

# Health Disparities Experienced by Kansans with Disabilities



People with disabilities use public health and health care services for the same reasons everyone does – to be healthy, active and part of their community. Despite this fact, health disparities between those with and without disabilities are significant. The Kansas Disability and Health Program (DHP) is funded by the Centers for Disease Control and Prevention (CDC) to improve the health and quality of life among Kansans with mobility limitations and intellectual or developmental disabilities (IDD) in an effort to address these disparities.

According to 2015 Behavioral Risk Factor Surveillance System (BRFSS) data, 21.9% of the Kansas population lives with a disability (<http://www.kdheks.gov/brfss/>). Disability is defined as those who self-report being limited in any way because of physical, mental or emotional problems, or who report having a health problem that requires them to use special equipment such as a cane, wheelchair, special bed or special telephone.

The DHP will adapt and implement evidence-based programs for people with disabilities that focus on improved access to and knowledge of three important health disparity areas: physical activity, oral health and nutrition. Although Kansans with disabilities can be healthy, data indicate that they currently experience worse health and have higher rates of health risk behaviors in these three areas than their non-disabled peers. The data provided here illustrate health disparities experienced by Kansas adults (age 18 and older) and indicate room for improvement.

## Physical Activity

In the area of physical activity, 2015 BRFSS data reveal significant disparities between Kansans with and without disabilities. (CDC guidelines regarding recommended level of physical activity for adults: <https://www.cdc.gov/physicalactivity/basics/adults.>)

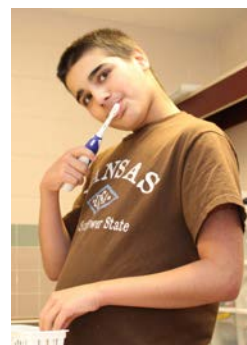
Physical activity	With a disability	Without a disability
Report poor physical or mental health that keeps one from doing usual activities	60.0%	28.3%
Obese (BMI $\geq$ 30)	44.7%	31.1%
Did <b>not</b> participate in any physical activity other than regular job in the past month	39.8%	22.7%
Did not participate in recommended level of physical activity (aerobic and/or strengthening)	87.0%	78.9%



## Oral Health

The disparities in oral health are even more striking, as 2015 BRFSS data indicate significant differences in the areas of dental insurance and dental care needed but not received. Further, according to 2014 data from the CDC Disability and Health Data System (DHDS), significantly fewer Kansans with disabilities visited a dentist in the past year than those without disabilities (<https://dhds.cdc.gov/profiles>).

Oral Health	With a disability	Without a disability
No dental insurance	46.0%	28.7%
Needed dental care in last 12 months, but did not get it	24.8%	9.3%
Visited a dentist in the last year	54.3%	71.0%



## Nutrition

Differences in behaviors regarding consumption of fruits and vegetables are less pronounced, but worries about having enough money to buy nutritious meals are significantly more prevalent among those who have a disability, as data from the 2015 Kansas BRFSS show.

Nutrition	With a disability	Without a disability
Did <b>not</b> consume fruit at least once/day	46.6%	42.9%
Did <b>not</b> consume vegetables at least once/day	25.4%	21.4%
Worried/stressed about having enough money to buy nutritious meals	35.4%	16.4%



## For More Information:

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