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**Results of a web
survey of Florida
adults with disability:
2009-2010**

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Florida Office on Disability and Health

Results of a web survey of Florida adults with disability: 2009-2010

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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Acknowledgements:

We are grateful to the families and the members of the FODH Partnership and Advisory Board for pilot testing the survey and to all the respondents who completed the survey.

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 of Floridians with disability. The impetus for this survey was consensus among our FODH staff and state Partners that many population-based surveys of adults, while extremely valuable, may be failing to capture information from an important segment of the population of people with disability. Through use of a web-based platform, and the assistance of Partners that deliver services to this population, we aimed to better understand the disability experience in our state. In this report we describe our population of respondents, describe their general health, health care access and utilization, health behaviors, caregiving experience, disaster preparedness, mental health, and social circumstances and connectedness.

Briefly, these results show that the greatest proportion of respondents to our survey was white women between the ages of 45 and 54. Most had completed high school or a GED; however, the majority was currently unemployed. While the majority of our respondents had limitations because of a physical impairment, we captured the disability experience for a greater proportion of people living with blindness, emotional problems, hearing disability, learning or intellectual disability, and memory or cognitive disability than what has been previously captured on population-based telephone surveys. While most respondents had some form of health insurance, many still faced barriers to utilization such as transportation, the design of the provider's office, cost, and unfriendly attitudes. Many of our respondents were not participating in minimal levels of physical activity, nor were many of them getting recommended vaccinations. Many respondents had concurrent chronic health conditions such as arthritis, asthma, cardiovascular disease, and diabetes. Despite living with disability themselves, many of our respondents were also caregivers to someone else with a disability. Many respondents were being treated for some form of mental illness. And finally, many respondents have encountered some form of intimate partner violence.

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). And indeed, we find some differences between our data and data collected by the BRFSS that reinforce our Partners' request to add this new data collection mode. It is our hope that this report, and its companion report completed by proxy respondents, will be a valuable additional tool for the use of 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 (PWD) 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 self-respondents of a web-based survey. A companion report based on proxy respondents for persons who could not complete a web-survey themselves also is available (see <http://fodh.php.ufl.edu/publications/>).

Web Survey Development & Methods for Self-Respondents

Questionnaire Development

The 2009 Florida BRFSS was used as a template for our web-based health survey of persons with disabilities. In addition, FODH Partners suggested specific topics in which they were interested, including veteran status, use of the VA health system, and firearm availability. All questions were converted to a self-response version appropriate for web-based delivery. Respondents were asked questions about both themselves (demographics, general health and disability, and health care access) and their caregivers, if applicable. 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 respondents.

Survey Fielding and Recruitment

The web-based survey began accepting responses in January 2009 and closed on December 31st, 2010. A total of 844 surveys were completed during the 24 months.

The FODH began recruiting persons with disability 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 throughout the project period. These campaigns were successful, and each yielded between 30-100 new respondents. FODH staff also called every Partner on its active list at least once during the project to remind them about the survey, to ask for their help in disseminating the link, and offer 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, “Are you limited in any way in any activities because of physical, mental, or emotional problems?” and “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 those two questions, he is considered to have a disability. In addition to those questions, we asked respondents, “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?” and “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?” These two questions are closely aligned with the definitions of Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL) respectively. 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 added criteria.

The following results are based on the 844 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., women) and therefore not all data presented include information from all 844 respondents. The number of persons represented in each percentage reported is noted in the text, table, or figure legend ($n = \text{count for given question}$). 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 report having a disability, but do not need assistance with IADLs or ADLs ($n=232$); individuals who report needing assistance with IADLs, but not ADLs ($n=250$), and the highest level of DRL, individuals who need assistance with ADLs ($n=209$).

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

Demographics

The average age for respondents overall was about 47 years old, with respondents ranging from age 18 to age 87. Overall, the largest groups of respondents were in the middle ages (age 45-54). There was a shift in what ages represented different levels of disability related limitation (DRL) so that greater proportion of individuals with the most severe limitations (ADL) were from younger age categories (10.2%), and fewer young adults were in the less severe DRL category (no IADL or ADL, 3.7%). This age trend was reversed for older ages, where they were a larger percentage among those with the lowest level of DRL, and that percentage fell for those in the highest level of DRL (Figure 1, Table 1).

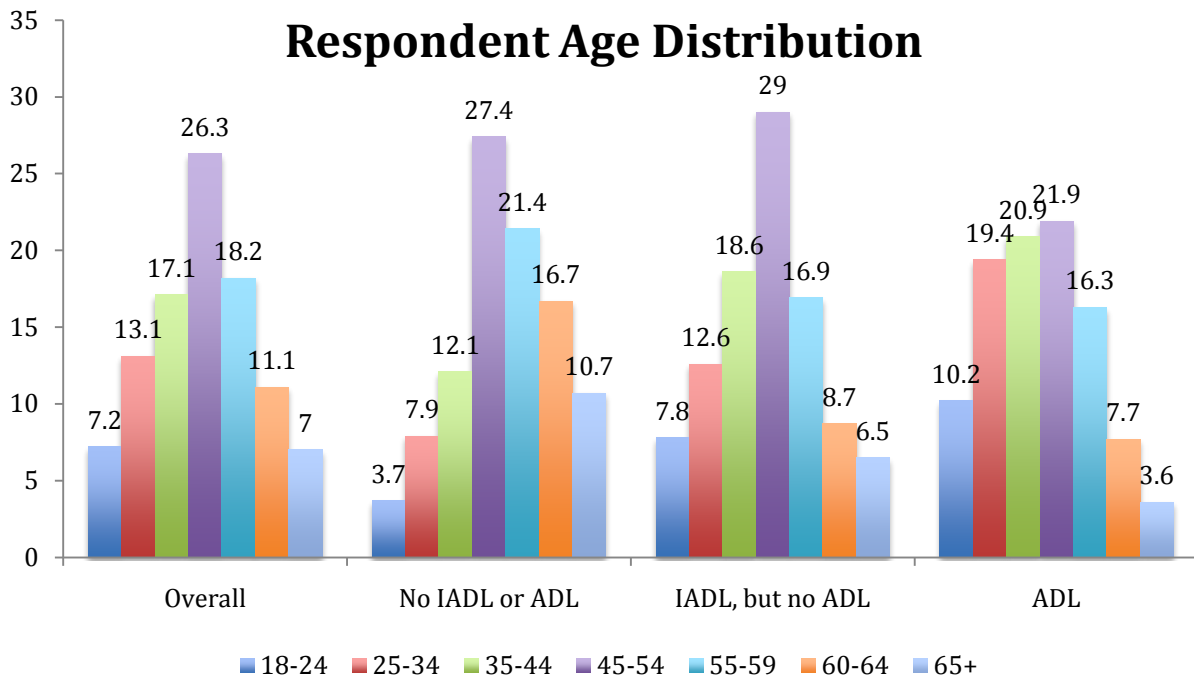


Figure 1. Age distribution of adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Respondent Percent Female

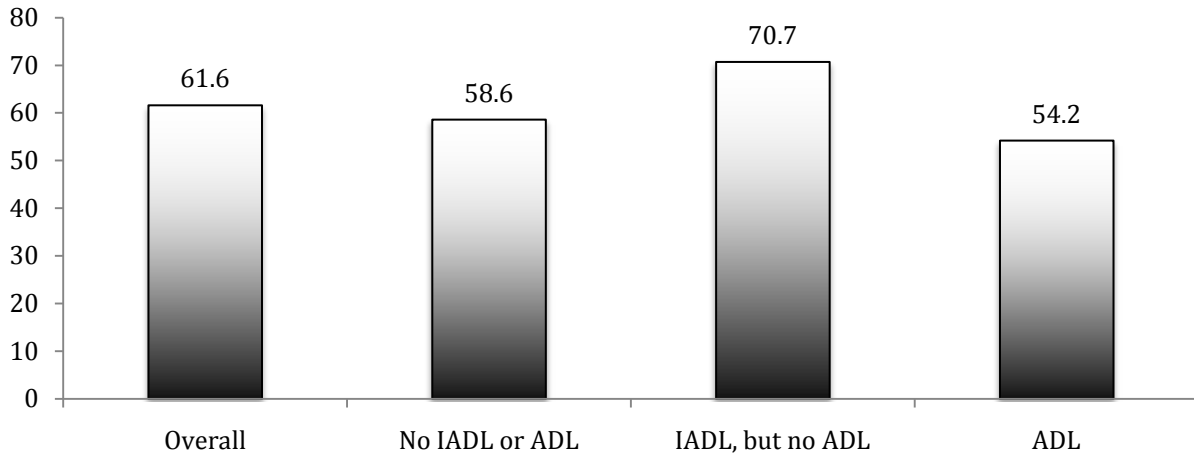


Figure 2. Gender distribution of adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Additionally, across all severity levels, the majority of respondents were women and white, non-Hispanic (Figures 2 & 3, Table 1).

Overall Respondent Racial / Ethnic Makeup

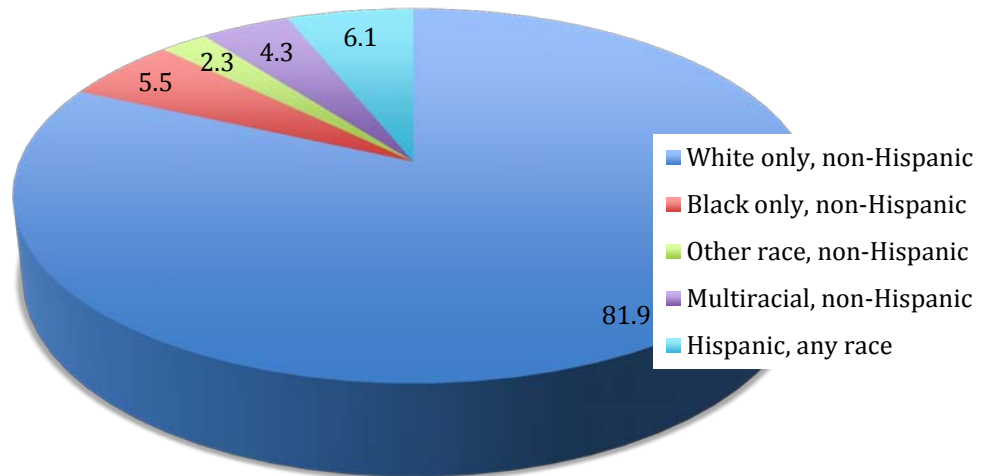


Figure 3. Racial/Ethnic makeup of adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

While 39 percent of survey respondents overall were married or a member of an unmarried couple, there is a clear gradient across severity levels of DRLs. In the least severe category, 45 percent were married or a member of an unmarried couple, compared to only 33 percent in the most severe category. Further, 51 percent of individuals in the most severe category had never been married, versus only 21% of the least severe category (Table 1). However, these results are in line with what we may expect to see given the differential age distribution among levels of severity.

