

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 2018 (U.S. Census Bureau, 2020a).

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, 2020b). 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 2034, the population 65 years and over is projected to become larger than the population under 18 years (Vespa, Medina, and Armstrong, 2020).

While the reported percent of Texans with disabilities in 2018 was not higher than the national percentage (11.5% and 12.6% 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 17.1% of the 18 to 64 year old population having a disability while Bexar County had the highest percentage of disabled seniors with 31.6% of the 65-74 year old population and 54.6% of the 75 and over population. Bandera County had the highest percentages of disabled population under 18 years old (see table at end of brief for more detailed information) (U.S. Census Bureau, 2020a).

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], 2019a).

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, 2019a&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, 2020).

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 June 30, 2020) of 297,324 unduplicated individuals interested in community-based programs including: Community Living Assistance and Support Services, Deaf/Blind with Multiple Disabilities; Home and Community Service; and Medically Dependent Children’s Program (HHS, 2020).

PROGRAMS FOR PEOPLE WITH DISABILITIES

Texas Health and Human Services “provides a range of services to Texans with disabilities that help ensure their well-being, dignity and choice. Programs also are in place to support family members who care for them” (HHS, 2020a).

Programs provided by HHS include:

- Autism Program – focused Applied Behavior Analysis treatment and parenting education
- Blind Children’s Vocational Discovery & Development Program
- Blindness Education, Screening & Treatment Program
- Deaf Blind with Multiple Disabilities Program
- Comprehensive Rehabilitation Services
- Children with Special Health care Needs Program
- Deaf & Hard of Hearing Services
- Disability Determination
- Early Childhood Intervention Program
- Independent Living Services
- Intellectual or Developmental Disabilities (HHS,2020a)

The Texas Workforce Commission provides two programs for individuals with disabilities:

- Vocational Rehabilitation Services
 - Helps individuals with disabilities prepare for, find, or retain employment
 - Prepares students for post-secondary opportunities
 - Assists businesses and employers to recruit, retain, and accommodate employees with disabilities
- Independent Living Services for Older Individuals who are Blind
 - Individuals aged 55 and over with significant visual impairment
 - Provides assistance with independent living skills, technology and support services

(Texas Workforce Commission, 2017)

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.a). 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 and Bexar counties have higher disability percentages than the national and state rates.

SCHOOL AGED CHILDREN FROM 5-17 YEARS WITH A DISABILITY (2018)		
	Number	Percent
United States	2,918,085	5.4%
Texas	281,353	5.3%
Bandera County	228	7.9%
Bexar County	25,506	7.1%
Comal County	1,200	5.2%
Kendall County	312	4.0%

(U.S. Census Bureau, 2020a)

53,750 children ages 3-5 with disabilities and 929,661 children ages 6-21 with disabilities received special education services in Texas in 2018-2019 under *IDEA* (USDE, n.d.b).

There continues to be a significant gap between the academic achievement of youth with disabilities and youth with no disabilities. “Students with disabilities face some of the most inequitable outcomes of any student

subgroup, with a 19.8 percentage point graduation rate gap between them and their peers...only three states had such gaps less the 10 percentage points”(Atwell, et al, 2019, p24). Reports show that the graduation rate for students with disabilities varies significantly across states, ranging from a high of 83.8% in Arkansas to a low of 36.3% in Mississippi. In Texas, 77.4% of students with a disability exited school with a diploma in 2016 (GradNation, 2020).

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 2020, 17.3% of the disabled population were employed (5 million individuals) compared to 60.3% of the population without a disability (139.5 million individuals) that were employed (U.S. Bureau of Labor Statistics [BLS], 2020b). 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, 2020a).

Finding affordable housing is also a major concern. In 2018, 56.3% (17,575) of the fair housing discrimination complaints were filed by persons with disabilities (National Fair Housing Alliance, 2019, p.16).

The annual cost for the U.S. government to help the disabled has skyrocketed in recent years. In 2018, the national health expenditure grew to roughly 17.7% of the gross domestic product or \$3.6 trillion (an increase of 4.6% from the previous year). At the aggregate level, the shares of financing for health services and supplies were: households (28.4%); federal government (28.3%); private businesses (19.9%); and state and local governments (16.5%); and other private revenues (6.9%) (Centers for Medicare & Medicaid Services [CMS], 2020c).

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 2018-2027; Medicaid spending growth is expected to average 5.5%; private health insurance spending growth is projected to average 4.8%. Personal healthcare spending is projected to average 4.8% growth over the same period (CMS, 2019).

In 2018, 8.7 million adults with disabilities were enrolled in Medicare (CMS, 2020b). Given that the total Medicare expenditures in 2018 were \$750.2 billion (CMS, 2020a); approximately \$65 billion of Medicare funds were expended for persons with disabilities. In Fiscal Year 2018, Medicaid funded a total of \$592.7 billion, of which \$38.2 billion was spent in the state of Texas (Kaiser Family Foundation [KFF], 2020).

