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The Challenges of Living with Disabilities in Connecticut

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University of Connecticut
Master of Public Health Program

2007 Practicum Project Report

THE CHALLENGES OF LIVING
WITH DISABILITIES
IN CONNECTICUT

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UCONN

Preparing the Public Health Workforce for the 21st Century

UCONN Master of Public Health Program
Practicum Project Report Series

The UCONN Master of Public Health Program's
Practicum Project

The Practicum Project is a supervised service-learning experience that integrates curriculum with hands-on experience in a public health setting. All 2nd year students are expected to work collaboratively in assessing the extent, causes and public health responses to a selected public health problem confronting citizens of Connecticut. The focal topic for the 2007 Project was The Challenges of Living with Disabilities in Connecticut.

During this past spring, **17 students** of our program, working alongside **50 community-based stakeholders** across Connecticut, completed **1,800 hours of service-learning** in pursuit of answers to the following questions:

- How is the concept of disability defined by various health and social service providers?
- What are the estimated numbers of persons living with disabilities in Connecticut and what is the range of their disabling conditions?
- What arrays of services are in place to facilitate the full integration of persons with disabilities into their communities?
- What opportunities exist to expand our understanding of the challenges faced by persons living with disabilities and promote public policy on their behalf?

This occasion and the accompanying report marks the completion of the 3rd in a series of practicum project reports by UCONN MPH students. Through their combined efforts, students gained experience and skill addressing one of the most significant public health issues of our time; they gained insight into the breadth and capacity of our public health system and established invaluable relationships with public health practitioners, agencies and institutions around the state. Their report documents a rich campus-community partnership to advance public health goals.

November 19, 2007

2007 Practicum Project

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THE CHALLENGES OF LIVING WITH DISABILITIES
IN CONNECTICUT

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CHALLENGES OF LIVING WITH
DISABILITIES IN CONNECTICUT

There are 54 million Americans living with a disability. [1] Among them, **as many as 517,646 persons with disabilities, or more than one of every seven residents, are living in Connecticut**. Disability, loosely defined, refers to the many physical, sensory, cognitive, psychiatric or health-related conditions that limit, to some degree, a person's ability to carry on 'normal' pursuits. Disabilities affect people in many different ways. They affect how individuals get around, how they perceive and engage in work, living and social environments, what they hope for and anticipate doing, what rights and responsibilities they possess, and how they receive and process information necessary for making decisions.

Disabilities are found among all age groups from children living with birth defects to the aged coping with musculoskeletal, cognitive or other impairments. Their occurrence is not limited by a social, economic, geographic or physical circumstance. Each of us has the potential to be disabled, whether by injury or by disease. The effects of living with a disability extend beyond the individual to include one's family and friends, caregivers and the community at large.

The challenges of living with a disability are many and complex, in part because the definition and meaning of disability is complex and subjective To many living with a disability, the greatest challenges are those related to their interaction with the 'able-bodied' world.

> *"I can do it, as long as the buildings are accessible and I can get a parking space. Inclusion is being able to participate in what you want to do, having the same choices, being able to do what you want to do and when. Being able to go somewhere, to work, a movie, whatever, to be involved socially. It means to be in control of your life."*   - Anonymous

It has been almost 20 years since the enactment of the Americans with Disabilities Act (ADA) in 1990, yet the entitlement granted under the ADA has not fully translated into opportunities for disabled individuals. The following pages describe some of the challenges facing persons who live with disabilities in Connecticut. It also offers a number of recommendations to address the complex array of statutes and regulations. The State of Connecticut needs to create opportunities for individuals with disabilities by partnering with their families, employers, and healthcare providers to open doors to a better future. Such actions to facilitate inclusion will be mutually beneficial to all.

What is needed to address the challenges of living with a disability in Connecticut? First, there is need to enhance understanding of who affected persons are, what is the range of their conditions and how have their lives and their community been affected. Second, a coordinated system of information and access for all people seeking services is desired to minimize confusion, enhance individual choice and support informed decision making. It also improves the ability of state and local governments to manage resources and to monitor program quality through centralized data collection and evaluation.

WHAT IS A DISABLING CONDITION?

Defining disabling conditions and how persons living with disabilities see themselves is a complex issue. One of the goals of the disability rights movement is to encourage inclusion and provide a more positive understanding of what it means to live with a disability.

When developing nondiscrimination laws or social programs, the definition of "person with a disability" varies widely depending on the purpose. Nondiscrimination laws by design are usually very broad and focus more on preventing discrimination than disability. For the purpose of nondiscrimination, (i.e. the ADA and Section 503 of the Rehabilitation Act of 1973), a person with a disability is generally defined as someone who: has a physical or mental impairment that substantially limits one or more "major life activity"; has a record of such impairment; or is regarded as having such an impairment. [2]

The United Nations uses a definition of disability that is different from the ADA:
 Impairment: Any loss or abnormality of psychological or anatomical structure or function. Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Handicap: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual. Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers, which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the loss or limitation of opportunities to take part in the life of the community on an equal level with others. [3]

The International Classification of Functioning, Disability and Health (ICF) is the World Health Organization's method of determining disability. "The ICF acknowledges that every human being can experience a decrement in health and thereby experience some degree of disability. The ICF mainstreams the experience of disability and recognizes it as a universal human experience. By shifting the focus from cause to impact, it places all health conditions on an equal footing allowing them to be compared using a common metric, the ruler of health and disability. Furthermore, ICF takes into account the social aspects of disability and does not see disability only as 'medical' or 'biological' dysfunction. ICF allows the recording of the impact of the environment on the person's functioning." [4]

For the purposes of social programs, the definitions are much more restrictive. **Federal code alone uses 67 definitions for disability**. These 67 definitions cross-reference each other leading to 14 separate definitions. [5] Each federal or state program has specific definitions that are used to determine eligibility. For example, to be eligible for Social Security disability benefits, individuals must have a severe disability (or combination of disabilities) that has lasted, or is expected to last at least 12 months or result in death, and prevents working at a "substantial gainful activity level." [6]

In Connecticut, disability is defined either by reference to federal law or by a medical description in the general statutes. Definitions for social programs are narrowly defined for the specific populations they serve.

According to the Connecticut Department of Developmental Disabilities, to be eligible for disability benefits, you must: be a resident of Connecticut, and have mental retardation as defined in Connecticut General Statutes 1-1g (mental retardation is defined as significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period); [7] or provide a medical diagnosis of Prader-Willi Syndrome. Prader-Willi Syndrome is a neurobehavioral genetic disorder.

According to the Connecticut Bureau of Rehabilitation Services (BRS)**,** to be eligible for disability benefits, you must have a disability. According to the BRS, you have a disability if you have a physical or mental condition which poses a substantial barrier to employment; and you require vocational rehabilitation services to prepare for, find and succeed in employment, with a priority on a paid

job in the competitive labor force. [8]

These many definitions can lead to a great amount of confusion among persons living with disabilities and their advocates when navigating the complex maze of statutes and programs. People may be designated as having a disability for one policy but not another, and may fall into gaps in coverage or provision as they age.

