DataHaven

INSIGHTS FROM THE DATAHAVEN COMMUNITY WELLBEING SURVEY:

Disability in Connecticut

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ABOUT THIS REPORT

Across Connecticut, 1 in 4 adults are currently living with some form of disability.[1] The disability community, which includes those reporting difficulty with cognition, vision, hearing, mobility, self care, or independent living, is not monolithic. Disability affects people's lives in many ways, and Connecticut adults with disabilities can experience significant well-being disparities compared to those without disabilities.

These disparities arise from societal failures to adequately meet the needs of individuals with disabilities. Further, this brief is being written in the political context of rollbacks on previous policy wins across the spectrum for vulnerable groups. Federal funding for social programs has been deeply cut, a move that will disproportionately impact community members with disabilities. A detailed review of the racist and eugenicist history of systematic marginalization directed at people with disabilities is outside of the scope of this brief, and we encourage readers to seek out further resources to understand this community more holistically. A nonexhaustive suggested reading list is available in the appendix of this document.

This report explores data on the experience of adults with disabilities in Connecticut from the DataHaven Community Wellbeing Survey (DCWS). The DCWS illuminates major gaps in **economic well-being**, **health**, and **health care access** between adults with and without disabilities in Connecticut.[2, 3] The DCWS also reveals worse self-reported outcomes for people with disabilities across other indicators related to **quality of life**, both at the individual and community level.

Expert reviewers offering feedback and recommendations for this report included:

- **Caitlin Daikus** Senior Director, Health and Wellness at Special Olympics Connecticut
- **Eileen Healy** Executive Director at Independence Northwest
- **Walter Glomb** Executive Director at Connecticut Council on Developmental Disabilities

Our appreciation goes out to everyone whose expertise shaped this report, including those not mentioned above.

1 "Disability and Health Data System (DHDS)." Centers for Disease Control and Prevention. Accessed January 16, 2026. https://dhds.cdc.gov/.

2 Disability is defined in the DCWS using six criteria common to federal surveys (sensory, physical, mental, self care, employment and going outside the home). More information can be found here: https://www.census.gov/topics/health/disability/guidance.html

3 To reduce overall respondent burden, a randomly selected cross-section of respondents within the overall random sample is designated to receive certain survey questions including the disability questions. More information about the DCWS can be found in the appendix.

ECONOMIC WELL-BEING

The passage of the 1990 Americans with Disabilities Act represented a monumental shift in public accommodations and employment access for people with disabilities.[4, 5] Still, barriers persist leading to higher levels of financial insecurity among the disabled community. Many people with disabilities are unable to work full time even with accommodations due to their specific medical needs.[6, 7] People with disabilities who can work are subject to policies limiting income and assets in order to receive benefits,[8] in addition to higher living costs associated with access needs.[9, 10] In the context of a healthcare system where a chronic health condition can be bankrupting,[11] people with disabilities are often unable to build savings and financial stability for fear of losing healthcare access which would ultimately be more disabling.

The large financial disparities faced by Connecticut adults with disabilities are well-established. Between 2016 and 2020, the Department of Labor estimated median annual earnings for workers with disabilities in Connecticut at $26,475, compared to a median of $44,340 for workers without disabilities.[12] A report by United for ALICE found that in 2019, 48% of people with disabilities in Connecticut lived in households that did not earn "enough to afford the basics in the communities where they lived," compared to 30% of people without disabilities.[13]

Expanding on this evidence, the DCWS shows major economic well-being challenges for those with disabilities. Adults with disabilities in Connecticut face worse economic outcomes across several domains, including food insecurity, homeownership, and net worth. There is a particularly large difference in overall self-rated financial well-being, with **61% of those with disabilities reporting that they are "just getting by" or worse financially**, compared to 34% of those without disabilities

4 "Americans with Disabilities Act of 1990, as Amended," ADA.gov, accessed January 16, 2026, https://www.ada.gov/law-and-regs/ada/.

5 "Introduction to the Americans with Disabilities Act." ADA.gov, November 13, 2025. https://www.ada.gov/topics/intro-to-ada/.

6 "Disability Barriers to Inclusion." Centers for Disease Control and Prevention, April 3, 2025. https://www.cdc.gov/disability-inclusion/barriers/index.html.

7 "Barriers to Employment for People with a Disability." U.S. Bureau of Labor Statistics, July 29, 2020. https://www.bls.gov/opub/ted/2020/barriers-to-employment-for-people-with-a-disability.htm.

8 "Understanding Supplemental Security Income (SSI)—2025 Edition." The United States Social Security Administration, 2025. https://www.ssa.gov/ssi/text-income-ussi.htm.

9 "Healthcare Cost Data." Centers for Disease Control and Prevention, April 3, 2025. https://www.cdc.gov/dhds/healthcare-cost-data/index.html.

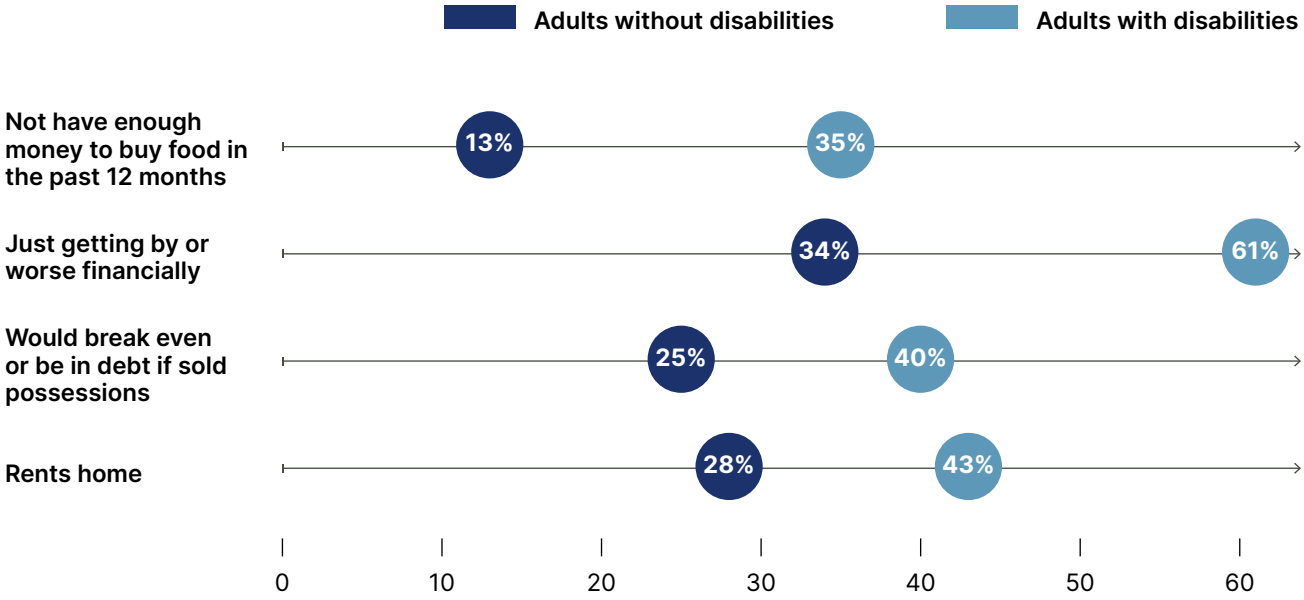
10 Goodman, Nanette, Michael Morris, Zachary Morris, and Stephen McGarity. The Extra Costs of Living with a Disability, October 2020. https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/10/extra-costs-living-with-disability-brief.pdf.