Overall, educational attainment was lower as severity of DRL increased (Figure 4, Table 1). Thirty-five percent of respondents in our survey were employed or self-employed, but again there was a gradient by severity of DRL. Fifty-four percent of those in the least severe category were employed, while only 23 percent of those with the most severe level were employed (Figure 5, Table 1). While this trend could be at least partially attributable to the age distribution among levels of severity, the proportion of those reporting that they were unable to work (56%) or students (~16%) in the most severe category does not support that assumption. In other words, our data indicate that even though respondents with the most severe levels of disability were younger, they were not able to work because of the severity level of their DRLs, in contrast to not working because they were students. Considering the potentially greater environmental accommodation needs of individuals with ADL limitations this result represents an area of intervention that might increase employment among younger persons with disability.

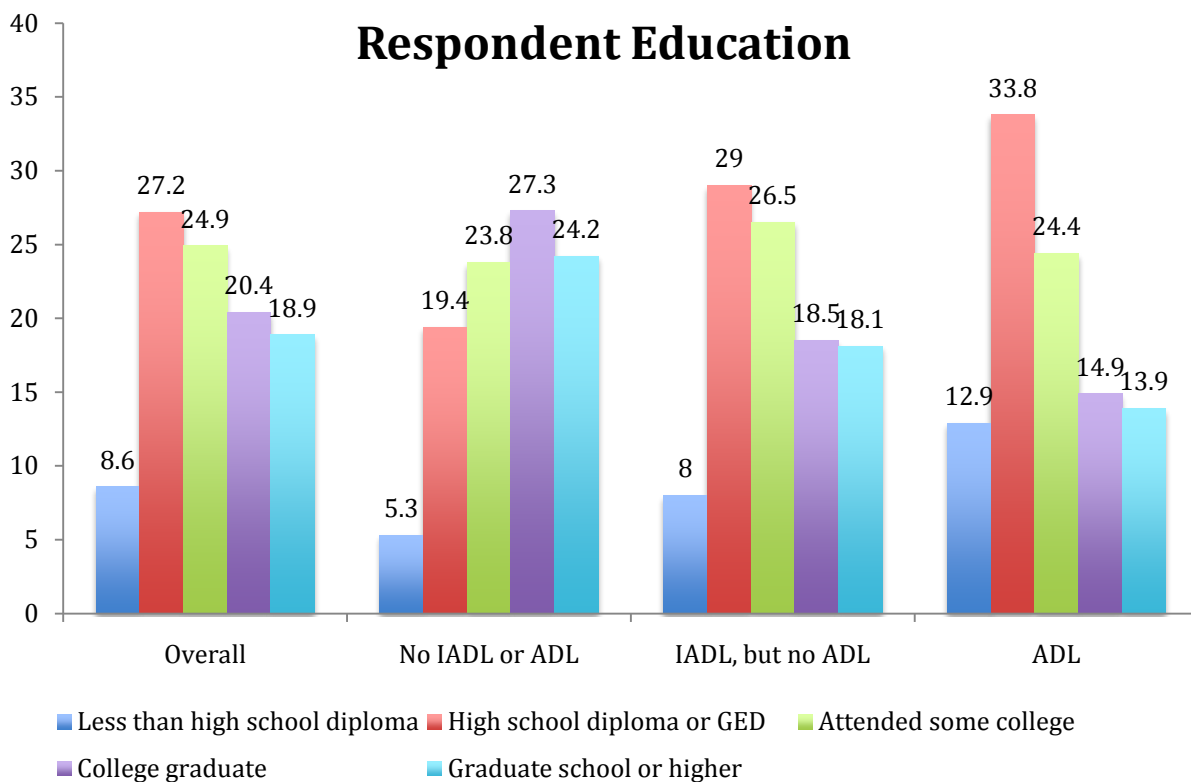


Figure 4. Highest level of education attained by adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Respondent Employment Status

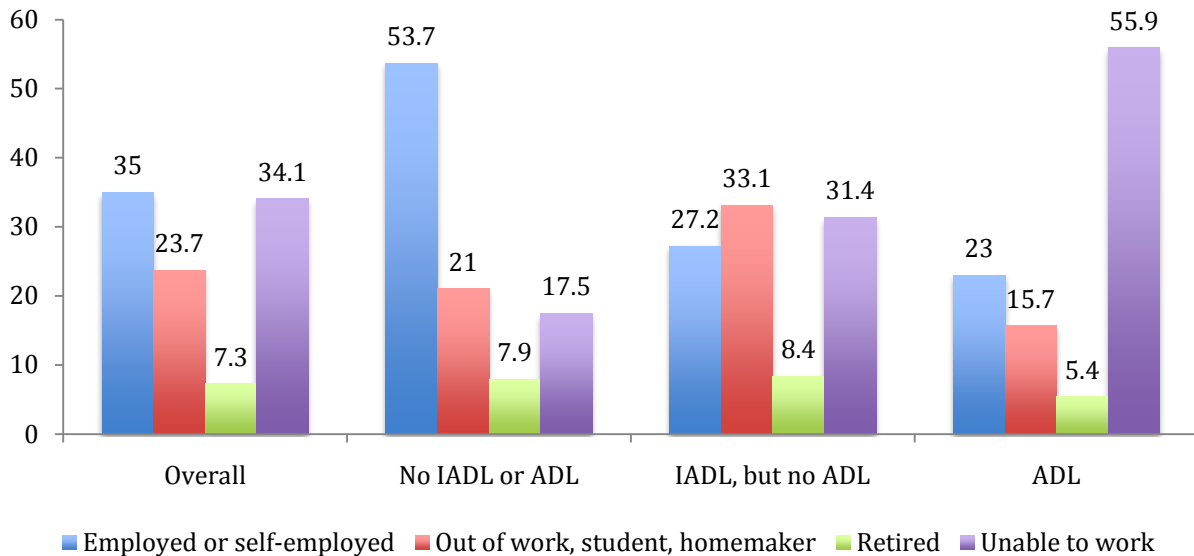


Figure 5. Employment status of adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

General Health

There were fewer obese individuals in the most severe category of DRL (33%) than in the least severe category (46%). There was little difference in the mean number of healthy days per month across disability categories (average of 13 days overall). The proportion of individuals who always or usually received the emotional support needed (51%), as well as the proportion of individuals who were very satisfied or satisfied with life (66%), was highest among respondents in the most severe DRL category. There does not appear to be any trend across DRL levels for the average number of days respondents reported feeling depressed, stressed, or healthy and full of energy; however, those with IADL but not ADL limitation reported higher means of recent depression and stress days, and fewer days they were healthy and full of energy. Overall, the mean number of days on which respondents felt depressed was ten of the previous thirty, and worried, tense or anxious was fifteen for the previous thirty. By contrast respondents felt healthy or full of energy during nine of the past 30 days. Full results are available in Table 2.

Health Care Access and Utilization

As DRL severity level increased so did the proportion of respondents with health insurance coverage (Figure 6, Table 3). Respondents with the least severe DRLs more often had employer-based insurance, while respondents with the most severe DRLs tended to report Medicare and Medicaid.

Respondent Insurance Coverage

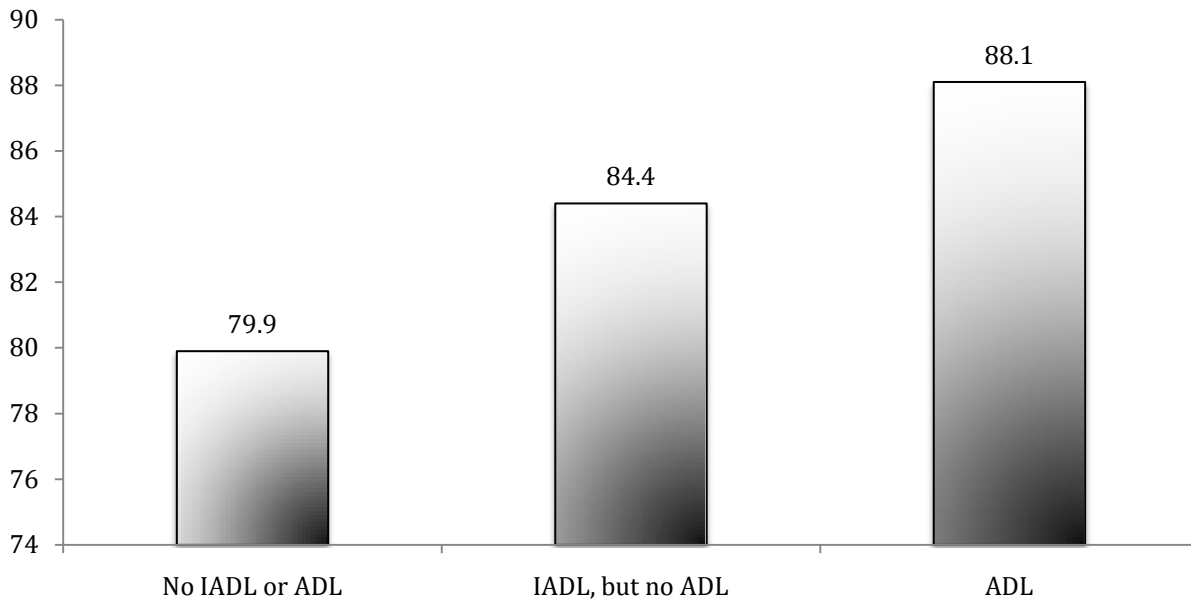


Figure 6. Proportion of adults with disability, with insurance coverage, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

This trend is consistent with previously reported employment and age patterns. Encouragingly, most survey respondents reported having at least one personal doctor, a commonly used measure of the “medical home” concept. About half of respondents reported having difficulty finding a doctor who understands their health condition, regardless of the severity of their DRL.

Transportation was a problem in accessing health care for roughly three times as many respondents with the most severe DRLs (26%) than it was for those with the least severe DRLs (8%). Similarly, the design of the health care provider’s office was more likely to be a problem for respondents in the most severe DRL category (14%) than it was for those in the least severe category (5%). Around 40 percent of all respondents in our survey reported a cost barrier to seeing a health care provider in the past year. About 12 percent of respondents reported always or usually experiencing an unfriendly or unhelpful attitude at the doctor’s office regardless of severity of disability (Table 3).

Three questions were asked regarding preventive care and checkups. The majority of respondents had their last routine checkup within the past year (73%); however, only about half of the respondents reported having a dental visit (52%) or an eye exam (13%) in the past year. The proportion of respondents who had an eye exam in the past year decreased slightly as severity of disability increased (Table 3).

