



# Disability and Secondary Conditions



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## CHAPTER 6

### Co-Lead Agencies

Centers for Disease Control and Prevention  
National Institute on Disability and Rehabilitation Research,  
Department of Education

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## GOAL:

Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the U.S. population.



The objectives in this chapter include measures of life satisfaction among people with disabilities, barriers to their participation in everyday life, and the availability of public health programs to support these individuals and their caregivers. The objectives also track the use of congregate care, as well as the availability of surveillance systems that identify persons with disabilities.

All Healthy People tracking data quoted in this chapter, along with technical information and Operational Definitions for each objective, can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.

More information about this Focus Area can be found in the following publications:

- › *Healthy People 2010: Understanding and Improving Health*, available from <http://www.healthypeople.gov/2010/Document/tableofcontents.htm#under>.
- › *Healthy People 2010 Midcourse Review*, available from <http://www.healthypeople.gov/2010/data/midcourse/html/default.htm#FocusAreas>.

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## Highlights

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- › Substantial progress was achieved for the objectives in this Focus Area during the past decade [1]. Over two-thirds of the Disability and Secondary Conditions objectives with data to measure progress moved toward or achieved their Healthy People 2010 targets (Figure 6-1). However, health disparities of 50% to 99% were observed among racial and ethnic populations, education groups, and income groups (Figure 6-2), as highlighted below [2].

- › The number of states and the District of Columbia (D.C.) with public health surveillance systems for persons with disabilities (objective 6-13a) increased from 14 in 1999 to 51 in 2009, meeting the 2010 target of 51. During the same time period, the number of states and D.C. with surveillance systems for caregivers of persons with disabilities (objective 6-13e) increased from 0 to 51, also meeting the target of 51.
- › A statistically significant downward trend was observed during the past decade in the number of adults in congregate care facilities (objective 6-7a) [3]. The number dropped 36.2% between 1997 and 2009, from 93,362 to 59,604, moving toward the 2010 target of 46,681. However, the number of children and young adults in congregate care facilities (objective 6-7b) increased 11.0% between 1997 and 2008, from 26,028 to 28,890, moving away from the target of 0. The proportion of children and youth aged 6–21 years with disabilities who are enrolled in regular education programs (objective 6-9) increased 28.9% from 1995–96 to 2008–09, from 45% to 58%, moving toward the 2010 target of 60%.
- › Sadness or depression among children and adolescents aged 4–17 years with disabilities (objective 6-2) decreased 25.8% between 1997 and 2007, from 31% to 23%, moving toward the 2010 target of 17%.
- › The employment rate among adults aged 18–64 with disabilities (objective 6-8) declined 14.0% between 1997 and 2008, from 43% to 37%, moving away from the 2010 target of 80%. Disparities were observed for a number of population groups, for example:

- Among racial and ethnic groups, non-Hispanic white adults with disabilities had the highest (best) employment rate, 41% in 2008, whereas Hispanic or Latino and non-Hispanic black adults with disabilities had rates of 29% and 27%, respectively. When expressed as *unemployment* rates among adults with disabilities, the rate for Hispanic or Latino adults was 20% higher than the rate for non-Hispanic white adults and the rate for non-Hispanic black adults was 24% higher than the non-Hispanic white rate. [2].
  - Among educational groups, persons with disabilities and at least some college education had the highest (best) employment rate, 52% in 2008, whereas the rate for persons with disabilities who had less than a high school education was 22%. When expressed as *unemployment* rates among persons with disabilities, the rate for persons with less than a high school education was more than one and a half times that for persons with at least some college education [2].
- › Disparities among racial and ethnic groups were observed for several objectives, for example:
- The non-Hispanic white population had the lowest (best) proportion of persons with disabilities reporting barriers to participation in community activities (objective 6-12d), 11% in 2002. Persons of two or more races had a rate of 24%, more than twice the best group rate [2].
  - The non-Hispanic white population had the highest (best) proportion of persons with disabilities reporting access to health and wellness programs (objective 6-10), 54% in 2002, whereas the rate for the Hispanic or Latino population was 27%. When expressed as persons with disabilities reporting *no access* to health and wellness programs, the rate for the Hispanic or Latino population was more than one and a half times that for the non-Hispanic white population [2].
  - The non-Hispanic white population had the highest (best) proportion of sufficient emotional support among adults with disabilities (objective 6-5), 73% in 2008, whereas the American Indian or Alaska Native, Asian, and non-Hispanic black populations had rates of 59%, 58%, and 58%, respectively. When expressed as persons with disabilities *without* sufficient emotional support, the rates for the American Indian or Alaska Native, Asian, and non-Hispanic black populations were all about one and a half times the rate for the non-Hispanic white population [2].