CHALLENGES TO PERSONS LIVING WITH DISABILITIES IN CONNECTICUT

"A healthy community is] one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential." -World Health Organization [9]

"Most of the common practices of society have a 'non-disabled' bias and the norms by which everyday life is perceived are based on the experiences of non-disabled people. This bias has the effect of marginalizing people with disabilities, who are prevented from enjoying equal opportunities in health care, education, employment and recreation" -M. Peat [10]

There is, however, an increased awareness in our communities as well as at state, federal and international levels, that people living with disabilities in the community can contribute much more if we, as a society, are able to address their needs adequately. In December 2006, the UN Convention on the Rights and Dignity of Persons with Disabilities was formally adopted. This Human Rights Convention emphasizes the full participation of people living with disabilities in all areas of life. The real intent of this Convention will only take shape through the work of individual communities. As communities become more aware of their responsibilities to their residents with disabilities, the health of this population and the health of the community will improve.

In the following sections, the issues of inclusion, employment, health care, housing and transportation that impact everyday life of people living with disabilities will be addressed. Recent attempts at improving these areas and further opportunities that exist to enable people living with disabilities in realizing their full potential will be discussed.

Inclusion
Several areas of life, such as employment, leisure, recreation, education, housing, transportation, healthcare, etc., require adequate consideration when assessing inclusion. An individual's "quality of life" is adversely affected by cultural attitudes toward people living with disabilities. Healthy People 2010 objectives regarding inclusion consist of social participation, satisfaction with life, integrated group care of children and the elderly, the inclusion of children and youth in regular education programs, accessibility of health and wellness programs, and environmental barriers affecting participation in activities. [11]

In Connecticut, the Money Follows the Person grants, the Acquired Brain Injury Waiver and the Personal Care Assistant Waiver are all means by which an individual can attain the resources to remain in the community and acquire home-based services. The Money Follows the Person program has been highly successful in other states such as Minnesota. It has enabled many young people, who formerly lived in institutions, to return home.

Even with the most extensive support services in place, a community will never be truly inclu-

sive for individuals living with disabilities until the community as a whole learns to regard such individuals as equal members of the community. Raising community awareness through sensitivity training in the schools, the workplace and venues, such as public meetings and forums, is essential. For individuals living with disabilities, community participation is compromised by "fear" or perceived negative attitudes, more practical obstacles such as lack of transportation or lack of income, and most importantly, the lack of encouragement from community organizations. [12]

Berry and Ignash found that the development of specialized technology helps those living with disabilities to become or remain more independent and more involved in their schools and communities. [13] Unfortunately, linking individuals who need the technology with the technology requires that individuals know it is available, providers need to prescribe it appropriately and funding issues must be resolved. Research indicates a positive cost-benefit for individuals remaining independent. Special education, vocational rehabilitation, and Medicaid are the three largest government programs that provide funding for assistive technology. However, communities, non-profit organizations, and loan programs are other potential sources of funding for low or moderate income persons with disabilities.

Employment

People living with disabilities contribute to the economy and to society by being gainfully employed. Furthermore, being employed means being included, which contributes to a sense of self. This promotes the cultural attitude surrounding people living with disabilities in the workplace as being people who have "abilities". The National Organization on Disability listed the number one reason why employers should hire people living with disabilities, "It's ability, not disability." [14]

The employment barriers have historically included: fragmentation of existing employment services; isolation and segregation from mainstream programs and services; complexity of existing work incentives; and attitudinal barriers based on historical and erroneous stereotypes. Legislation over the years has made it easier for people living with disabilities to transition from school to work, although there is still much more that can be done.

At the state level, the State Employment Leadership Network (SELN) is an interstate collaborative of state Developmental Disabilities/Mental Retardation agencies that work to maximize resources and develop more effective employment systems. Connecticut is a member state of SELN. SELN uses data to guide daily program management, improve performance, and share resources for systems change. SELN is a joint program with the Institute for Community Inclusion (ICI) which offers training, clinical, and employment services, conducts research, and provides assistance to organizations to promote inclusion of people living with disabilities in school, work, and community activities.

The 2007 Medicaid Infrastructure Grant (MIG) and the Medicaid for the Employed Disabled (MED) program was authorized by *The Ticket to Work and Work Incentives Improvement Act of 1999*. Its implementation in Connecticut is mandated under Public Act 00-213: *Work Incentives for Persons with Disabilities*. [15]

Connect-Ability identifies and removes barriers to employment faced by people with disabilities. Connect-Ability's two primary customers are: employers of all sizes and in all industries who are seeking qualified workers and people with disabilities of all ages who are seeking employment for the first time or who want a new challenge [accessed at www.connect-ability.com].   As a willing company, being creative and considerate of people living with disabilities can pay off. Tax incentives are provided to businesses through a variety of programs (see resources section at the end of this booklet). These programs and tax incentives promote and encourage businesses to hire people living with disabilities.

Health Care

Numerous studies have documented disparities in health care for individuals living with disabilities, for services ranging from Pap smears to mammograms to cancer treatment and also in office and equipment access and provider attitudes perceived as unfair by patients. A commentary by Kirschner, Breslin, and Iezzoni reviewed the legal and policy context "…for ensuring physical accessibility to health care facilities" for those living with disabilities. [16] They asserted that inaccessible facilities and poor communication are still widespread barriers in the health care system.

Comprehensive health and developmental assessments and services are needed. As young adults age out of services meant for children, they face losing certain benefits such as Early Periodic Diagnostic Screening and Treatment (EPDST). The Money Follows the Person allows funding, used traditionally by institutions, to be utilized to provide support in the home or community. [17]

People living with disabilities and their families experience extreme financial burden, especially due to out-of-pocket expenses, when health care needs are not met. This impacts the community as well when services that are not covered lead to worsening of health status, which leads to undue burden on the health care system. The Family Support Grant (FSG) is a monthly subsidy of up to $250 ($3,000 annually) to a parent or other family member who has primary responsibility for a child, aged 5 to 18, with a developmental disability other than mental retardation, in order to meet the expenses of that child such as ongoing costs, medical expenses, special equipment, medical transportation, and special clothing. Gross income cannot be greater than 140% of the previous year's median family income for CT. There are 25 slots statewide and a waiting list. [18]

Housing

Lack of access to safe, accessible, integrated housing is continually cited as a barrier for people living with disabilities. Universal design is needed so that all buildings and urban environments are accessible. The concept of universal design means that "…all products, environments, and communications should be designed to consider the needs of the widest possible array of users. Universal design is a way of thinking about design that is based on the following premises: varying ability is not a special condition of the few but a common characteristic of being human, and we change physically and intellectually throughout our life. Usability and aesthetics are mutually compatible." [19]

Universal design for those with disabilities benefits all in society as temporary disabilities are common for all people. Depending on one's disability and ability to work, some barriers to acquiring housing may be:
- unique financial circumstances such as, fixed or capped income, low income, and lack of credit rating or cash asset
- unemployment or under-employment
- accessibility barriers
- discrimination
- transportation limitations
- environmental limitations
- limitations to living independently [20]

"Visitability" is a concept emphasizing an affordable, sustainable and inclusive design approach for integrating basic accessibility features into all newly built homes and housing. It includes many aspects of Universal Design, but the approach is more community or neighborhood centered. Visitable buildings permit those with mobility limitations to visit, but not necessarily live in the building permanently. A basic principle of visitable neighborhoods is that if new homes or developments are more walkable and accessible, all residents and the community as a whole benefit. Where a person lives is

often influenced both by the type of transportation available and the employment opportunities.

