



South Carolina

# BRESS

Behavioral Risk Factor  
Surveillance System

→ Disability and Health in South Carolina  
A 2011 Behavioral Risk Factor Surveillance System Report

D H E C



PROMOTE PROTECT PROSPER

South Carolina Department of Health  
and Environmental Control





## ACKNOWLEDGEMENTS

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*We are especially grateful to the residents of South Carolina who agreed and took the time to participate in the survey.*

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## INTRODUCTION

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Since its inception in 1984, the South Carolina (SC) Behavioral Risk Factor Surveillance System (BRFSS) survey has been conducted annually by the SC Department of Health and Environmental Control (DHEC) with assistance from the Centers for Disease Control and Prevention (CDC). The BRFSS is a state based cross-sectional telephone survey conducted to assess health behaviors and risk factor prevalence within the US, its states and its territories. The survey is administered to non-institutionalized adults aged 18 years or older from randomly selected households. Questions included on the survey gather information about lifestyle choices such as smoking, alcohol consumption, physical activity, preventive health practices, and health care access primarily related to chronic disease or injury. The information obtained from the survey is then specifically weighted so that it is representative of the adult population of SC.

For information on SC BRFSS, please visit: [http://www.scdhec.gov/hs/epidata/brfss\\_index.htm](http://www.scdhec.gov/hs/epidata/brfss_index.htm).

The SC Interagency Office of Disability and Health (IODH) is a collaborative partnership between the University of South Carolina School of Medicine (USCSM), the SC Department of Disabilities and Special Needs (DDSN), DHEC and the SC Developmental Disabilities Council (DDC). The primary purpose of the collaboration is to promote the health and wellness of persons with a disability in SC through an integrated program of policy, practice and evaluation. Since 1997, the main focus of the SC IODH has been building an infrastructure for disability knowledge through education, service and research.

To learn more about SC IODH and its partners, please visit <http://www.sciodh.com/>.

The SC DHEC has partnered with the SC IODH to produce the 2011 SC BRFSS report on Disability and Health in SC. This report utilizes data from the 2011 SC BRFSS survey to highlight health related risks for individuals with a disability in SC.

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## OVERVIEW

People with a disability are identified as a possible health disparity group. To reduce these disparities, it is important to understand the health status of those with and without disabilities. This report describes various critical health indicators for South Carolinian adults with and without disabilities.

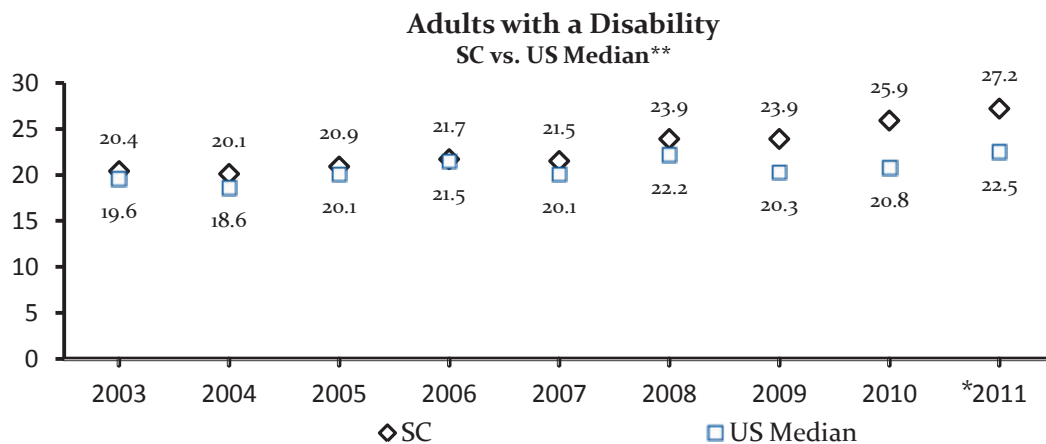
The BRFSS survey includes two questions relating to disability:

- Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

For the purpose of this report, respondents are recognized as having a disability if they answered affirmatively to one or both of the above questions. Likewise, respondents answering “No” to both questions are identified as not having a disability. All other individuals not meeting these criteria were excluded from analyses.

Historically, over 20 percent of South Carolinian adults have reported having a disability according to the definition above. On average, the prevalence of adults with a disability in SC has been slightly higher than that of the nation and has increased almost 6% since 2003.

\*It is important to note that 2011 brought changes to the way data are sampled and weighted, so the increase from 2010 to 2011 may be due to those changes rather than an increase in the prevalence.



\*\* National BRFSS statistics were derived from data collected in all 50 states, Guam, Puerto Rico, Virgin Islands, and Washington D.C.

## METHODOLOGY

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Analysis for this study was conducted utilizing complex survey procedures available in SAS v.9.2.

With the rapid increase in the proportion of U.S. households that have cellular telephones instead of a landline telephone, the CDC implemented data collection on cellular telephones in 2011. This modification was accompanied by the employment of a more sophisticated statistical weighting methodology called “raking”. Raking reduces bias by allowing more demographic variables (age, sex, race, education level, marital status, and home ownership) to be considered in the weighting process compared to the previous method.

Unweighted frequencies, weighted percentages, 95% confidence intervals and p-values calculated from chi-square test for significance are presented for every measured statistic, and results are to be interpreted as prevalence estimates for individuals with and without a disability among the general adult population of SC.

More information on BRFSS survey methodology is available online at: <http://www.cdc.gov/brfss> and [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s\\_cid=mm6122a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6122a3.htm?s_cid=mm6122a3_w).

