

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 collected in the 2010 census). The American Community Survey (ACS), 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 2016 (U.S. Census Bureau, 2018a).

The ACS 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 (U.S. Census Bureau, 2018b). 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 21% of the total population by 2030. By 2040, the population 65 years and over is projected to become larger than the population under 18 years (Colby and Ortman, 2015).

While the reported percent of Texans with disabilities in 2016 was not higher than the national percentage (11.6% and 12.5% respectively), all of the Kronkosky Charitable Foundation’s counties of interest had rates higher than both the state and national rates.

Looking at the four counties, Bandera County reported the highest percentage of disabled working adults with 16.1% of the 18 to 64 year old population having a disability while Bexar County had the highest percentage of disabled seniors with 41.8% of the 65 and older. Kendall County had higher percentages of disabled populations under 18 years old than the rest (see table at end of brief for more detailed information) (U.S. Census Bureau, 2018a).

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], 2017a).

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, 2017b). 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, 2017a&b)

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 about "30 percent of people with Down syndrome who are in their 50s have Alzheimer's. Fifty percent or more of people with Down syndrome will develop Alzheimer's as they age" (Alzheimer's Association, 2018).

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 2016 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 Health and Human Services [HHS], 2017).

Despite the progress made in the last decade, Texas Health and Human Services has a waiting list (as of May 2018) of 140,769 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 (HHS, 2018).

PROGRAMS FOR PEOPLE WITH DISABILITIES

“As of September 1, 2016, programs and services previously administered or delivered by the former Texas Department of Assistive and Rehabilitative Services (DARS) have been transferred by the Texas Legislature to the Texas Workforce Commission or the Texas Health and Human Services Commission.” (Texas Department of Assistive and Rehabilitative Services [DARS], n.d.)

DARS programs transferred to the Texas Workforce Commission (2018) included:

- Vocational Rehabilitation Services
- Blind & Visually Impaired Services
- Independent Living Services for Older Individuals Who Are Blind

DARS programs transferred to the Health & Human Services Commission (n.d.) included:

- Autism Program
- Blind Children’s Vocational Discovery & Development Program
- Blindness Education, Screening & Treatment Program

- Comprehensive Rehabilitation Services
 - Deaf & Hard of Hearing Services
 - Disability Determination
 - Early Childhood Intervention Program
 - Independent Living Services
- (DARS, n.d.)

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. Bandera, Bexar, Comal, and Kendall counties all have higher disability percentages than the national and state rates.

SCHOOL AGED CHILDREN FROM 5-17 YEARS WITH A DISABILITY (2016)		
	Number	Percent
United States	2,887,442	5.4%
Texas	281,123	5.5%
Bandera County	174	6.2%
Bexar County	23,598	6.7%
Comal County	1,045	4.9%
Kendall County	587	8.2%
(U.S. Census Bureau, 2018b)		

46,652 children ages 3-5 with disabilities and 430,874 children ages 6-21 with disabilities received special education services in Texas in 2015-2016 (USDE, 2017).

There continues to be a significant gap between the academic achievement of youth with disabilities and youth with no disabilities. In the 2015-2016 academic year, 30 states reported high school graduation rates for special education students below 70%, over 20 percentage points below students in the general population in most cases. Reports show that the graduation rate for students with disabilities varies significantly across states, ranging from a high of 84.3% in Arkansas to a low of 29.3% in Nevada. In Texas, 77.9% of students with a disability exited school with a diploma in 2016 (DePaoli, et al., 2018).

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 July 2018, 18.5% of the disabled population were employed (5.5 million individuals) compared to 66.4% of the population without a disability (151.5 million individuals) that were employed (U.S. Bureau of Labor Statistics [BLS], 2018). 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, and 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 2017, 56.7% (16,337) of the fair housing discrimination complaints were filed by persons with disabilities (National Fair Housing Alliance, 2018, p.52).

The annual cost for the U.S. government to help the disabled has skyrocketed in recent years. In 2016, the national health expenditure grew to roughly 17.9% of the gross domestic product or \$3.3 trillion (an increase of 4.38% from the previous year). At the aggregate level, the shares of financing for health services and supplies were: households (28.1%); federal government (28.3%); private businesses (19.9%); and state and local governments (16.9%); and other private revenues (6.7%) (Centers for Medicare & Medicaid Services [CMS], 2018d).

Medicare and Medicaid spending are estimated to grow at a higher rate than private spending over the next ten years. Medicare spending growth is expected to average 7.4% over 2017-2026; Medicaid spending growth is expected to average 5.8%; private health insurance spending growth is projected to average 4.7%. Growth personal healthcare spending is projected to average 5.5% over the same period (CMS, 2018a).

In 2016, 8.8 million adults with disabilities were enrolled in Medicare (CMS, 2018c). Given that the total Medicare expenditures in 2016 were \$672.1 billion (CMS, 2018b); approximately \$85

billion of Medicare funds were expended for persons with disabilities (Congressional Budget Office, 2016).

In Fiscal Year 2016, Medicaid funded a total of \$553.4 billion, of which \$40.4 billion was spent in the state of Texas (Kaiser Family Foundation [KFF], 2018a). In Fiscal Year 2016, 57.5% of Medicaid funding was distributed to disabled individuals nationally, while 42.5% of total funding went to those with disabilities in Texas (KFF, 2018b).