Transportation

The process of locating and obtaining adequate transportation for the people living with disabilities is a significant barrier. Individuals living with disabilities face daily barriers in locating adequate transportation. "Lack of access to transport results in an inability to participate in existing education, training, health or social services which would otherwise be available." [21] This is a critical aspect of disability rights in general and is intimately tied to disability transportation. Disability advocates assert that under-planned transit routes contribute directly to the underemployment of persons living with disabilities.

> "A national transport policy must address the barriers to employment caused by
> the design and operation of public transport in a manner inaccessible to persons
> with mobility, sensory, or cognitive disabilities." [21]

A comprehensive transportation plan provides for every person living with a disability.

Disaster Preparedness

The need for disaster preparedness for people living with disabilities, elderly, and mobility impaired came to the forefront in the wake of the disasters on the Gulf Coast during and after Hurricanes Katrina and Rita. Hurricanes Katrina and Rita created a significant need for evacuation and sheltering. At the time, the federal government did not have a mechanism to provide assistance to those entities that provided evacuation and sheltering services. As a result of the many tragedies that occurred, the Federal Emergency Management Agency (FEMA) has made significant changes in planning and preparedness pertaining to people living with disabilities and the elderly who are victims of disasters. [22, 23] These changes include providing guidance and funding for evacuation and sheltering in emergencies. Disaster preparedness for people living with disabilities and the elderly is a topic currently being discussed by emergency preparedness planners. The resources provided at the end of this report can help communities, caregivers and individuals prepare for disasters.

DISABILITY:
THE CONNECTICUT EXPERIENCE

The following is a compilation of data regarding disability in the state of Connecticut. The information in this section includes estimates of the prevalence of disability, while also assessing the health status, educational attainment, and employment status of people living with disabilities compared to those living without disability in the state. The definition and measurement of disability varied across the range of data collection methods employed, and these measurements will be detailed throughout the section.

Prevalence of Disability in Connecticut

According to the 2005 American Community Survey, **12.7% of Connecticut's population over the age of 5 (404,142 persons), is living with a disability.** [26] The 2000 U.S. Census classifies 56,185 Connecticut residents 5-20 years of age (or 7.6% of this age group), 327,697 persons 21-64 years (16.8%) and 162,931 persons 65 years and over (37%) as living with a disability.

The 2005 Behavioral Risk Factor Surveillance System (BRFSS) offers comparable, but not exact estimates of disability prevalence by asking adults the following question: "Are you limited in any way in any activities because of a physical, mental, or emotional problem?" Prevalence estimates for the state as a whole and by selected socio-demographic characteristics are presented in Table 1.

Adults ages 55 and over were significantly more likely than adults in the other age groups to consider themselves to be limited in activities because of a physical, mental, or emotional problem ($p<0.05$). Also, adults ages 45 and over were significantly more likely than adults ages 25-34 to report activity limitations ($p<0.05$). These data appear to follow a trend that is not surprising; as individuals in CT age, they experience increasing limitations.

Adults with incomes of $50,000 or more were less likely than adults in the lower income groups to report activity limitations ($p<0.05$). Also, adults making $35,000 a year or more were significantly less likely than adults making $25,000 a year or less ($p<0.05$) and adults making $25,000 a year or more were significantly less likely than adults making less than $15,000 a year to report activity limitations ($p<0.05$). This trend indicating that CT residents experience an increasing limitation of activities with lower income seems to fit with well-documented data regarding the relationship between income and other health measures. [24]

Table 1. Adults in CT limited due to physical, mental, or emotional problems.[†]

	% of total Respondents [25]	Estimated # of CT residents*
State of Connecticut	15.2	517,646
Gender		
Male	13.3	219,359
Female	16.9	296,806
Race/Ethnicity		
White	15.6	411,660
Black	17.2	50,838
Hispanic	11.0	35,236
Other	9.0	13,574
Age group (years)		
Birth-17	16.0	134,862
18 - 24	9.8	26,615
25 - 34	8.9	40,196
35 – 44	11.5	66,821
45 - 54	15.1	72,602
55 – 64	21.1	65,117
65 and older	23.7	111,433
Reported Annual Income		
Less than $15,000	38.1	59,480
$15,000 – 24,999	27.1	34,188
$25,000 – 34,999	18.3	23,958
$35,000 – 49,000	16.6	31,211
$50,000 and greater	10.6	74,255
Reported Education		
Less than high school	20.2	74,267
High School or G.E.D.	16.3	106,488
Some post-H.S. study	15.6	62,828
College graduate	13.6	98,055

[†]Persons responding to the question, "Are you limited in any way in any activities because of a physical, mental or emotional problem?"
*Estimated population counts are derived by applying survey results to Connecticut population reported for 2000. [26]

Overall, the data presented indicate a trend towards higher prevalence of disability among older respondents, and those in lower socioeconomic strata. It may be that individuals in lower socio-economic groups do in fact have higher levels of disability in CT, but results such as these should be viewed cautiously, as the question used to measure disability may be overly broad, or subject to varying interpretations by different people. For example, do Hispanics really experience less disability than do African-American's or Caucasians? It may be that differences in the interpretation of the question between the two groups resulted in a substantial bias in the data being reported. Additionally, the Hispanic population may be younger than both the Caucasian and African-American populations, resulting in the appearance of a meaningful difference.

These surveys, however, are the tools currently available for assessing the differences in disability status among various populations of people. A novel approach to measuring disability is needed to more accurately assess the prevalence of disability in the CT population. Using a different question to measure disability can yield drastically different results. In the same 2005 BRFSS, only 5.4% of CT respondents indicated that they have any health problem that requires the use of special equipment, such as a cane, wheelchair, special bed, or special telephone even in occasional use or use in special circumstances. In that case, not only were percentages of respondents who indicated a disability lower than for the previously mentioned question on limitations, but trends across the same demographics were different, with education exhibiting a stronger association with disability than income.

It is evident from this data that careful consideration needs to be paid to what type of tool is used to measure disability. Consequently, that measurable end is inextricably linked to properly defining "disability", a task with considerable challenges, but one that must be tackled before beginning a new measurement of the prevalence of people living with disabilities in CT.

Employment Status and Disability in Connecticut

The 2005 American Community Survey (ACS) defines disability as someone with any one of the following condition: sensory limitation, physical limitation, cognitive functioning limitation, self-care limitation, going-outside-home limitation, or employment limitation. Based on data from the 2005 ACS (displayed in Table 2), it appears that disparities in employment exist in those with disabilities. In both males and females ages 35 to 64, the overall employment rates for those with disabilities are about half of what the employment rates are in those without disabilities. In some cases, it may be the underlying disability which makes employment impossible for these individuals. A likely contributor to the difference seen, however, is that a stigma exists which labels people living with disabilities as somehow less able or less productive, and that this stigma results in discrimination by potential employers. Though laws are on the books which make it illegal for employers to discriminate based on disability, such discrimination continues, and is likely underreported. Another likely scenario is that individuals who are receiving disability benefits from one or more government or privately funded programs are reluctant to seek employment that may alter their eligibility for the benefits or programs that they have come to rely upon. In some cases, employment wages may not offset the loss of these benefits, which discourages people living with disabilities from seeking gainful employment. This is a situation that must be remedied before the difference in employment status is to be reduced.