### Sample Statistics

- Of the 12,151 SC BRFSS respondents who were interviewed in 2011:
  - 33.7% are 65 years of age or older
  - 64.8% are female
  - 68.3% White Non-Hispanic, 27.6% Black NH, 4.1% Other NH, 2.0% Hispanic
  - 86.3% have a High School education or higher
  - 37.3% earn less than \$25,000 annually
  
- The Council of American Survey Research Organizations (CASRO) response rate for the 2011 SC BRFSS was 59.17%.



## DEMOGRAPHICS

Demographic data for survey respondents, by disability category, are displayed in Table 1. Continuing with trends from the 2010 data, people with a disability were significantly more likely to be 65 years of age or older. Educational status and income level were significantly lower for people with disabilities. Current employment was significantly lower for people with disabilities while being retired or unable to work were significantly more likely.

**Table 1: SC BRFSS 2011 Demographic Data by Disability Status**

SOCIODEMOGRAPHIC CATEGORY	DISABILITY			NO DISABILITY			p-value
	n	%	95% CI	n	%	95% CI	
All Adults (ages>18)	4004	27.2	26.0-28.4	8147	72.8	71.6-74.0	
<b>AGE</b>							
18-64	2276	71.1	69.2-72.0	5777	84.4	83.9-85.7	<0.0001
65+	1431	27.6	27.0-30.8	2066	14.7	14.3-16.1	
<b>GENDER</b>							
Male	1460	41.7	39.3-44.2	3313	49.9	48.2-51.7	<0.0001
Female	2544	58.3	55.8-60.7	4834	50.1	48.3-51.8	
<b>RACE</b>							
White NH	2775	73.4	71.2-75.6	5470	68.2	66.6-69.9	0.006
Black NH	1017	22.7	20.7-24.7	2310	27.1	25.5-28.6	
Other	185	3.9	2.7-5.2	306	4.7	3.8-5.6	
<b>ETHNICITY</b>							
Hispanic	53	2.9	1.6-4.1	191	4.8	3.8-5.7	0.033
Non-Hispanic	3833	97.1	95.9-98.4	7839	95.2	94.3-96.2	
<b>EDUCATION</b>							
Less than H.S.	783	23.9	21.7-26.1	873	14.5	13.1-15.9	<0.0001
H.S. or higher	3213	76.1	73.9-78.4	7253	85.5	84.1-86.9	
<b>INCOME</b>							
<\$25,000	1704	50.2	47.5-52.8	2147	28.9	27.3-30.5	<0.0001
\$25,000+	1601	49.8	47.2-52.5	4859	71.1	69.5-72.7	
<b>EMPLOYMENT</b>							
Employed	920	29.2	26.8-31.5	4427	61.7	60.0-63.3	<0.0001
Unemployed	324	10.8	9.2-12.5	652	10.6	9.4-11.7	
Student/Homemaker	233	7.3	5.9-8.7	670	11.7	10.5-13.0	
Retired	1425	25.6	23.7-27.5	2181	14.5	13.6-15.4	
Unable to work	1082	27.1	24.9-29.3	188	1.5	1.2-1.9	

## GENERAL HEALTH

Respondents were asked the following questions regarding their general health:

- Would you say that in general your health is (Excellent, Very Good, Good, Fair, or Poor)?
- Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- During the past 30 days, for about how many days did poor physical and mental health keep you from doing your usual activities, such as self-care, work, or recreation?

People with a disability reported significantly poorer general health than those with no disability. 4.4% of people with a disability reported excellent health compared to 23.1% of people with no disability. 19.9% of people with a disability reported poor health compared to 1.3% of people with no disability. (Table 2)

**Table 2: General Health by Disability Status**

GENERAL HEALTH	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
EXCELLENT	143	4.4	3.40-5.47	1738	23.1	21.6-24.6
VERY GOOD	637	17.5	15.5-19.4	2930	37.3	35.6-39.0
GOOD	1194	30.8	28.5-33.1	2619	31.1	29.5-32.6
FAIR	1119	27.4	25.2-29.5	709	7.2	6.4-8.1
POOR	868	19.9	18.1-21.8	123	1.3	0.9-1.7

**p-value** <0.0001

People with a disability reported a greater number of days in which their physical health was not good. 30.4% of people with a disability reported 16-30 days in which their physical health was not good, compared to 2.2% of people without a disability. (Table 3)

**Table 3: Days Physical Health Not Good**

NUMBER OF DAYS PHYSICAL HEALTH NOT GOOD	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
NONE	1365	37.1	34.7-39.6	6143	76.8	75.3-78.2
1-15 DAYS	1172	32.5	30.2-34.9	1583	21.0	19.6-22.5
16-30 DAYS	1201	30.4	28.1-32.7	234	2.2	1.9-2.7

**p-value** <0.0001

Mental health described as not good for 16-30 days was reported by 21.1% of people with a disability compared to 5.2% of people without a disability. (Table 4)

**Table 4: Days Mental Health Not Good**

NUMBER OF DAYS MENTAL HEALTH NOT GOOD	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
NONE	2154	51.6	49.1-54.1	5975	71.4	69.8-73.0
1-15 DAYS	977	27.3	25.0-29.6	1652	23.4	21.9-24.9
16-30 DAYS	707	21.1	19.0-23.2	372	5.2	4.4-6.0

p-value <0.0001

People with a disability reported a greater number of days that poor physical and mental health interfered with usual activities. 28.6% of people with a disability reported poor physical or mental health for more than half of the previous 30 days (16-30) compared to 3.1% of people without a disability. (Table 5)

