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About DPH

The New Hampshire Disability & Public Health project (DPH), funded by the U.S. Centers for Disease Control and Prevention (CDC), is a collaboration between the Institute on Disability (IOD) at the University of New Hampshire and the NH Division of Public Health Services (DPHS). The project goal, to promote and maximize health, prevent chronic disease, and improve emergency preparedness among people with disabilities, is achieved through activities that focus on infusing disability components into existing public health programs and initiatives.

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About the Data

The data presented throughout this report come from the 2012 Behavioral Risk Factor Surveillance System (BRFSS), established by CDC and administered through NH Health Statistics and Data Management at DPHS. Disability, on the BRFSS, is defined as a self-report of limitations due to physical, mental, or emotional problems and/or a health problem that necessitates the use of special equipment like a wheelchair, special bed, communication device, or other.

This report focuses on NH adults, ages 18 and older. Descriptive analyses were conducted on two independent groups: working age adults between the ages of 18 and 64, and older adults 65 and up. A third group of transition age young adults, ages 18 to 24, is also examined as a population of interest. Transition age adults are not analyzed as a mutually exclusive group but are considered as a snapshot to depict how shifting from dependent status to adult services and emerging adulthood may make the experiences of persons in this age group distinct from those of the general adult population.

Data are presented throughout this report in text and in figures, with supporting information in table form. The tables contain 95% confidence intervals and asterisks to denote statistically significant differences. The percent for each data point presents the closest point estimate from the weighted BRFSS sample, and the confidence interval indicates that 95% of all samples drawn from the whole population will result in a point estimate somewhere within the given range. Statistical significance is designated at the commonly accepted alpha level .05.
Prevalence of Disability in New Hampshire

About one quarter (22.7%) of New Hampshire adults have disabilities. As may be expected, the prevalence of disability is highest among older adults, ages 65 and older. In NH, more than one-third (34.5%) of this age group report an activity limitation and/or the use of special equipment. Perhaps more surprising is that as many as one in five (20%) adults between the ages of 18 and 64 experiences disability. Among youth of transition age, described here as individuals ages 18-24, the NH prevalence is 10%. The statistics underscore the importance of including people with disabilities in statewide health programs and initiatives.

Policy Recommendation: Ensure state public health programs and services are both physically and culturally accessible to individuals with varying needs and abilities, including individuals with cognitive, intellectual, mobility, and/or sensory limitations.

Figure 1. Prevalence of disability in NH by age group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Unweighted n</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age (18-24)</td>
<td>244</td>
<td>10</td>
<td>(6.5 - 15.1)</td>
</tr>
<tr>
<td>Working age (18-64)</td>
<td>4721</td>
<td>20</td>
<td>(18.5 - 21.5)</td>
</tr>
<tr>
<td>Older adults (65 &amp; over)</td>
<td>2604</td>
<td>34.5</td>
<td>(32.2 - 36.8)</td>
</tr>
</tbody>
</table>

n - sample size
% - percent
95% CI - 95% Confidence Interval
Social Determinants of Health

Education

People with disabilities in NH typically fare less well than people without disabilities on certain health indicators, including social determinants of health such as education, income, and employment. Inequities related to these social factors predict disparities in health outcomes and access to health care. Figure 2 shows that adults of all ages with disabilities are significantly more likely than their same-age peers not to have earned a high school diploma or its equivalent.

Policy Recommendation: Efforts to minimize health disparities among people with disabilities, compared to the general population, must also strive to ensure that people with disabilities have sufficient education, viable income, and equivalent employment opportunities.

Figure 2. NH adults who did not receive a high school diploma or equivalent

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>%</th>
<th>95% CI</th>
<th>No Disability</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>(18-24)</td>
<td>21*</td>
<td>(18.1-24.4)</td>
<td>14</td>
<td>(13.1-14.9)</td>
<td></td>
</tr>
<tr>
<td>Working age</td>
<td>(18-64)</td>
<td>13.6*</td>
<td>(10.5-17.5)</td>
<td>7.1</td>
<td>(5.6-9.1)</td>
<td></td>
</tr>
<tr>
<td>Older adults</td>
<td>(65 &amp; over)</td>
<td>14.6</td>
<td>(11.4-18.5)</td>
<td>10.9</td>
<td>(8.7-13.5)</td>
<td></td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI - 95% Confidence Interval
**Income**

Adults of all ages with disabilities in NH are significantly more likely than adults without disabilities to report a household income of less than $25,000 per year. Data in Figure 3 show that people with disabilities are between 8% and 24% more likely to have low income than their same-age peers. The greatest disparity is seen within the group of traditional working age (18-64).