11 Cox, Cynthia, Jared Ortaliza, Emma Wagner, and Krutika Amin. Health Care Costs and Affordability, October 8, 2025. https://www.kff.org/health-costs/health-policy-101-health-care-costs-and-affordability/.

12 "Median Annual Earnings Map." DOL, 2023. https://www.dol.gov/agencies/odep/research-evaluation/MAEmap.

13 "FINANCIAL HARDSHIP AMONG PEOPLE WITH DISABILITIES:CONNECTICUT." United for ALICE, July 2022. https://unitedwaygw.org/application/files/4616/5885/8656/ALICE-in-Focus-Disabilities-Connecticut.pdf.

01. Economic Well-being



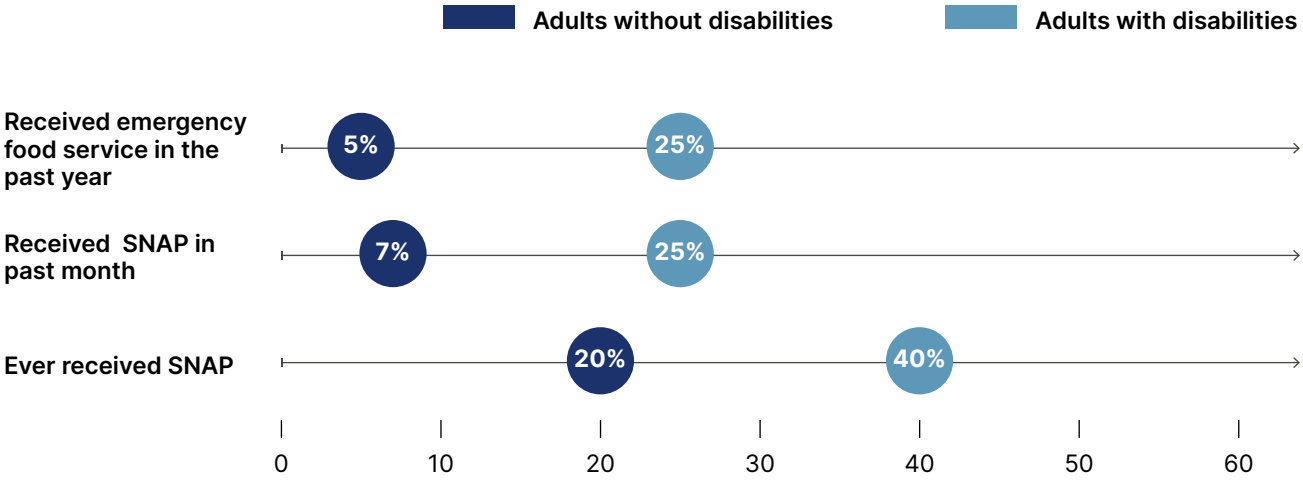
Results from the 2024 DCWS for respondents with and without disabilities on seven questions related to physical and mental health. Percentages are age-adjusted to account for differences in age distribution across groups. See methodology for details.

The disparity in food insecurity means that people with disabilities are especially likely to rely on food assistance, including federally-funded SNAP (Supplemental Nutrition Assistance Program) benefits and emergency food services like food banks, food pantries, and soup kitchens. According to new questions from the 2025 DataHaven Community Wellbeing Survey, **40% of respondents with disabilities said that they or someone in their household had received SNAP**, including 25% whose households received SNAP in the past month, compared to much lower rates for respondents without disabilities. Adults with disabilities were also **five times as likely to have received groceries or meals from an emergency food service in the past year**. Amidst recent federal threats to public benefits, two DataHaven reports have analyzed SNAP's impact across Connecticut[14] and the state's projected SNAP losses due to federal budget cuts.[15] The 2025 DCWS results below help illustrate the disproportionate significance of SNAP policy changes for Connecticut's disability community.

[14] The full report can be found at https://ctdatahaven.org/report/understanding-how-snap-impacts-connecticut-communities-through-new-data-datahaven-and-state/