**Table 5: Poor Physical or Mental Health Interfered with Usual Activities**

POOR PHYSICAL OR MENTAL HEALTH DAYS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
NONE	1067	38.1	35.3-41.0	2308	70.0	67.5-72.5
1-15 DAYS	900	33.3	30.5-36.0	849	26.9	24.5-29.3
16-30 DAYS	837	28.6	26.0-31.2	106	3.1	2.2-4.0

p-value <0.0001

Respondents (aged 18-64) were also asked if they have any form of health care coverage. There were no significant differences (p-value=0.3061) between people with a disability and people without a disability with regards to health care coverage. (Table 6)

**Table 6: Health Care Access (Aged 18-64 with Health Care Coverage)**

AGED 18-64 WITH HEALTH CARE COVERAGE	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1792	76.4	73.8-79.1	4418	74.7	73.0-76.5
NO	464	23.6	20.9-26.2	1264	25.3	23.5-27.0

p-value =0.3061

## WEIGHT & PHYSICAL ACTIVITY

Respondents were asked to provide their height and weight, so that body mass index (BMI) could be calculated. A BMI from 18.5 to 24.9 is considered to be healthy, while a BMI of 25 to 29.9 is overweight and a BMI of 30 or greater is obese. People with a disability were significantly less likely to have a healthy BMI (27.6% versus 36.7%) and were more likely to be obese (42% versus 26.9%). (Table 7)

**Table 7: Body Mass Index**

BMI	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
< 25	1023	27.6	25.4-29.9	2768	36.7	35.0-38.5
25-29.9	1229	30.4	28.2-32.6	2862	36.4	34.7-38.1
>=30	1577	42.0	39.5-44.42	2174	26.9	25.3-28.4

**p-value** <0.0001

We analyzed the following question about physical activity:

- During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

A majority of people, both with and without a disability, reported at least some leisure time physical activity in the past month. However, people with a disability were significantly more likely (39.5%) to report no physical activity than those with no disability (22.8%). (Table 8)

**Table 8: Physical Activity**

EXERCISE IN LAST 30 DAYS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	2426	60.5	58.1-62.9	6344	77.2	75.7-78.7
NO	1565	39.5	37.1-41.9	1787	22.8	21.3-24.3

**p-value** <0.0001

## TOBACCO USE

We analyzed three questions related to tobacco use:

- Have you smoked at least 100 cigarettes in your entire life?
- Do you now smoke cigarettes every day, some days, or not at all? (asked only of those who answered “yes” to the first question)
- During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (asked only of those who answered “yes” to the first two questions)

People with a disability were significantly more likely to have smoked at least 100 cigarettes in their lifetime (57.3% versus 43.5%). Among those who had smoked at least 100 cigarettes, there was not a significant difference in the frequency of current smoking for people with a disability compared to people without a disability. Similarly, there was not a significant difference between the two groups in the proportion of current smokers who attempted to quit in the past 12 months. (Tables 9-11)

**Table 9: Smoked at Least 100 Cigarettes, Lifetime**

SMOKED AT LEAST 100 CIGARETTES	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	2211	57.3	54.9-59.8	3555	43.5	41.8-45.2
NO	1759	42.7	40.2-45.1	4554	56.5	54.8-58.2

p-value <0.0001

**Table 10: Current Smoking (Among those who have ever smoked)**

FREQUENCY OF DAYS NOW SMOKING	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
EVERY DAY	610	35.0	31.8-38.2	957	34.6	32.0-37.2
SOME DAYS	235	12.1	9.8-14.4	401	14.6	12.6-16.8
NOT AT ALL	1364	52.9	49.7-56.2	2195	50.8	48.1-53.4

p-value =0.240

**Table 11: Tried to Stop Smoking, Past 12 Months**

TRIED TO STOP SMOKING IN PAST 12 MONTHS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	547	61.7	56.4-67.0	807	58.7	54.6-62.8
NO	296	38.3	33.0-43.6	546	41.3	37.2-45.4

p-value =0.393



Table 12 shows current smoking status for all respondents (every day, some days, former, and never). The distribution is significantly different for those with and without a disability. Current smoking and former smoking are more frequent among people with a disability. 42.7% of people with a disability reported they have never smoked compared to 56.5% of people without a disability. (Table 12)

**Table 12: Smoking Status**

SMOKING STATUS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
<b>SMOKES EVERY DAY</b>	610	20.1	18.0-22.2	957	15.0	13.7-16.3
<b>SMOKES SOME DAYS</b>	235	6.9	5.6-8.3	401	6.4	5.4-7.4
<b>FORMER SMOKER</b>	1364	30.3	28.2-32.4	2195	22.1	20.7-23.4
<b>NEVER SMOKED</b>	1759	42.7	40.3-45.1	4554	56.5	54.8-58.3

**p-value** <0.0001

## ALCOHOL CONSUMPTION

We analyzed two questions related to alcohol use:

- During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
- Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?

People with a disability were significantly less likely to report drinking any alcohol in the past 30 days (36.6% versus 51%). People with a disability were also significantly less likely to report binge drinking (5 or more drinks on a single occasion for men, 4 or more for women). At least one instance of binge drinking was reported by 9.8% of people with a disability, compared to 17.5% of those without a disability (Tables 13-14).