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## Summary of Progress

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- › Figure 6-1 presents a quantitative assessment of progress in achieving the Healthy People 2010 objectives for Disability and Secondary Conditions [1]. Data to measure progress toward target attainment were available for 13 objectives. Of these:
- Two objectives (6-13a and e) met their Healthy People 2010 targets.
  - Seven objectives moved toward their targets. A statistically significant difference between the baseline and the final data points was observed for two of these objectives (6-5 and 6-6). No significant difference was observed for one objective (6-2); and data to test the significance of the difference were unavailable for four objectives (6-1, 6-7a, 6-9, and 6-13c).
  - One objective showed no change (6-13g).
  - Three objectives moved away from their targets. A statistically significant difference between the baseline and final data points was observed for two objectives (6-3 and 6-8); data to test the significance of the difference were unavailable for one objective (6-7b).
- › Four objectives remained developmental (objectives 6-13b, d, f, and h) and seven had no follow-up data available to measure progress (objectives 6-4, 6-10, 6-11, and 6-12a through d) [4].
- › Figure 6-2 displays health disparities in Disability and Secondary Conditions from the best group rate for each characteristic at the most recent data point [2]. It also displays changes in disparities from baseline to the most recent data point [5].
- Of the seven objectives with statistically significant racial and ethnic health disparities of 10% or more, the non-Hispanic white population had the best rate for six objectives (6-4, 6-5, 6-8, 6-10, and 6-12a and d). The Hispanic or Latino population had the best rate for one objective (6-6).
    - One health disparity of 100% or more was observed: barriers to participation in community activities were lowest among the non-Hispanic white population; the rate for persons of two or more races was more than twice the best group rate (objective 6-12d; see Highlights).
  - Males had better rates for five of the six objectives with statistically significant health disparities of 10% or more by sex (objectives 6-3, 6-8, 6-11, and 6-12a and d). Females had better rates for the remaining objective (6-4).

- Persons with at least some college education had the best rate for the seven objectives with statistically significant health disparities of 10% or more by education level (objective 6-3 through 6-6, 6-8, 6-10, and 6-11).
- Health disparities of 50% to 99% between persons with less than a high school education and persons with at least some college education were observed for five objectives (6-4 through 6-6, 6-8, and 6-10).
- Persons with middle/high incomes had the best rates for the six objectives with statistically significant health disparities of 10% or more by income (objectives 6-3, 6-4, 6-10, 6-11, and 6-12a and d).
- Health disparities of 50% to 99% between low-income (poor) persons and middle/high-income persons were observed for four objectives (6-3, 6-4, 6-10, and 6-12d).

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## Transition to Healthy People 2020

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For Healthy People 2020, the Healthy People 2010 Disability and Secondary Conditions Focus Area was expanded to include a broader range of objectives, with increased emphasis on health determinants. Consequently, the Healthy People 2020 Topic Area name was changed from “Disability and Secondary Conditions” to “Disability and Health.” See [HealthyPeople.gov](http://HealthyPeople.gov) for a complete list of Healthy People 2020 topics and objectives.