[14] The full report can be found at https://ctdatahaven.org/snapcuts

02. Food Assistance

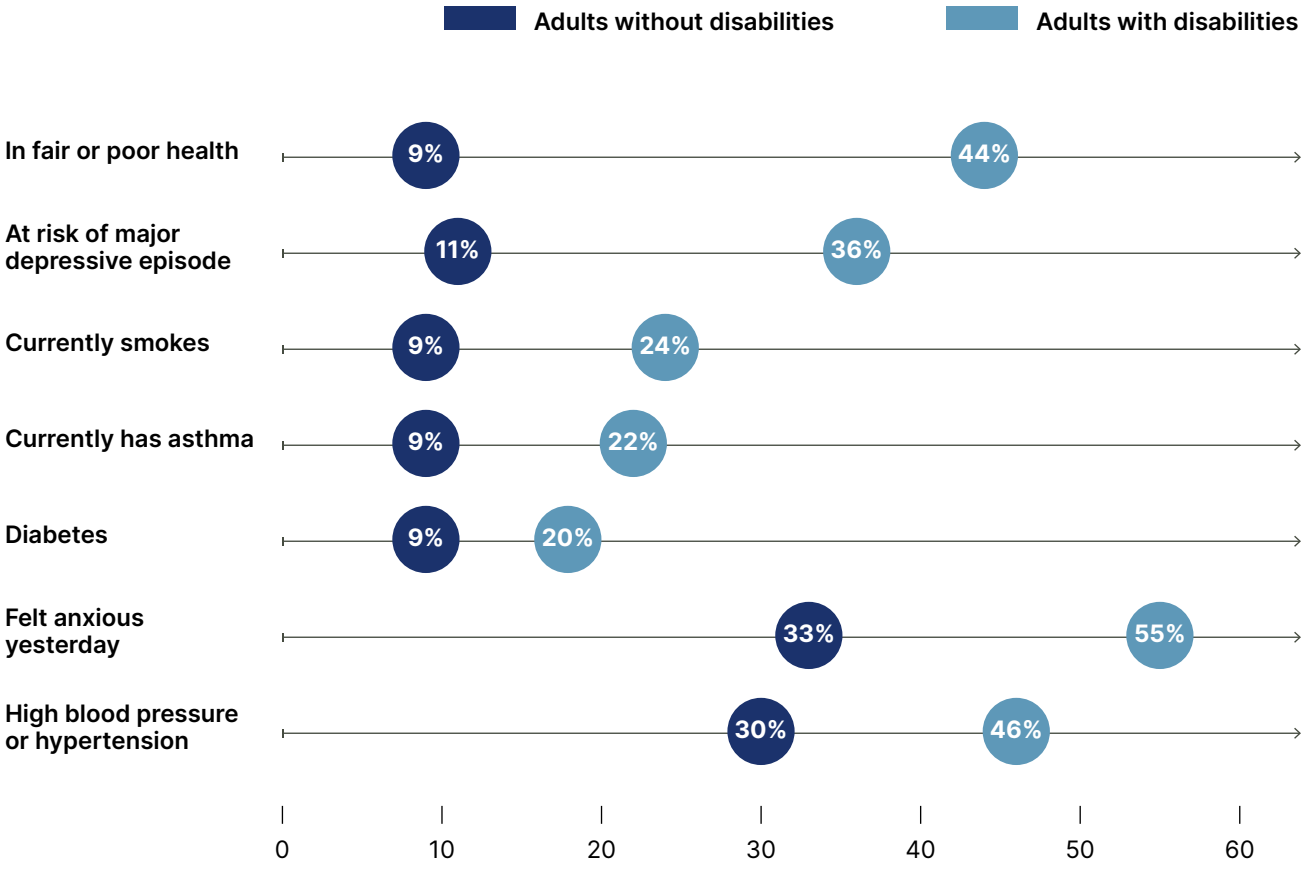


Results from **2025** DCWS for respondents with and without disabilities on three questions related to food assistance programs. Unlike other plots, percentages are **not** adjusted for respondent age.

HEALTH

As mentioned above, structural factors contribute to disparate population outcomes between adults with and without disabilities. Additionally, the disabling conditions themselves may be a contributing cause of worse overall health. CDC data establishes that rates of depression, smoking, diabetes, and heart disease are much higher among Connecticut adults with disabilities than those without.[16] The 2024 DCWS reaffirms this disparity, indicating higher incidence of a wide variety of physical and mental health ssues in the disability community. **Overall, after adjusting for age, 44% of respondents with disabilities rated their own health as fair or poor, compared to only 9% of those without disabilities.**

03. Physical and Mental Health



Results from the 2024 DCWS for respondents with and without disabilities on seven questions related to physical and mental health. Percentages are age-adjusted to account for differences in age distribution across groups. See methodology for details.

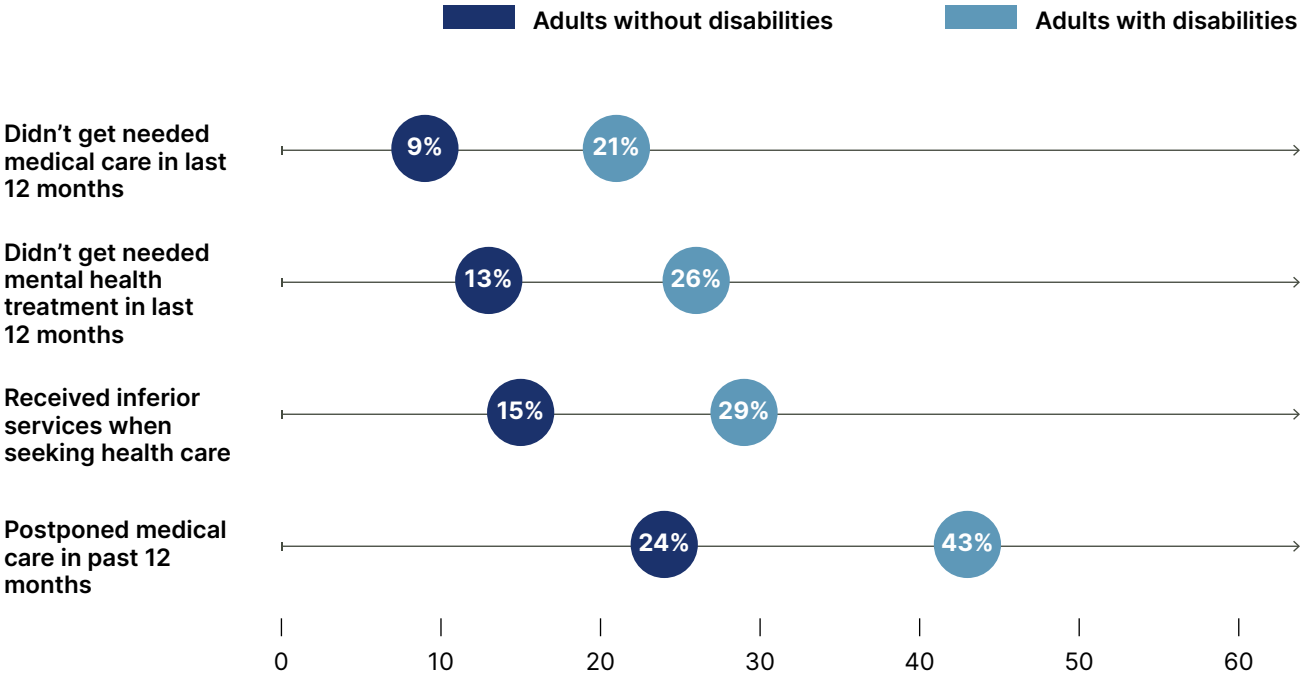
[16] "Disability and Health Data System (DHDS)." Centers for Disease Control and Prevention. Accessed January 16, 2026. https://dhds.cdc.gov/.