Table 2. **Employment status of persons living with disabilities compared to those without disabilities (ages 16 to 64 years) by gender and age in Connecticut.**

	With a disability		Without a disability	
Group	CT	U.S.	CT	U.S.
# of Males, 16 – 34 years	26,416	2.69M	349,152	33.9M
% Employed	46.6	45.1	71.9	73.0
% Unemployed	53.4	54.9	28.1	27.0
# of Males, 35-64 years	79,249	8.4M	629,083	47.6M
% Employed	44.5	39.8	87.5	86.3
% Unemployed	55.5	60.2	12.5	13.7
# of Females, 16 – 34 years	23,717	2.4M	350,560	34.0M
% Employed	48.4	38.9	64.8	62.6
% Unemployed	51.6	61.1	35.2	37.4
Females, 35-64 years	88,780	9.3M	668,481	49.8M
% Employed	38.0	38.0	76.1	72.1
% Unemployed	62.0	62.0	23.9	27.9

Source: 2005 American Community Survey, [26]

Educational Status and Disability in Connecticut

About three times as many people living without disabilities in the 2005 American Community Survey achieved a Bachelor's degree (32.72% of the population without disabilities) compared to those with a disability (10.37% in people living with disabilities) in CT. These data are displayed in Table 3. A similar, though less severe disparity is seen nationally. Some disabilities may be so limiting or burdensome so as to make attending school prohibitive, but there may be many instances in which schools are not adequately set up to accommodate people living with disabilities.

Table 3. **Educational enrollment status and educational attainment of persons living with disabilities compared to those without disabilities (ages 18 to 34 years) in Connecticut.**

	With a disability		Without a disability	
Group	CT	U.S.	CT	U.S.
# enrolled in school	10,071	943,341	165,182	15.7M
% Less than College	31.9	33.4	16.1	16.5
% College or graduate school	68.1	66.6	83.9	83.5
# Not enrolled in school	32,452	3.6M	443,500	44.5M
% Less than High School	18.5	28.7	11.8	16.6
% High School of G.E.D.	48.8	41.4	33.2	33.1
% Some post high school	22.3	22.4	22.3	26.1
% College degree	10.4	7.4	32.7	24.2

Source: 2005 American Community Survey, [26]

Health Status of Adults Living with Disability

Significant differences in prevalence of chronic disease is evident between people living with and without disabilities in Connecticut These results, based on the CDC's 2005 BRFSS are not surprising. People who say they have an activity limitation due to a physical problem (this is one way the BRFSS defines a disability), may simply be limited in some cases due to one of the underlying conditions listed above. This phenomenon speaks strongly for the need to better define and measure disability. If we are to more accurately determine whether people living with disabilities are burdened more

with other health problems, it is important to distinguish between the health problem and the disability. Additionally, while the differences may be somewhat exaggerated because people living with disabilities compose a population which may be more frequently under the care of a physician, and therefore more likely to have one of these conditions identified, it remains likely that people living with disabilities are indeed afflicted with more illness than are those people without disabilities.

Table 4:   Proportions of persons with and without disabilities exhibiting selected risk factors and chronic diseases, Connecticut, 2005.

% Reporting	With a disability	Without a disability	Ratio*	Excess cases**
Diabetes	18.4	5.4	3.4	71,086
High blood pressure	45.6	25.0	1.8	112,644
High cholesterol	49.7	30.4	1.6	105,535
Prior heart attack	9.6	2.1	4.6	41,011
Angina/heart disease	12.1	2.8	4.3	50,854
Asthma	15.4	6.4	2.4	49,213
Overweight/obesity	68.5	56.2	1.2	67,258
Arthritis	52.5	20.1	2.6	177,167
Osteoporosis	11.3	4.1	2.8	39,370

Source: 2005 BRFSS, [27]
*   % with divided by % without disabilities.
**   Number of FEWER cases that would occur IF rate among persons without
        a disability applied to persons living with a disability.

According to 2005 Behavioral Risk Factor Surveillance System data, persons living with disability, compared to others, were less likely to describe themselves to be in good/better health (58.9% vs. 93.5%), and to have experienced more days of poorer physical (1.2 vs. 2.4 days) and mental (6.9 vs. 2.1 days) health.   They also are more likely to report being current smokers (20.8% vs. 15.6%) and inactive (60.65% vs. 46.4%). Persons living with disabilities are more likely than others to report difficulty receiving health care because of cost (15.5% vs. 8.1%); more persons with disabilities reported not having received a flu shot (57.2% vs. 75.2%) as recommended. [27]

Children and Youth Living with Disabilities
There are very few sources of information regarding the prevalence of children living with disabilities. One source is the federal Individuals with Disabilities Education Act (IDEA), which services children with special educational needs from birth to 2 years of age, and then from 3 to 21 years of age. IDEA defines disability as having any of the following conditions: mental retardation, hearing impairments including deafness, speech or language impairments, visual impairments including blindness, emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, multiple disabilities, deaf-blindness, specific learning disabilities, and developmental delay (more specific information can be found at http://idea.ed.gov).

In 2005, the proportion of children under 3 receiving services under IDEA in Connecticut was 3.16% (compared to 2.40% nationally). In Connecticut, 6.14% of children 3 to 5 years of age (5.84% nationally), 10.38% of those 6 to 17 years of age (11.59% nationally), and 2.03% of those 18 to 21 years of age (1.89% nationally) received services under IDEA in 2005. It is curious that the youngest and oldest groups seemed to require more services under IDEA in Connecticut than nationally, while the middle group (6-17 year olds), required slightly fewer services than nationally. It may be that outreach in Connecticut for the youngest children (those under 6) is more robust than elsewhere in the country, and that

this outreach does not continue as children age. That leaves unanswered the question of why there is again a jump in those served in Connecticut once children reach age 18. Perhaps colleges and universities in Connecticut are more proactive in seeking special services for students than are colleges and universities elsewhere in the country.

THE PREVALENCE OF PERSONS LIVING WITH DISABILITIES WITHIN EACH CONNECTICUT TOWN

Estimates of the prevalence of persons living with disabilities for each Connecticut town utilized data available from the 2000 U.S. Census. Since the 2005 ACS survey provides data available for all areas with a population of 65,000 or more, a comparison of all Connecticut towns is not possible using data from the 2005 ACS. Therefore a town by town comparison was assessed using disability prevalence data available from 2000, which is likely an overestimate of disability prevalence due to changes in the survey from 2000 to 2005.