**Table 13: Any Alcohol Use in the Past 30 Days**

IN THE PAST 30 DAYS HAD ALCOHOLIC BEVERAGE	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1309	36.6	34.2-39.0	3986	51.0	49.2-52.7
NO	2601	63.4	61.0-65.8	4049	49.0	47.3-50.8

p-value <0.0001

**Table 14: Binge Drinking Past 30 Days**

HOW MANY TIMES DURING THE PAST 30 DAYS DID YOU HAVE 5 OR MORE DRINKS ON ONE OCCASION?	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
NONE	3594	90.2	88.7-91.7	6920	82.5	81.1-83.9
1 TIME	92	3.3	2.3-4.2	347	5.7	4.9-6.6
2-5 TIMES	134	4.3	3.4-5.3	510	8.8	7.6-9.8
>5 TIMES	61	2.2	1.4-3.1	178	3.0	2.4-3.7

p-value <0.0001

People with a disability were significantly less likely to report that they are heavy drinkers compared to people without a disability (9.8% versus 17.5%). (Table 15)

**Table 15: Heavy Drinker (more than 2 drinks /day for men and more than 1 drink/day for women)**

HEAVY DRINKER	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
NO	3594	90.2	88.7-91.7	6920	82.5	81.1-83.9
YES	287	9.8	8.3-11.3	1035	17.5	16.1-18.9

**p-value** <0.0001





## DIABETES

Participants were asked the following questions about diabetes:

- Have you ever been told by a doctor that you have diabetes?

If the SC BRFSS participant reports ever being diagnosed with diabetes, a series of follow up questions are asked that include:

- How old were you when you were told you have diabetes?
- About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
- A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
- About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
- When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
- Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

People with a disability were significantly more likely to have been diagnosed with diabetes (not including gestational diabetes) than people without a disability (22.1% versus 8.4%). (Table 16)

**Table 16: Ever Diagnosed with Diabetes**

EVER TOLD BY DOCTOR YOU HAVE DIABETES	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1006	22.1	20.2-24.0	932	8.4	7.6-9.3
NO	2983	77.9	76.0-79.9	7205	91.6	90.8-92.5

**p-value** <0.0001

Among people who had been diagnosed with diabetes, age of diagnosis did not significantly differ for people with a disability compared to people without a disability. (Table 17)

**Table 17: Age of Diabetes Diagnosis**

AGE WHEN TOLD YOU HAD DIABETES	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
<30	65	10.5	7.0-14.0	60	13.6	8.8-18.4
30-49	289	35.5	30.4-40.6	247	37.7	32.1-43.2
50-59	257	30.4	25.8-35.0	260	24.6	20.5-28.8
60+	287	23.6	19.9-27.4	272	24.1	20.0-28.1

**p-value** =0.310

Among people with diabetes, those with a disability were significantly more likely to report taking insulin (37.4% versus 22.5%). There were no significant differences between the two groups with regards to self-monitoring of blood glucose. (Table 18-19)

**Table 18: Taking Insulin**

TAKING INSULIN	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	365	37.4	32.6-42.2	239	22.5	18.5-26.5
NO	639	62.6	57.8-67.4	690	77.5	73.5-81.6

p-value <0.0001

**Table 19: Self-Monitoring of Blood Glucose**

HOW OFTEN CHECK	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
1 OR MORE/DAY	666	63.8	59.2-68.4	586	57.4	52.0-62.7
1 OR MORE/WEEK	191	20.5	16.6-24.3	193	26.7	21.6-31.7
1 OR MORE/MONTH	36	4.6	2.5-6.7	35	3.6	1.4-5.8
1 OR MORE/YEAR	10	1.1	0.0-2.3	8	1.5	0.1-2.9
NEVER	92	10.0	7.2-12.9	86	10.8	7.6-14.1

p-value =0.318

Among people with diabetes, those without disabilities are significantly more likely to report higher frequencies of self-monitoring for foot sores. (Table 20)

**Table 20: Self-Monitoring for Foot Sores**

HOW OFTEN CHECK	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
1 OR MORE/DAY	651	67.1	62.3-71.9	581	59.9	54.6-65.1
1 OR MORE/WEEK	161	17.6	13.8-21.3	123	13.7	10.3-17.1
1 OR MORE/MONTH	36	3.7	1.9-5.6	48	7.2	4.2-10.2
1 OR MORE/YEAR	14	0.8	0.3-1.2	12	2.0	0.0-4.3
NEVER	95	10.8	7.3-14.5	125	17.2	13.2-21.2

p-value =0.006

People with a disability who had diabetes reported significantly more frequent diabetes-related visits to a health care professional than their counterparts without a disability. 7.4% of people with a disability had 12 or more visits in the previous year, compared to approximately 1.5% of people without a disability. There were no significant differences in the frequency of glycosylated hemoglobin testing, dilated eye examinations and frequency of having their feet checked by a doctor or health professional. (Tables 21-24)

**Table 21: Visits to a Health Professional for Diabetes**

TIMES SEEN HEALTH PROFESSIONAL FOR DIABETES	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
1-5 TIMES	717	79.0	75.1-83.0	727	82.0	78.0-86.0
6-11 TIMES	67	5.1	3.2-6.9	49	4.7	2.6-7.0
12+ TIMES	62	7.4	4.8-10.0	23	1.5	0.7-2.3
NEVER	66	8.5	5.6-11.4	86	11.8	8.3-15.3

p-value <0.0001

**Table 22: Hemoglobin A1c Testing**

TIMES CHECKED FOR GLYCOSYLATED HEMOGLOBIN	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
ONCE	122	13.3	9.9-16.8	138	18.5	13.8-23.2
TWICE	217	27.4	22.6-32.2	238	30.1	25.2-35.0
3-4 TIMES	374	40.0	35.0-44.9	333	36.4	31.2-41.7
5+ TIMES	53	7.3	4.5-10.2	26	2.2	0.9-16.3
NEVER	113	12.0	8.5-15.5	111	12.8	9.2-16.3