HEALTHCARE ACCESS

Adults with disabilities are also disproportionately likely to experience healthcare access difficulties. Poor healthcare access compounds the already-severe health challenges that Connecticut residents with disabilities face. Cost, discrimination, and unreliable transportation all represent healthcare access barriers for those with disabilities.

As illustrated below, 2024 DCWS data shows that adults with disabilities in Connecticut are much more likely to report skipping or postponing necessary medical care. They also experience inferior treatment from healthcare providers at much higher rates, possibly representing instances of discrimination. Academic studies have repeatedly shown that adults with disabilities experience healthcare access barriers,[17] including due to medical discrimination.[18]

04. Healthcare Access



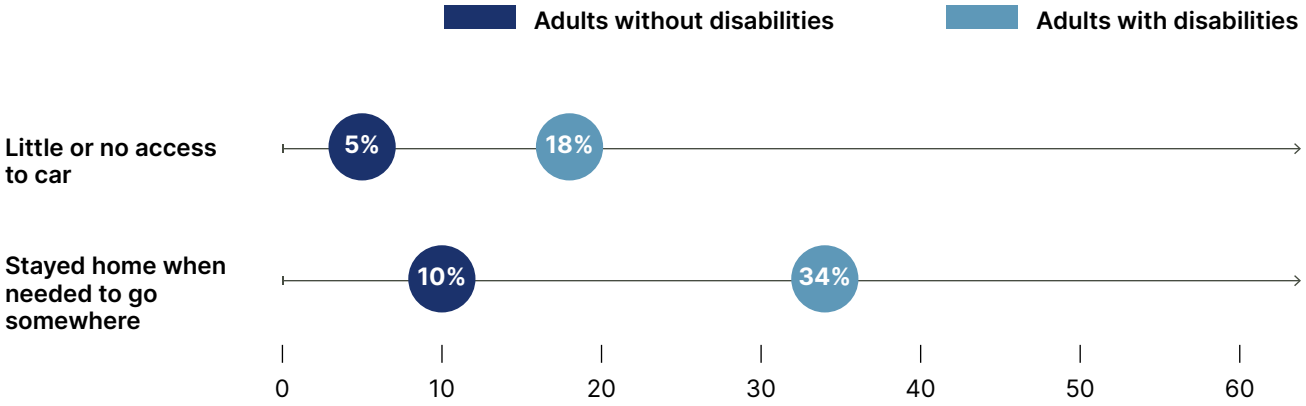
Results from 2024 DCWS for respondents with and without disabilities on four questions related to physical and mental health. Percentages are age-adjusted to account for differences in age distribution across groups. See methodology for details.

[17] Havercamp, Susan M., and Haleigh M. Scott. "National Health Surveillance of Adults with Disabilities, Adults with Intellectual and Developmental Disabilities, and Adults with No Disabilities." *Disability and Health Journal* 8, no. 2 (April 2015): 165–72. https://doi.org/10.1016/j.dhjo.2014.11.002.

[18] Lagu, Tara, Carol Haywood, Kimberly Reimold, Christene DeJong, Robin Walker Sterling, and Lisa I. Iezzoni. "'I Am Not the Doctor for You': Physicians' Attitudes about Caring for People with Disabilities." *Health Affairs* 41, no. 10 (October 1, 2022): 1387–95. https://doi.org/10.1377/hlthaff.2022.00475.

In addition to discrimination or inferior services, cost and transportation access partially explain the higher rates of missed and postponed medical care among people with disabilities. According to 2022 CDC data, 19% of Connecticut adults with disabilities reported inability to see a doctor in the past year due to cost, compared to less than 7% of adults without disabilities.[19] As discussed in the "Economic Well-being" section, DCWS data shows broad financial disparities that help explain disproportionate medical cost challenges. Moreover, DCWS results reveal that Connecticut residents with disabilities were much more likely to report staying home in the past year when they needed to go somewhere due to unreliable transportation. This response is an indicator of possible medical access issues: across Connecticut, 42% of adults who stayed home because of unreliable transportation cited missed medical visits or appointments as a result.

05. Transportation Access



Results from the 2024 DCWS for respondents with and without disabilities on seven questions related to physical and mental health. Percentages are age-adjusted to account for differences in age distribution across groups. See methodology for details.