Table 5. **Disability prevalence of the civilian non-institutionalized population ages 5 years and over by town/city, Connecticut, 2000.**

Town	# With a Disability	% With a Disability	Town Ranking
United States	**49,746,248**	**19.3 %**	
Connecticut	**546,813**	**17.5 %**	
Andover	289	10.4 %	148
Ansonia*	4,174	24.3 %	5
Ashford	510	13.3 %	109
Avon	1,450	9.9 %	152
Barkhamsted	347	10.5 %	143
Beacon Falls	805	16.4 %	56
Berlin	2,682	15.7 %	67
Bethany	538	11.4 %	135
Bethel	2,049	12.2 %	127
Bethlehem	442	13.7 %	100
Bloomfield	3,771	20.8 %	17
Bolton	629	13.3 %	110
Bozrah	312	14.3 %	88
Branford	4,729	17.6 %	40
Bridgeport*	3,2377	25.6 %	2
Bridgewater	211	12.1 %	129
Bristol	11,933	21.4 %	12

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Town	# With a Disability	% With a Disability	Town Ranking
Brookfield	1,777	12.1 %	130
Brooklyn	986	16.0 %	61
Burlington	776	10.3 %	149
Canaan	135	13.2 %	112
Canterbury	706	15.9 %	62
Canton	950	11.6 %	133
Chaplin	322	15.3 %	72
Cheshire	3,071	12.9 %	120
Chester	433	12.9 %	121
Clinton	1,989	16.2 %	57
Colchester	1,510	11.5 %	134
Colebrook	179	13.0 %	117
Columbia	710	15.3 %	73
Cornwall	183	13.4 %	104
Coventry	1,469	13.8 %	97
Cromwell	1,565	13.4 %	105
Danbury	12,128	17.9 %	39
Darien	1,638	9.4 %	158
Deep River	821	18.8 %	33
Derby	,2474	21.5 %	11
Durham	635	10.5 %	144
East Granby	569	12.8 %	123
East Haddam	1,016	13.2 %	113
East Hampton	1,703	13.5 %	102
East Hartford	9,431	20.6 %	19
East Haven	5,405	20.5 %	20
East Lyme	2,043	13.8 %	98
East Windsor	1,734	19.2 %	27
Eastford	223	14.7 %	78
Easton	748	11.1 %	138
Ellington	1,669	13.8 %	99
Enfield	7,302	18.7 %	34
Essex	659	10.9 %	140

Town	# With a Disability	% With a Disability	Town Ranking
Fairfield	6,738	12.9 %	122
Farmington	3,099	14.1 %	92
Franklin	252	14.6 %	81
Glastonbury	2,879	9.8 %	154
Goshen	379	14.9 %	76
Granby	1,137	11.9 %	132
Greenwich	7,003	12.4 %	125
Griswold	1,757	17.5 %	42
Groton	5,786	18.2 %	36
Guilford	2,426	12.2%	128
Haddam	972	14.4 %	85
Hamden	9,135	17.1 %	49
Hampton	235	14.2 %	90
Hartford*	29,669	27.2 %	1
Hartland	200	10.5 %	145
Harwinton	638	12.8 %	124
Hebron	778	9.9 %	153
Kent	254	9.8 %	155
Killingly	3,220	21.3 %	15
Killingworth	526	9.4 %	159
Lebanon	924	14.6 %	82
Ledyard	1,931	14.4 %	86
Lisbon	650	17.0 %	51
Litchfield	1,080	14.0 %	95
Lyme	271	14.2 %	91
Madison	1,467	8.9 %	165
Manchester	9,687	19.2 %	28
Mansfield	1,993	10.2 %	151
Marlborough	580	11.1 %	139
Meriden	11,085	20.8 %	18
Middlebury	823	13.5 %	103
Middlefield	533	13.4 %	106
Middletown	7,072	18.2 %	37

Town	# With a Disability	% With a Disability	Town Ranking
Milford	8,219	16.8 %	52
Monroe	2,003	11.3 %	136
Montville	2,777	17.5 %	43
Morris	376	17.3 %	46
Naugatuck	5,402	18.9 %	32
New Britain*	16,374	24.7 %	3
New Canaan	1,856	10.5 %	146
New Fairfield	1,374	10.7 %	141
New Hartford	836	14.7 %	79
New Haven*	25,244	22.5 %	9
New London*	5,488	24.2 %	6
New Milford	3,345	13.4 %	107
Newington	4,420	16.2 %	58
Newtown	2,126	9.6 %	157
Norfolk	206	13.2 %	114
North Branford	1,697	13.1 %	115
North Canaan*	675	21.9 %	10
North Haven	2,498	14.0 %	96
North Stonington	809	17.5 %	44
Norwalk	13,285	17.3 %	47
Norwich*	8,056	24.2 %	7
Old Lyme	914	13.1 %	116
Old Saybrook	1,638	16.8 %	53
Orange	1,506	12.1 %	131
Oxford	1,431	15.6 %	70
Plainfield	2,713	20.1 %	23
Plainville	2,541	15.7 %	68
Plymouth	1,719	15.8 %	64
Pomfret	503	14.1 %	93
Portland	1,154	14.5 %	83
Preston	816	18.3 %	35
Prospect	1,038	13.0 %	118
Putnam	1,718	20.9 %	16

Town	# With a Disability	% With a Disability	Town Ranking
Redding	638	8.3 %	168
Ridgefield	1,988	9.2 %	162
Rocky Hill	2,112	13.0 %	119
Roxbury	182	8.9 %	166
Salem	541	15.2 %	75
Salisbury	397	10.7 %	142
Scotland	208	14.5 %	84
Seymour	2,519	17.6 %	41
Sharon	526	19.0 %	30
Shelton	5,050	14.4 %	87
Sherman	338	9.4 %	160
Simsbury	2,200	10.3 %	150
Somers	1,235	16.1 %	59
South Windsor	3,053	13.4 %	108
Southbury	2,861	16.7 %	54
Southington	5,916	16.1 %	60
Sprague	487	17.3 %	48
Stafford	1,616	15.5 %	71
Stamford	21,723	20.1 %	24
Sterling	488	17.1 %	50
Stonington	2,547	15.3 %	74
Stratford	8,882	19.0 %	31
Suffield	1,525	13.7 %	101
Thomaston	1,441	20.4 %	21
Thompson*	2,052	24.5 %	4
Tolland	1,100	9.1 %	163
Torrington	6,946	21.4 %	13
Trumbull	4,170	13.3 %	111
Union	62	9.4 %	161
Vernon	4,974	19.1 %	29
Voluntown	335	14.3 %	89
Wallingford	5,879	14.8 %	77
Warren	108	9.1 %	164

Town	# With a Disability	% With a Disability	Town Ranking
Washington	419	12.4 %	126
Waterbury*	23,483	24.1 %	8
Waterford	2,948	16.6 %	55
Watertown	3,535	17.4 %	45
West Hartford	9,193	15.7 %	69
West Haven	9,877	20.3 %	22
Westbrook	1,179	19.9 %	25
Weston	546	5.9 %	169
Westport	2,494	10.5 %	147
Wethersfield	3,888	15.8 %	65
Willington	639	11.3 %	137
Wilton	1,368	8.6 %	167
Winchester	1,817	18.2 %	38
Windham	4,510	21.4 %	14
Windsor	4,121	15.9%	63
Windsor Locks	2,177	19.3 %	26
Wolcott	2,241	15.8 %	66
Woodbridge	816	9.8 %	156
Woodbury	1,220	14.1 %	94
Woodstock	1,000	14.7 %	80

Source*: 2000 U.S. Census American FactFinder, http://factfinder.census.gov*
* Top ten highest disability prevalence towns in Connecticut

WHERE IS CONNECTICUT HEADING?

It will remain an important task to project the prevalence of people living with disabilities in Connecticut. Such projections become important when policy-makers begin to plan for what types of services might be required for the state population into the future. In order to make precise projections, it is most important to have a consistent measure of disability over time. For example, the National Long-Term Care Survey (NLTCS) uses a relatively consistent measure for disability each year. Looking at disability prevalence estimates from the NLTCS every 5 years from 1984 to 2004, and utilizing a method for estimating change similar to that which the U.S. Census uses to project population changes into the future (2007 through 2030), we can estimate the change in disability over time to be $y = -0.3497x + 720.21$[22] Simply put, we estimate a 0.34% decrease in the prevalence of persons living with disabling conditions per each projected year (or the equivalent of a 3.4% decline per decade). This de-

cline is due to the relatively steep increase in the numbers of persons anticipated in the population over this period.