About 9 percent (n=89) of respondents overall were veterans (Table 3). Nine questions on our survey were specific to veteran’s health issues, but because of the small numbers of respondents by DRL severity (only 8 respondents in the ADL group for example), results should be interpreted with caution. Few respondents reported having served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF), with the highest proportion (4%) reported among

the middle severity (IADL only) DRL group. Just under forty percent reported ever serving in a combat zone, and about half reported being exposed to dead, dying, or wounded people. Similarly, about half of all respondents reported being exposed to environmental hazards during their military service. About 70 percent of veterans reported having ever used their VA benefits. Veterans reported traveling an average of 36 minutes to reach the nearest VA facility. Only about 12 percent report being hospitalized in a VA hospital overnight in the past 12 months, compared to 17 percent that report being hospitalized overnight in a non-VA hospital in the past 12 months. Veterans, on average, reported receiving outpatient care 10 times in the past 12 months.

Health Behaviors

Respondents reported that they did not get enough sleep for about 15 of the last 30 days. There was somewhat of a trend of lower problem sleep days for those with ADL limitations (13 days) compared to the groups with lower levels of DRL. About half of all respondents reported engaging in physical activity outside of work; however, significantly fewer of those with the most severe DRLs reported doing moderate physical activities for at least 10 minutes at a time during a usual week (Figure 7, Table 4).

Respondents Reporting at Least 10 Minutes of Moderate Physical Activity During a Usual Week

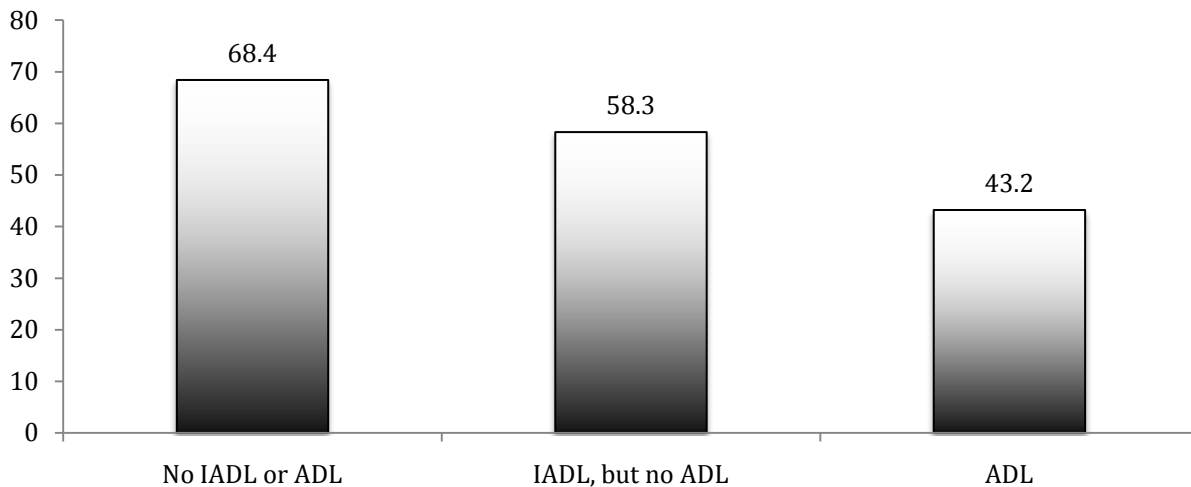


Figure 7. Proportion of adults with disability, reporting at least 10 minutes of moderate physical activities during a usual week, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

There was a strong trend of smoking that varied across DRL groups, and roughly 56 percent of respondents in the least severe DRL category had smoked 100 cigarettes in their lifetime, compared to 32 percent of those in the most severe category. Eighty percent or greater of those who reported ever smoking no longer smoked at the time of the survey. Of those that were current smokers, about 70 percent said that they have smoked within the past month and 68

percent stopped smoking for one day or longer (trying to quit) during the past 12 months. Only about one percent of respondents reported currently using chewing tobacco or snuff.

Forty-three percent of respondents overall received an influenza vaccine in the past 12 months, and 44 percent overall ever had a pneumococcal vaccine. About 50 percent of respondents reported always eating fruits and vegetables on an average day.

Health and Disability Characteristics

Most chronic conditions and diagnoses increased in prevalence as the disability severity increased (diabetes and stroke were the exceptions). Having ever been told that one has arthritis was more common as disability limitations became more severe (Figure 8, Table 5). Among respondents with arthritis, about 80 percent indicated that they were limited in some way because of arthritis symptoms or joint pain, and on average rated their pain level about a 6 on a scale of 1 – 10. However, respondents with the most severe limitations reported limitation of social activities in the past 30 days almost twice as often as those with the fewest limitations (32% No IADL or ADL vs. 58% ADL).

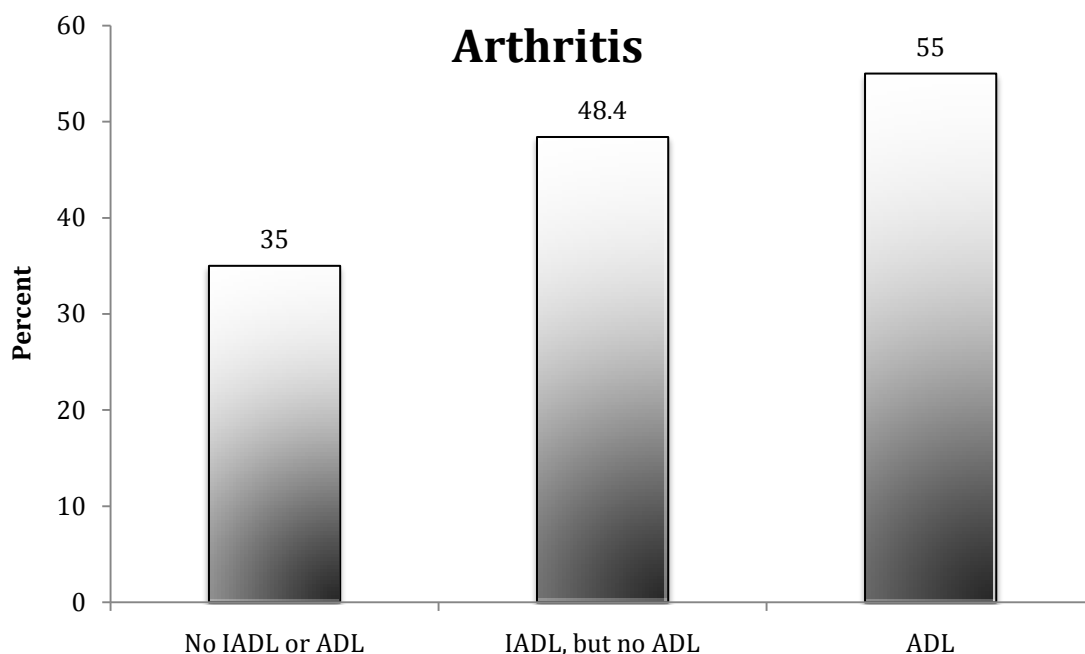


Figure 8. Proportion of adults with disability, reporting ever being told that they have arthritis by a health care provider, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

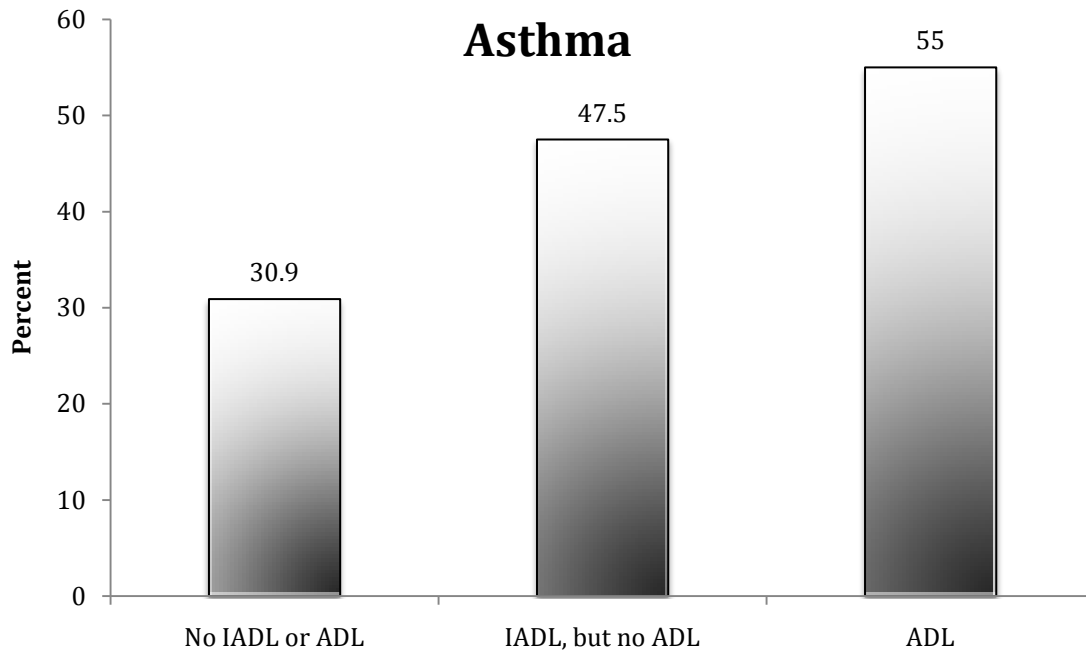


Figure 9. Proportion of adults with disability, reporting ever being told that they have asthma by a health care provider, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Asthma was reported by about 40 percent of respondents overall, but Figure 8 shows that, like arthritis, asthma became more common as DRL severity increased (Figure 9, Table 5). About 12 percent of all respondents reported ever being told that they had a heart attack, 15 percent reported that they have ever been told that they have angina or coronary heart disease, and about 12 percent had ever been told that they had a stroke. Respondents with IADL, but not ADL, limitations were more likely to have had a heart attack or stroke than other groups, while respondents with ADL limitations were more likely to have angina or coronary heart disease (Figure 10, Table 5).