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 (2018)												
	United States		Texas		Bandera		Bexar		Comal		Kendall	
		% with Disability*		% with Disability*		% with Disability*		% with Disability*		% with Disability*		% with Disability*
Total Population	317,941,631		27,417,645		21,584		1,895,810		133,918		41,551	
Total Population with a Disability	40,071,666	12.6%	3,152,865	11.5%	4,226	19.6%	265,021	14.0%	18,597	13.9%	5,596	13.5%
Population under 5 years	19,835,607		1,998,662		880		138,619		7,855		2,138	
With a Disability	147,094	0.7%	15,523	0.8%	0	0.0%	1,243	0.9%	86	1.1%	44	2.1%
With a hearing difficulty	100,446	0.5%	11,302	0.6%	0	0.0%	928	0.7%	82	1.0%	0	0.0%
With a vision difficulty	85,043	0.4%	8,913	0.4%	0	0.0%	739	0.5%	47	0.6%	44	2.1%
Population 5 to 17 years	53,582,180		5,284,160		2,895		359,747		23,033		7,708	
With a Disability	2,918,085	5.4%	281,353	5.3%	228	7.9%	25,506	7.1%	1,200	5.2%	312	4.0%
With a hearing difficulty	319,197	0.6%	30,431	0.6%	0	0	2,640	0.7%	120	0.5%	25	0.3%
With a vision difficulty	466,588	0.9%	51,465	1.0%	53	1.8%	6,125	1.7%	193	0.8%	74	1.0%
With a cognitive difficulty	2,234,245	4.2%	209,322	4.0%	183	6.3%	18,291	5.1%	939	4.1%	188	2.4%
With an ambulatory difficulty	328,917	0.6%	32,219	0.6%	38	1.3%	2,909	0.8%	364	1.6%	29	0.4%
With a self-care difficulty	528,386	1.0%	48,154	0.9%	83	2.9	4,072	1.1%	288	1.3%	67	0.9%
Population 18 to 64 years	196,582,813		16,881,555		12,298		1,178,233		79,478		24,113	
With a Disability	20,240,504	10.3%	1,618,704	9.6%	2,104	17.1%	148,767	12.6%	9,528	12.0%	2,436	10.1%
With a hearing difficulty	3,942,274	2.0%	349,802	2.1%	436	3.5%	31,517	2.7%	2,721	3.4%	596	2.5%
With a vision difficulty	3,818,259	1.9%	362,192	2.1%	289	2.3%	37,490	3.2%	1,998	2.5%	281	1.2%
With a cognitive difficulty	8,672,287	4.4%	641,874	3.8%	813	6.6%	62,826	5.3%	3,407	4.3%	1,184	4.9%
With an ambulatory difficulty	9,782,019	5.0%	776,531	4.6%	986	8.0%	69,414	5.9%	4,841	6.1%	1,388	5.8%
With a self-care difficulty	3,548,364	1.8%	286,016	1.7%	347	2.8%	24,919	2.1%	1,934	2.4%	476	2.0%
With an independent living difficulty	7,186,349	3.7%	540,194	3.2%	833	6.8%	49,402	4.2%	3,122	3.9%	960	4.0%
Population 65 to 74 years	28,219,825		1,976,727		3,450		131,508		14,676		4,504	
With a Disability	7,081,083	25.1%	564,075	28.5%	973	19.3%	41,604	31.6%	3,259	22.2%	1,139	25.3%
With a hearing difficulty	2,589,614	9.2%	209,743	10.6%	451	13.1%	15,628	11.9%	1,398	9.5%	725	16.1%
With a vision difficulty	1,203,520	4.3%	112,344	5.7%	142	4.1%	9,140	7.0%	455	3.1%	112	2.5%
With a cognitive difficulty	1,490,492	5.3%	120,477	6.1%	151	4.4%	9,016	6.9%	781	5.3%	231	5.1%
With an ambulatory difficulty	4,314,844	15.3%	356,183	18.0%	483	14.0%	27,015	20.5%	1,819	12.4%	541	12.0%
With a self-care difficulty	1,213,600	4.3%	103,252	5.2%	83	2.4%	7,332	5.6%	526	3.6%	170	3.8%
With an independent living difficulty	2,126,337	7.5%	173,654	8.8%	319	9.2%	13,000	9.9%	769	5.2%	327	7.3%
Population 75 years & over	19,721,206		1,276,541		2,077		87,703		8,876		3,088	
With a Disability	9,684,900	49.1%	673,210	52.7%	921	44.3%	47,901	54.6%	4,524	51.0%	1,665	53.9%
With a hearing difficulty	4,402,052	22.3%	306,333	24.0%	506	24.4%	22,199	25.3%	2,261	25.5%	755	24.4%
With a vision difficulty	1,874,910	9.5%	144,327	11.3%	267	12.9%	11,049	12.6%	839	9.5%	374	12.1%
With a cognitive difficulty	2,704,574	13.7%	198,263	15.5%	203	9.8%	14,095	16.1%	1,330	15.0%	651	21.1%
With an ambulatory difficulty	6,344,454	32.2%	457,636	35.8%	454	21.9%	32,269	36.8%	2,878	32.4%	1,055	34.2%
With a self-care difficulty	2,638,565	13.4%	193,298	15.1%	143	6.9%	13,484	15.4%	1,220	13.7%	528	17.1%
With an independent living difficulty	4,829,726	24.5%	342,731	26.8%	311	15.0%	23,884	27.2%	2,407	27.1%	899	29.1%

*discrepancies may occur due to margins of error in estimates

(U.S. Census Bureau, 2020a)