Figure 1: Prior estimates and projections of the number and percentage of persons living with disabilities in Connecticut, 65+ years of age
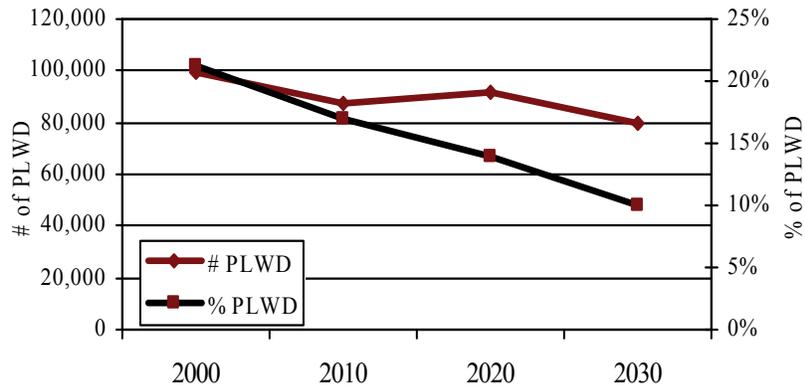
Combining the NLTCS measure, with U.S. Census data population projections allows us to estimate the prevalence of disability in the 65+ population in Connecticut. For individuals who are unable to perform one activity of daily living, approximately 87,655 people (or 17% of the Connecticut population) will be living with a disability in 2010. That number jumps dramatically as the population ages, with approximately 91,701 (or 14% of the Connecticut population) expected to be living with a disability in 2020.

Because measures of disability for children are based largely on services provided under various state and federal programs (such as IDEA), projections for this population are considerably more difficult. As programs evolve, their definitions of eligibility change. Also affecting these numbers is the level of outreach conducted in individual states and communities. For this reason, we have not attempted to project the prevalence of disability in children.

COMMUNITY ASSESSMENT TOOLS

As a complement to this summary report, the 2007 Practicum Project produced four Community Assessment tools for use gauging the success of a municipality/community in accommodating the range of disabling conditions evident there. These assessment tools are informed by topical research and best practices related to certain questions or constellations of questions regarding:

- Community infrastructure,
- Lifestyle accommodation and social inclusion,
- Compliance with built environment guidelines, and
- Transit and transportation.

In addition, we provide a disability prevalence survey for use by communities to gauge the extent of disabling conditions experienced by residents.

A compilation of U.S. and Connecticut statutes pertaining to the definition of disabling conditions also is available.

COMMUNITY RESOURCES FOR
PERSONS LIVING WITH DISABIILITIES

The following summarizes an extensive print and electronic resource available to individuals and communities addressing the challenges of persons living with disabilities.

Disaster preparedness resources:

Disability Preparedness
http://www.disabilitypreparedness.gov/index.htm
Interagency coordinating council on emergency preparedness and individuals with disabilities.

FEMA
http://www.fema.gov/library/viewRecord.do?id=1442
Preparing for Disaster for People with Disabilities and Other Special Needs

"An ADA Guide for Local Governments Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities"
http://www.ada.gov/emergencyprep.htm
US Department of Justice

"Nursing Home Emergency Preparedness and Response during Recent Hurricanes"
http://www.oig.hhs.gov/oei/reports/ oei-06-06-00020.pdf
This report (48 pp.) is the result of a study conducted by the U.S.
Department of Health and Human Services Office of Inspector General.
Findings and recommendations reflect the objectives of the study, which were to determine the national and Gulf State incidence of nursing home deficiencies for lack of emergency preparedness, examine the experiences of selected Gulf State nursing homes during recent hurricanes, and review the emergency preparedness plans of selected Gulf State nursing homes and evaluate the use of these plans.

National Council on Disability Reports on Hurricanes Katrina and Rita
http://www.ncd.gov/newsroom/publications/2006/hurricanes_impact.htm and http://www.ncd.gov/
newsroom/publications/2006/peopleneeds. htm
Two new publications from the National Council on Disability report on how Hurricanes Katrina and Rita affected people living with disabilities: "The Impact of Hurricanes Katrina and Rita on People with Disabilities: A Look Back and Remaining Challenges" and "The Needs of People with Psychiatric Disabilities during and after Hurricanes Katrina and Rita: Position Paper and Recommendations."

State of California, Special needs in emergency planning and preparedness
http://www.oes.ca.gov/Operational/OESHome.nsf/ 9785961716919627882 56b350061870e/
D41F6A39358E70A088256BBF005D8478?OpenDocument

Disaster planning for people with disabilities and the elderly at the University of Florida
http://disaster.ifas.ufl.edu/PDFS/CHAP02/D02-09.PDF

Fire risks for the mobility impaired
http://www.usfa.dhs.gov/ downloads/pdf/publications/mobility.pdf

Connecticut State Agencies and Resources:

7-1-1
http://www.cped.uconn.edu/tac-resc.htm
7-1-1   is the 3-digit phone number in Connecticut to call for people with disabilities who cannot use regular telephone services and require relay services to communicate with others. You can also call 1-800-735-2905 for in-state calling or 1-800-877-8973 for out-of-state calling. Relay Connecticut (RCT) provides full telephone accessibility to people who are deaf or hard-of-hearing, deaf-blind or people with a speech disability. People can call anywhere in the world, 24 hours a day, 365 days a year with no restrictions on the number, length, or type of call. All calls are confidential. Converse Communication Corporation (CCC) also distributes TTYs to people who are deaf and hard-of hearing or people with speech disabilities in Connecticut. Visit: www.relayconnecticut.com.
For those who want to use the relay service, visit: www.sprintrelay.com.

2-1-1
http://www.infoline.org.
2-1-1   is the 3-digit phone number in Connecticut to call when you want information about services and supports for you and your family. 2-1-1 is a single source for information about community services, referrals to human services agencies and crisis intervention. 2-1-1 Specialists who speak many languages will answer your call 24 hours a day, 365 days a year. A call to 2-1-1 is free, confidential and TDD accessible.

Birth to Three
http://birth23.org/
The mission of the Birth to Three System is to strengthen the ability of families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.

Board of Education and Services for the Blind (BESB)
http://www.besb.state.ct.us/
Provides comprehensive, confidential services for persons who are legally blind of all ages. Services include: counseling and referral; vocational rehabilitation; orientation and mobility instruction; prevention; consultation; and public education. Workers who travel provide many services in the home and community.

Bureau of Rehabilitation Services (BRS)
http://www.brs.state.ct.us/
The Bureau provides many different services, including vocational guidance, counseling, training, supported employment, rehabilitation engineering, independent living services and job placement. Visit the BRS website for an extensive list of contact names and phone numbers by area/region.

Commission for the Deaf and Hearing Impaired (CDHI)
http://www.state.ct.us/cdhi/index.htm
CDHI was created in 1974 to advocate, strengthen, and implement state policies affecting people who are deaf and hard of hearing and their relationship to the public, industry, health care, and educational opportunities. There is no charge to the person who is deaf for any of the services provided by CDHI.