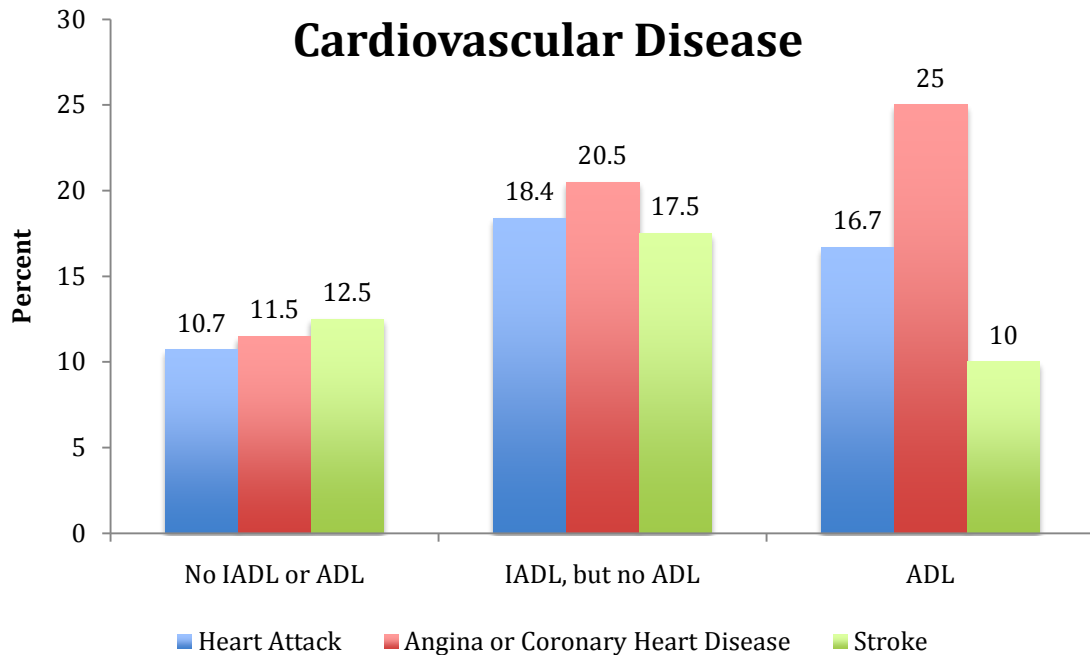


Figure 10. Proportion of adults with disability, reporting ever being told that they have had a heart attack, angina or coronary heart disease, or a stroke by a health care provider, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Diabetes exhibited a trend reversed from asthma and arthritis, with prevalence decreasing as severity of limitations increased (Figure 11, Table 5). Among people reporting diabetes, the mean age of being diagnosed with was 41. One third of persons with diabetes with ADL limitations (10%) reported now taking insulin compared to those with no IADL or ADL limitations (32%). Persons with diabetes and ADL limitations were also substantially less likely to have had an eye exam with dilated pupils in the past month (5%) than those with no IADL or ADL limitations (26%). The proportion of respondents with diabetes who have been told that they have diabetes-related retinopathy was 24 percent overall. Respondents with diabetes in the least severe DRL group were twice as likely to report taking a class in diabetes self-management (62%) than those in the most severe DRL group (30%). Respondents with diabetes saw a health professional in the past 12 months an average of 3 times, had their A1C level checked 2 times, and had their feet checked 2 times.

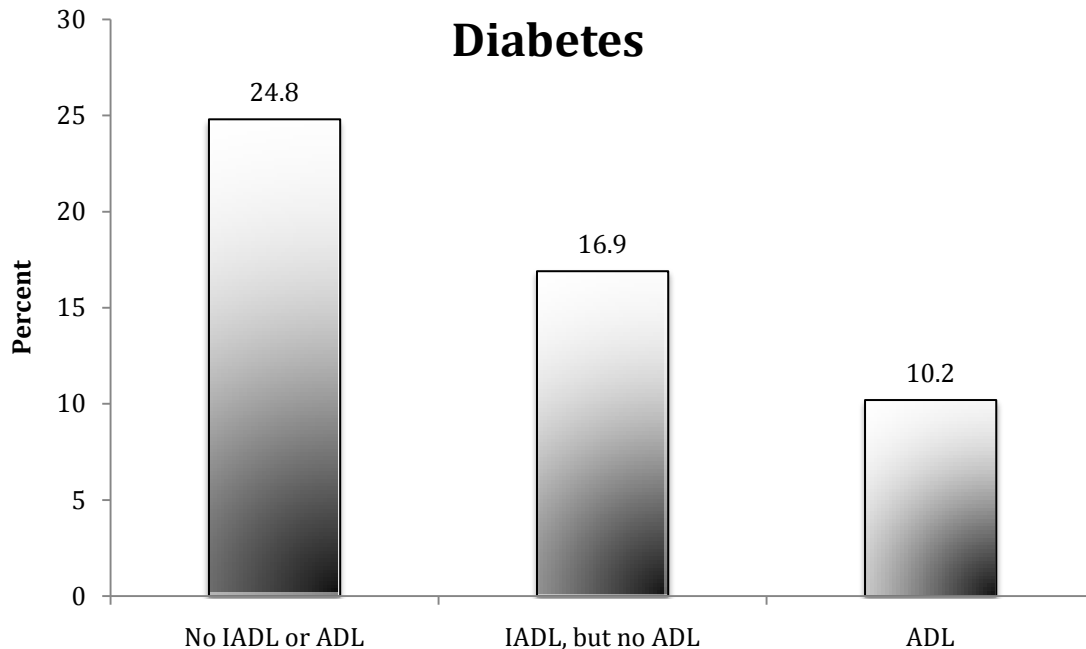


Figure 11. Proportion of adults with disability, reporting ever being told that they have diabetes by a health care provider, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Women with the least severe DRLs were much more likely to have ever had a mammogram (83%) than their counterparts in the most severe group (60%), and of those who did have a mammogram, respondents in the least severe group also were more likely to have had one in the past year (57% of no IADL or ADL vs. 41% of ADL). Women in the least severe DRL category were more likely to have had a clinical breast exam (95%) and more likely to have ever had a pap test (96%) than women with more severe DRL levels. They were also more likely to have had a hysterectomy (35%). See Table 5 for additional details.

The main causes of limitations across the three groups were differentially distributed by DRL severity (Figure 12, Table 5). Across all groups, a physical impairment was the most commonly reported cause of activity limitation (63% overall, ranging from 56% to 75%). In the least severe and middle severity groups, blindness and emotional problems were more commonly the main cause of limitations, while in the most severe group, learning or intellectual disabilities were more common. Finally, about 77 percent of respondents said that they have little or no difficulty seeing a friend across the street, and 65 percent said that they have little or no difficulty reading print. Difficulty seeing and blindness were somewhat more common as the level of disability increased (Table 5).

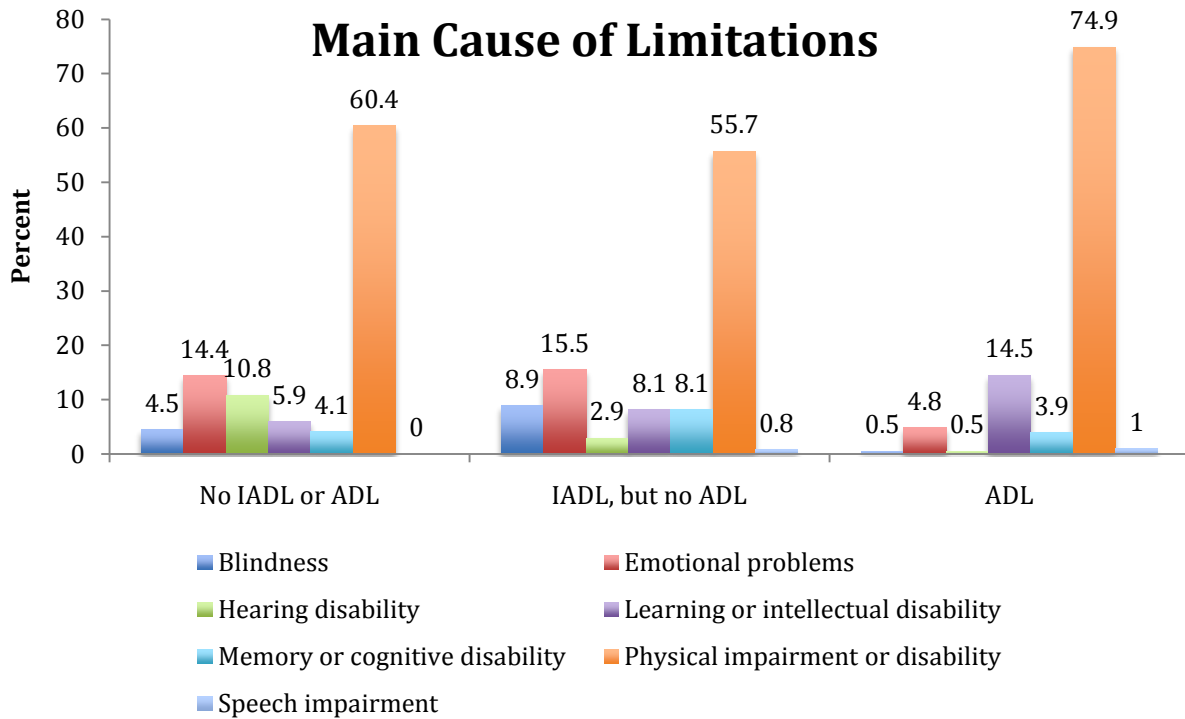


Figure 12. Main cause of limitations among adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Caregiving Characteristics

While all respondents to this web survey were, by definition, people with some level of disability, they also were sometimes caregivers themselves. Overall, 30 percent of respondents reported they provided care or assistance to a family member in the past month; however, those in the least severe category more often provided care than those in the more severe categories (Figure 13, Table 6). The person that the respondent provided care for had an average age of 55, and was more often female (60%) than male (40%). More than half the time the care recipient was either the parent / parent-in-law (30%) or a non-relative (25%) of the respondent (Figure 14, Table 6). Although respondents provide care for individuals with many different conditions, the five most common were Alzheimer’s disease or dementia (8%), heart disease (7%), cancer (7%), arthritis (6%), and diabetes (6%). There also were many different domains in which care recipients were in need of assistance, but the two most common were help with IADLs (31%) and help with ADLs (20%) (Figure 15, Table 6). On average, respondents provided care 41 hours of care per week, and roughly 20 percent of the respondents reported sustaining an injury while providing care in the last 12 months. The most common difficulties caused by caregiving were that it creates stress (24%), creates or aggravates health problems (16%), or creates a financial burden (13%) (Figure 16, Table 6). Finally, 60% of respondents said that they had concerns about the care recipient’s memory, and 53% said that the care recipient’s memory interfered with their everyday activity.