p-value =0.008

**Table 23: Dilated Eye Examination**

LAST EYE EXAM WHERE PUPILS WERE DILATED	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
PAST MONTH	161	12.6	9.9-15.4	150	14.1	10.4-17.7
PAST YEAR	487	50.0	45.1-54.9	467	47.3	42.0-52.5
PAST 2 YEARS	170	19.2	15.4-23.0	138	18.0	13.4-22.6
2+ YEARS AGO	146	14.4	11.2-17.5	128	16.3	12.4-20.3
NEVER	26	3.8	1.6-6.1	29	4.3	2.1-6.6

p-value =0.870

**Table 24: Foot Examinations by Health Professional**

TIMES FEET CHECKED FOR SORES/IRRITATION	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
ONCE/YEAR	164	19.5	15.6-23.4	186	23.7	18.8-28.5
2-3/YEAR	246	28.0	23.1-32.8	259	30.5	25.8-35.4
4+/YEAR	297	28.6	24.3-33.0	219	19.1	15.5-22.7
NEVER	215	23.9	19.6-28.2	231	26.7	22.2-31.2

p-value =0.022

People diagnosed with diabetes and report having a disability were twice as likely to have ever been diagnosed with diabetic retinopathy (25% versus 12.5%). (Table 25)

**Table 25: Ever Diagnosed with Diabetic Retinopathy**

EVER TOLD DIABETES HAS AFFECTED EYES	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	241	25.0	20.8-29.2	130	12.5	8.3-16.7
NO	745	75.0	70.8-79.2	793	87.5	83.3-91.7

p-value =0.0002

Among SC BRFSS participants ever being diagnosed with diabetes, there was not a significant difference between those with a disability or no disability in taking a diabetes management class. (Table 26)

**Table 26: Ever Taken a Diabetes Management Class**

EVER TAKEN CLASS IN MANAGING DIABETES	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	550	56.8	51.9-61.6	496	52.0	46.8-57.2
NO	440	43.2	38.4-48.1	431	48.0	42.8-53.2

p-value =0.192

## CARDIOVASCULAR DISEASE

The following questions were asked regarding cardiovascular disease: Has a doctor, nurse, or other health professional EVER told you that you...

- had a heart attack, also called a myocardial infarction?
- had angina or coronary heart disease?
- had a stroke?

People with a disability were more likely than people without disability to have had a myocardial infarction (11.1% versus 2.6%), angina or coronary heart disease (10.2% versus 2.2%), or stroke (8.9% versus 1.8%). (Tables 27-29)

**Table 27: Ever Diagnosed with a heart attack, also called myocardial infarction**

EVER TOLD MYOCARDIAL INFARCTION	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	505	11.1	9.7-12.6	258	2.6	2.2-3.0
NO	3450	88.9	87.4-90.3	7849	97.4	97.0-97.9

p-value <0.0001

**Table 28: Ever Diagnosed with Angina or Coronary Heart Disease**

EVER TOLD ANGINA OR CORONARY HEART DISEASE	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	517	10.2	9.0-11.5	265	2.2	1.8-2.7
NO	3399	89.8	88.5-91.1	7831	97.8	97.3-98.2

p-value <0.0001

**Table 29: Ever Diagnosed with Stroke**

EVER TOLD STROKE	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	433	8.9	7.6-10.1	219	1.8	1.4-2.2
NO	3539	91.1	89.9-92.4	7918	98.2	97.8-98.6

p-value <0.0001

## ARTHRITIS

The following questions were asked about arthritis:

- Have you EVER been told by a doctor or other health professional that you have some form of:
  - Arthritis
  - Rheumatoid Arthritis
  - Gout
  - Lupus
  - Fibromyalgia

If the SC BRFS participant reported 'Yes' to ever being diagnosed with some form of arthritis, a series of follow up questions were asked to determine the burden of arthritis:

- Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- Do arthritis or joint symptoms now affect whether you work, the type of work you do or the amount of work you do?
- During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings?
- Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE? [Please answer on a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be.]
- Thinking about your arthritis or joint symptoms, which of the following best describes you TODAY?
- Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?
- Has a doctor or other health professional EVER suggested physical activity or exercise to help your arthritis or joint symptoms?
- Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

People with a disability were more than three times as likely to report being diagnosed with arthritis compared to people without a disability (60.0% versus 16.7%). (Table 30)

**Table 30: Ever Diagnosed with some form of Arthritis**

EVER TOLD ARTHRITIS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	2600	60.0	57.6-62.5	1947	16.7	15.6-17.9
NO	1365	40.0	37.5-42.4	6157	83.3	82.2-84.4

**p-value** <0.0001

People with disabilities who reported ever being diagnosed with arthritis are significantly more likely to be limited in their usual activities (72.5% versus 22.3%), work (53.8% versus 19.4%) and social activities (37.8% versus 6%) because of arthritis or joint symptoms than those without disabilities. (Tables 31-33)