Connecticut Clearinghouse
http://www.ctclearinghouse.org/
Connecticut Clearinghouse is the state's resource center for information about alcohol, tobacco, other drugs, and related issues affecting mental health and wellness. The Clearinghouse is part of Connecticut's Prevention Infrastructure and designated by the national Center for Substance Abuse Prevention as

the state's RADAR network center. Funded by the Connecticut Department of Mental Health and Addiction Services (DMHAS), services are limited to those living and working in Connecticut.

Connecticut Community Colleges
http://www.commnet.edu/
The twelve, two-year public colleges that comprise the system of Connecticut Community Colleges share a mission to make educational excellence and the opportunity for lifelong learning affordable and accessible to all Connecticut citizens. The colleges seek to enrich the intellectual, cultural and social environments of the communities they serve. The colleges support the economic growth of the state and its citizens through programs that supply business and industry with a skilled, well-trained work force.

Connecticut Council on Developmental Disabilities (CTCDD)
http://www.ct.gov/ctcdd/site/default.asp
The Council is a Governor-appointed body of people with disabilities, family members, and professionals who work together to promote the full inclusion of all people with disabilities in community life. The Council speaks out on the issues and educates policymakers, communities, and service providers.

Connecticut Department of Higher Education (CTDHE)
http://www.ctdhe.org/
The Board of Governors is Connecticut's agency for higher education. The Connecticut Department of Higher Education carries out the Board's administrative duties.

Connecticut of Department of Labor (DOL)
http://www.ctdol.state.ct.us/
Lists links relative to jobs, unemployment, training, data and publications, tax information, safety/ wages/labor relations, disability related sites, veterans' services, welfare information, and workforce investment.

Connecticut Department of Mental Health and Addiction Services (DMHAS)
http://www.dmhas.state.ct.us/
The mission of the Department is to improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective, and efficient mental health and addiction services that promote independence, dignity, and respect.

Connecticut Department of Developmental Disabilities (DDS)
http://www.ct.gov/dds/site/default.asp
The mission of the Department of Developmental Disabilities is to join with others to create the conditions for all people with mental retardation to be able to experience: presence and participation in town life; opportunities to develop and exercise competence; opportunities to make choices in the pursuit of a personal future; good relationships with family members and friends; and respect and dignity. Visit the DDS website to find out more information about your region of Connecticut.

Connecticut Department of Social Services (DSS)
http://www.ct.gov/dss/
The Department provides a broad range of services to the elderly, disabled, families, and people who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living.

Connect-Ability
http://www.connect-ability.com/

Connect-Ability identifies and removes barriers to employment faced by people with disabilities. Connect-Ability has two primary customers: Employers of all sizes and in all industries who are seeking qualified workers People with disabilities of all ages who are seeking employment for the first time or who want a new challenge

Connecticut State Department of Education (SDE)
http://www.sde.ct.gov/sde
Bureaus within the Division of Teaching & Learning Programs and Services include: Bureau of Special Education; Bureau of Early Childhood, Career, and Adult Education; and Bureau of Health and Nutrition Services, Child/Family/School Partnerships.

Governor's Committee on Employment of People with Disabilities http://www.ctdol.state.ct.us/gendocs/GCEPD/t-GCEPD.htm
The Committee's mission is to improve and increase the employment opportunities for qualified people with disabilities.

Office of Protection and Advocacy for Persons with Disabilities
http://www.ct.gov/opapd/cwp/view.asp?a=1756&Q=277246&pm=1&opapdPNavCtr=|#42118
The mission of the Office of Protection and Advocacy is to advance the cause of equal rights for persons with disabilities and their families by: increasing the ability of people, groups, and systems to protect rights; exposing instances and patterns of discrimination and abuse; seeking and orderly remedy when rights are violated; increasing public awareness of unfair situations and of means to address them; and empowering people with disabilities and their families to advocate well.

State Education Resource Center (SERC)
 http://www.ctserc.org/
The State Education Resource Center (SERC) maintains the Special Education Resource Center in addition to other duties, such as early childhood education and school improvement. SERC is known for providing high-quality, research-based professional development to educators, service providers, families, and community members as part of its commitment to improve the achievement of Connecticut's children and youth. SERC provides professional development through both statewide activities, such as professional development booklets viewable on their site, or through on-site, job-embedded learning opportunities in Connecticut public schools and programs.

State Library for the Blind and Physically Handicapped
http://www.cslib.org/lbph.htm

National Library Service for the Blind and Physically Handicapped http://www.loc.gov/nls/
The Library for the Blind and Physically Handicapped is a network library of the National Library Service for the Blind and Physically Handicapped, Library of Congress. The Library provides free mail loan of recorded and Braille books and magazines and necessary playback equipment to eligible state residents unable to read standard print because of a visual or physical disability.

Other State Resources
http://www.nichcy.org/stateshe/ct.htm
The offices listed on this Connecticut state sheet are primarily state-level offices. Even if an office is not close to your home, they can usually put you in touch with resources in your community, as well as provide you with information and assistance about disability issues in your state. The listing includes information on state agencies, and disability, parent, and other organizations.

Connecticut Disability Associations, Advocacy/Support Organizations:

Attention Deficit Disorder Association (ADDA)
http://www.add.org/
Established in 1989, the ADDA is an international, nonprofit organization, whose mission is to provide information, resources, and networking to adults with AD/HD and to the professionals who work with them.

Association of Retarded Citizens of Connecticut (Arc/CT)
http://www.arcct.com/
The Arc of Connecticut is an advocacy organization committed to protecting the rights of people with mental retardation and related developmental disabilities and to promoting opportunities for their full inclusion in the life of their communities.

Brain Injury Association of Connecticut (BIA)
http://www.biact.org/
As a not-for-profit agency working since 1982 for people with traumatic brain injury (TBI), the Association promotes support groups and service systems for persons with brain injury and their families; provides education about TBI, its related problems and prevention; advocates for community and medical resources needed to provide comprehensive TBI care; and directly meets selected needs that are currently not addressed by current systems.

Connecticut Association for Children and Adults with Learning Disabilities (CACLD)
http://www.cacld.org/
CACLD is an independent, regional, non-profit organization dedicated to children and adults with learning disabilities and attention deficit disorders. Since 1963, parents and professionals have joined together in this Association to share their common concerns, provide current information, and offer direction and support.

Connecticut DeafConnect
http://www.deafconnect.com/ct.html
DeafConnect is the Internet version of World Deaf Directory's residential email address and is one of the first services of its kind.

Connecticut Disabled American Veterans (DAV)
http://www.davct.org/
Connecticut Disabled American Veterans (DAV) is an association of about 11,000 veterans who suffered some degree of disability while serving in the Armed Forces during time of war or armed conflict. The DAV provides free, professional assistance to veterans and their families in obtaining benefits and services from the VA and other agencies of government earned through military service.

Connecticut Radio Information System (CRIS)
http://www.cslib.org/cris/
CRIS is Connecticut's talking newsstand for the blind and print-handicapped. CRIS is a private, non-profit organization that broadcasts, through FM radio sideband and cable TV, a program of extensive readings from newspapers and current magazines for people who, because of visual, physical, or learning disability, are unable to read the printed page for information and enjoyment.

Disabilities Network of Eastern Connecticut
http://www.disability-dnec.org/

The mission of the Disabilities Network is to empower persons with disabilities in Eastern Connecticut to live as independently as they choose, and to improve the quality of their lives, as well as to effect positive change that promotes the inclusion of all persons with disabilities within society.

