asthma	4.6	3.13	5.0	4.6
	Depression	10.0	9.4	10.0	10.1
	Diabetes	5.2	12.5	4.0	4.9
	High blood pressure	10.0	6.3	17.0	8.2
Proxy answering on behalf of (%)	Child / foster child	82.9	86.8	80.7	83.1
	Friend / Neighbor	0.2	0.0	0.9	0.0
	Grandchild	1.5	2.6	0.9	1.6
	Group home resident / patient / paying client	2.8	0.0	1.8	3.4
	Other extended family	0.8	0.0	1.8	0.5
	Parent	4.5	2.6	5.3	4.5
	Sibling	3.2	2.6	4.4	2.9
	Spouse / partner	1.5	5.3	1.8	1.1
	Social work client	2.6	0.0	2.6	2.9

Table 1: Characteristics of proxy respondents (continued)

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Proxy reports about the Person with Disability					
Memory concerns (%)	Proxy has concerns about the memory of the person they are answering on behalf of	70.0	63.9	67.6	71.3
Proxy memory interference (%)	Proxy indicates that subject of survey has memory problems that interfere with everyday activities	68.4	55.9	58.2	72.5
Proxy caregiver (%)	Provided care or assistance for person who is the subject of this survey	95.9	92.1	96.5	96.1
Among proxies that reported having being active caregivers²:					
Proxy care years Mean (+SD)	Number of years proxy respondent has provided care	n=538 13.3 (8.3)	n=38 13.1 (8.4)	n=114 15.5 (9.0)	n=385 12.6 (8.0)
Proxy distance away (%)	Same house	83.8	91.2	74.6	85.9
	Less than 20 min. away	9.8	5.9	19.1	7.3
	20-60 min. away	4.1	2.9	2.7	4.6
	1-2 hours away	1.0	0.0	2.7	0.5
	>2 hours away	1.4	0.0	0.9	1.6
Proxy hours per week caregiving (%)	0-8 hours	11.7	27.6	20.0	7.8
	9-19 hours	16.8	20.7	30.5	12.4
	20-39 hours	11.7	10.3	14.7	10.9
	40 hours or more	59.9	41.4	34.7	68.9
Proxy greatest difficulty faced as a caregiver (%)	Affects family relationships	7.7	17.1	8.3	6.6
	Creates or aggravates health problems	5.7	0.0	5.5	6.3
	Creates stress	25.7	42.9	33.9	21.6
	Creates financial burden	27.9	17.1	18.4	31.8
	Doesn't leave enough time for family	5.1	0.0	1.8	6.6
	Doesn't leave enough time for self	10.8	2.9	8.3	12.3
	Interferes with work	6.9	8.6	7.3	6.6
	None	4.1	8.6	6.4	3.0
Other difficulty	6.1	2.9	10.1	5.2	

Table 1: Characteristics of proxy respondents (continued)

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Proxy other difficulty faced as a caregiver (%)	Affects family relationships	11.1	24.2	15.7	8.5
	Creates or aggravates health problems	5.4	3.0	4.6	5.8
	Creates stress	23.8	30.3	29.6	21.5
	Creates financial burden	19.4	24.2	13.9	20.7
	Doesn't leave enough time for family	6.8	6.1	1.9	8.3
	Doesn't leave enough time for self	9.7	6.1	8.3	10.5
	Interferes with work	12.1	0.0	13.9	12.7
	None	4.6	3.0	5.6	4.4
	Other difficulty	7.1	3.0	6.5	7.7
Proxy injury (%)	Proxy was injured in the past 12 months while helping subject of this survey	33.1	11.4	9.4	42.5
Area care recipient most needs assistance (%)	Communicating with others	14.8	22.9	22.4	11.8
	Getting along with people	3.7	20.0	4.7	1.9
	Learning, remembering, or confusion	5.2	8.6	6.5	4.6
	Moving around within the home	1.2	0.0	0.9	1.3
	None of these	1.9	8.6	1.9	1.3
	Relieving / decreasing anxiety or depression	5.8	20.0	10.3	3.2
	Seeing or hearing	0.4	0.0	1.9	0.0
	ADLs*	44.9	2.9	4.7	60.3
	IADLs*	13.0	11.4	29.9	8.3
	Transportation	5.8	5.7	15.0	3.2
	Other	2.7	0.0	1.9	3.2
		All of these	0.6	0.0	0.0