The differences between the Healthy People 2010 objectives and those included in Healthy People 2020 are summarized below:

- › The Healthy People 2010 Disability and Secondary Conditions Focus Area had 24 objectives, whereas the Healthy People 2020 Disability and Health Topic Area has a total of 28 objectives.
- › Three Healthy People 2010 objectives were retained “as is” [6]. These include the inclusion of children and youth in regular education programs, tribal disability surveillance, and tribal caregiver surveillance (objectives 6-9, and 6-13b and f).
- › Nineteen of the Healthy People 2010 objectives were modified [7].
  - Identifying people with disabilities in “surveillance instruments” was reworded to clarify “population data systems” (objective 6-1).
  - Two objectives on depressive symptoms among children and adults with disabilities were

combined so that the age groups could be better reflected in a demographic template (objectives 6-2 and 6-3).

- Social participation among adults with disabilities was reworded to reflect all ages and a broader range of social activities (objective 6-4).
  - Emotional support among adults with disabilities was reworded to include “social support” as well (objective 6-5).
  - Two objectives on congregate care among children/youth and adults with disabilities were reworded to reflect residences that serve people instead of facilities with “beds” (objectives 6-7a and b).
  - Employment among adults with disabilities was reworded to include youth with disabilities in the new measurement (objective 6-8).
  - Two objectives on access to health and wellness programs and not having needed assistive devices and technology were both reworded to reflect barriers (objectives 6-10 and 6-11).
  - Four objectives on “reported environmental barriers” to participation in home, school, work, or community activities were reworded to reflect “encountering barriers” (objectives 6-12a through d).
  - Five objectives on state or tribal health surveillance and health promotion among people with disabilities and their caregivers were reworded to specify state “health departments” with at least “one” program (objectives 6-13c through e, and 6-13g through h).
- › Two Healthy People 2010 objectives were archived [8]. Due to relatively high reported rates and lack of specific public health interventions, life satisfaction among adults with disabilities (objective 6-6) was archived. After meeting the target for several consecutive years, state disability surveillance (objective 6-13a) was archived.
  - › Nine new objectives were added to the Healthy People 2020 Disability and Health Topic Area. These objectives address:
    - Delays in receiving preventive care among persons with disabilities
    - Transition planning from pediatric to adult health care for youth with disabilities
    - The receipt of appropriate medical care for persons with epilepsy
    - Use of inappropriate medications among older adults with disabilities
    - Unemployment among persons with disabilities
    - Unintentional injury among persons with disabilities

- Early intervention services for children with disabilities
- Master of Public Health programs that offer courses in disability and health
- Homes and residential buildings that have visitable features (e.g., no-step entrance to the home).

[Appendix D](#), “A Crosswalk Between Objectives From Healthy People 2010 to Healthy People 2020,” summarizes the changes between the two decades of objectives, reflecting new knowledge and direction for this area.

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## Data Considerations

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Education and income are the primary measures of socioeconomic status in Healthy People 2010. Most data systems used in Healthy People 2010 define income as a family’s income before taxes. To facilitate comparisons among groups and over time, while adjusting for family size and for inflation, Healthy People 2010 categorizes income using the poverty thresholds developed by the Census Bureau. Thus, the three categories of family income that are primarily used are:

- › Poor—below the Federal poverty level
- › Near poor—100% to 199% of the Federal poverty level
- › Middle/high income—200% or more of the Federal poverty level.

These categories may be overridden by considerations specific to the data system, in which case they are modified as appropriate. See *Healthy People 2010: General Data Issues*, referenced below.

In general, data on educational attainment are presented for persons aged 25 and over, consistent with guidance given by the Census Bureau. However, because of the requirements of the different data systems, the age groups used to calculate educational attainment for any specific objective may differ from the age groups used to report the data for other Healthy People 2010 objectives, as well as from select populations within the same objective. Therefore, the reader is urged to exercise caution in interpreting the data by educational attainment shown in the Health Disparities Table. See *Healthy People 2010: General Data Issues*, referenced below.

Additional information on data issues is available from the following sources:

- › All Healthy People 2010 tracking data can be found in the Healthy People 2010 database, DATA2010, available from <http://wonder.cdc.gov/data2010/>.