**Table 31: Arthritis Burden (Usual Activities)**

LIMITED BECAUSE OF JOINT SYMPTOMS (USUAL ACTIVITIES)	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1775	72.5	69.9-75.1	438	22.3	19.3-25.3
NO	744	27.5	24.9-30.2	1482	77.7	74.7-80.7

p-value <0.0001

**Table 32: Arthritis Burden (Work Activities)**

LIMITED BECAUSE OF JOINT SYMPTOMS (WORK)	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1212	53.8	50.8-56.9	329	19.4	16.2-22.6
NO	1242	46.2	43.2-49.2	1564	80.6	77.5-83.8

p-value <0.0001

**Table 33: Arthritis Burden (Social Activities)**

LIMITED BECAUSE OF JOINT SYMPTOMS (SOCIAL ACTIVITIES)	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
A LOT	895	37.8	34.8-40.8	94	6.0	3.8-8.2
A LITTLE	745	30.5	27.6-33.2	371	20.0	17.0-23.0
NOT AT ALL	867	31.7	29.0-34.5	1457	74.0	70.6-77.4

p-value <0.0001

When participants reporting an arthritis diagnosis were asked to rate joint pain or aching, people with a disability were significantly more likely to report the pain as “severe” (36.1% versus 13.3%) or “worst possible” (14.4% versus 3.5%) than people without disabilities. (Table 34)

**Table 34: Arthritis Burden (Joint Pain)**

SEVERITY OF JOINT PAIN	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
NO PAIN	91	2.6	1.8-3.4	225	11.2	8.8-13.6
MILD	357	13.6	11.7-15.6	680	35.0	31.7-38.4
MODERATE	844	33.3	30.5-36.2	656	37.0	33.5-40.6
SEVERE	870	36.1	33.1-39.0	250	13.3	10.9-15.6
WORST POSSIBLE	325	14.4	12.2-16.7	71	3.5	1.7-5.3

p-value <0.0001

When asked about limitations of participants reporting an arthritis diagnosis, people with a disability were significantly more likely to state they can do “hardly anything” because of pain (19.9%) than those without a disability (0.9%). (Table 35)

**Table 35: Arthritis Management**

WHAT CAN YOU DO BECAUSE OF ARTHRITIS OR JOINT PAIN	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
EVERYTHING	169	6.4	5.1-7.7	663	39.9	36.2-43.6
MOST THINGS	773	29.4	26.8-32.1	896	46.3	42.7-49.9
SOME THINGS	1087	44.3	41.3-47.4	266	12.9	10.5-15.2
HARDLY ANYTHING	452	19.9	17.3-22.5	19	0.9	0.4-1.5

p-value <0.0001

Among individuals with arthritis, people with a disability were significantly more likely to receive advice from a physician or health professional regarding physical activity or exercise to help arthritis or joint symptoms than people without a disability (65.6% versus 58.6%). (Table 36)

**Table 36: Arthritis Management (Physical Activity)**

SUGGESTED USE OF PHYSICAL ACTIVITY OR EXERCISE FOR SYMPTOMS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1629	65.6	42.0-48.1	1089	58.6	26.9-33.7
NO	834	34.4	52.0-58.0	740	41.4	66.3-73.1

p-value =0.004



Among individuals with arthritis, people with a disability were significantly more likely to have taken educational courses that teach how to manage problems related to arthritis or joint symptoms than people without disabilities (13.2% versus 7.3%). (Table 37)

**Table 37: Arthritis Management (Taken Classes)**

TAKEN CLASSES IN MANAGING ARTHRITIS OR JOINT SYMPTOMS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	342	13.2	62.6-68.6	147	7.3	54.9-62.3
NO	2138	86.8	31.4-37.4	1706	92.7	37.8-45.1

p-value <0.0001



## OTHER CHRONIC CONDITIONS

The following questions were asked inquiring about other chronic conditions:

Have you ever been told or diagnosed with:

- Asthma?
- Skin Cancer?
- Other type of cancer?
- Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis?
- Depressive Disorder, including depression, major depression, dysthymia or minor depression?
- Kidney Disease?
- Vision or eye problems?

Respondents with a disability were significantly more likely to have been diagnosed or told they have asthma (20.9%) compared to those without disabilities (10.1%). (Table 38)

**Table 38: Chronic Condition (Asthma)**

EVER TOLD YOU HAD ASTHMA	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	794	20.9	18.9-22.9	740	10.1	9.0-11.2
NO	3185	79.1	77.1-81.2	7391	89.9	88.8-91.0

p-value <0.0001

Additionally, if respondents reported that they have been diagnosed with asthma, they were asked if they still have asthma. People with disabilities were significantly more likely to state they still have asthma (80.8%) compared to those without disabilities (55.4%). (Table 39)

**Table 39: Chronic Condition (Current Asthma Status)**

STILL HAVE ASTHMA	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	604	80.8	76.4-85.1	425	55.4	49.5-61.3
NO	158	19.2	14.9-23.6	284	44.6	38.7-50.5

p-value <0.0001

Respondents with a disability were significantly more likely to have been diagnosed or told they have skin cancer (10.6%) compared to those without a disability (5.4%). (Table 40)

**Table 40: Chronic Condition (Skin Cancer)**

EVER TOLD YOU HAD SKIN CANCER	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	511	10.6	9.3-11.9	724	5.4	4.9-6.0
NO	3473	89.4	88.1-90.7	7412	94.6	94.0-95.2

**p-value** <0.0001

Respondents with a disability were significantly more likely to have been diagnosed or told they have some other type of cancer (11.5%) compared to those without disabilities (4.9%). (Table 41)

**Table 41: Chronic Condition (Other Types of Cancer)**

EVER TOLD YOU HAD OTHER TYPES CANCER	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	554	11.5	10.1-12.9	592	4.9	4.3-5.5
NO	3431	88.5	87.1-89.9	7538	95.1	94.5-95.7

**p-value** <0.0001

Respondents with a disability were significantly more likely to have been diagnosed or told they have chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis (19.5%) compared to those without disabilities (3.4%). (Table 42)