Table 1: Characteristics of proxy respondents (continued)

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Other area care recipient needs assistance (%)	Communicating with others	25.7	10.0	17.3	29.4
	Getting along with people	3.8	10.0	6.7	2.5
	Learning, remembering, or confusion	8.2	20.0	12.5	6.0
	Moving around within the home	5.8	0.0	0.0	8.0
	Relieving / decreasing anxiety or depression	7.4	16.7	11.5	5.5
	Seeing or hearing	1.6	3.3	2.9	1.1
	ADLs*	12.5	3.3	1.9	16.2
	IADLs*	20.1	6.7	26.0	19.5
	Transportation	11.7	10.0	15.4	10.7
	Other	3.2	20.0	5.8	1.1

±SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

1. Only the six most prevalent problems listed.

2. Only asked of respondents who answered yes to providing care or assistance to person that the survey is being completed on behalf of.

Table 2: Demographic characteristics of individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Age Mean (\pmSD)	Age at survey	21.7 (18.5)	18.9 (16.6)	24.0 (15.2)	21.4 (19.5)
Age category (%)	1-9	22.6	25.0	11.7	22.6
	10-19	37.8	41.7	35.1	37.8
	20-29	19.4	11.1	29.7	19.4
	30-39	6.5	13.9	9.0	6.5
	40-49	4.7	2.8	5.4	4.7
	50-59	3.8	0.0	6.3	3.8
	60+	5.3	5.6	2.7	5.3
Gender (%)	Female	38.4	21.1	38.6	40.0
Race / Ethnicity (%)	White only, non-Hispanic	79.5	75.0	82.7	79.0
	Black only, non-Hispanic	4.8	11.1	3.6	4.6
	Other race, non-Hispanic	1.2	0.0	0.9	1.3
	Multiracial, non-Hispanic	2.9	2.8	4.6	2.4
	Hispanic, any race	11.6	11.1	8.2	12.6
Marital status (%)	Married or unmarried couple	4.2	5.7	4.5	4.0
	Divorced, widowed, separated	4.0	2.9	3.6	4.3
	Never married	91.8	91.4	91.9	91.8
Education (%)	Less than high school diploma	68.4	71.4	53.2	72.6
	High school diploma or GED	26.6	20.0	38.7	22.2
	Attended some college	3.5	5.7	6.3	2.4
	College graduate	1.4	0.0	0.9	1.6
	Graduate school or higher	1.2	2.9	0.9	1.1
Employment (%)	Employed or self-employed	5.6	8.6	18.2	2.1
	Out of work, student, homemaker	60.1	68.6	63.6	59.5
	Retired	2.9	2.9	0.9	3.5
	Unable to work	30.2	20.0	17.3	34.9

\pm SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

Table 3: General health characteristics of individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Body Mass Index (%)	Not overweight or obese (<25)	65.7	65.7	51.0	70.3
	Overweight, not obese (25-30)	19.1	17.1	22.1	18.4
	Obese (≥30)	15.2	17.1	26.9	11.3
General health (%)	Excellent, Very good, or Good	65.7	83.8	71.9	62.2
Physical health Mean (± SD)	How many days during the past 30 days was your physical health not good?	6.4 (9.5)	2.6 (3.7)	4.5 (7.5)	7.3 (10.2)
Mental health Mean (± SD)	How many days during the past 30 days was your mental health not good?	9.4 (11.4)	11.4 (11.7)	10.3 (10.7)	8.9 (11.5)
Healthy days Mean (± SD)	Number of days in the past 30 that physical & mental health was good.	17.5 (11.7)	18.0 (10.5)	16.7 (11.3)	17.7 (12.0)
Emotional support (%)	Always or usually receive the support needed.	65.8	68.4	59.5	67.4
Life satisfaction (%)	Very satisfied or satisfied	78.4	75.0	71.7	80.9
Pain limitations Mean (± SD)	During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self-care, work, or recreation?	4.6 (9.0)	3.1 (7.7)	1.9 (4.5)	5.7 (10.1)
Recent depression Mean (± SD)	During the past 30 days, for about how many days have you felt sad, blue or depressed?	6.0 (9.0)	8.0 (10.6)	6.9 (9.3)	5.5 (8.7)
Recent stress Mean (± SD)	During the past 30 days, for about how many days have you felt worried, tense, or anxious?	8.9 (10.0)	12.0 (12.0)	10.6 (10.9)	8.8 (11.1)
Recent energy Mean (± SD)	During the past 30 days, for about how many days have you felt very healthy & full of energy?	17.8 (11.1)	17.6 (10.7)	17.9 (11.1)	17.8 (11.2)

± SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

Table 4: Health care access and utilization of individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Health insurance (%)	Any coverage	95.7	89.5	92.9	97.1
	Among those that reported coverage, coverage is through¹:				
		n=538	n=34	n=104	n=373
	Employer or spouse's employer	6.6	13.5	6.2	6.1
	Individual plan	10.0	13.5	13.3	8.7
	Medicare	15.6	2.7	17.7	16.6
	Medicaid	32.8	13.5	31.9	35.0
	Military	0.9	0.0	0.9	1.0
	Other	2.3	0.0	2.7	2.4
Out of pocket	2.1	10.8	3.5	0.8	
Plan as a dependent of a parent or family member	29.4	46.0	23.9	29.5	
Personal doctor (%)	Yes, only one	29.1	44.4	33.0	26.5
	Yes, more than one	65.2	41.7	53.6	70.9
	None	5.7	13.9	13.4	2.6
Barriers to care (%)	Difficulty finding a doctor who understands health condition(s)	56.4	36.1	57.1	58.2
	Transportation is often or always a problem in getting health care	9.6	5.3	11.4	9.5
	Did not see a doctor past year because of cost	25.1	18.9	27.7	24.9
	Design of health care provider's office is often or always a problem	9.6	0.0	2.6	12.7
	Always or usually experience an unfriendly or unhelpful attitude at doctor's office	6.3	2.6	8.8	5.9
Last routine checkup (%)	Within past year	81.6	81.6	75.9	83.3
	1-2 years ago	14.2	5.3	17.9	14.0
	2-5 years ago	2.7	7.9	3.6	1.9
	5 or more years ago	1.5	5.3	2.7	0.8
Last dental visit (%)	Within past year	68.3	78.4	75.0	65.3
	1-2 years ago	10.9	5.4	9.8	11.7
	2-5 years ago	6.7	5.4	5.4	7.2
	5 or more years ago	14.1	10.8	9.8	15.7

Table 4: Health care access and utilization (continued)

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Last eye exam (%)	Within past month	8.9	11.8	11.1	7.8
	Within past year	43.6	44.1	47.2	42.5
	1-2 years ago	18.4	11.8	16.7	19.6
	2 or more years ago	29.2	32.4	25.0	30.2

± SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

1. Type of insurance coverage was only asked of respondents who answered yes to having any health insurance coverage.

Table 5: Health behaviors of individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Recent sleep Mean (± SD)	During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?	8.9 (10.0)	9.5 (10.1)	9.3 (10.5)	8.7 (9.9)
Physical activity (%)	Engage in physical activity outside of work	55.0	63.9	63.4	51.6
	Do moderate activities for at least 10 minutes at a time during a usual week	82.4	95.5	94.0	76.5
Lifetime smoking (%)	Smoked 100 cigarettes in lifetime	4.0	13.9	5.4	2.6
Current smoking (%)	Never smokes	98.5	94.3	95.6	99.7
Influenza vaccine (%)	Received flu shot in past 12 months	46.3	34.3	44.9	47.8
Pneumococcal vaccine (%)	Ever had pneumonia shot	40.9	28.6	27.6	45.7
Daily fruit & vegetable consumption (%)	Always	44.1	38.9	33.0	48.0
	Sometimes	26.9	36.1	33.9	23.9
	A little or Never	29.0	25.0	33.0	28.2

± SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

Table 6: Health and disability characteristics of individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Arthritis					
Arthritis (%)	Ever told have arthritis by health care professional	9.3	2.9	8.4	10.2
Joint pain limitation (%)	Among those that reported having Arthritis¹:				
	Limited in any way because of arthritis or joint symptoms	n=45 75.6	n=1 SC	n=9 SC	n=37 60.0
Limited social activities in past 30 days (%)	A lot	40.9			44.1
	A little	31.8	SC	SC	32.4
	Not at all	27.3			23.5
Joint pain Mean (± SD)	Joint pain in past 30 days on a scale from 1 to 10	5.1 (2.7)	SC	SC	5.3 (2.8)
Asthma (%)	Ever told have asthma	25.2	18.9	22.7	26.5
Autism Disorders (%)	Ever told have Autism Spectrum Disorders	23.3	30.3	28.7	21.1
Cerebral palsy (%)	Ever told have cerebral palsy	10.3	0.0	3.0	13.5
Down's syndrome (%)	Ever told have down's syndrome	11.8	6.1	11.9	12.3
Epilepsy (%)	Ever told have epilepsy or seizure disorder	16.2	3.0	7.9	19.9
Traumatic brain injury	Ever told have traumatic brain injury	5.5	0.0	4.0	6.4
Cardiovascular Disease					
Myocardial infarction (%)	Ever told had heart attack	2.5	0.0	1.8	2.9
Coronary heart disease (%)	Ever told had angina or coronary heart disease	4.1	2.6	5.4	3.8
Stroke (%)	Ever told had a stroke	6.3	0.0	2.7	8.0

Table 6: Health and disability characteristics (continued)

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Diabetes					
Diabetes (%)	Ever told have diabetes by a health professional	4.6	5.6	8.1	3.4
	Among those that reported having diabetes²:				
		n=24	n=2	n=9	n=13
Insulin (%)	Now taking insulin	39.1	SC	SC	33.3
Last eye exam with dilated pupils (%)	Within past month	13.0			
	1-12 months ago	52.2			
	1-2 years ago	13.0	SC	SC	SC
	2 or more years ago	4.4			
	Never	17.4			
Retinopathy (%)	Ever told that diabetes affected eyes or retinopathy	21.7	SC	SC	25.0
Diabetes education (%)	Ever taken a class in how to self-manage diabetes	31.8	SC	SC	16.7
Diabetes visits Mean (±SD)	Number of times seeing health professional in past 12 months about diabetes	4.7 (3.2)	SC	SC	6.1 (3.4)
A1C check Mean (±SD)	Number of times health professional has checked A1C in past 12 months	1.8 (1.7)	SC	SC	2.5 (1.9)
Disability					
Activity limitations (%)	Limited in any way in any activities because of physical, mental, or emotional problems	99.8	100.0	100.0	99.7
Main limiting condition (%)	Physical impairment or disability	28.0	8.3	9.7	35.5
	Learning or intellectual disability	46.5	47.2	61.4	41.9
	Memory or cognitive disability	10.3	5.6	7.9	11.5
	Emotional problems	7.8	25.0	11.4	5.1
	Hearing disability	0.4	2.8	0.9	0.0
	Blindness	1.1	2.8	2.6	0.5
	Speech impairment	5.9	8.3	6.1	5.6
Difficulty recognizing a friend across the street (%)	Unable to do because of eyesight	4.8	0.0	3.7	5.6
	Unable to do for other reason	10.6	0.0	2.8	14.1
	Extreme difficulty	3.5	2.9	2.8	3.8
	Moderate difficulty	8.5	5.9	5.6	9.7
	A little difficulty	18.0	11.8	18.5	18.5
	No difficulty	52.0	79.4	66.7	44.6
	Not applicable (Blind)	2.7	0.0	0.0	3.8

Table 6: Health and disability characteristics (continued)

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Difficulty reading print (%)	Unable to do because of eyesight	2.4	0.0	0.9	3.1
	Unable to do for other reason	28.7	11.4	1.9	38.8
	Extreme difficulty	6.7	11.4	3.7	7.1
	Moderate difficulty	10.9	2.9	18.5	9.4
	A little difficulty	16.8	17.1	21.3	15.4
	No difficulty	31.6	57.1	53.7	22.2
	Not applicable (Blind)	2.8	0.0	0.0	4.0
Women's Health³					
		n=178	n=7	n=36	n=135
Mammogram (%)	Ever had mammogram	15.2	SC	13.9	15.4
		n=170	n=7	n=35	n=128
Last mammogram (%)	Within past year	6.5		8.6	4.7
	1-2 years ago	2.9	SC	2.9	3.1
	More than 2 years ago	90.6		88.6	92.2
		n=171	n=5	n=37	n=129
Breast exam (%)	Ever had clinical breast exam	31.6	SC	40.5	29.5
		n=161	n=5	n=35	n=121
Last breast exam (%)	Within past year	19.3		20.0	19.0
	1-2 years ago	5.0	SC	11.4	3.3
	More than 2 years ago	75.8		68.6	77.7
		n=179	n=7	n=37	n=135
Pap test (%)	Ever had pap test	25.1	SC	35.1	22.2
		n=36	n=2	n=14	n=20
Last pap test (%)	Within past year	41.7		57.1	25.0
	1-2 years ago	22.2	SC	28.6	20.0
	More than 2 years ago	36.1		14.3	55.0
		n=196	n=7	n=40	n=149
Hysterectomy (%)	Ever had hysterectomy	5.6	SC	5.0	6.0

± SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem. IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

SC = Cell size too small for meaningful interpretation.

1. Only asked of respondents who indicated that they were told by a doctor or health professional that they have arthritis. 2. Only asked of respondents who indicated that they were told by a doctor or health professional that they have diabetes. 3. Women's health questions only asked of female persons with disability.

Table 7: Disaster preparedness among individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
How Prepared (%)	Well prepared	23.1	17.1	15.5	26.0
	Somewhat prepared	58.9	71.4	65.5	55.7
	Not prepared at all	18.0	11.4	19.1	18.3
Water supply (%)	Household has 3-day supply of water	49.9	43.8	42.3	52.7
Food supply (%)	Household has 3-day supply of food	71.6	64.7	70.6	72.6
Medication supply (%)	Household has 3-day supply of prescription medication	86.3	88.9	80.2	87.8
Emergency radio (%)	Household has battery operated radio	81.8	75.8	81.3	82.5
Working flashlight (%)	Household has working flashlight	94.4	97.1	96.1	93.7
Emergency relative communication method (%)	2-way radio	0.9	3.0	1.0	0.7
	Cell phones	65.5	69.7	74.8	62.0
	Other	19.5	9.1	5.1	25.3
	Regular home phone	14.2	18.2	19.2	12.1
Emergency authority communication method (%)	Internet	5.3	10.0	5.8	4.6
	Neighbors	5.5	3.3	9.7	4.3
	Other	23.2	13.3	9.7	29.8
	Radio	25.5	40.0	21.4	25.5
	Television	39.8	33.3	53.4	35.8
Evacuation plan (%)	Household has written evacuation plan	22.1	14.7	16.5	24.5
Evacuate (%)	Would evacuate if public authorities announced mandatory evacuation	88.8	100.0	91.0	87.1
Reason wouldn't evacuate (%)	Concern about family safety	4.4	0.0	6.7	4.0
	Concern about leaving pets	11.4	57.1	18.7	6.8
	Concern about leaving property	7.3	0.0	12.0	6.4
	Concern about personal safety	9.1	7.1	14.7	7.5
	Concern about traffic jams	10.9	7.1	2.7	13.5
	Lack of transportation	14.1	21.4	20.0	11.9
	Lack of trust in public officials	4.1	0.0	5.3	4.0
	Other	38.7	7.3	19.9	45.9

±SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

Table 8: Mental health and stigma among individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Treatment for mental illness (%)	Now taking medicine or receiving treatment from a health professional for any type of mental health condition or emotional problem	49.2	59.5	52.7	47.1
Nervousness in past 30 days (%)	All / Most time	16.8	16.7	23.8	14.6
	Some of the time	24.7	27.8	26.7	23.8
	A little of the time	28.4	36.1	22.8	29.3
	None of the time	30.1	19.4	26.7	32.3
Hopelessness in past 30 days (%)	All / Most time	9.9	17.7	10.7	8.8
	Some of the time	10.6	14.7	12.6	9.5
	A little of the time	16.2	17.7	17.5	15.6
	None of the time	63.3	50.0	59.2	66.1
Restlessness in past 30 days (%)	All / Most time	27.1	20.0	22.2	29.3
	Some of the time	24.8	31.4	25.3	24.0
	A little of the time	25.0	34.3	31.3	22.2
	None of the time	23.1	14.3	21.2	24.6
Depressed in past 30 days (%)	All / Most time	6.6	14.3	6.7	5.8
	Some of the time	10.0	17.1	8.7	9.7
	A little of the time	19.2	25.7	22.1	17.6
	None of the time	64.2	42.9	62.5	67.0
Felt everything was an effort in past 30 days (%)	All / Most time	24.0	14.7	15.3	27.5
	Some of the time	24.4	29.4	21.4	24.8
	A little of the time	21.2	32.4	28.6	17.9
	None of the time	30.4	23.5	34.7	29.9
Worthlessness in past 30 days (%)	All / Most time	8.2	17.7	12.4	5.5
	Some of the time	9.7	14.7	12.4	8.1
	A little of the time	10.9	26.5	4.2	10.3
	None of the time	71.3	41.2	68.0	76.2
Activity prevention Mean (±SD)	Number of days during the past 30 days, that a mental condition or emotional problem kept from doing work or other usual activities	7.4 (11.4)	4.1 (6.8)	6.1 (9.5)	8.1 (12.1)