- › Detailed information about the data and data sources used to support these objectives can be found in the Operational Definitions on the DATA 2010 website, available from <http://wonder.cdc.gov/data2010/focusod.htm>.
- › More information on statistical issues related to Healthy People tracking and measurement can be found in the [Technical Appendix](#) and in *Healthy People 2010: General Data Issues*, which is available in the General Data Issues section of the NCHS Healthy People website under Healthy People 2010; see [http://www.cdc.gov/nchs/healthy\\_people/hp2010/hp2010\\_data\\_issues.htm](http://www.cdc.gov/nchs/healthy_people/hp2010/hp2010_data_issues.htm).

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## Notes

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1. Displayed in the Progress Chart (Figure 6-1), the percent of targeted change achieved expresses the difference between the baseline and the final value relative to the initial difference between the baseline and the Healthy People 2010 target. As such, it is a relative measure of progress toward attaining the Healthy People 2010 target. See the [Reader’s Guide](#) for more information. When standard errors were available, the difference between the baseline and the final value was tested at the 0.05 level of significance. See the Figure 6-1 footnotes, as well as the [Technical Appendix](#), for more detail.
2. Information about disparities among select populations is shown in the Health Disparities Table (Figure 6-2). Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic. For example, racial and ethnic health disparities are measured as the percent difference between the best racial and ethnic group rate and each of the other racial and ethnic group rates. Similarly, disparities by sex are measured as the percent difference between the better group rate (e.g., female) and the rate for the other group (e.g., male). Some objectives are expressed in terms of favorable events or conditions that are to be increased, while others are expressed in terms of adverse events or conditions that are to be reduced. To facilitate comparison of health disparities across different objectives, disparity is measured only in terms of adverse events or conditions. For comparability across objectives, objectives that are expressed in terms of favorable events or conditions are re-expressed using the adverse event or condition for the purpose of computing disparity, but they are not otherwise restated or changed. For example, objective 1-1, to increase the proportion of persons with health insurance (e.g., 72% of the American

- Indian or Alaska Native population under age 65 had health insurance in 2008), is expressed in terms of the percentage of persons without health insurance (e.g.,  $100\% - 72\% = 28\%$  of the American Indian or Alaska Native population under age 65 did not have health insurance in 2008) when the disparity from the best group rate is calculated. See the [Reader's Guide](#) for more information. When standard errors were available, the difference between the best group rate and each of the other group rates was tested at the 0.05 level of significance. See the Figure 6-2 footnotes, as well as the [Technical Appendix](#), for more detail.
- The presence of a monotonic increasing or decreasing trend in the underlying measure was tested with the nonparametric Mann-Kendall test, then the slope of a linear trend was estimated with the nonparametric Sen's method. See [Technical Appendix](#) for more information.
  - To be included in Healthy People 2010, an objective must have a national data source that provides a baseline and at least one additional data point for tracking progress. Some objectives lacked baseline data at the time of their development but had a potential data source and were considered of sufficient national importance to be included in Healthy People. These are called "developmental" objectives. When data become available, a developmental objective is moved to measurable status and a Healthy People target can be set.
  - The change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point and, therefore, is expressed in percentage points. See the [Reader's Guide](#) for more information. When standard errors were available, the change in disparity was tested at the 0.05 level of significance. See the Figure 1-2 footnotes, as well as the [Technical Appendix](#), for more detail.
  - As of the Healthy People 2020 launch, Healthy People 2020 objectives that were retained "as is" from Healthy People 2010 had no change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that were developmental in Healthy People 2010 and are developmental in Healthy People 2020, and for which no numerator information is available.
  - As of the Healthy People 2020 launch, objectives that were modified from Healthy People 2010 had some change in the numerator or denominator definitions, the data source(s), or the data collection methodology. These include objectives that went from developmental in Healthy People 2010 to measurable in Healthy People 2020, or vice versa
  - Archived objectives had at least one data point in Healthy People 2010 but were not carried forward into Healthy People 2020.