**Policy Recommendation**: Income inequities must be addressed and eliminated in order to ensure equal opportunities and community participation for NH adults with disabilities.

### Figure 3. NH adults with annual household income less than $25,000

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>95% CI</th>
<th>No Disability</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age (18-24)</td>
<td>53.0*</td>
<td>(48.9-57)</td>
<td>45.1</td>
<td>(43.8-46.4)</td>
</tr>
<tr>
<td>Working age (18-64)</td>
<td>37.3*</td>
<td>(33.2-41.7)</td>
<td>13.7</td>
<td>(12-15.6)</td>
</tr>
<tr>
<td>Older adults (65 &amp; over)</td>
<td>39.3*</td>
<td>(35-43.6)</td>
<td>24.1</td>
<td>(21.3-27.1)</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability

% - percent

95% CI - 95% Confidence Interval
Employment

NH adults in all age categories with disabilities are significantly less likely to be employed than their peers without disabilities. Figure 4 shows that about 39.7% of transition age adults with disabilities are employed for wages or self-employed, compared to 47.7% of people this age without disabilities. More than three-quarters (78.1%) of working age adults without disabilities are employed, compared to less than half (46%) of people with disabilities. Among older adults, people without disabilities are twice as likely to be working (21.5%) as people with disabilities (10.5%).

Policy Recommendation: Encourage workplaces to improve physical and cultural accessibility in order to invite a broader pool of qualified applicants and successful employees. Empower people with disabilities to earn a living wage without fear of losing needed Medicare or Medicaid benefits.

Figure 4. NH adults who are employed for wages or self-employed

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Disability</th>
<th>95% CI</th>
<th>No Disability</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>39.7*</td>
<td>(36.4-43.1)</td>
<td>47.7</td>
<td>(46.6-48.9)</td>
</tr>
<tr>
<td>Working age</td>
<td>46.0*</td>
<td>(41.9-50.1)</td>
<td>78.1</td>
<td>(75.9-80.1)</td>
</tr>
<tr>
<td>Older adults</td>
<td>10.5*</td>
<td>(8.2-13.2)</td>
<td>21.5</td>
<td>(19.1-24.1)</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI- 95% Confidence Interval
Access to Care

Health Insurance

In NH, a significant proportion of adults with and without disabilities report having no health insurance. Because the differences between groups (with and without disabilities) are not statistically significant, we can consider all adults together for each age group. Figure 5 shows that about one in five (19%) young adults of transition age do not have any health insurance; the number drops slightly to 15.8% when considering the whole population of adults aged 18-64. Older adults, who qualify for coverage with Medicare are more likely to be insured.

Policy Recommendation: As part of Medicaid expansion, the state must build the essential infrastructure and perform the necessary outreach to ensure that uninsured individuals are aware of and can access the benefits that are available to them.

Figure 5. NH adults with no health insurance

<table>
<thead>
<tr>
<th></th>
<th>Whole Population</th>
<th>Disability</th>
<th>No Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age (18-24)</td>
<td>19 (13.7-25.6)</td>
<td>31.1 (15.6-52.5)</td>
<td>17.6 (12.2-24.6)</td>
</tr>
<tr>
<td>Working age (18-64)</td>
<td>15.8 (14.2-17.4)</td>
<td>19.5 (16.2-23.2)</td>
<td>14.8 (13.1-16.7)</td>
</tr>
<tr>
<td>Older adults (65 &amp; over)</td>
<td>1.2 (0.8-1.7)</td>
<td>0.9 (0.5-1.8)</td>
<td>1.3 (0.8-2.1)</td>
</tr>
</tbody>
</table>

% - percent
95% CI- 95% Confidence Interval
Delayed care due to cost

Adults with disabilities are significantly more likely than adults without disabilities not to see a doctor when needed due to cost. Despite the fact that people with disabilities are as likely as people without disabilities to have health insurance and to report having a primary care physician, they are still more likely to experience delays in needed care. Figure 6 shows 48.2% of transition age adults report delays in needed medical care due to cost. Among all working age adults and older adults, delays are experienced by 29.7% and 4.7%, respectively.