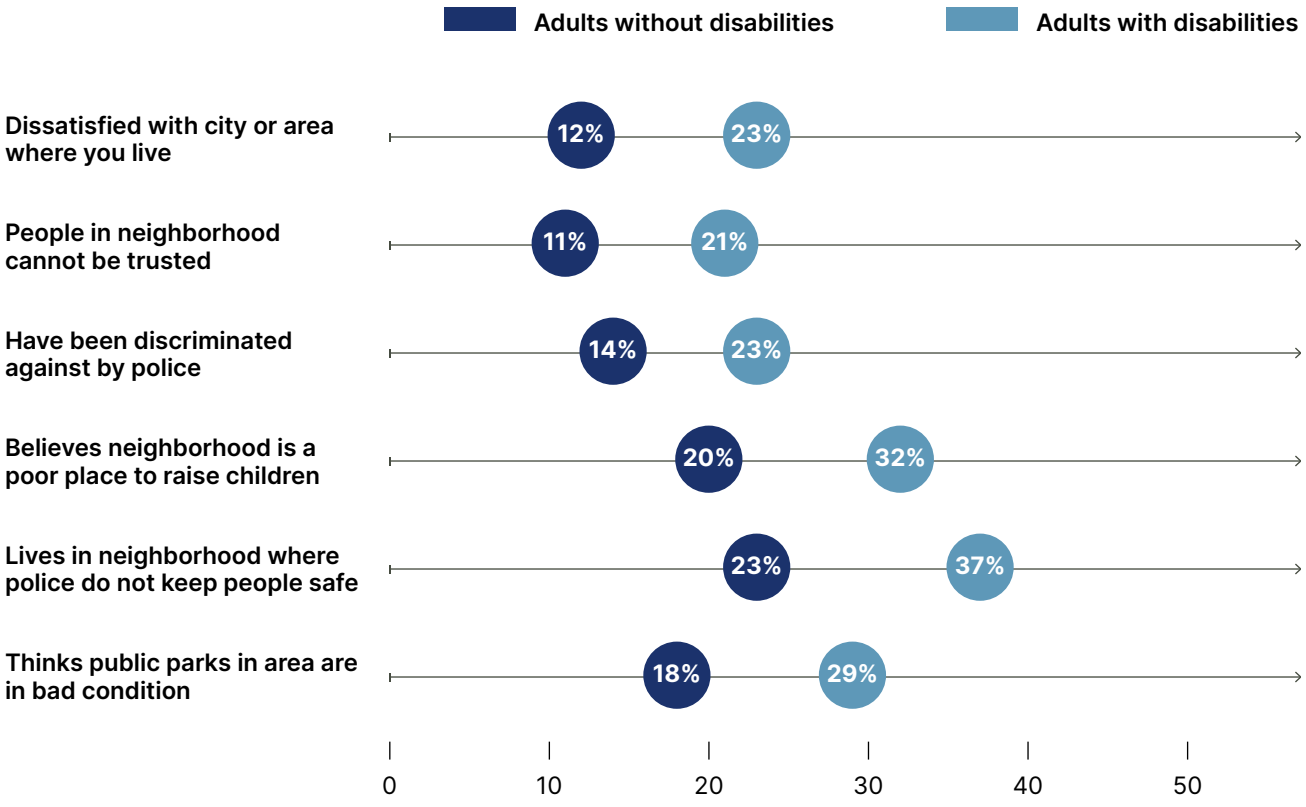
[19] "Disability and Health Data System (DHDS)." Centers for Disease Control and Prevention. Accessed January 16, 2026. https://dhds.cdc.gov/.

PERSONAL AND COMMUNITY QUALITY OF LIFE

Taken together, the economic, health, and healthcare access disparities experienced by adults with disabilities in Connecticut can contribute to decreased quality of life. **Twenty percent** of respondents with disabilities report they are **"only a little bit" or "not at all" satisfied with their lives overall**, compared to 8% of those without disabilities. Some of this disparity is created by discrimination experienced by people with disabilities as well as lack of availability for needed support services like home and community-based care services.

These quality of life issues extend beyond individuals to the community context. Twenty-three percent of Connecticuters with disabilities report they are not satisfied with their city or area, compared to 12% of those without disabilities. As the figure below demonstrates, adverse experiences at the community level can contribute to negative perceptions of neighborhood satisfaction, trust, safety, quality, and opportunity.

06. Community Life



Results from 2024 DCWS for respondents with and without disabilities on seven questions related to community life. Percentages are age-adjusted to account for differences in age distribution across groups. See methodology for details.

CONCLUSIONS AND RECOMMENDATIONS

The DataHaven Community Wellbeing Survey shows striking gaps between adults with and without disabilities on key indicators of economic well-being, health, healthcare access, and general quality of life. Recent federal policy changes, especially cuts to Medicaid,[20] are likely to further exacerbate these disparities. According to the 2024 DCWS, **36% of Connecticut adults with disabilities have Medicaid, Medical Assistance, HUSKY, or another government-assistance plan, compared to 16% of adults without disabilities**. Expert reviewers of this report mentioned several specific ways in which Medicaid provides crucial, if sometimes insufficient, support for the disability community. "Medicaid can be a lifeline for disabled adults," says Eileen Healy, Executive Director of Independence Northwest. She notes that Medicaid is often one of the only affordable insurance options for people with disabilities, and that it covers important services, such as personal care assistants, that many other insurance plans do not. Walter Glomb, Executive Director of the Council on Developmental Disabilities, highlights Home and Community Based Services (HCBS), which are mostly funded through Medicaid and often have long waiting lists, as a key to increasing quality of life for people with disabilities.

Cuts to Medicaid will likely force some states to eliminate crucial, Medicaid-funded services such as HCBS, according to the Center for American Progress.[21] Reviewers noted that federal cuts, including detrimental policies about diversity and equity initiatives, combined with the general trend of an aging population in Connecticut, could compound the pressure on existing healthcare services for people with disabilities. As the population ages, strain is increasing on community living, assisted living, and long-term care systems, among others.[22]

Despite these challenges, expert reviewers recommended an array of policy solutions that could help expand healthcare access and improve outcomes for people with disabilities. For instance, Walter Glomb (Council on Developmental Disabilities) called for expanding access to HCBS through workforce development as well as funding and operational changes to eliminate waiting lists. The Council, along with a coalition of other groups, is developing the Connecticut Health Access Alliance to improve healthcare access for people with disabilities.[23]

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20 Carr, Andrew, and Mark Abraham. "Coverage at Risk: Projected Losses in Medicaid and Access Health CT by Town and Community." DataHaven, September 1, 2025. https://ctdatahaven.org/report/coverage-risk-projected-losses-medicaid-and-access-health-ct-town-and-community/.

21 Ives-Rublee, Mia. Federal Medicaid Cuts Would Force States to Eliminate Services for Disabled Adults, Older Adults, and Children - Center for American Progress, May 16, 2025. https://www.americanprogress.org/article/federal-medicaid-cuts-would-force-states-to-eliminate-services-for-disabled-adults-older-adults-and-children/.

22 Ives-Rublee, Mia, and Casey Doherty. The Trump Administration's War on Disability - center for American Progress, July 28, 2025. https://www.americanprogress.org/article/the-trump-administrations-war-on-disability/.

23 CT Health Access Alliance. Accessed January 16, 2026. https://cthealthaccessalliance.org/.

Reviewers also advocated for several policy choices to combat healthcare and service discrimination. Glomb recommended a zero tolerance approach towards discrimination in healthcare, which he said falls under the purview of the state Commission on Human Rights and Opportunities (CHRO). He also called for better enforcement of legally-required accommodations for patients with disabilities in primary healthcare by the CHRO and by the Department of Public Health through the licensing process. Glomb said that both agencies currently lack sufficient staff to effectively enforce these policies. Caitlin Daikus, Senior Director of Health and Wellness at Special Olympics Connecticut, points to the Special Olympics and CDC Inclusive Health Initiative.[24] Daikus writes that the Initiative aims to "increase equitable access to healthcare, services and programs for individuals with intellectual and developmental disabilities." Recommendations include strengthening disability-inclusive care training for health professionals and expanding preventative healthcare access through community event screenings, telehealth options, and transportation assistance.