± SD=standard deviation.

* ADL=Activities of daily living disability defined by needing help with personal care needs such as eating, bathing, dressing, or getting around the house because of any impairment or health problem.

IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

Table 9: Social connectedness and violence among individuals with disability as reported by a proxy respondent who completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), May 2009 – December 2010.

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Social Context					
Home ownership (%)	Own	8.0	9.7	8.9	7.6
	Rent	13.7	12.9	21.8	11.4
	Other arrangement	78.3	77.4	69.3	81.0
Worried about being able to pay rent / mortgage in past 12 months (%)	Often (6 or more months)	3.0	5.9	4.9	2.2
	Sometimes (1-5 months)	5.3	5.9	9.7	3.9
	Never	25.7	32.4	25.2	25.2
	Not applicable	66.0	55.9	60.2	68.6
Worried about being able to afford to eat nutritious meals in past 12 months (%)	Often (6 or more months)	2.4	9.4	2.9	1.7
	Sometimes (1-5 months)	4.7	3.1	6.7	4.2
	Never	32.7	31.3	41.0	30.4
	Not applicable	60.2	56.3	49.5	63.6
Payment method at work (%)	Paid by the hour	58.0	60.0	73.9	40.9
	Paid by the job	14.0	0.0	8.7	22.7
	Salaried	4.0	0.0	4.4	4.6
	Paid some other way	24.0	40.0	13.0	31.8
Weekly work hours Mean (±SD)	Hours worked per week at all jobs combined	1.7 (5.9)	1.5 (4.6)	4.9 (10.0)	0.7 (3.5)
Vote (%)	Voted in 2008 presidential election	17.1	21.9	29.5	13.0
Sexual Violence					
Ever threatened (%)	Intimate partner ever threatened physical violence	4.5	8.8	5.3	4.5
Unwanted sex (%)	Ever experienced unwanted sex by current or former intimate partner	1.1	0.0	1.1	1.2
	Among those that reported ever experiencing unwanted sex by an intimate partner¹:				
	Sustained injuries as a result of intimate partner physical violence in past 12 months	n=6	n=0	n=1	n=4
		SC	SC	SC	SC
	Been exposed to unwanted sexual situations not touching past 12 months	SC	SC	SC	SC
	Been touched on sexual body parts after saying or showing that it was unwelcome in past 12 months	SC	SC	SC	SC
Sex was attempted without consent, but did not occur, in past 12 months	SC	SC	SC	SC	

Variable	Categories/Description	Disability Group *			
		Overall (n=538)	No IADL or ADL (n=38)	IADL, but no ADL (n=114)	ADL (n=386)
Relationship of violent partner (%)	Acquaintance Boyfriend / girlfriend Former boyfriend / girlfriend Supervisor / co-worker Friend Relative Spouse Former spouse Someone know for less than 24 hours Other	SC	SC	SC	SC
Firearms					
Firearms in home (%)	Firearms kept in or around home	17.9	16.7	13.7	19.2
	Among those that reported having a firearm in the home²:				
		n=87	n=6	n=14	n=67
Firearms loaded (%)	Firearms are now loaded	16.5	SC	7.1	20.3
Loaded & unlocked (%)	Loaded firearms are unlocked	6.3	SC	0.0	6.7

± SD=standard deviation.

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IADL= Instrumental ADLs defined by needing help in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes because of any impairment or health problem.

SC = Cell size too small for meaningful interpretation.

1. Only asked of respondents who answered yes to ever experiencing unwanted sex by an intimate partner.
2. Only asked of respondents who answered yes to having a firearm in the home.