Percent of Respondents that are Caregivers

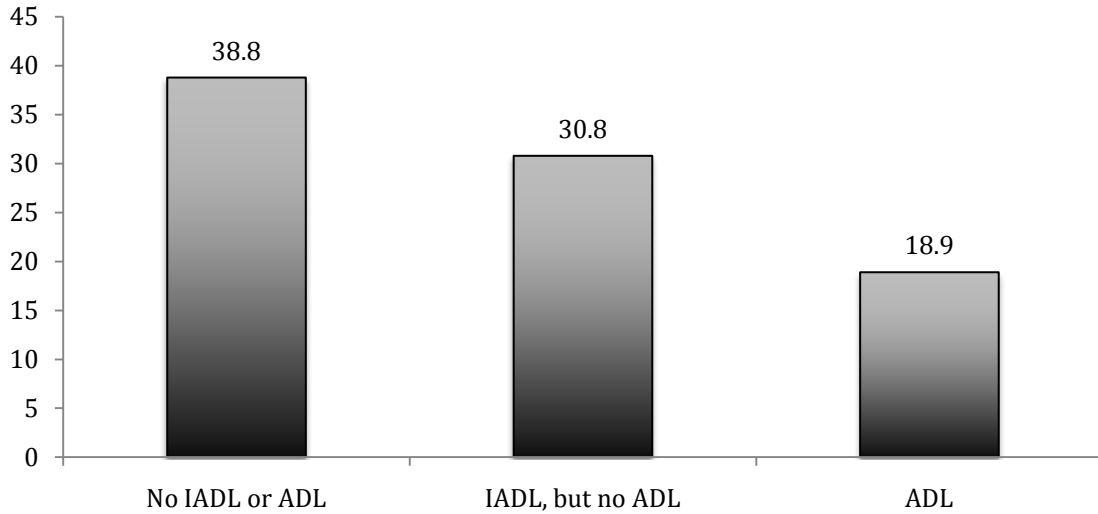


Figure 13. Percent of adults with disability, that report providing care or assistance in the past month, who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

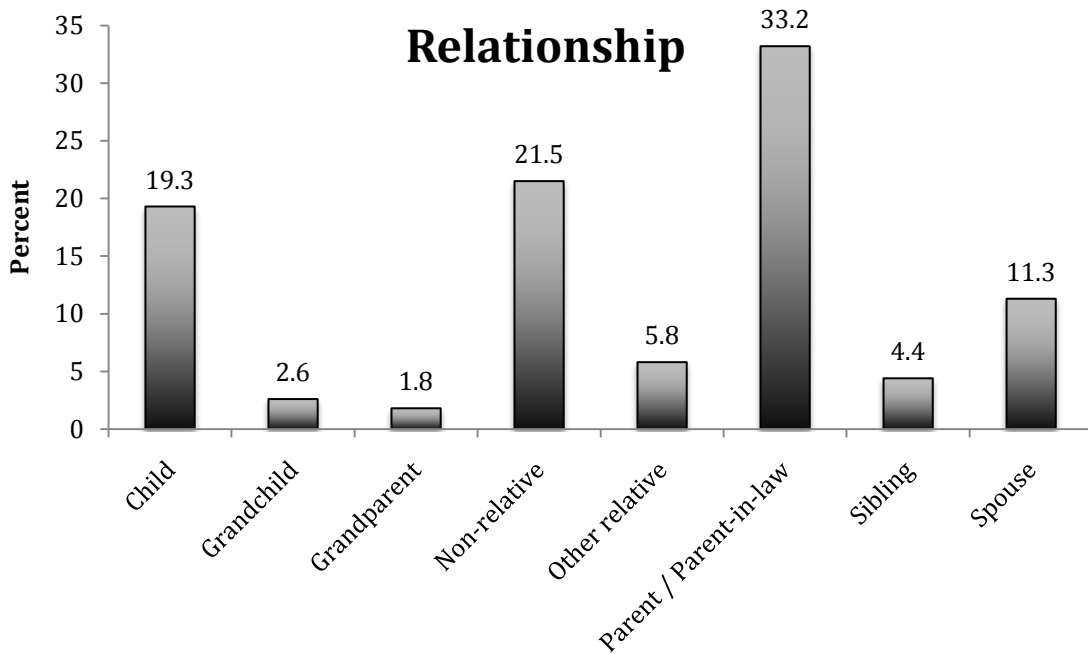


Figure 14. Relationship of care recipients to adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Area Recipient Most Needs Assistance

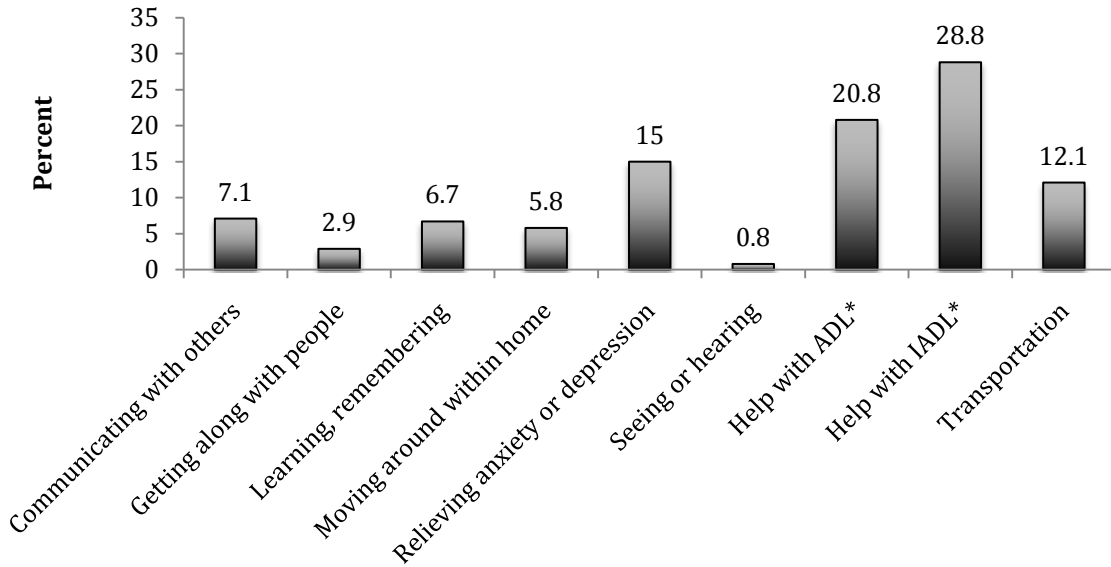


Figure 15. Area care recipient of adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), most need assistance. January 2009 – December 2010.
 * ADL Activity of Daily Living, Instrumental ADL

Caregiver Difficulties

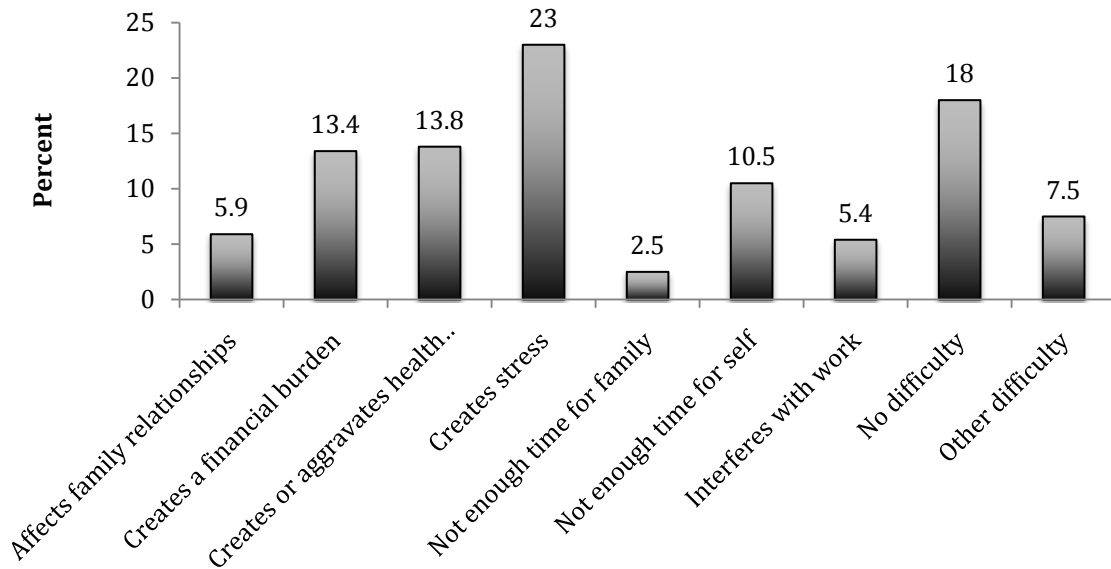


Figure 16. Difficulties of caregiving experienced by adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), most need assistance. January 2009 – December 2010.

Disaster Preparedness

Overall, the majority of the web-survey respondents with disability felt as though they were somewhat prepared for a disaster (57%). About 50 percent reported having a 3-day supply of water in the house, 64 percent reported having a 3-day supply of food in the house, 85 percent reported having a 3-day supply of prescription medication in the house, 74 percent reported having a battery operated radio, and 91 percent reported having a battery operated flashlight. By far the most common way the respondents planned to communicate with relatives in the event of a disaster was by cell phone (79%). Respondents planned to receive communication from the authorities via radio (42%) or television (42%). Only 18 percent of respondents reported having a written evacuation plan; however, 86 percent said that they would evacuate if public authorities announced mandatory evacuations. The most common reason that individuals would not evacuate was because of concern about leaving their pets (24%). More details are available in Table 7.

Mental Health and Stigma

Overall, 50 percent of respondents reported taking medicine or receiving treatment from a health professional for a mental health condition or emotional problem. Over the previous thirty days, 26 percent of respondents reported being nervous all or most of the time, 21 percent reported feeling hopeless all or most of the time, 26 percent reported feeling restless all or most of the time, 15 percent reported feeling depressed all or most of the time, 35 percent felt as though everything was an effort all or most of the time, and 18 percent felt worthless all or most of the time. On average during the previous 30 days, there were 6 days that a mental condition or emotional problem kept respondents from doing work or other usual activities. Most respondents (88%) either strongly or slightly agreed that treatment can help people with mental illness live normal lives, while only 29 percent strongly or slightly agreed that people are generally caring and sympathetic to people with mental illness. Treatment for mental health and all symptoms were more common for the middle DRL group (IADL only) than for the other groups. More details are available in Table 8.

Social Circumstances, Social Connectedness, and Violence

The more severe the level of DRL among respondents, the less likely they were to own a home (Figure 17, Table 9). Overall, 34 percent worried often about being able to pay the rent or mortgage in the previous 12 months. Most respondents were either paid by the hour (39%) or were salaried (35%). Average hours worked per week declined as limitations increased (the means were 10, 13, and 23 hours across decreasing DRL categories). Additionally, respondents with the most severe DRL were also least likely to vote (67% vs. 78-86%).

About 25 percent of respondents reported ever being threatened with physical violence by an intimate partner, and 20 percent reported ever experiencing unwanted sex by a current or former intimate partner (Table 9). Among those who reported ever experiencing unwanted sex by an intimate partner, 2 percent said they sustained injuries as a result of intimate partner physical violence in the past 12 months. Ten percent said they have been exposed to unwanted sexual situations that did not involve touching in the past 12 months. A total of 10 percent overall said that they have been touched on sexual body parts after saying or showing that it was unwelcome

and 10 percent said that sex was attempted without consent, but did not occur, in the past 12 month. The proportion of individuals with ADL limitations who reported they had experienced touching and attempted sex that did not occur was much higher (18%) than in the other DRL categories. The most commonly identified violent partners were a spouse (9%), boyfriend/girlfriend (6%), and former spouse (5%).