Other reviewers also emphasized the importance of transportation access. Eileen Healy notes that transportation access can limit medical care, employment, lifestyle, and more for people with disabilities, and says that medical transportation funded by Medicaid has often been unreliable. In transportation, says Healy, "you pull a little thread and it unravels a multitude of obstacles and lost opportunities for people with disabilities." Transportation may be an especially impactful issue for the disability community in rural areas, where public transportation can be unreliable and necessities like food and healthcare can require longer drives. Twelve percent of 2024 DCWS respondents with disabilities lived in rural areas, and as the Connecticut DSS pointed out in its recent Rural Health Transformation Program grant application,[25] "Lack of access to transportation, whether public or private, is one of the most significant barriers to obtaining essential healthcare in rural areas." Connecticut recently received $154 million in 2026 Rural Health Transformation Program funding,[26] some of which could help address transportation and healthcare access for people with disabilities through initiatives like developing mobile health clinics and enhancing telehealth and remote monitoring options. This funding will not necessarily cover the losses due to Medicaid cuts, though: KFF projects that rural areas in Connecticut will lose $525 million in Medicaid funding over the next five years.[27]

Finally, reviewers called for more and higher-quality data to inform better disability policy. The Special Olympics Inclusive Health Initiative advocates for using data to catalyze improvements to disability programs and policies. Walter Glomb specifically flagged the issue of overreliance on national data and data limited to people already receiving services. While DataHaven hopes that this brief can act as a jumping off point for members of the disability community and advocates, more specific data is needed to understand the needs of people with diverse types of disabilities and experiences in Connecticut.

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24 "CDC and Special Olympics: Inclusive Health." Centers for Disease Control and Prevention, April 14, 2025. https://www.cdc.gov/disability-and-health/articles-documents/cdc-and-special-olympics-inclusive-health.html.

25 CT Rural Health Transformation Program Grant Application, November 5, 2025. https://portal.ct.gov/dss/-/media/departments-and-agencies/dss/health-and-home-care/rural-health-transformation-program/cms_project_narrative_20251105.pdf.

26 Hagen, Lisa, and Katy Golvala. "CT to Get $154M through Federal Rural Health Grant for 2026." *CT Mirror*, January 2, 2026. https://ctmirror.org/2026/01/02/ct-to-get-154m-through-federal-rural-health-grant-for-2026/.

27 Saunders, Heather, Alice Burns, and Zachary Levinson. "How Might Federal Medicaid Cuts in the Enacted Reconciliation Package Affect Rural Areas?" KFF, July 24, 2025. https://www.kff.org/medicaid/how-might-federal-medicaid-cuts-in-the-enacted-reconciliation-package-affect-rural-areas/.

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Saunders, Heather, Alice Burns, and Zachary Levinson. "How Might Federal Medicaid Cuts in the Enacted Reconciliation Package Affect Rural Areas?" KFF, July 24, 2025. https://www.kff.org/medicaid/how-might-federal-medicaid-cuts-in-the-enacted-reconciliation-package-affect-rural-areas/.

"Understanding Supplemental Security Income (SSI—2025 Edition." The United States Social Security Administration, 2025. https://www.ssa.gov/ssi/text-income-ussi.htm.

Disability Justice Suggested Reading

In order to avoid perpetuating stigma, it is important to include a structural understanding of how systems and policies lead to the disparate outcomes we see at the population level. This appendix intends to provide context to disability in Connecticut and how it intersects with the quantitative data in the DataHaven Community Wellbeing Survey. It is paired with DataHaven's 2026 Brief on Disability in Connecticut.

Connecticut-Specific:

- ALICE in Focus: People With Disabilities - Connecticut - A report from the United Way about the financial situation of people with disabilities in Connecticut
- Connecticut Survey Respondents Report Variations in Health Care Worry, Confidence and Affordability Burdens - report from Healthcare Value Hub

Blogs, Websites & Videos:

- The Invisible Disability Project - an organization dedicated to bringing awareness and conversation starting around the unique needs of people whose disabilities are not visible.
- The State of Critical Race Disability Studies A White Paper Report from the Disabled Scholars of Color Collective
- Changing the Framework: Disability Justice, How our communities can move beyond access to wholeness - by Mia Mingus
- Access Intimacy, Interdependence and Disability Justice - Mia Mingus at the 2017 Paul K Longmore Lecture on Disability Studies (transcript here)
- Crutches and Spice - blog of disability justice activist Imani Barbarin
- The Trump Administration's War on Disability - 2025 report from the Center for American Progress

Books:

- Care Work: Dreaming Disability Justice - by Leah Lakshmi Piepzna-Samarasinha
- Disability Visibility: First-Person Stories from the Twenty-first Century - edited by Alice Wong
- The Cancer Journals - by Audre Lorde
- All the Weight of Our Dreams: On Living Racialized Autism - edited by Lydia X.Z. Brown
- Bodyminds Reimagined: (Dis)ability, Race, and Gender in Black Women's Speculative Fiction - by Sami Schalk

This list is nonexhaustive. If there are resources you have found helpful please share them with us.

Methodology

DCWS Data Collection

The DataHaven Community Wellbeing Survey was designed by DataHaven in consultation with an Advisory Council of over 300 local, statewide, and national survey research experts and local partners, in many cases drawing upon questions that have been used and validated through other large national survey programs.

On behalf of DataHaven, the Siena College Research Institute (SRI) assisted in contacting randomly-selected residents for interviews and in completing live interviews by telephone. For the 2024 survey, interviews were completed from March 11 to July 25, 2024. Residents aged 18 and older were interviewed from all 169 towns in Connecticut (plus one adjacent town in New York State, with that data kept separate and used only for our Port Chester, NY estimates). Interviews were conducted seamlessly in both English and Spanish, with 73% of all interviews completed through live conversations with adults reached via cell phone and landline calls to listed and unlisted telephone numbers, incorporating random digit dialing (RDD) as well as a sample of dedicated wireless telephone exchanges from the area. To reach the most representative group of adults possible, this traditional telephone-based sample was supplemented with additional mixed-mode recruitment of adults (27% of the entire sample) through physical mail pieces and packages sent by DataHaven and Siena College Research Institute to randomly-selected mailing addresses, by text messages to cell phone owners, and by interviews gathered from an online panel of survey respondents provided by Lucid, a market research platform. The samples drawn from Lucid matched a set of demographic quotas on age, gender, race/ethnicity, and place of residence. Respondents were sent from Lucid directly to survey software operated by the Siena College Research Institute. All respondents that took the survey online completed attention checks during the survey to ensure proper attention was being paid throughout the entire survey. A small share of respondents received one or more monetary incentives for their participation, typically if they were prompted to open and reply to a physical mail piece and/or if they were asked to complete a longer branch of interview questions relating to family and child well-being.