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## Comprehensive Summary of Objectives: Disability and Secondary Conditions

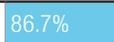
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Objective	Description	Data Source or Objective Status
6-1	Standard questions to identify people with disabilities in data sets	CDC, NCBDDD.
6-2	Sadness or depression among children and adolescents with disabilities (4–17 years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-3	Negative feelings interfering with activities among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-4	Social participation among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-5	Sufficient emotional support among adults with disabilities (age adjusted, 18+ years)	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
6-6	Satisfaction with life among adults with disabilities (age adjusted, 18+ years)	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
6-7a	Congregate care of adults with disabilities (number of persons, 22+ years)	Survey of State Developmental Disabilities Directors, University of Minnesota.

## Comprehensive Summary of Objectives: Disability and Secondary Conditions (continued)

Objective	Description	Data Source or Objective Status
6-7b	Congregate care of children and young adults with disabilities (number of persons, ≤21 years)	Survey of State Developmental Disabilities Directors, University of Minnesota.
6-8	Employment rate among adults with disabilities (18–64 years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-9	Inclusion of children and youth with disabilities in regular education programs (6–21 years)	Data Analysis System (DANS), Department of Education.
6-10	Access to health and wellness programs among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-11	Lack of assistive devices and technology among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-12a	Environmental barriers affecting participation in activities at home among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-12b	Environmental barriers affecting participation in activities at school among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-12c	Environmental barriers affecting participation in activities at work among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-12d	Environmental barriers affecting participation in community activities among adults with disabilities (age adjusted, 18+ years)	National Health Interview Survey (NHIS), CDC, NCHS.
6-13a	Surveillance for persons with disabilities (no. States and D.C.)	CDC, NCDBBB, DH-Team.
6-13b	Surveillance for persons with disabilities (Tribes)	Developmental.
6-13c	Health promotion programs for persons with disabilities (no. States and D.C.)	CDC, NCDBBB, DH-Team.
6-13d	Health promotion programs for persons with disabilities (Tribes)	Developmental.
6-13e	Surveillance for caregivers (no. States and D.C.)	CDC, NCDBBB, DH-Team.
6-13f	Surveillance for caregivers (Tribes)	Developmental.
6-13g	Health promotion programs for caregivers (no. States and D.C.)	CDC, NCDBBB, DH-Team.
6-13h	Health promotion programs for caregivers (Tribes)	Developmental.

Figure 6-1. Progress Toward Target Attainment for Focus Area 6: Disability and Secondary Conditions

Objective	Percent of targeted change achieved <sup>2</sup>	2010 Target	Baseline (Year)	Final (Year)	Baseline vs. Final		
					Difference <sup>3</sup>	Statistically Significant <sup>4</sup>	Percent Change <sup>5</sup>
6-1. Standard questions to identify people with disabilities in data sets	 33.0%	100%	0% (1999)	33% (2009)	33	Not tested	*
6-2. Sadness or depression among children and adolescents with disabilities (4–17 years)	 57.1%	17%	31% (1997)	23% (2007)	-8	No	-25.8%
6-3. Negative feelings interfering with activities among adults with disabilities (age adjusted, 18+ years)		7%	28% (1997)	32% (2008)	4	Yes	14.3%
6-5. Sufficient emotional support among adults with disabilities (age adjusted, 18+ years)	 15.4%	80%	67% (2005)	69% (2008)	2	Yes	3.0%
6-6. Satisfaction with life among adults with disabilities (age adjusted, 18+ years)	 15.4%	97%	84% (2005)	86% (2008)	2	Yes	2.4%
6-7a. Congregate care of adults with disabilities (number of persons, 22+ years)	 72.3%	46,681	93,362 (1997)	59,604 (2009)	-33,758	Not tested	-36.2%
6-7b. Congregate care of children and young adults with disabilities (number of persons, ≤21 years)		0	26,028 (1997)	28,890 (2008)	2,862	Not tested	11.0%
6-8. Employment rate among adults with disabilities (18–64 years)		80%	43% (1997)	37% (2008)	-6	Yes	-14.0%
6-9. Inclusion of children and youth with disabilities in regular education programs (6–21 years)	 86.7%	60%	45% (1995–96)	58% (2008–09)	13	Not tested	28.9%
6-13a. Surveillance for persons with disabilities (no. States and D.C.)	 100.0%	51	14 (1999)	51 (2009)	37	Not tested	264.3%
6-13c. Health promotion programs for persons with disabilities (no. States and D.C.)	 5.4%	51	14 (1999)	16 (2009)	2	Not tested	14.3%
6-13e. Surveillance for caregivers (no. States and D.C.)	 100.0%	51	0 (1999)	51 (2009)	51	Not tested	*
6-13g. Health promotion programs for caregivers (no. States and D.C.)	0.0%	51	0 (1999)	0 (2009)	0	Not tested	*