Policy Recommendation: Better determine specific reasons for and solutions to financially-motivated delays in care. Be aware of and strive to mitigate all the factors that can contribute, including transportation, lack of insurance or underinsurance.

**Figure 6. NH adults who delay needed medical care because of cost**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>No Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age (18-24)</td>
<td>48.2* (30-67)</td>
<td>15 (10.1-21.8)</td>
</tr>
<tr>
<td>Working age (18-64)</td>
<td>29.7* (26-33.7)</td>
<td>11.7 (10.3-13.4)</td>
</tr>
<tr>
<td>Older adults (65 &amp; over)</td>
<td>4.7* (3.2-6.8)</td>
<td>1.4 (0.9-2.1)</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI - 95% Confidence Interval
Oral Health

Oral health is a necessary component of overall wellness. Data in Figure 7 show that working age adults and older adults with disabilities were significantly less likely to have seen a dentist or had their teeth cleaned in the previous 12 months than adults without disabilities. In the 18-64 age group, 42.5% of individuals with disabilities had not been to the dentist, compared with 23.7% without disabilities; 37% of older adults had not been to the dentist, compared with less than 2% of peers without disabilities.

Policy Recommendation: Because dental health is not always covered by health insurance, people with disabilities often must pay out-of-pocket for these services. Options for affordable, routine oral health care need to be made available, and people with disabilities should be educated about the existence of such resources.

Figure 7. NH adults who have not been to the dentist in the last 12 months

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>95% CI</th>
<th>No Disability</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>33.5</td>
<td>17.7-54.1</td>
<td>29.1</td>
<td>22.8-36.5</td>
</tr>
<tr>
<td>Working age</td>
<td>42.5*</td>
<td>38.4-46.7</td>
<td>23.7</td>
<td>21.7-25.7</td>
</tr>
<tr>
<td>Older adults</td>
<td>37*</td>
<td>33-41.1</td>
<td>23.2</td>
<td>20.7-26</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI - 95% Confidence Interval
Mammography

Women with disabilities who are over 50 years old are significantly less likely than women of the same age without disabilities to get the recommended biannual mammography screenings. Almost one-fourth (22.3%) of women with disabilities in this age group reported not having had a mammogram in the previous two years, compared with 14.1% of peers without disabilities (see Figure 8).

Policy Recommendation: Mammography facilities should be accessible to women with different needs and abilities, and mammography technologists must be trained regarding useful and necessary accommodations and strategies to acquire effective radiologic images. Women with disabilities also need to be educated about the existence of accessible facilities and empowered to seek mammography services with recommended frequency (current recommendation is every two years).³

Figure 8. NH women over 40 years old who had a mammogram in the past 2 years

<table>
<thead>
<tr>
<th></th>
<th>Disability</th>
<th>No Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women 40+</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>75.9</td>
<td>80.1</td>
</tr>
<tr>
<td>95% CI</td>
<td>(71-80.3)</td>
<td>(77.4-82.6)</td>
</tr>
<tr>
<td><strong>Women 50+</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>%</td>
<td>77.7*</td>
<td>85.9</td>
</tr>
<tr>
<td>95% CI</td>
<td>(72.1-82.4)</td>
<td>(83.1-88.4)</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI - 95% Confidence Interval
Physical Activity

Adults with disabilities are significantly more likely to be sedentary than adults without disabilities in NH. More than twice as many working age adults with disabilities (33.4%) reported no physical activity in the previous 30 days, compared with same-age adults without disabilities (13.5%). Figure 9 shows a similar pattern among older adults: 43.4% of individuals with disabilities reported no exercise, compared to 22.4% of individuals without disabilities.

Policy Recommendation: To increase levels of physical activity among adults with disabilities, NH can Commit to Inclusion⁴ and encourage adoption of the Guidelines for Disability Inclusion⁵ by state, private, and non-profit organizations. Doing so will increase access for people with disabilities to community-based health and fitness activities.

