

The word disability is a broad term used to identify individuals with a variety of specific physical and/or mental impairments. Disabilities can be acquired during fetal development, throughout childhood, or even during adulthood as a result of an accident or an illness. According to the Americans with Disabilities Act of 1990 (ADA), a disability is “a physical or mental impairment that substantially limits one or more of the major life activities of an individual; a record of such an impairment; or being regarded as having such an impairment” (U.S. Equal Opportunity Commission [EOC], n.d.b).

Effective March 2011, ADA was amended “to make it easier for an individual seeking protection under the ADA to establish that he or she has a disability within the meaning of the ADA” (EOC, n.d.a), primarily by changing the interpretation of certain terms. *Major life activities* are listed as including (but not limited to):

- Hearing
- Sleeping
- Standing
- Bending
- Breathing
- Reading
- Thinking
- Working
- Eating
- Seeing
- Walking
- Lifting
- Speaking
- Learning
- Concentrating
- Communicating
- Caring for oneself
- Performing manual tasks

(EOC, n.d.b)

Additionally, the amendment expanded the definition of major life activities to include *major bodily functions* such as functioning of the immune system, normal cell growth, brain,

digestive, bowel, bladder, neurological, circulatory, respiratory, endocrine and reproductive functions (EOC, n.d.b).

Consequently, how disabilities are reported has changed slightly since the 2000 census (there was no disability data in the 2010 census). The American Community Survey, an annual nationwide look at how communities are changing, reports disability characteristics in terms of functional difficulties versus the categories such as sensory, physical, or mental that were previously used. The table at the end of this brief shows the disability characteristics for the United States, Texas, and Bandera, Bexar, Comal and Kendall counties for 2014 (U.S. Census Bureau, 2016).

The Census indicates that disability rates rise with age and differ according to sex. The prevalence of disability among people under 65 years old is higher in men, while disability rates for people aged 65 and older are typically higher in women (Brault, 2012). It is expected that disability rates will continue to rise as the population ages. Current population projections expect the over-65 population to make up 20% of the total population by 2029. “By 2056, the population 65 years and over is projected to become larger than the population under 18 years” (Colby and Ortman, 2014, p.1).

While the reported percent of Texans with disabilities in 2014 was not higher than the national percentage (11.6% and 12.3% respectively), the Bexar county rate, at 13.3%, was higher than both the state and national rates.

Bandera County reported the highest percentage of disabled adults, including 13.9% of the 18 to 64 year old population and 42.2% of the 65 and older population, as compared to Texas and the U.S. Bexar, Comal, and Kendall counties had higher percentages of disabled populations 5 to 17 years old than both the state and national percentages (see table at end of brief for more detailed information) (U.S. Census Bureau, 2016).

HEALTH ISSUES

Health is commonly defined as lacking disease or disability. There are many disabilities that can affect a person, and they can occur at any point in an individual's life from birth to older adulthood (Centers for Disease Control and Prevention [CDC], 2016a).

Typically, individuals with a primary disability also suffer from related conditions causing physical and mental health problems. While secondary conditions result from a specific disability, these secondary conditions can be prevented through healthy living and health management (CDC, 2016b). Examples of primary and secondary conditions include:

Primary

- Hearing
- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating
- Mental health
- Social relationships

Secondary

- Bowel or bladder problems
- Fatigue
- Injury
- Mental health and depression
- Overweight and obesity
- Pain
- Pressure sores or ulcers

(CDC, 2016a & 2016b)

Certain types of disabilities are associated with increased mortality. Disabled individuals also

experience similar health concerns as the general population. For example, with the accelerated aging process in individuals with Down syndrome, Alzheimer's disease can be found starting at the age of 40. Research indicates that Alzheimer's disease in the Down syndrome population age 65 and older is six times greater than in the general population, and oftentimes, symptoms begin much earlier (Alzheimer's Association, 2015).

SOCIAL ISSUES

Individuals who suffer from disabilities can sometimes suffer in other aspects of life. The process of socializing can be daunting for someone who has impairments. Often, people with disabilities are ostracized from everyday society because of their disability, or because special accommodations are not available.

In 1999, in the most significant action addressing the discrimination of the disabled since the Americans with Disabilities Act (ADA), the U.S. Supreme Court ruled in *Olmstead v. L.C.* that unjustly institutionalizing persons with disabilities is a discriminatory violation of the ADA's mandate. "Unjustified placement or retention of persons in institutions severely limits their exposure to the outside community, and therefore constitutes a form of discrimination based on disability prohibited by Title II" (Cornell University School of Law, n.d.). The Court's decision was founded on two key points: institutionalizing individuals who desire, are capable of managing, and might benefit from residence in a community setting is wrong; and institutional living arrangements disrupt or preclude several aspects of everyday living, such as the establishment of family relations and social contacts, work options, economic independence, educational advancement, and cultural enrichment (Cornell University School of Law, n.d.).

Texas responded to the *Olmstead* decision by creating the *Texas Promoting Independence Plan* with the goal of providing community-based services for persons with disabilities who would otherwise be entitled to institutional services.