## Figure 6-1. Progress Toward Target Attainment for Focus Area 6: Disability and Secondary Conditions (continued)

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### NOTES

See the [Reader's Guide](#) for more information on how to read this figure. See DATA 2010 at <http://wonder.cdc.gov/data2010> for all Healthy People 2010 tracking data. Tracking data are not available for objectives 6-4, 6-10, 6-11, 6-12a through d, 6-13b, 6-13d, 6-13f, and 6-13h.

### FOOTNOTES

<sup>1</sup> Movement away from target is not quantified using the percent of targeted change achieved. See [Technical Appendix](#) for more information.

<sup>2</sup> Percent of targeted change achieved =  $\frac{\text{Final value} - \text{Baseline value}}{\text{Healthy People 2010 target} - \text{Baseline value}} \times 100$ .

<sup>3</sup> Difference = Final value – Baseline value. Differences between percents (%) are measured in percentage points.

<sup>4</sup> When estimates of variability are available, the statistical significance of the difference between the final value and the baseline value is assessed at the 0.05 level. See [Technical Appendix](#) for more information.

<sup>5</sup> Percent change =  $\frac{\text{Final value} - \text{Baseline value}}{\text{Baseline value}} \times 100$ .

\* Percent change cannot be calculated. See [Technical Appendix](#) for more information.

### DATA SOURCES

6-1.	CDC, NCBDDD.
6-2–6-3.	National Health Interview Survey (NHIS), CDC, NCHS.
6-5–6-6.	Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
6-7a–b.	Survey of State Developmental Disabilities Directors, University of Minnesota.
6-8.	National Health Interview Survey (NHIS), CDC, NCHS.
6-9.	Data Analysis System (DANS), Department of Education.
6-13a.	CDC, NCDBBB, DH-Team.
6-13c.	CDC, NCDBBB, DH-Team.
6-13e.	CDC, NCDBBB, DH-Team.
6-13g.	CDC, NCDBBB, DH-Team.

**Figure 6-2. Health Disparities Table for Focus Area 6: Disability and Secondary Conditions**

Disparities from the best group rate for each characteristic at the most recent data point and changes in disparity from the baseline to the most recent data point.

Population-based objective	Race and Ethnicity							Summary index	Sex		Education				Income			Location		
	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or more races	Hispanic or Latino	Black, not Hispanic	White, not Hispanic		Female	Male	Less than high school	High school graduate	At least some college	Summary index	Poor	Near poor	Middle/high income	Summary index	Urban or metropolitan	Rural or nonmetropolitan
6-2. Sadness or depression among children and adolescents with disabilities (4–17 years) (1997, 2007) <sup>1</sup>																				
6-3. Negative feelings interfering with activities among adults with disabilities (age adjusted, 18+ years) (1997, 2008) <sup>1</sup>		b		b			B			B			B				B			B
6-4. Social participation among adults with disabilities (age adjusted, 18+ years) (2001)	b						B		B				B				B			B
6-5. Sufficient emotional support among adults with disabilities (age adjusted, 18+ years) (2005, 2008)					↓		B			B			B							
6-6. Satisfaction with life among adults with disabilities (age adjusted, 18+ years) (2005, 2008)		b			B <sup>1</sup>		↓			B		↑	B				↑			
6-8. Employment rate among adults with disabilities (18–64 years) (1997, 2008) <sup>1</sup>				b		↓	B			B			B							
6-10. Access to health and wellness programs among adults with disabilities (age adjusted, 18+ years) (2002)							B			B			B				B			B
6-11. Lack of assistive devices and technology among adults with disabilities (age adjusted, 18+ years) (2002)						b	B			B			B				B			
6-12a. Environmental barriers affecting participation in activities at home among adults with disabilities (age adjusted, 18+ years) (2002)							B			B		b	B				B			
6-12b. Environmental barriers affecting participation in activities at school among adults with disabilities (age adjusted, 18+ years) (2002)																				
6-12c. Environmental barriers affecting participation in activities at work among adults with disabilities (age adjusted, 18+ years) (2002)																				
6-12d. Environmental barriers affecting participation in community activities among adults with disabilities (age adjusted, 18+ years) (2002)					b		B			B		b	B				B			