In addition to the traditional RDD samples for landline and cell, Siena College Research Institute augmented the sample using a stratified sampling technique. These stratified samples remained RDD for both landline and cell but used information from the U.S. Census so as to enhance the composition of the sample, including targeted regions, urban centers, and high concentrations of minority populations. The primary supplier of the RDD landline sample was ASDE Survey Sampler of Quebec, Canada and the cell phone sample supplier was Dynata (formerly Survey Sampling Int'l) of Shelton, Connecticut. Additionally, for the cell phone sample we utilized Dynata's Wireless LITe database which enabled the targeting of a cell phone sample by region or zip code. The database included the billing address associated with the telephone number. In addition to the ability to target cell phone sample, utilizing this database allowed the inclusion of non-Connecticut telephone numbers as someone may have moved and their billing address is in the area but their cell phone number is not a "typical" Connecticut telephone number (meaning not a 203 or 860 area code). Again, all of these respondents were screened for residence in the qualifying area before continuing.

DataHaven applied weighting by using the anesrake R package and 2020 Census data, considering each respondent's age, sex, reported race/ethnicity, telephone ownership status based on the National Health Interview Survey (cell phone only, landline only, or both), and town of residence in comparison to the characteristics of the total adult population of the area. DataHaven created unique raking weights for each respondent and for each individual geographic area. This approach is a reliable way to ensure that the estimates we produce are statistically representative of the entire adult population of the area being reported on.

Age Adjustment

In order to account for the potential relationship between age and disability, all shares included in this report are age-adjusted. The exception is Figure 2: Food Assistance: the figures used to create that data visualization are not age adjusted. DataHaven produces initial Connecticut-wide weighted shares via the raking method discussed above. For this report, these weighted shares were then age-adjusted by reweighting the shares (ages 18-34, 35-49, 50-64, and 65+) to reflect the true state-level age distribution based on the 2020 Decennial Census.

Table 1. Demographic Profile of 2024 DCWS Respondents with Disabilities

Demographic Group	Observed Count	Observed Share (%)	Weighted Count	Weighted Share (%)
Ages 18 to 34	76	18.9	126.3	30.7
Ages 35 to 49	68	16.9	63.3	15.4
Ages 50 to 64	91	22.6	111.1	27.0
Ages 65+	167	41.4	109.7	26.6
Total	**402**	–	**410.4**	–
Female	221	54.8	233.4	56.7
Male	174	43.2	169.4	41.1
Non-binary	7	1.7	7.6	1.8
Total	**402**	–	**410.4**	–
Income <$30K	146	36.2	150.8	36.6
Income $30K-$100K	151	37.5	158.4	38.5
Income $100K-$200K	50	12.4	58.9	14.3
Income >$200K	17	4.2	13.9	3.4
Total	**364**	–	**382**	–
White	258	64.0	248.1	60.2
Black	57	14.1	52.9	12.8
Latino	58	14.4	82.7	20.1
Asian	5	1.2	5.5	1.3
Indigenous	9	2.2	11.3	2.7
Total	**387**	–	**400.5**	–
Urban core town	122	30.3	79.6	19.4
Urban periphery town	160	39.7	171.3	41.6
Suburban town	70	17.4	104.2	25.3
Rural town	43	10.7	49.7	12.1
Wealthy town	8	2.0	7.0	1.7
Total	**403**	–	**411.8**	–

Note: percentages may not add to 100 due to rounding and nonresponses to demographic questions.

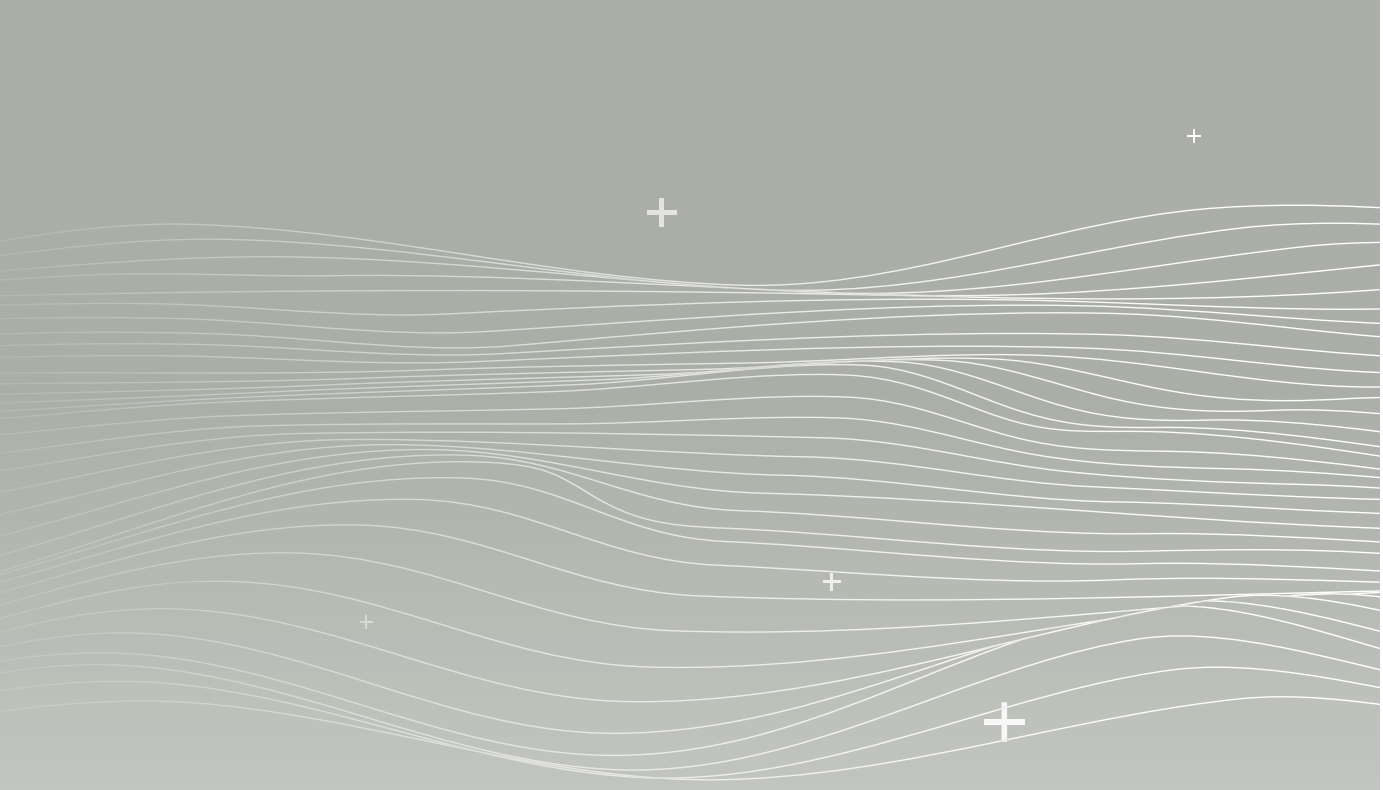
Table 2. All Discrepancies Between Adults With and Without Disabilities