Figure 9. NH adults who engaged in no physical activity in the last 30 days

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>95% CI</th>
<th>No Disability</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>6.5</td>
<td>(2-19.6)</td>
<td>8.7</td>
<td>(5.5-13.5)</td>
</tr>
<tr>
<td>Working age</td>
<td>33.4*</td>
<td>(29.7-37.3)</td>
<td>13.5</td>
<td>(12-15.1)</td>
</tr>
<tr>
<td>Older adults</td>
<td>43.3*</td>
<td>(39.3-47.4)</td>
<td>22.4</td>
<td>(19.8-25.1)</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
| - percent
| 95% CI - 95% Confidence Interval
Obesity

Obesity affects more than one in three adults with disabilities. Figure 10 shows significant disparities in prevalence of obesity both working age adults (ages 18 to 64) and older adults (age 65 and over) with and without disabilities.

Policy Recommendation: An important strategy for achieving and maintaining healthy weight is to know and track one’s body mass index (BMI). Accordingly, primary care practices must be equipped with a method to weigh wheelchair users in order to meaningfully discuss accurate weights and empower individuals with disabilities to set meaningful goals around weight loss, nutrition, and physical activity.

Figure 10. Prevalence of obesity among NH adults

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>%</th>
<th>95% CI</th>
<th>No Disability</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>(18-24)</td>
<td>15.3</td>
<td>(6-34.1)</td>
<td>15</td>
<td>(10-22.1)</td>
<td></td>
</tr>
<tr>
<td>Working age</td>
<td>(18-64)</td>
<td>38.5*</td>
<td>(34.6-42.5)</td>
<td>24.9</td>
<td>(22.9-26.9)</td>
<td></td>
</tr>
<tr>
<td>Older adults</td>
<td>(65 &amp; over)</td>
<td>37.4*</td>
<td>(33.4-41.5)</td>
<td>20.5</td>
<td>(18-23.1)</td>
<td></td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI- 95% Confidence Interval
Smoking

Transition age young adults with disabilities are more likely to smoke cigarettes than adults of the same age without disabilities. Figure 11 shows that 55.8% of NH adults ages 18 to 24 with disabilities smoke tobacco daily, compared to 44.4% of that age group without disabilities.

Policy Recommendation: Tobacco prevention and cessation initiatives in NH should target messages and campaigns to transition age adults. Include questions about disability on Quit Line intake questionnaires to generate data that will help tailor cessation counseling efforts and public service marketing campaigns to be more effective for young adults with disabilities.

Figure 11. NH adults who smoke tobacco everyday

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>No Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>55.8*</td>
<td>44.4</td>
</tr>
<tr>
<td>Working age</td>
<td>36.9</td>
<td>31.9</td>
</tr>
<tr>
<td>Older adults</td>
<td>9.5</td>
<td>7.3</td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI- 95% Confidence Interval
Depression

Well over half (63.2%) of transition age adults and exactly half (50.2%) of working age adults with disabilities have ever been told by a health professional that they have a depressive disorder (compared to 17.1% of transition age adults and 13.8% of working age without disabilities). Among older adults, 23.5% with disabilities have been depressed, compared to 9.7% without disabilities.

Policy Recommendation: Health care providers must ask depression screening questions of all individuals. Providers must also be prepared to offer appropriate follow up, including person-centered resources and supports for people with varying needs, different types of health care coverage, and disparate financial situations.

Figure 12. NH adults with depressive disorder

<table>
<thead>
<tr>
<th></th>
<th>Disability</th>
<th>%</th>
<th>95% CI</th>
<th>No Disability</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition age</td>
<td>(18-24)</td>
<td>63.2*</td>
<td>(44.1-78.8)</td>
<td>17.1</td>
<td>(12.1-23.5)</td>
<td></td>
</tr>
<tr>
<td>Working age</td>
<td>(18-64)</td>
<td>50.2*</td>
<td>(46.1-54.3)</td>
<td>13.8</td>
<td>(12.3-15.4)</td>
<td></td>
</tr>
<tr>
<td>Older adults</td>
<td>(65 &amp; over)</td>
<td>23.5*</td>
<td>(20.2-27.1)</td>
<td>9.7</td>
<td>(8.1-11.4)</td>
<td></td>
</tr>
</tbody>
</table>

* - statistically significant difference compared to people with no disability
% - percent
95% CI- 95% Confidence Interval
Health Outcomes

Chronic Disease

The overlap of disability and chronic disease among adults in NH is presented in Figure 13. Chronic disease is defined here as ever having a heart attack, heart disease, stroke, COPD, diabetes, asthma, or any cancer except for skin. Thirty percent (30%) of NH adults report chronic disease; 12.4% of these individuals also report having an activity limitation or using special equipment (i.e., having a disability). Also, of the 22.5% of NH adults with a disability, 12.4% reported experiencing a chronic disease. This means that 10.1% of the NH adult population experiences a disability that is unrelated to a chronic disease.