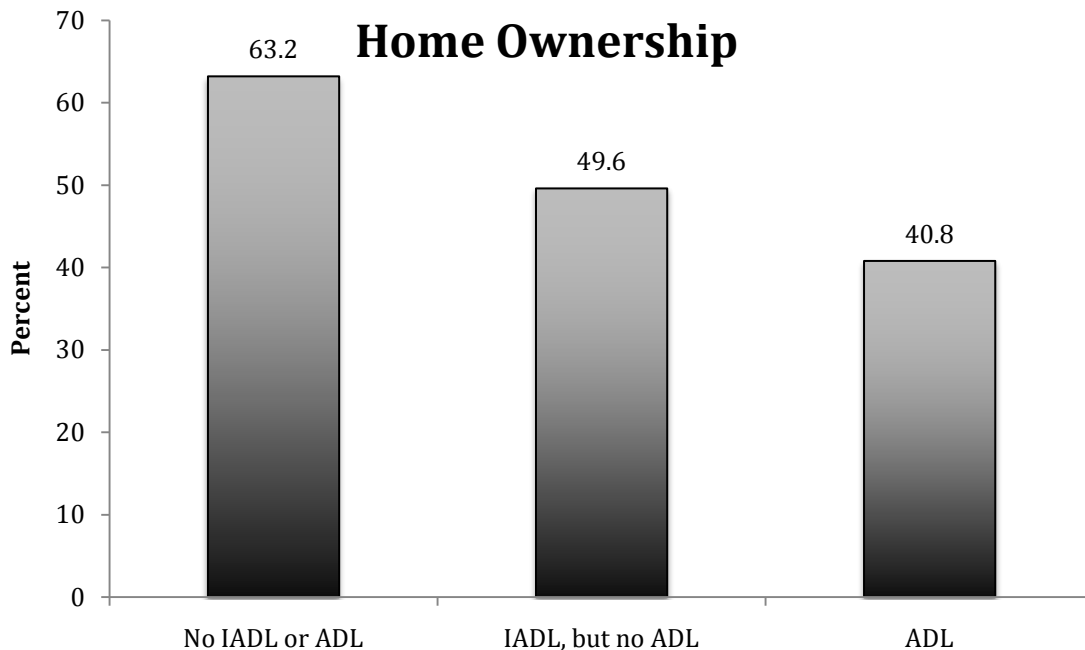


Figure 17. Home ownership of adults with disability who self completed a web survey of health, behavior, and social issues for the Florida Office on Disability and Health (FODH), most need assistance. January 2009 – December 2010.

Those with the least severe DRLs more often had a firearm kept in or around the home (31%) compared to those with lower levels of disability (18-25%). Of respondents that reported having a firearm in the home, 36 percent said that the firearm was loaded. Of respondents who reported having a loaded firearm in the home, 29 percent said that the firearm was unlocked.

Discussion and Future Directions

The web-based 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 are 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 20% are classified as persons with disability based on the two CDC questions. Importantly, the current sample based on volunteers also represents Florida adults across a broad spectrum of functional severity.

A number of positive health behaviors including physical activity and vaccination appear to be low among persons with a disability who completed our web surveys. Although cognitive and physical disabilities can make physical activity more challenging, there are programs and resource centers available to provide alternative activities and equipment modifications.

Individuals with disabilities, caregivers, healthcare providers, and state and county health agencies should be made aware of these options and help increase the availability of accessible fitness facilities and public venues like parks to improve physical activity accessibility.

Despite the fact that characteristics of our respondents were similar in many ways to the population-based estimates from the telephone-administered BRFSS that surveys randomly selected adults, there were some key differences. The profile of conditions that caused limitations for our respondents was quite different than the profile reported on the BRFSS. Our respondents were comprised of about five times the proportion of people living with blindness (5% vs. <1% on the BRFSS), almost two times the proportion of people living with emotional problems (12% vs. 7% on the BRFSS), five times the proportion of people living with hearing disability (5% vs. <1% on the BRFSS), ten times the proportion of people living with a learning or intellectual disability (9% vs. 1% on the BRFSS), three times the proportion of people living with a memory or cognitive disability (6% vs. 2% on the BRFSS), but only about two-thirds of the proportion of people living with a physical impairment (63% vs. 82% on the BRFSS). These differences can be explained in at least a couple of ways. First, it is possible that people living with disabilities other than physical impairment find an online survey easier to access than a survey over the phone, and these groups are being under sampled by the BRFSS. Another explanation is that the organizations and web-sites we used to help recruit survey respondents might serve a population pool that is comprised of a higher proportion of people with disabilities other than physical impairment than what is seen in the general population. In either case we are provided with valuable information about people with disabilities that is likely being missed by other population-based surveys. For example, the proportion of our respondents overall that reported being either very satisfied or satisfied with life was only 56%, compared to 84% on the BRFSS, and the proportion of our respondents that reported ever being told they have asthma was 41%, compared to only 13% on the BRFSS.

Additionally, this survey indicates that a higher proportion of respondents had more than one personal doctor than reports from the telephone-administered BRFSS that surveys randomly selected adults (48% vs. 11% on the BRFSS). Around 40 percent of all respondents in our survey reported a cost barrier to seeing a health care provider in the past year, which is higher than what is reported on the telephone-administered BRFSS (27% of all PWD). These data provide evidence that although persons with a disability are likely to have health insurance coverage, there are substantive other financial and structural barriers that may impede persons with a disability from actually using healthcare services. Therefore healthcare providers may need more education about disabilities and also may need education about physical and attitudinal accommodations for their patients with a disability.

In a companion report, we also examine a similar proxy-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.

Table 1: Demographic characteristics of adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Age Mean (±SD)	Average age at time survey was taken	47.4 (14.0)	51.7 (12.6)	46.7 (13.7)	43.5 (14.5)
Age category (%)	18-24	7.2	3.7	7.8	10.2
	25-34	13.1	7.9	12.6	19.4
	35-44	17.1	12.1	18.6	20.9
	45-54	26.3	27.4	29.0	21.9
	55-59	18.2	21.4	16.9	16.3
	60-64	11.1	16.7	8.7	7.7
	65+	7.0	10.7	6.5	3.6
Gender (%)	Female	61.6	58.6	70.7	54.2
Race / ethnicity (%)	White only, non-Hispanic	81.9	84.7	80.9	79.9
	Black only, non-Hispanic	5.5	3.6	5.9	7.0
	Other race, non-Hispanic	2.3	2.3	2.1	2.5
	Multiracial, non-Hispanic	4.3	4.5	3.4	5.0
	Hispanic, any race	6.1	5.0	7.6	5.5
Marital status (%)	Married or unmarried couple	38.8	44.7	38.2	33.0
	Divorced, widowed, separated	26.6	34.7	28.2	15.8
	Never married	34.5	20.6	33.6	51.2
Education (%)	Less than high school diploma	8.6	5.3	8.0	12.9
	High school diploma or GED	27.2	19.4	29.0	33.8
	Attended some college	24.9	23.8	26.5	24.4
	College graduate	20.4	27.3	18.5	14.9
	Graduate school or higher	18.9	24.2	18.1	13.9
Employment (%)	Employed or self-employed	35.0	53.7	27.2	23.0
	Out of work, student, homemaker	23.7	21.0	33.1	15.7
	Retired	7.3	7.9	8.4	5.4
	Unable to work	34.1	17.5	31.4	55.9
Children (%)	Has at least one child less than 18 years of age live in household	21.0	24.4	20.6	17.7

±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 2: General health characteristics of adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
General health (%)	Excellent, very good, or good	53.7	57.8	51.2	51.9
Body Mass Index (%)	Not overweight or obese (<25)	33.6	31.3	30.1	41.0
	Overweight, not obese (25-30)	25.2	23.1	26.4	26.5
	Obese (≥30)	41.2	45.7	43.5	32.5
Physical health Mean (±SD)	How many days during the past 30 days was your physical health not good?	11.6 (11.7)	9.2 (11.0)	13.3 (11.6)	12.2 (12.2)
Mental health Mean (±SD)	How many days during the past 30 days was your mental health not good?	11.9 (11.9)	9.8 (10.6)	14.5 (12.2)	11.1 (12.4)
Healthy days Mean (±SD)	Number of days in the past 30 that physical and mental health was good.	12.7 (12.4)	15.5 (12.4)	9.7 (11.6)	13.2 (12.6)
Emotional support (%)	Always or usually receive the support needed.	44.0	43.9	38.7	50.5
Life satisfaction (%)	Very satisfied or satisfied	55.9	55.5	48.1	65.8
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?	12.4 (12.4)	10.1 (11.6)	13.9 (12.5)	13.3 (13.0)
Recent depression Mean (±SD)	During the past 30 days, for about how many days have you felt sad, blue or depressed?	10.3 (11.3)	10.3 (10.9)	13.8 (11.8)	10.5 (11.5)
Recent stress Mean (±SD)	During the past 30 days, for about how many days have you felt worried, tense, or anxious?	14.5 (12.2)	12.9 (11.6)	16.7 (11.9)	13.6 (12.7)
Recent energy Mean (±SD)	During the past 30 days, for about how many days have you felt very healthy and full of energy?	8.5 (10.5)	10.0 (10.8)	5.8 (8.8)	10.1 (11.3)

± 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: Health care access and utilization among adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Health insurance (%)	Any coverage	84.0	79.9	84.4	88.1
	Among those that reported coverage, coverage is through¹:				
		n=674	n=227	n=244	n=203
	Employer or spouse's employer	30.0	42.7	26.2	20.2
	Individual plan	5.2	2.6	5.7	7.4
	Medicare	29.7	23.4	32.4	33.5
	Medicaid	13.5	6.2	11.9	23.7
	Military	4.2	4.0	5.3	3.0
Other	4.0	3.1	4.9	3.9	
Out of pocket	13.5	18.1	13.5	8.4	
Personal doctor (%)	Yes, only one	40.9	43.5	39.8	39.4
	Yes, more than one	47.5	42.2	46.2	55.2
	No	11.6	14.4	14.1	5.4
Barriers to care (%)	Difficulty finding a doctor who understands health condition(s)	51.7	50.0	54.3	50.3
	Transportation is often or always a problem in getting health care	17.9	8.3	20.5	25.6
	Did not see a doctor past year because of cost	41.4	36.8	45.7	41.5
	Design of health care provider's office is often or always a problem	9.1	5.3	8.5	14.2
	Always or usually experience an unfriendly or unhelpful attitude at doctor's office	11.9	12.8	11.4	11.5
Last routine checkup (%)	Within past year	73.0	74.7	67.8	77.6
	1-2 years ago	14.1	12.4	18.8	10.2
	2-5 years ago	5.9	6.2	6.1	5.4
	5 or more years ago	7.0	6.7	7.4	6.8
Last dental visit (%)	Within past year	51.6	50.9	54.1	49.5
	1-2 years ago	13.4	16.1	11.9	12.3
	2-5 years ago	14.9	14.8	15.2	14.7
	5 or more years ago	20.1	18.3	18.9	23.5
Last eye exam (%)	Within past month	12.3	14.5	12.6	8.7
	Within past year	37.7	40.3	38.2	32.1
	1-2 years ago	20.3	19.0	19.8	21.4
	2 or more years ago	29.7	22.6	25.6	32.7

