

Oregon Disability and Health Needs Assessment

**Prepared by the
Oregon Office on Disability and Health**

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The Oregon Office on Disability and Health (OODH [www.oodh.org]) is a collaborative program of the Institute on Development and Disability (www.ohsuidd.org) at Oregon Health & Science University (OHSU) and the Public Health Division of the Oregon Health Authority (<http://www.oregon.gov/oha/>).

OODH has been funded since 1994 by the Centers for Disease Control and Prevention (CDC [<http://www.cdc.gov/ncbddd/disabilityandhealth/>]). The mission of OODH is to promote the health and wellness of Oregonians with disabilities through public health surveillance, health promotion, training, education, community engagement activities, policy development and recommendations, and dissemination of materials and information.

During our current funding cycle (2012-2014), the goals of OODH are to promote and maximize health, increase access to health care, and improve emergency preparedness for people with disabilities in Oregon. The purpose of this document is to identify current needs in these areas, which will help inform our efforts and also allow us to track changes over time.

Data Sources

We used several different sources of information for this needs assessment. The information on adults with disabilities came from the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a telephone survey that asks about health, behaviors that affect health, and access to health care. The survey is random, meaning that any resident might be called. However, some groups of people are not included. Children under age 18 and people who are in an institution, such as a jail or nursing home, are not included in the survey. People who have no telephone are not included. Those who do not speak English or Spanish are not included. Some people who have a disability may not be included because they do not understand the questions, cannot get to the phone in time, or use a special telephone that sounds to the caller like a fax machine. The BRFSS survey is conducted every year by each state or territory health department. The information used for this needs assessment was collected in Oregon in 2011 and analyzed by OODH. More details from BRFSS data about Oregon adults with disabilities are included in our annual chartbooks, available at www.oodh.org.

Information about youth with disabilities came from the Oregon Healthy Teen Survey. This survey is conducted every other year by the Oregon Public Health Division to collect information about health and well-being of adolescents in Oregon. It is a written survey given to 8th and 11th graders in schools statewide. In 2006 and 2008, the survey included questions about disabilities and chronic conditions. OODH combined those two years of data and analyzed them to provide the information in this needs assessment.

Information about children came from the 2011/2012 National Survey of Children's Health (NSCH) and the 2009/2010 National Survey of Children with Special Health Care Needs (NS-CSHCN). Both of these are telephone surveys conducted by the National Center for Health Statistics at the Centers for Disease Control and Prevention. These surveys do not focus specifically on disabilities, but instead identify children with special health care needs (CSHCN). CSHCN are defined by the Maternal and Child Health Bureau as "those who have a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." Results from both surveys are available on the Data Resource Center website (<http://cahmi.org/pages/Sections.aspx?section=14>) developed by the Child and Adolescent Health Measurement Initiative at OHSU.

We also collected data via a web-survey, "The Pulse of Oregon," to get input from people in the disability community as to what specific issues we should prioritize in our strategic planning process. A total of 320 people responded to the survey.

Disability in Oregon

About 29% of the adult population of Oregon has a disability, defined as a limitation in any activities and/or use of assistive equipment.

Among 8th and 11th graders in Oregon, 37% self-reported having a disability or chronic health condition, including medical conditions lasting more than a year, physical disability (e.g. spina bifida, CP, spinal cord injury, arthritis), blindness or problem seeing, deafness or problem hearing, an emotional condition, or a learning disorder (e.g. attention deficit disorder).

Among Oregon children age 0-17 years, 19% have special health care needs, according to the National Survey of Children's Health.

Health Status and Health Risks

Adults with disabilities in Oregon are much more likely than adults without disabilities to describe their health as fair or poor (as opposed to excellent, very good, or good). They are also more likely to be obese. Specifically:

- 38% of Oregon adults with disabilities reported fair/poor health, compared to 8% of Oregon adults without disabilities
- 37% of Oregon adults with disabilities are obese, compared to 21% of Oregon adults without disabilities

Similarly, Oregon youth with disabilities or chronic conditions have worse health than youth without disabilities or chronic conditions.

- 15% of Oregon youth with disabilities or chronic conditions reported fair or poor physical health, compared to 9% of youth with no such conditions
- 24% of youth with disabilities or chronic conditions reported fair or poor mental health, compared to 9% of other youth
- 28% of youth disabilities or chronic conditions were overweight, compared to 24% of other youth

Information about the health of Oregon children with special health care needs (CSHCN) is based on their parents' reports. According to parents:

- 6% of CSHCN have fair/poor health, which is somewhat higher than the 2% of other children with fair/poor health
- Health conditions consistently affect daily activities for 29% of Oregon CSHCN
- 27% of CSHCN are overweight or obese, similar to the 26% of other children who are overweight or obese
- 25% of CSHCN have one or more oral health problems, compared to 19% of other children

Access to and Receipt of Health Care

Compared to adults without disabilities in Oregon, adults with disabilities are:

- About as likely to have some type of health insurance (82% vs. 81%)
- More likely to have had a checkup in the past year (59% vs. 50%)
- More likely to have received a flu shot in the past 12 months (40% vs. 31%)
- More likely to have been tested for HIV (38% vs. 33%)
- About as likely to have been screened for colorectal cancer (adults age 50 and up)

However, adults with disabilities are:

- More likely to have had a time in the past year when they needed to see a doctor but could not due to cost (24% vs. 15%)
- Less likely to have received a Pap test to screen for cervical cancer (62% vs. 77%), among women 18 and older
- Women age 50 or older with disabilities were somewhat less likely to have received a mammogram within the past two years (70% vs. 79%)

Oregon youth with disabilities or chronic conditions have more unmet health care needs than other youth.