**Table 42: Chronic Condition (COPD, Emphysema or Chronic Bronchitis)**

EVER TOLD YOU HAD COPD, EMPHYSEMA OR CHRONIC BRONCHITIS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	807	19.5	17.6-21.4	358	3.4	2.9-4.0
NO	3144	80.5	78.6-82.4	7755	96.6	96.1-97.1

**p-value** <0.0001

Respondents with a disability were significantly more likely to have been diagnosed or told they have a depressive disorder, including depression, major depression, dysthymia or minor depression (33.4%) compared to those without disabilities (9%). (Table 43)

**Table 43: Chronic Condition (Depressive Disorder)**

EVER TOLD YOU HAD A DEPRESSIVE DISORDER	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1190	33.4	31.2-35.7	716	9.0	8.0-10.0
NO	2778	66.6	64.3-68.9	7401	91.0	90.0-92.0

**p-value** <0.0001

Respondents were asked if they have ever been told that they have a kidney disease that does NOT include kidney stones, bladder infections or incontinence (incontinence is not being able to control urine flow). Individuals with disabilities were significantly more likely to have been told they have kidney disease (5.8%) compared to individuals without a disability (0.9%). (Table 44)

**Table 44: Chronic Condition (Kidney Disease)**

EVER TOLD YOU HAD A KIDNEY DISEASE	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	272	5.8	4.8-6.8	132	0.9	0.7-1.1
NO	3690	94.2	93.2-95.2	7993	99.1	98.9-99.3

**p-value** <0.0001

Respondents with a disability were significantly more likely to have been diagnosed or told they have vision or eye problems (33.3%) compared to those without disabilities (13.6%). (Table 45)

**Table 45: Chronic Condition (Vision or Eye Problems)**

EVER TOLD YOU HAD VISION OR EYE PROBLEMS	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1423	33.3	31.0-35.5	1349	13.6	12.5-14.8
NO	2450	66.3	64.1-68.6	6640	86.3	85.2-87.5
RESPONDENT IS BLIND	18	0.4	0.08-0.7	6	0.1	0.07-0.01

**p-value** <0.0001

## VACCINATIONS

The following question was asked about vaccinations:

- During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
- A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

There were no significant differences between individuals with a disability and those without disabilities regarding receiving a seasonal flu shot or vaccine that was sprayed into the nose. (Table 46)

**Table 46: Vaccination Status (Flu Vaccination)**

ADULTS AGED 65+ WHO HAVE HAD INFLUENZA IMMUNIZATION WITHIN THE PAST YEAR	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1148	67.8	64.4-71.1	1437	63.5	60.7-66.4
NO	548	32.2	28.9-35.6	916	36.5	33.7-39.4

p-value =0.059

Among individuals aged 65 or older, those with a disability were significantly more likely to have ever been immunized against pneumonia than those without a disability (77.6% versus 64.9%). (Table 47)

**Table 47: Vaccination Status (Pneumonia Vaccination)**

ADULTS AGED 65+ WHO HAVE EVER RECEIVED HAD A PNEUMONIA VACCINATION	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
YES	1263	77.6	74.6-80.6	1453	64.9	62.0-67.8
NO	367	22.4	19.4-25.4	819	35.1	32.2-38.0

p-value <0.0001

## SALT INTAKE (SALTY FOODS)

The following question was asked concerning salty foods:

- Which of the following do you think is the maximum amount of salt that is recommended for adults daily?
- Which of the following do you think is the main source of salt in food?

The largest proportion of individuals with disabilities and individuals without disabilities indicated that ¼ teaspoon is the recommended amount for adults daily (40.4% and 37.1%, respectively). (Table 48) According to the 2010 Dietary Guidelines, 1 teaspoon is the daily recommended amount of salt.

**Table 48: Awareness of Maximum Amount of Salt**

MAXIMUM AMOUNT OF SALT THAT IS RECOMMENDED FOR ADULTS DAILY	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
¼ TEASPOON	1441	40.4	37.9-42.9	2852	37.1	35.4-38.9
½ TEASPOON	1080	28.0	25.8-30.3	2295	30.0	28.3-31.6
¾ TEASPOON	171	4.8	3.8-5.9	437	6.9	5.9-7.8
1 TEASPOON	768	22.0	19.8-24.2	1603	21.2	19.7-22.7
2 TEASPOONS	140	4.8	3.5-6.0	272	4.8	4.0-5.7

p-value =0.040

There were no significant differences between the two groups regarding their awareness of the main source of salt. The majority of individuals with and without disabilities reported that the main source of salt was found in processed foods (59.0% and 58.6%, respectively). (Table 49)

**Table 49: Awareness of Main Source of Salt**

MAIN SOURCE OF SALT IN FOOD	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
SALT ADDED WHILE COOKING OR AT TABLE	1312	36.1	33.6-38.5	2440	37.1	35.3-38.9
SALT FROM PROCESSED FOODS	2120	59.0	56.5-61.6	4690	58.6	56.8-60.4
NATURAL SALT IN FOODS	171	4.9	3.6-6.2	319	4.3	3.6-5.1

p-value =0.640

## DRIVING SAFETY

The following question was asked concerning driving safety:

- How often do you use seat belts when you drive or ride in a car?