Table 3: health care access and utilization (continued)

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Veteran's Health					
Veteran (%)	Ever served in the military	9.4	14.2	9.6	3.8
	Among those that reported being a veteran²:				
		n=65	n=33	n=24	n=8
	Served in Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF)	3.1	3.0	4.2	0.0
	Ever served in combat zone	38.5	48.5	29.2	25.0
	Ever exposed to death, dying, or wounded people	48.4	53.1	41.7	50.0
	Exposed to environmental hazards during military service	48.1	48.0	52.4	33.3
	Hospitalized overnight in a VA hospital in the past 12 months	12.3	15.2	8.3	12.5
	Hospitalized overnight in a non-VA hospital in the past 12 months	17.2	12.5	20.8	25.0
	Number of times receiving outpatient care in the past 12 months	10.0 (26.2)	6.8 (20.4)	14.8 (34.3)	5.8 (4.2)
	Time to get to nearest VA health care facility (min)	36.2 (25.8)	34.8 (25.7)	42.0 (28.3)	24.2 (11.6)
	Ever used VA health care benefits	71.9	75.8	69.6	62.5

* 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.

2. Questions about issues related to veterans and military service were only asked of respondents who answered yes to having ever served in the military.

Table 4: Health behaviors of adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Recent sleep Mean (\pmSD)	During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?	15.1 (11.1)	14.8 (10.6)	17.1 (11.0)	13.0 (11.5)
Physical activity (%)	Engage in physical activity outside of work	48.5	50.9	50.2	43.8
	Do moderate activities for at least 10 minutes at a time during a usual week	57.3	68.4	58.3	43.2
Lifetime smoking (%)	Smoked 100 cigarettes in lifetime	43.8	55.8	42.4	32.0
Current smoking (%)	Every day	11.9	11.3	14.4	9.7
	Some days	5.4	8.7	4.4	2.9
	Not at all	82.7	80.0	81.2	87.4
Time since regular smoking¹ (%)	Within past month	73.4	73.8	76.2	68.0
	1-3 months ago	6.4	9.5	4.8	4.0
	3-12 months ago	6.4	7.1	4.8	8.0
	1-5 years ago	6.4	2.4	4.8	16.0
	5 or more years ago	7.3	7.1	9.5	4.0
Current smokeless tobacco (%)	Currently use chewing tobacco or snuff Everyday or Some days	1.2	0.9	2.0	0.5
Quit smoking¹ (%)	Stopped smoking for one day or longer because trying to quit smoking during the past 12 months	68.1	71.1	70.2	59.3
Influenza vaccine (%)	Received flu shot in past 12 months	42.5	43.0	38.0	47.3
Pneumococcal vaccine (%)	Ever had pneumonia shot	44.3	46.6	39.6	47.5
Average daily fruit & vegetable consumption (%)	Always	48.9	46.0	49.8	51.0
	Sometimes	32.8	36.3	31.5	30.5
	A little or Never	18.3	17.7	18.7	18.5

\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.

1. Only asked of respondents who indicated that they were currently smokers.

Table 5: Health and disability characteristics of adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Arthritis					
Arthritis (%)	Ever told have arthritis by health care professional	54.2	35.0	48.4	55.0
Joint pain limitation (%)	Among those that reported having Arthritis¹:				
	Limited in any way because of arthritis or joint symptoms	n=362	n=147	n=125	n=90
Limited social activities in past 30 days (%)	A lot	79.5	78.8	81.3	78.2
	A little	43.5	31.7	47.6	57.7
	Not at all	36.4	46.9	33.9	22.4
Joint pain Mean (\pm SD)	Joint pain in past 30 days on a scale from 1 to 10	20.1	21.4	18.6	20.0
		6.3 (3.6)	5.7 (2.5)	6.6 (3.8)	7.0 (4.6)
Asthma					
Asthma (%)	Ever told have asthma	40.9	30.9	47.5	55.0
Cardiovascular Disease					
Myocardial infarction (%)	Ever told had heart attack	12.2	10.7	18.4	16.7
Coronary heart disease (%)	Ever told had angina or coronary heart disease	15.0	11.5	20.5	25.0
Stroke (%)	Ever told had a stroke	11.8	12.5	17.5	10.0
Diabetes					
Diabetes (%)	Ever told have diabetes by a health professional	17.5	24.8	16.9	10.2
Age Mean (\pm SD)	Among those that reported having diabetes²:				
	Age when told had diabetes	n=119	n=57	n=41	n=21
Insulin (%)	Now taking insulin	41.0 (14.4)	41.8 (15.5)	39.4 (13.7)	42.3 (12.8)
Last eye exam with dilated pupils (%)	Within past month	27.1	31.6	29.3	10.0
	1-12 months ago	19.8	25.5	19.5	5.0
	1-2 years ago	36.2	43.6	34.2	20.0
	2 or more years ago	14.7	9.1	12.2	35.0
	Never	25.9	21.8	31.7	25.0
Retinopathy (%)	Ever told that diabetes affected eyes or retinopathy	3.5	0.0	2.4	15.0
Diabetes education (%)	Ever taken a class in how to self-manage diabetes	24.1	27.3	21.1	21.1
Diabetes visits Mean (\pm SD)	Number of times seeing health professional in past 12 months about diabetes	51.7	61.8	48.8	30.0
A1C check Mean (\pm SD)	Number of times health professional has checked A1C in past 12 months	3.0 (2.3)	3.0 (2.5)	2.7 (2.5)	3.6 (2.4)
Feet check Mean (\pm SD)	Number of times health professional has checked feet for sores or irritation in past 12 months	1.8 (1.3)	1.7 (1.3)	1.8 (1.3)	2.2 (1.5)
		1.5 (2.2)	1.4 (2.1)	1.4 (2.3)	1.7 (1.4)

Table 5: Health and disability characteristics (continued)

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Disability					
Main limiting condition (%)	Blindness	4.9	4.5	8.9	0.5
	Emotional problems	11.9	14.4	15.5	4.8
	Hearing disability	4.7	10.8	2.9	0.5
	Learning or intellectual disability	9.3	5.9	8.1	14.5
	Memory or cognitive disability	5.5	4.1	8.1	3.9
	Physical impairment or disability	63.1	60.4	55.7	74.9
	Speech impairment	0.6	0.0	0.8	1.0
Difficulty recognizing a friend across the street (%)	Unable to do because of eyesight	4.3	1.8	6.7	4.1
	Unable to do for other reason	1.7	0.5	0.4	4.6
	Extreme difficulty	3.1	2.3	3.8	3.1
	Moderate difficulty	10.8	9.6	10.0	13.2
	A little difficulty	25.6	27.3	27.2	21.8
	No difficulty	51.8	56.8	49.0	49.8
	Not applicable (Blind)	2.7	1.8	2.9	3.6
Difficulty reading print (%)	Unable to do because of eyesight	5.0	3.6	5.8	5.6
	Unable to do for other reason	4.1	0.5	1.3	11.8
	Extreme difficulty	8.8	7.6	12.1	6.2
	Moderate difficulty	14.9	14.4	13.3	17.4
	A little difficulty	31.2	37.2	30.0	25.6
	No difficulty	33.4	35.0	35.0	29.7
	Not applicable (Blind)	2.6	1.8	2.5	3.6
Shingles					
Shingles (%)	Ever had shingles	2.7	3.2	1.1	4.2
Women's Health⁵					
Mammogram (%)	Ever had mammogram	75.4	83.0	79.3	60.4
Last mammogram (%)	Within past year	50.3	57.0	50.0	40.9
	1-2 years ago	23.2	21.5	21.2	29.6
	More than 2 years ago	26.5	21.5	28.8	29.6
Breast exam (%)	Ever had clinical breast exam	90.6	95.2	90.1	85.6
Last breast exam (%)	Within past year	50.3	52.0	53.6	42.6
	1-2 years ago	24.3	22.0	26.1	24.5
	More than 2 years ago	25.4	26.0	20.3	33.0
Pap test (%)	Ever had pap test	90.4	96.1	93.3	79.3
Last pap test (%)	Within past year	44.2	41.3	49.7	38.4
	1-2 years ago	22.9	19.8	24.5	24.4
	More than 2 years ago	32.9	38.8	25.8	37.2

Table 5: Health and disability characteristics (continued)

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Women's Health³ (Continued)					
Hysterectomy (%)	Ever had hysterectomy	27.0	34.9	27.1	24.1

± 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 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 respondents.

Table 6: Caregiving characteristics of adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Caregiver (%)	Provided care or assistance to family member during the past month	30.0	38.8	30.8	18.9
Recipient age Mean (\pm SD)	Among those that reported having being caregivers¹:				
	Age of the care recipient	n=194 54.5 (26.7)	n=85 57.1(27.9)	n=73 54.6 (27.7)	n=36 47.2 (19.7)
Recipient gender (%)	Female	60.0	51.8	67.7	63.9
Recipient relationship (%)	Child	16.7	17.9	18.1	11.1
	Grandchild	3.7	3.6	4.2	2.8
	Grandparent	2.1	3.6	1.4	0.0
	Non-relative	25.0	20.2	23.6	38.9
	Other relative	5.7	4.8	8.3	2.8
	Parent / Parent-in-law	30.2	33.3	27.8	27.8
	Sibling	3.7	4.8	4.2	0.0
	Spouse	13.0	11.9	12.5	16.7
Recipient problem ² (%)	Alzheimer's disease or dementia	7.8	10.4	6.3	0.0
	Heart disease	7.4	7.8	6.3	3.3
	Cancer	7.0	6.5	6.3	3.3
	Arthritis	6.2	7.8	6.3	3.3
	Diabetes	5.7	5.2	6.3	6.7
Area which care recipient MOST needs caregiver's help (%)	Communicating with others	6.8	5.3	8.6	6.7
	Getting along with people	3.1	1.3	5.2	3.3
	Learning, remembering	6.8	5.3	5.2	13.3
	Moving around within home	6.1	9.3	3.5	3.3
	Relieving anxiety or depression	16.7	16.0	15.5	20.0
	Help with ADL*	19.6	20.0	15.5	26.7
	Help with IADL*	30.7	32.0	31.0	26.7
	Transportation	10.4	10.7	15.5	0.0