**NOTES**

See DATA2010 at <http://wonder.cdc.gov/data2010> for all Healthy People 2010 tracking data. Disparity data are either unavailable or not applicable for objectives 6-1, 6-7a and b, 6-9, and 6-13a through h.

Years in parentheses represent the baseline and most recent data years (if available).

Disparity from the best group rate is defined as the percent difference between the best group rate and each of the other group rates for a characteristic (e.g., race and ethnicity). The summary index is the average of these percent differences for a characteristic. Change in disparity is estimated by subtracting the disparity at baseline from the disparity at the most recent data point. Change in the summary index is estimated by subtracting the summary index at baseline from the summary index at the most recent data point. See [Technical Appendix](#) for more information.

Measures of variability were available for all objectives in this table. Thus, the variability of best group rates was assessed, and statistical significance was tested. Disparities of 10% or more are displayed when the differences from the best group rate are statistically significant at the 0.05 level. Changes in disparities over time are indicated by arrows when the changes are greater than or equal to 10 percentage points and are statistically significant at the 0.05 level. See [Technical Appendix](#).

Figure 6-2. Health Disparities Table for Focus Area 6: Disability and Secondary Conditions (continued)

LEGEND			
The “best” group rate at the most recent data point.	 The group with the best rate for specified characteristic.	 Most favorable group rate for specified characteristic, but reliability criterion not met.	 Reliability criterion for best group rate not met, or data available for only one group.
Percent difference from the best group rate			
Disparity from the best group rate at the most recent data point.	 Less than 10%, or difference not statistically significant (when estimates of variability are available).	 10%–49%	 50%–99%
			 100% or more
Changes in disparity over time are shown when: (a) disparities data are available at both baseline and most recent time points; (b) data are not for the group(s) indicated by “B” or “b” at either time point; and (c) the change is greater than or equal to 10 percentage points and statistically significant, or when the change is greater than or equal to 10 percentage points and estimates of variability were not available. See <a href="#">Technical Appendix</a> .	Increase in disparity (percentage points)		
	 10–49 points	 50–99 points	 100 points or more
	Decrease in disparity (percentage points)		
	 10–49 points	 50–99 points	 100 points or more
Availability of Data		 Data not available.	 Characteristic not selected for this objective.

FOOTNOTES

<sup>1</sup> Baseline data by race and ethnicity are for 1999.

<sup>i</sup> The group with the best rate at the most recent data point is different from the group with the best rate at baseline. Both rates met the reliability criterion. See [Technical Appendix](#).

DATA SOURCES

- 6-2–6-4. National Health Interview Survey (NHIS), CDC, NCHS.
- 6-5–6-6. Behavioral Risk Factor Surveillance System (BRFSS), CDC, NCCDPHP.
- 6-8. National Health Interview Survey (NHIS), CDC, NCHS.
- 6-10–6-11. National Health Interview Survey (NHIS), CDC, NCHS.
- 6-12a–d. National Health Interview Survey (NHIS), CDC, NCHS.