This table shows DCWS questions for which respondents with disabilities reported a higher rate of negative responses compared to those without disabilities. The questions are ordered by maximum attributable fraction (AF), a measure of inequality between groups. Calculated as a percentage change, AF measures the reduction in the rate of an outcome (e.g., being food insecure) that would be achieved in a group of interest (here, adults with disabilities) if they experienced the same outcome as a comparison group (here, adults without disabilities). Response shares (i.e. Disabled % and Not Disabled % columns) are age-adjusted, with the unadjusted shares given in parentheses. AF calculations are further explained below.

Question	Response	Not Disabled %	Disabled %	Diff	AF
How would you rate your overall health, would you say your health is excellent, very good, good, fair or poor?	Fair or poor	9	44	-34	79
Do you have access to a car when you need it? Would you say you have access...	Sometimes or never	5	18	-13	72
In the past 12 months, did you stay home when you needed or wanted to go some-place because you had no access to reliable transportation?	Yes	10	34	-24	71
PHQ-2 greater than or equal to 3 indicating risk of major depressive episode.	Yes	11	36	-24	68
Within the past 12 months, have you received groceries or meals from a food pantry, food bank, soup kitchen, or other emergency food service?	Yes	7	22	-14	66
Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?	Yes	13	35	-23	64
Overall, how satisfied are you with your life nowadays?	Only a little bit or not satisfied	8	20	-12	62
Current smoker: has smoked at least 100 cigarettes and currently smokes every day or some days.	Yes	9	24	-15	61
Do you currently have asthma?	Yes	9	22	-13	58
During the past 12 months, was there any time when you didn't get the medical care you needed?	Yes	9	21	-12	57
Diabetes	Yes	9	20	-11	55
Feeling down, depressed, or hopeless	At least several days	27	57	-30	53

Question	Response	Not Disabled %	Disabled %	Diff	AF
During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?	Yes	13	26	-14	52
Are you satisfied with the city or area where you live?	No	12	23	-12	50
When seeking health care, have you ever been treated with less respect or received services that were not as good as what other people get?	Yes	15	29	-15	50
People in this neighborhood can be trusted.	Disagree	11	21	-10	47
How well would you say you are managing financially these days? Would you say you are...	Just getting by or worse	34	61	-27	44
Was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?	Yes	24	43	-19	44
Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	At least some days	10	19	-8	44
When was the last time you were seen by a dentist, was it...	More than a year ago or never	24	42	-18	43
Have you ever been unfairly stopped, searched, questioned, physically threatened, or abused by the police?	Yes	14	23	-10	42
Little interest or pleasure in doing things	At least several days	34	59	-25	42
Overall, how anxious did you feel yesterday?	At least somewhat	33	55	-22	41
Overall, how happy did you feel yesterday?	Somewhat or less	28	46	-19	40
In an average week, how many days per week do you exercise?	None	16	27	-11	40
As a place to raise children	Fair or poor	20	32	-12	38
Suppose you and others in your household were to sell all of your major possessions (including your home), turn all of your investments and other assets into cash, and pay off all of your debts. Would you have something left over, break even, or be in debt?	Would break even or be in debt	25	40	-15	38
The job done by the police to keep residents safe	Fair or poor	23	37	-14	37

Question	Response	Not Disabled %	Disabled %	Diff	AF
The condition of public parks and other public recreational facilities	Fair or poor	18	29	-11	37
Have any members of your immediate family, not including yourself, ever been held in jail or prison for one night or longer?	Yes	29	45	-16	36
High blood pressure or hypertension	Yes	30	46	-17	36
Do you own your home, rent, or something else?	Rents home	28	43	-15	35
I do not feel safe to go on walks in my neighborhood at night.	At least somewhat agree	25	38	-13	34
Do you personally know anyone who has struggled with an addiction to heroin or other opiates such as prescription painkillers (like Percocet or OxyContin) at any point during the last 3 years?	Yes	29	41	-12	30
How often do you get the social and emotional support you need?	Sometimes, rarely, or never	29	41	-12	29
In the last 12 months, have you not had enough money to provide adequate shelter or housing for you or your family?	Yes	12	17	-5	28
The ability of residents to obtain suitable employment	Fair or poor	34	45	-11	24
Have you smoked at least 100 cigarettes in your entire life?	Yes	37	48	-11	23
People in this neighborhood are involved in trying to improve the neighborhood.	Disagree	19	24	-5	20
There are places to bicycle in or near my neighborhood that are safe from traffic, such as on the street or on special lanes, separate paths or trails.	Disagree	28	35	-7	19
The availability of affordable, high-quality fruits and vegetables	Fair or poor	31	38	-7	17
How responsive local government is to the needs of residents	Fair or poor	39	45	-6	13
My neighborhood has several free or low cost recreation facilities such as parks, playgrounds, public swimming pools, etc.	Disagree	28	31	-3	9
Many stores, banks, markets or places to go are within easy walking distance of my home.	Disagree	44	47	-4	8
Do you have one person or place you think of as your personal doctor or health care provider?	No	17	18	-1	6



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