Table 6: Caregiving (continued)

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Other area which care recipient needs help from caregiver (%)	Communicating with others	8.4	8.6	7.1	10.3
	Getting along with people	7.1	10.0	7.1	0.0
	Learning, remembering	7.7	4.3	8.9	13.8
	Moving around within home	6.5	7.1	8.9	0.0
	None	3.9	4.3	1.8	6.9
	Relieving anxiety or depression	13.6	7.1	23.2	10.3
	Seeing or hearing	3.9	5.7	3.6	0.0
	Help with ADL	13.6	11.4	14.3	17.2
	Help with IADL	19.4	24.3	10.7	24.1
	Transportation	16.1	17.1	14.3	17.2
Care hours Mean (±SD)	Hours, on average, care provided in a week	40.5 (60.8)	40.0 (49.9)	42.8 (78.5)	36.6 (45.9)
Caregiver difficulties (%)	Affects family relationships	4.3	5.5	3.4	3.3
	Creates a financial burden	13.0	12.3	17.0	6.7
	Creates or aggravates health problems	16.1	6.9	23.7	23.3
	Creates stress	23.5	26.0	20.3	23.3
	Not enough time for family	3.1	5.5	1.7	0.0
	Not enough time for self	6.8	9.6	6.8	0.0
	Interferes with work	4.9	6.9	1.7	6.7
	No difficulty	20.4	21.9	15.3	26.7
	Other difficulty	8.0	5.5	10.2	10.0
Caregiver distance (%)	In the same house	49.7	48.7	44.4	63.3
	Less than 20 minutes away	28.7	29.5	30.2	23.3
	20-60 minutes away	12.3	14.1	12.7	6.7
	1-2 hours away	3.5	2.6	6.4	0.0
	More than 2 hours away	5.9	5.1	6.4	6.7
Memory concerns (%)	Have concerns about care recipient's memory	59.5	62.8	52.5	66.7
Memory interference (%)	Recipient's memory problems interfere with everyday activities	52.9	60.0	41.4	60.0
Caregiver injury (%)	Sustained an injury while providing care in the past 12 months	19.5	23.7	13.9	21.4

±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 asked of respondents who answered yes to providing care or assistance to a family member in the past month.

2. Only five most prevalent problems listed.

Table 7: Disaster preparedness among adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
How prepared (%)	Well prepared	20.4	20.3	16.2	25.3
	Somewhat prepared	57.4	58.5	58.6	54.7
	Not prepared at all	22.3	21.2	25.2	20.0
Water supply (%)	Household has 3-day supply of water	50.1	52.4	46.2	52.1
Food supply (%)	Household has 3-day supply of food	64.0	60.0	63.4	69.3
Medication supply (%)	Household has 3-day supply of prescription medication	85.1	84.9	82.7	88.1
Emergency radio (%)	Household has battery operated radio	74.2	75.5	70.9	76.8
Working flashlight (%)	Household has working flashlight	91.1	94.2	87.8	91.4
Emergency relative communication method (%)	2-way radio	0.7	0.5	1.0	0.5
	Cell phones	78.8	78.2	79.0	79.4
	Email	2.7	4.9	2.3	0.5
	Other	1.3	1.0	1.4	1.6
	Pager	1.8	4.4	1.0	0.0
	Regular home phone	14.7	11.2	15.4	17.9
Emergency authority communication method (%)	Internet	8.9	9.4	8.1	9.5
	Neighbors	4.3	5.9	4.7	1.8
	Other	2.2	3.0	1.9	1.8
	Print media	1.4	2.0	1.9	0.0
	Radio	41.6	44.6	41.7	37.9
	Television	41.6	35.2	41.7	49.1
Evacuation plan (%)	Household has written evacuation plan	17.8	15.5	14.0	25.3
Evacuate (%)	Would evacuate if public authorities announced mandatory evacuation	86.1	87.8	83.6	87.3
Reason wouldn't evacuate (%)	Concern about family safety	5.9	6.3	6.0	5.3
	Concern about leaving pets	24.4	33.9	25.0	12.7
	Concern about leaving property	9.5	10.9	9.8	7.3
	Concern about personal safety	5.9	2.9	7.6	7.3
	Concern about traffic jams	16.1	16.1	16.3	16.0
	Concern about health problems	7.7	1.2	6.0	17.3
	Lack of transportation	15.6	9.8	17.9	19.3
	Lack of trust in public officials	5.3	7.5	3.3	5.3
	Other	9.7	11.5	8.2	9.3

* 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 adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Treatment for mental illness (%)	Now taking medicine or receiving treatment from a health professional for any type of mental health condition or emotional problem	49.9	45.2	58.0	45.4
Nervousness in past 30 days (%)	All / Most time	25.8	20.1	35.0	21.1
	Some of the time	28.4	30.1	28.2	26.7
	A little of the time	24.3	27.3	20.9	25.0
	None of the time	21.5	22.5	15.9	27.2
Hopelessness in past 30 days (%)	All / Most time	20.6	17.7	23.0	21.1
	Some of the time	23.4	19.1	27.9	22.9
	A little of the time	21.0	26.8	19.8	15.4
	None of the time	35.0	36.4	29.3	40.6
Restlessness in past 30 days (%)	All / Most time	25.8	22.0	33.0	21.2
	Some of the time	28.1	31.1	24.9	28.5
	A little of the time	23.5	26.8	22.2	21.2
	None of the time	22.7	20.1	19.9	29.1
Depressed in past 30 days (%)	All / Most time	15.1	12.1	18.5	14.4
	Some of the time	21.8	18.0	25.7	21.3
	A little of the time	21.0	25.7	19.4	16.7
	None of the time	42.4	44.2	36.5	47.7
Felt everything was an effort in past 30 days (%)	All / Most time	34.9	29.5	43.6	30.5
	Some of the time	22.7	23.2	21.4	23.7
	A little of the time	25.7	33.8	20.5	22.6
	None of the time	16.7	13.5	14.6	23.2
Worthlessness in past 30 days (%)	All / Most time	17.7	16.4	21.2	14.9
	Some of the time	21.7	18.3	25.2	21.3
	A little of the time	18.2	20.2	15.8	19.0
	None of the time	42.4	45.2	37.8	44.8
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	5.7 (9.9)	3.7 (8.0)	7.3 (10.9)	6.1 (10.3)
Agree that treatment can help people with mental illness live normal lives (%)	Agree strongly	56.7	59.8	53.7	56.7
	Agree slightly	31.2	27.3	34.4	32.0
	Neither agree nor disagree	7.1	7.7	6.0	7.8
	Disagree	5.0	5.3	6.0	3.4

Table 8: Mental health and stigma (continued)

Variable	Categories	Disability Group*			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Agree that people are generally caring and sympathetic to people with mental illness (%)	Agree strongly	7.8	7.2	6.5	10.1
	Agree slightly	21.4	18.3	21.8	24.7
	Neither agree nor disagree	17.4	19.2	13.4	20.2
	Disagree slightly	28.6	29.8	33.3	21.4
	Disagree strongly	24.8	25.5	25.0	23.6

± 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 circumstances, social connectedness, and violence among adults with disability who self completed a web survey of health, behavior and social issues for the Florida Office on Disability and Health (FODH), January 2009 – December 2010.

Variable	Categories	Disability Group *			
		Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Social Context					
Home ownership (%)	Own	51.5	63.2	49.6	40.8
	Rent	25.5	24.9	27.5	23.9
	Other arrangement	23.0	12.0	23.0	35.3
Worried about being able to pay rent / mortgage in past 12 months (%)	Often (6 or more months)	34.3	30.2	41.7	29.8
	Sometimes (1-5 months)	23.2	27.3	21.6	20.4
	Never	28.2	33.2	23.9	27.6
	Not applicable	14.4	9.3	12.8	22.1
Worried about being able to afford to eat nutritious meals in past 12 months (%)	Often (6 or more months)	24.1	19.0	31.2	21.1
	Sometimes (1-5 months)	23.7	27.3	22.0	21.7
	Never	44.6	50.2	40.8	42.8
	Not applicable	7.6	3.4	6.0	14.4
Payment method at work (%)	Paid by the hour	39.0	39.4	43.9	30.4
	Paid by the job	7.2	5.6	9.4	7.3
	Salaried	34.6	39.4	29.0	33.3
	Paid some other way	19.2	15.5	17.8	29.0
Hours per week worked Mean (±SD)	Hours worked per week at all jobs combined	18.0 (21.2)	23.2 (21.8)	12.6 (17.9)	9.7 (17.8)
Vote (%)	Voted in 2008 presidential election	77.1	85.6	77.7	66.7
Sexual Violence					
Ever threatened (%)	Intimate partner ever threatened physical violence	24.8	27.5	28.2	17.4
Unwanted sex (%)	Ever experienced unwanted sex by current or former intimate partner	19.5	20.1	21.9	15.8
	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=116	n=41	n=47	n=28
	Been exposed to unwanted sexual situations not touching past 12 months	1.7	2.4	0.0	3.5
	Been exposed to unwanted sexual situations touching past 12 months	9.5	9.8	8.5	10.7
	Been touched on sexual body parts after saying or showing that it was unwelcome in past 12 months	9.7	7.5	6.5	17.9
Sex was attempted without consent, but did not occur, in past 12 months	9.7	2.4	11.1	17.9	

Table 9: Social connectedness and violence (continued)

Variable	Categories	Overall (n=691)	No IADL or ADL (n=232)	IADL, but no ADL (n=250)	ADL (n=209)
Relationship of violent partner (%)	Acquaintance	1.2	0.5	2.4	0.6
	Boyfriend / girlfriend	6.0	7.5	7.1	2.9
	Former boyfriend / girlfriend	4.1	4.5	5.2	2.3
	Supervisor / co-worker	0.2	0.0	0.5	0.0
	Friend	1.4	1.0	1.4	1.7
	Relative	1.7	0.0	2.8	2.3
	Spouse	8.4	12.6	7.6	4.7
	Former spouse	5.7	6.0	6.2	4.7
	Someone know for less than 24 hours	1.4	0.5	1.9	1.7
	Other	69.9	67.3	64.9	79.1
Firearms					
Firearms in home (%)	Firearms kept in or around home	25.1	30.7	24.9	18.5
	Among those that reported having a firearm in the home²:				
		n=147	n=63	n=53	n=31
Firearms loaded (%)	Firearms are now loaded	36.4	40.3	42.9	17.2
Loaded and unlocked (%)	Loaded firearms are unlocked	29.1	29.8	34.7	17.9

± 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.

1. Only asked of respondents who answered yes to experiencing unwanted sex by an intimate partner.

2. Only asked of respondents who answered yes to having a firearm in the home.