The 2012 Revised Plan (most recent available) reports the status of the implementation of a plan to ensure appropriate care settings for individuals with disabilities, as well as the provision of a system of services and supports that foster independence and productivity, including meaningful opportunities for an individual with a disability to live in the most appropriate care setting and includes an analysis of the availability, application and efficacy of existing community-based supports for individuals with disabilities (Texas Department of Aging and Disability Services [DADS], 2015, p.1 & 2).

Despite the progress made in the last decade, the Texas Department of Aging and Disability Services has a waiting list (as of February 2016) of 106,604 unduplicated individuals interested in community-based programs including: Community Based Alternatives; Community Living Assistance and Support Services, Deaf/Blind with Multiple Disabilities; Home and Community Service; and Medically Dependent Children’s Program (DADS, 2016).

PROGRAMS FOR PEOPLE WITH DISABILITIES

The Department of Assistive and Rehabilitative Services (DARS) administers programs for Texans with disabilities. Established in 2004, programs are available in four distinct units, each providing services unique to its target population:

- Rehabilitation Services
- Blind Services
- Early Childhood Intervention Services
- Disability Determination Services

Additionally, an Autism program began serving autistic children and their families in 2008 (DARS, n.d.).

Of the 2,969,042 Texans reporting a disability in 2014, only 781,103 were referred and received services and/or follow up services through DARS in FY 2014. As demonstrated in the following table, there is a significant gap between the number of disabled individuals and the number receiving services.

TEXAS DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES	
	# clients served in FY 2014
Division for Rehabilitation Services	
Vocational Rehabilitation	80,475
Centers for Independent Living	186,123
Independent Living Services	2,502
Comprehensive Rehabilitation Services	938
Deaf and Hard of Hearing Services	43,411
Blind Services	
Vocational Rehabilitation	10,574
Business Enterprises of Texas	200
Independent Living	3,572
Blind Children’s Vocational Discovery and Development Program	4,361
Blind Education, Screening, and Treatment	4,041
Early Childhood Intervention Services*	
Children Referred	69,740
Children Receiving Services	49,685
Children Receiving Follow Up	1,658
Disability Determination Services	323,528
Autism	295
Total Referred and Served in FY 2014	781,103
*may include duplication (DARS, 2015)	

INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

This Federal Statute provides for the free education of children with disabilities (U.S. Department of Education [USDE], n.d.). The following table shows the percentage of school aged children with a disability in the United States, Texas, and the Kronkosky counties of interest. Bexar, Comal, and Kendall counties have higher disability percentages than the national and state rates.

SCHOOL AGED CHILDREN FROM 5-17 YEARS WITH A DISABILITY (2014)	
United States	5.3%
Texas	5.4%
Bandera County	5.1%
Bexar County	6.7%
Comal County	5.7%
Kendall County	6.2%
(U.S. Census Bureau, 2016)	

42,654 children ages 3-5 with disabilities and 408,969 children ages 6-21 with disabilities received special education services in Texas in 2014 (USDE, 2016).

In the 2013-2014 academic year, 63.1% of American students with disabilities graduated from high school. However, there continues to be a significant gap between the academic achievement of youth with disabilities and youth with no disabilities. Reports show that the graduation rate for students with disabilities varies significantly across states, ranging from a high of 83.1% in Arkansas to a low of 27.6% in Nevada. In Texas, 77.5% of students with a disability exited school with a diploma in 2014 (Grad Nation America's Promise Alliance, 2016).

DISABILITIES AND FINANCIAL OBSTACLES

Another aspect of community integration is related to employment. Although the Americans with Disabilities Act explicitly prohibits employment discrimination, disabled individuals continue to have a higher rate of unemployment than persons without disabilities. In May 2016, only 5.58 million individuals with a disability were employed compared to 146 million individuals with no disability that were employed (U.S. Bureau of Labor Statistics [BLS], 2016). In addition to higher rates of unemployment, disabled individuals have higher rates of underemployment as well.

Factors such as:

- Lack of education or training
- Lack of transportation
- Need for special features at the job

have all been cited as barriers to employment among the disabled (BLS, 2013).

Finding affordable housing is also a major concern. In 2014, 51.8% (14,272) of the 27,528 fair housing discrimination complaints were filed by persons with disabilities (National Fair Housing Alliance, 2015, p.21).

The annual cost for the U.S. government to help the disabled has skyrocketed in recent years. In 2014 the national health expenditure grew to roughly 17.5% of the gross domestic product or \$3.0 trillion (an increase of 5.3% from the previous year). At the aggregate level, the shares of financing for health services and supplies were: households (28%); federal government (28%); private businesses (20%); and state and local governments (17%); and other private revenues (7%). Medicare and Medicaid spending are estimated to grow at a higher rate than private spending over the next ten years. Current estimated growth rates are 7.3%, 5.9%, and 5.4% per year, respectively (Centers for Medicare & Medicaid Services [CMS], 2015b).

In 2014, 8.8 million adults with disabilities were enrolled in Medicare (CMS, 2015a). Given that the total Medicare expenditures of 2014 were \$618.7 billion, approximately \$98.9 billion of Medicare funds were expended for persons with disabilities (CMS,2015a&b).