- 26% of youth with disabilities or chronic conditions reported physical health care needs (any situation where they thought they should see a doctor, nurse, or other health care professional) that were not met in the past 12 months, compared to 15% of other youth
- 23% of youth with disabilities or chronic conditions reported mental health care needs (any situation where they thought they should see a counselor, social worker, or other mental health professional) that were not met in the past 12 months, compared to 8% of other youth

Oregon children with special health care needs also have many unmet health care needs. Although almost all have health insurance, in many cases the insurance is not adequate to cover all of their needs.

- 99% have some type of insurance, compared to 95% of other children
- 44% rely on public insurance, compared to 36% of other children
- According to the National Survey of Children's Health, current insurance is not adequate for 27% of CSHCN, which is only slightly higher than the 25% of other children with inadequate insurance. However, in the National Survey on Children with Special Health Care Needs, the percent of CSHCN with inadequate insurance is 39%.
- In the National Survey of Children's Health, 20% CSHCN had one or more unmet health care needs during the past 12 months, compared to 6% of other children. Unmet health care needs include delays in getting or being unable to get needed medical, dental, vision, mental health, or other care.
- An even higher percentage of families with CSHCN (30%) reported one or more unmet health care needs in the National Survey of Children with Special Health Care Needs. This survey asked whether the child needed and did not get any of the following: routine preventive care; specialist care; preventive dental care; other dental care; prescription medicines; occupational therapy, physical therapy, or speech therapy; mental health care; substance abuse treatment; home health care; vision care or eyeglasses; hearing aids or hearing care; mobility aids; communication aids; disposable medical supplies; or durable medical equipment.

In the Pulse of Oregon web survey, when people were asked about access to health care, the top priorities identified for OODH action were:

- Develop recommendations for improving preventive health care services to people with varying disabilities (35%)

- Promote increased physical accessibility in health care facilities that provide preventive and primary health care for people with disabilities (22%)

Only 7% said that providing disability awareness etiquette training to health care students was a top priority in access to health care.

Health Promotion and Health Behaviors

Adults with disabilities in Oregon are:

- Less likely to meet physical activity guidelines (40% did not meet guidelines vs. 25% of adults without disabilities)
- More likely to be smokers, either currently (23% vs. 17% of adults without disabilities) or in the past (34% vs. 25%)
- Less likely to have had any alcoholic drinks in the past month (49% vs. 62%) and less likely to binge drink (12% vs. 18%)

Adults with disabilities consume about the same amount of fruits and vegetables as adults without disabilities. However both Oregon adult groups are well below the recommended number of servings per day.

Overall, youth with and without disabilities or chronic conditions reported fairly similar health behaviors. However, we found exceptions for two subgroups: youth with emotional conditions, and youth with multiple types of conditions. Compared to youth with no conditions, these two groups were:

- Less likely to have had milk in the past 7 days
- Less likely to eat breakfast regularly
- Less physically active
- More likely to have used alcohol, tobacco, or drugs in the last 30 days
- More likely to have had sex
- More likely to have been sexually abused

In the Pulse of Oregon survey, when asked about health promotion:

- Most respondents (62%) said that conducting training for public health professionals on how to include and meet the needs of people with disabilities in their health promotion and educational programs was the top priority in this area
- The lowest priority area was disseminating health education materials to public health professionals that emphasize the importance of healthy behaviors among people with disabilities (4%).

When web survey respondents were asked about specific health promotion activities based on types of disability,

- 63% were aware of activities for people that experience chronic conditions
- 50% were aware of activities for people that experience mental health issues
- 17% were aware of activities for people who are deaf or hard of hearing

Emergency Preparedness

Oregon had not previously collected population-based data on emergency preparedness issues for people with disabilities. This year, for the first time, a set of questions on the Oregon BRFSS collects information about the emergency preparedness needs of Oregonians, including people with disabilities.

Emergency preparedness priorities identified by respondents to the Pulse of Oregon survey included:

- Forming partnerships between the disability community and county emergency management (33%)
- Including people with disabilities in state level emergency planning (26%)

Another key issue identified by the survey is that most respondents (67%) were not aware of disability-specific emergency planning resources in their area.

Conclusions

The prevalence of disability and special health care needs is high in Oregon, ranging from 20-37% depending on the age range. This large population group experiences many disparities in health status, health behaviors, and receipt of needed health care. Health promotion efforts and improvements in health care are clearly needed for people with disabilities. Ongoing data collection is also needed so we can continue to evaluate disparities and track changes over time.

Based on the Pulse survey, the top priorities for OODH's current funding cycle are:

- Developing recommendations for improving preventive health care services for people with disabilities
- Promoting accessibility of health care facilities
- Training public health professionals on including people with disabilities in health promotion efforts
- Increasing awareness of disability-specific emergency planning resources
- Forming partnerships with county emergency management and ensuring inclusion of people with disabilities in state level emergency planning