There was not a significant difference in the frequency of seatbelt use between people with a disability and people without a disability. The majority of both groups stated they always wear their seat belts while occupying a vehicle (over 85% for both groups). (Table 50)

**Table 50: Use of Seatbelt in a Car**

HOW OFTEN USE SEATBELT	DISABILITY			NO DISABILITY		
	n	%	95% CI	n	%	95% CI
ALWAYS	3489	88.0	86.3-89.6	7172	86.0	84.7-87.2
NEARLY ALWAYS	272	6.9	5.7-8.2	596	8.2	7.2-9.1
SOMETIMES	84	2.9	1.9-3.9	218	3.4	2.7-4.0
SELDOM	31	0.7	0.4-1.1	73	1.2	0.8-1.7
NEVER	59	1.5	0.9-1.9	59	1.2	0.8-1.8

p-value =0.251



## MEDICAL CONDITIONS/HEALTH PROBLEMS AND LIMITATIONS AMONG INDIVIDUALS REPORTING A DISABILITY

Individuals that affirmatively answered one or both of the two core disability questions were asked these state added follow-up questions:

- What are the medical conditions or health problems that limit your activities or require you to use special equipment?
- How are you impaired as a result of the conditions in the first question?

Individuals were asked the open ended questions and were able to provide up to 3 answers for each question. Results are summarized in Table 51, sorted by the unweighted number of responses (weighted percentages are also shown).

The top five reported conditions were:

- Musculoskeletal condition, (68.6% of individuals with a disability) including: arthritis/rheumatism, orthopedic problems, back problems and broken bones.
- Pulmonary condition, (10.4% of individuals with a disability) including: lung disease, emphysema, COPD and asthma.
- Neurologic condition, (8.5% of individuals with a disability) including: stroke, spinal cord injury, multiple sclerosis, cerebral palsy, and others.
- Heart disease, (8.5% of individuals with a disability).
- Mental health, (7.3% of individuals with a disability) including: depression, anxiety, bipolar disorder and schizophrenia.

**Table 51: Type of Medical Condition/Health Problem among Individuals reporting a Disability**

MEDICAL CONDITION OR HEALTH PROBLEM	n	%	95% CI
Musculoskeletal	2,706	68.56	66.29-70.84
Pulmonary	406	10.41	8.90-11.91
Heart Disease	364	8.00	6.73-9.27
Neurologic	351	8.48	7.13-9.83
Diabetes	245	5.19	4.20-6.17
Hypertension/High Blood Pressure	198	4.33	3.31-5.36
Mental health	191	7.31	5.89-8.73
Vision	151	3.72	2.77-4.68
Cancer	105	1.79	1.34-2.24
Gastrointestinal conditions	104	2.22	1.63-2.81
Frailty/old age	93	1.75	1.18-2.33
Sleep apnea	78	2.16	1.32-3.01
Vascular disease	62	1.71	1.02-2.41
Hearing	58	1.19	0.77-1.62
Obesity/Overweight	55	1.88	1.09-2.67
All others	295	7.35	6.18-8.52



The top five reported limitations as a result of these conditions were (Table 52):

- Difficulty walking/limited mobility/balance problems, (46.3% of individuals with a disability).
- Pain, (23.2% of individuals with a disability).
- Breathing problems, (12.4% of individuals with a disability).
- General weakness and/or fatigue, (9.6% of individuals with a disability).
- Problems using arms and/or hands (7% of individuals with a disability).

Limitation	n	%	95% CI
Difficult to Walk/Limited mobility/Balance problem	2,007	46.29	43.87-48.71
Pain	899	23.22	21.20-25.23
Breathing problems	499	12.36	10.69-14.04
General weakness/fatigue	391	9.57	8.24-10.90
Problems using arms/hands	287	7.02	5.83-8.22
Limited lifting	273	8.24	6.75-9.72
Unable to walk	218	4.41	3.54-5.27
Limited range of motion	169	5.14	3.91-6.38
Athletic limitations	161	5.39	4.12-6.66
Vision	185	4.59	3.54-5.64
Mental health problems	136	5.07	3.83-6.32
Limited duration of standing	135	3.62	2.80-4.44
Chest pain/Heart problems	67	1.65	1.12-2.19
Hearing problems	61	1.33	0.78-1.88
Learning/Memory problems	50	1.80	0.91-2.69
All others	313	8.44	7.01-9.87

## CONCLUSIONS

Just over one-fourth of adult participants in the 2011 South Carolina BRFSS reported having a disability. This represents a trend of increased prevalence in recent years; since 2003, the proportion of South Carolinians reporting a disability has increased from 20.4% to 27.2%. As has been the case in previous years, South Carolinians with a disability are significantly less likely to have a high school or greater education, more likely to make less than \$25,000 in annual income, and less likely to be employed than people without a disability. It also appears that people with a disability have significantly poorer physical and mental health status, which is also consistent with BRFSS findings from previous years. Additionally, people with a disability are more likely to have been told or diagnosed with chronic conditions such as diabetes, kidney disease and cardiovascular diseases.

The 2011 South Carolina BRFSS included two new questions designed to explain the causes of disability and the types of limitations for people reporting a disability. In past years we have discussed the significance of health disparities between people with a disability and people without a disability. However, we have also pointed out that the standard BRFSS questions have not adequately described the nature of disability, which is important for developing effective approaches to addressing health disparities for people with disability. The two new questions demonstrate that more than two-thirds of people with a disability reported a musculoskeletal condition as a cause of their limitations, making this the most commonly reported category by far. Most of the other commonly reported conditions related to chronic diseases. Almost half of people with a disability reported limitations related to limited mobility, and one-quarter reported limitations due to pain. Very few people reported sensory or cognitive conditions contributing to disability or limitations related to hearing, vision, or learning/memory problems. It is important to keep these findings in mind when interpreting and applying South Carolina BRFSS data for people who report a disability.







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