Both disability and chronic disease are more prevalent with age, as might be expected (see Figure 14 on page 19). This is true of all the diseases examined except asthma, which accounts for almost all of the chronic disease reported by adults of transition age. Further detail is available in Appendix A.

Figure 13. NH adults 18 and older with chronic disease, disability, or both

<table>
<thead>
<tr>
<th></th>
<th>Disability</th>
<th>No Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic disease</td>
<td>12.4%</td>
<td>17.6%</td>
</tr>
<tr>
<td>95% CI</td>
<td>(11.4-13.5)</td>
<td>(16.4-18.8)</td>
</tr>
<tr>
<td>No chronic disease</td>
<td>10.1%</td>
<td>59.9%</td>
</tr>
<tr>
<td>95% CI</td>
<td>(9.2-11.1)</td>
<td>(58.3-61.5)</td>
</tr>
</tbody>
</table>

% - percent
95% CI- 95% Confidence Interval
Disentangling the bidirectional influences of disability and chronic disease is a difficult but necessary task for public health. As noted by Drum (2012), “Persons with a congenital or acquired disability may develop a chronic condition, and a chronic condition may result in a person experiencing a disability such as a mobility limitation.” DPH offers these recommendations to guide policy, as it relates to both legislation and public health programs and initiatives:

**Policy Recommendations**

- Improve data sources by including disability identifiers, including questions that determine whether a disability is congenital or acquired by age, illness, or injury;
- Ensure that statewide health promotion and disease prevention and management programs include and accommodate people with pre-existing disabilities; and
- Recognize that a substantial proportion of NH adults have disabilities that do not result from chronic disease. Ensure that public health programs work with disability organizations in outreach to include people with disabilities, allowing them to maintain or increase their ability to live independently and participate in the community.7

**Figure 14. Chronic disease and disability by age group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability</th>
<th>%</th>
<th>95% CI</th>
<th>No Disability</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transition Age</strong></td>
<td>Chronic disease</td>
<td>3.7</td>
<td>(1.7-8.2)</td>
<td>No chronic disease</td>
<td>6.0</td>
<td>(3.4-10.3)</td>
</tr>
<tr>
<td></td>
<td>No chronic disease</td>
<td>6.0</td>
<td>(3.4-10.3)</td>
<td>Chronic disease</td>
<td>13.2</td>
<td>(8.8-19.2)</td>
</tr>
</tbody>
</table>

| **Working Age**    | Chronic disease | 9.5   | (8.5-10.7) | No chronic disease | 77.1  | (70.2-82.8) |
|                    | No chronic disease | 10.1  | (9-11.3)   | Chronic disease | 14.5  | (13.1-15.9) |

| **Older Adults**   | Chronic disease | 24.2  | (22.2-26.4) | No chronic disease | 30.5  | (28.2-32.9) |
|                    | No chronic disease | 10.2  | (8.9-11.7)  | Chronic disease | 35.0  | (32.7-37.4) |

% - percent
95% CI - 95% Confidence Interval
Appendix A:

Chronic Diseases by Age Group

Heart attack and disability by age group

Heart disease and disability by age group
Stroke and disability by age group

Cancer and disability by age group
COPD and disability by age group

- 18-24: 10% Disability, no COPD; 17% Disability & COPD; 27% COPD, no Disability; 90% None
- 18-64: 10% Disability, no COPD; 17% Disability & COPD; 27% COPD, no Disability; 90% None
- 65 & over: 10% Disability, no COPD; 17% Disability & COPD; 27% COPD, no Disability; 90% None

Diabetes and disability by age group

- 18-24: 10% Disability, no Diabetes; 17% Disability & Diabetes; 28% Diabetes, no Disability; 90% None
- 18-64: 10% Disability, no Diabetes; 17% Disability & Diabetes; 28% Diabetes, no Disability; 90% None
- 65 & over: 10% Disability, no Diabetes; 17% Disability & Diabetes; 28% Diabetes, no Disability; 90% None
References


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