Medicaid funded a total of \$475.9 billion in 2014, of which \$32.2 billion was spent in the state of Texas (CMS, 2015b). In 2011 (most recent data available), 42% of Medicaid funding was distributed to disabled individuals nationally, while 38% of total funding went to those with disabilities in Texas (Kaiser Family Foundation, 2016).

In the end, individuals with disabilities have numerous social, health and financial needs. These needs vary widely according to specific disabilities and functional limitations. This can sometimes be overwhelming for policy-makers and advocates for improved services and support systems for adults with disabilities.

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Disability Characteristics (2014)												
	United States		Texas		Bandera		Bexar		Comal		Kendall	
		% with Disability*		% with Disability*		% with Disability*		% with Disability*		% with Disability*		% with Disability*
Total Population	309,082,258		25,613,334		20,459		1,754,705		114,779		35,583	
Total Population with a Disability	37,874,571	12.3%	2,969,042	11.6%	3,732	18.2%	232,814	13.3%	15,529	13.5%	4,570	12.8%
Population under 5 years	19,971,525		1,940,567		966		132,061		6,509		1,859	
With a Disability	161,265	0.8%	16,872	0.9%	0	0.0%	1,484	1.1%	84	1.3%	0	0.0%
With a hearing difficulty	108,335	0.5%	11,686	0.6%	0	0.0%	1,040	0.8%	75	1.2%	0	0.0%
With a vision difficulty	95,964	0.5%	10,078	0.5%	0	0.0%	881	0.7%	51	0.8%	0	0.0%
Population 5 to 17 years	53,665,031		5,038,593		2,777		342,683		20,333		6,685	
With a Disability	2,830,108	5.3%	272,371	5.4%	141	5.1%	23,040	6.7%	1,156	5.7%	417	6.2%
With a hearing difficulty	333,289	0.6%	33,926	0.7%	7	0.3%	2,956	0.9%	148	0.7%	43	0.6%
With a vision difficulty	430,152	0.8%	46,822	0.9%	52	1.9%	3,328	1.0%	84	0.4%	27	0.4%
With a cognitive difficulty	2,138,482	4.0%	198,764	3.9%	36	1.3%	18,175	5.3%	923	4.5%	281	4.2%
With an ambulatory difficulty	342,862	0.6%	34,197	0.7%	0	0.0%	2,488	0.7%	158	0.8%	141	2.1%
With a self-care difficulty	502,311	0.9%	46,962	0.9%	46	1.7%	3,755	1.1%	95	0.5%	141	2.1%
Population 18 to 64 years	193,574,369		15,868,712		12,242		1,092,269		69,278		20,867	
With a Disability	19,703,061	10.1%	1,576,781	9.9%	1,705	13.9%	128,186	11.7%	7,734	11.2%	2,135	10.2%
With a hearing difficulty	3,979,651	2.1%	350,133	2.2%	287	2.2%	27,968	2.6%	1,915	2.8%	629	3.0%
With a vision difficulty	3,493,078	1.8%	334,892	2.1%	482	3.9%	26,238	2.4%	1,365	2.0%	256	1.2%
With a cognitive difficulty	8,240,776	4.3%	607,506	3.8%	910	7.4%	52,713	4.8%	2,899	4.2%	1,059	5.1%
With an ambulatory difficulty	10,009,171	5.2%	799,056	5.0%	979	8.0%	64,896	5.9%	4,207	6.1%	1,000	4.8%
With a self-care difficulty	3,563,884	1.8%	290,617	1.8%	267	2.2%	24,615	2.3%	1,774	2.6%	307	1.5%
With an independent living difficulty	6,936,756	3.6%	516,297	3.3%	610	5.0%	45,549	4.2%	2,780	4.0%	561	2.7%
Population 65 years & over	41,871,333		2,765,462		4,474		187,692		18,659		6,172	
With a Disability	15,180,137	36.3%	1,103,018	39.9%	1,886	42.2%	80,104	42.7%	6,555	35.1%	2,018	32.7%
With a hearing difficulty	6,274,102	15.0%	456,565	16.5%	1,068	23.9%	33,057	17.6%	2,517	13.5%	1,001	16.2%
With a vision difficulty	2,813,964	6.7%	228,594	8.3%	253	5.7%	16,814	9.0%	1,118	6.0%	460	7.5%
With a cognitive difficulty	3,886,019	9.3%	292,427	10.6%	384	8.6%	22,131	11.8%	1,735	9.3%	505	8.2%
With an ambulatory difficulty	9,766,128	23.3%	734,285	26.6%	1,224	27.4%	53,977	28.8%	4,250	22.8%	1,293	20.9%
With a self-care difficulty	3,605,953	8.6%	281,457	10.2%	370	8.3%	21,411	11.4%	1,595	8.5%	377	6.1%
With an independent living difficulty	6,586,241	15.7%	482,218	17.4%	606	13.5%	36,892	19.7%	2,698	14.5%	777	12.6%
*discrepancies may occur due to margins of error in estimates												
(U.S. Census Bureau, n.d.)												