Disability Resources.org CT
http://www.disabilityresources.org/CONNECTICUT.html
DisabilityResources.org is a non-profit organization established to promote and improve awareness, availability and accessibility of information that can help people with disabilities live, learn, love, work, and play independently. Visit the website for a list of resources in your area/region in Connecticut.

Disability Resource Center of Fairfield County, Inc. (DRCFC)
http://www.drcfc.org/
Since 1981, the DRFC has provided a comprehensive range of services both to the people and the communities of Fairfield County, Connecticut. These services include the independent living philosophy, a philosophy that challenges the social attitudes and the physical barriers that stigmatize and exclude persons with disabilities from the community.

Easter Seals of Connecticut
http://ct.easterseals.com/site/
Easter Seals offers comprehensive programs and services to help support maximum independence and quality of life for people with disabilities or special needs.

Family Village Community Center - Connecticut Resources
http://www.familyvillage.wisc.edu/comm/connecticut.html
Family Village is a global community that integrates information, resources, and communication opportunities on the Internet for persons with cognitive and other disabilities, for their families, and for those who provide them services and support.

HART, Inc.
http://www.hartinc.org/
HART, Inc. is a nonprofit agency located in Connecticut, which provides support services to people with developmental disabilities. Inclusion and community supports have allowed their clients to become strong and independent citizens who contribute to our society in positive ways.

Kennedy Center, Inc.
http://www.thekennedycenterinc.org
The Kennedy Center is a private, community-based rehabilitation organization, actively responding to the needs of persons with disabilities by offering new, comprehensive community services. Their mission promotes the empowerment of clients with diverse abilities, disabilities, and experiences toward the best possible participation and inclusion in the community.

Learning Disabilities Association of Connecticut (LDACT)
http://www.ldact.org/
Since 1964, LDA of Connecticut assists both children and adults who are affected by learning disabilities in securing appropriate educational and employment opportunities.

Federal Departments, Agencies, and Offices of Disability:

Administration on Aging, U.S. Department of Health and Human Services (USDHHS)
http://www.aoa.gov

Administration on Developmental Disabilities
Administration for Children and Families, (USDHHS)
http://www.acf.dhhs.gov/programs/add/index.htm

Center for Financing, Access and Cost Trends
Agency for Healthcare Research and Quality, (USDHHS)
http://www.ahrq.gov

Centers for Medicare and Medicaid Services, (USDHHS)
http://www.cms.hhs.gov

Clearinghouse on Disability Information, Office of Special Education and Rehabilitative Services,
U.S. Department of Education
http://www.ed.gov

Department of Defense
http://www.defenselink.mil

Department of Homeland Security
http://www.dhs.gov

Department of Housing and Urban Development
http://www.hud.gov/groups/disabilities.cfm

Disability Info.gov, Department of Labor
http://www.disabilityinfo.gov

Disability Rights Section, Civil Rights Division, U.S. Department of Justice
http://www.usdoj.gov/crt/drs/drshome.htm

Division of Human Development and Disability, National Center on Birth Defects and Developmental
Disabilities, Centers for Disease Control and Prevention, (USDHHS)
http://www.cdc.gov

Federal Transit Administration, U.S. Department of Transportation
http://www.fta.dot.gov

Health Resources and Services Administration, (USDHHS)
http://www.hrsa.gov

Indian Health Service, (USDHHS)
http://www.ihs.gov

Interagency Committee on Disability Research (ICDR)
http://icdr.us/

National Center on Medical Rehabilitation Research, National Institute of Child Health and Human
Development, National Institutes of Health
(USDHHS)
http://www.nichd.nih.gov

National Council on Disability
http://www.ncd.gov

National Institute on Deafness and Other Communication Disorders
National Institutes of Health, (USDHHS)
http://www.nih.gov/nidcd

National Institute on Disability and Rehabilitation Research, U.S. Department of Education
http://www.ed.gov

Office for Civil Rights, (USDHHS)
http://www.hhs.gov/ocr/

Office of Disability Employment Policy, U.S. Department of Labor
http://www.dol.gov/odep

Office of Equal Opportunity and Diversity Management National Institutes of Health, (USDHHS)
http://www.nih.gov/

Office of Public Health Emergency Preparedness, (USDHHS)
http://www.hhs.gov/ophep

Office of Special Education and Rehabilitative Services, U.S. Department of Education
http://www.ed.gov

Office on Disability (USDHHS)
 http://www.hhs.gov/od/

Office on Women's Health, (USDHHS)
http://www.4woman.gov

President's Committee on Persons with Intellectual Disorders Agency for Children and Families, (USDHHS)
http://acf.hhs.gov/programs/pcpid

Social Security Administration
http://www.ssa.gov

Social Security Administration, Disability Programs, Blue Book
http://www.ssa.gov/disability/professionals/bluebook/general-info.htm

Substance Abuse and Mental Health Services Administration, (USDHHS)
http://www.samhsa.gov

A CALL TO ACTION: RECOMMENDATIONS
FOR POLICY AND PRACTICE

The following highlights the challenges that our public health community faces in its effort to enhance the experiences and opportunities for persons living with disabilities in Connecticut. These recommendations are intended to increase awareness among stakeholder groups of the need for better data combined with evidence-based analyses to guide public and social policies pertinent to this domain.

1. Because data collection and analysis are critical tasks to evidence-based policy-making, consistent and unbiased measures of the prevalence and nature of living with disabilities are necessary . A clear and universal definition of disability for the strict purposes of data collection and analysis should be developed. This definition should be sufficiently broad as to capture within its scope the range of disabling conditions within a population, yet precise enough to yield stable estimates of prevalence and severity of particular types of impairment. Similarly, definitions should distinguish between the presence of a particular health condition, and any disability that may not be caused, or exacerbated by the condition.

2. Because discrimination in employment against persons living with disabilities often goes underreported, policy aimed at reducing or eliminating the employment gap that exists between people living with, and without disability is crucial. These benefits should include transportation, career counseling, job training, personal care assistance, and health insurance. State-funded disability benefits for those people living with disabilities who are unemployed or underemployed should not end immediately following an individual's ascendance above the financial threshold of eligibility. Benefits should continue in full, at a minimum, for an additional year in order to encourage persons with disabilities to seek employment. Long-term gainful employment will ultimately confer a cost-savings to the State by enabling many beneficiaries to reduce their reliance on full State benefits.

3. Incentives for employers to hire people living with disabilities must be found. State-funded health insurance and transportation services for people living with disabilities are a start at facilitating an individual's ability to secure and maintain employment in the private sector. Additionally, employer training about the benefits of hiring people living with disabilities should be a priority.

4. If we are to reduce the employment gap that exists between people living with, and without disability, employment status and income should not necessarily change eligibility status for those individuals who still rely on the services or benefits they receive from disability service programs.

5. Connecticut's gap in education attainment of persons living with, as compared to those without a disability is troubling. Why is the disparity so sever in Connecticut? Looking to best practices of other states to reduce such deficits is appropriate. In the interim, Connecticut should provide guidance services for people living with disabilities in navigating application to colleges and universities, and in identifying similar programs/services that are currently in place.

6. There are many measures of the prevalence of disability which are derived directly from the numbers of individuals receiving services from one or more programs, such as IDEA. This methodology is flawed, as it likely omits a portion of those individuals who may require the services of a given program but have failed to seek these services out.

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