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 (2016)												
	United States		Texas		Bandera		Bexar		Comal		Kendall	
		% with Disability*		% with Disability*		% with Disability*		% with Disability*		% with Disability*		% with Disability*
Total Population	313,576,137		26,478,868		20,818		1,828,044		123,157		38,487	
Total Population with a Disability	39,272,529	12.5%	3,083,141	11.6%	3,949	19.0%	248,529	13.6%	16,734	13.6%	5,916	15.4%
Population under 5 years	19,865,233		1,970,499		880		135,515		7,113		2,002	
With a Disability	154,569	0.8%	16,387	0.8%	0	0.0%	1,331	1.0%	87	1.2%	0	0.0%
With a hearing difficulty	103,920	0.5%	11,594	0.6%	0	0.0%	948	0.7%	67	0.9%	0	0.0%
With a vision difficulty	91,697	0.5%	9,413	0.5%	0	0.0%	761	0.6%	53	0.7%	0	0.0%
Population 5 to 17 years	53,610,145		5,151,301		2,818		350,946		21,464		7,148	
With a Disability	2,887,442	5.4%	281,123	5.4%	174	5.9%	23,598	6.7%	1,045	4.9%	587	8.2%
With a hearing difficulty	330,962	0.6%	33,236	0.6%	0	0	2,597	0.7%	125	0.6%	65	0.7%
With a vision difficulty	455,837	0.9%	50,058	1.0%	32	1.1%	4,006	1.1%	181	0.8%	98	1.4%
Population under 18 years	73,475,378		7,121,800		3,698		486,461		28,577		9,150	
With a Disability	3,042,011	4.1%	297,510	6.3%	174	4.7%	24,929	5.1%	1,132	4.0%	587	6.4%
With a hearing difficulty	434,882	0.6%	44,830	0.6%	0	0	3,545	0.7%	192	0.7%	65	0.7%
With a vision difficulty	547,534	.07%	59,471	0.8%	32	1.1%	4,767	1.0%	234	0.8%	98	1.1%
With a cognitive difficulty	2,191,619	4.1%	209,959	4.0%	136	4.8%	18,257	5.2%	786	3.7%	289	4.0%
With an ambulatory difficulty	337,104	0.6%	33,527	0.7%	0	0	2,575	0.7%	176	0.8%	232	3.2%
With a self-care difficulty	514,244	1.0%	47,733	0.9%	38	1.3%	3,477	1.0%	156	0.7%	165	2.3%
Population 18 to 64 years	195,226,024		16,349,031		12,029		1,137,297		73,466		22,239	
With a Disability	20,188,257	10.3%	1,608,392	9.8%	1,932	16.1%	138,202	12.2%	8,613	11.7%	2,700	12.1%
With a hearing difficulty	3,993,694	2.0%	353,209	2.2%	507	4.2%	29,999	2.6%	2,321	3.2%	746	3.4%
With a vision difficulty	3,718,960	1.9%	350,686	2.1%	219	1.8%	29,437	2.6%	1,582	2.2%	363	1.6%
With a cognitive difficulty	8,540,167	4.4%	628,050	3.8%	981	8.2%	58,623	5.2%	3,019	4.1%	1,332	6.0%
With an ambulatory difficulty	10,047,341	5.1%	791,332	4.8%	969	8.1%	67,987	6.0%	4,522	6.2%	1,562	7.0%
With a self-care difficulty	3,604,677	1.8%	286,168	1.8%	382	3.2%	25,689	2.3%	1,836	2.5%	687	3.1%
With an independent living difficulty	7,133,909	3.7%	529,034	3.2%	984	7.9%	47,702	4.2%	2,858	3.9%	1,103	5.0%
Population 65 years & over	44,874,735		3,008,037		5,091		204,286		21,114		7,098	
With a Disability	16,042,261	35.7%	1,177,239	39.1%	1,843	36.2%	85,398	41.8%	6,989	33.1%	2,629	37.0%
With a hearing difficulty	6,660,465	14.8%	490,621	16.3%	1,109	21.8%	35,725	17.5%	2,934	13.9%	1,348	19.0%
With a vision difficulty	2,965,048	6.6%	242,661	8.1%	315	6.2%	18,433	9.0%	1,058	5.0%	521	7.3%
With a cognitive difficulty	4,074,743	9.1%	304,872	10.1%	487	9.6%	22,104	10.8%	1,948	9.2%	762	10.7%
With an ambulatory difficulty	10,264,735	22.9%	779,063	25.9%	949	18.6%	56,509	27.7%	4,594	21.8%	1,685	23.7%
With a self-care difficulty	3,758,584	8.4%	290,211	9.6%	372	7.3%	21,231	10.4%	1,698	8.0%	645	9.1%
With an independent living difficulty	6,806,720	15.2%	502,096	16.7%	736	14.5%	36,863	18.0%	2,896	13.7%	1,064	15.0%

*discrepancies may occur due to margins of error in estimates
(U.S. Census Bureau, 2018a)