



AN EXAMINATION OF DISABILITY IN NEW ENGLAND

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Executive Summary

The objective of this report is to estimate the number and characteristics of people with disabilities in the six New England states. The definitions of disability here are not the same as often cited statistics about disability prevalence, in an attempt to identify a broader group of individuals with functional limitations and mental disabilities who could potentially seek protections and assurances under the Americans with Disabilities Act.

New England

- People in New England are, on average, older than Americans elsewhere. The large baby boomer population is likely to have a substantial impact on the need for disability services and supports over the next few decades.
- Using a broad definition of disability, roughly 3 million New Englanders or 26 percent of civilian non-institutionalized adults experienced some kind of communicative, physical or mental limitation.
- The prevalence of disability was 28 percent in the baby boomer population (age 46-64) and 60 percent in the population 65 years and older.
- 2.2 million New Englanders (19 percent) had physical functional limitations and 1.2 million (11 percent) had mental or cognitive limitations.

The States

- In the states, disability prevalence ranged from 25.7 percent in Connecticut and Massachusetts to 30.2 percent in Maine.
- Mental disability prevalence ranged from 9.1% in Connecticut to 12.2% in Maine.
- In Massachusetts, disproportionately fewer people with disabilities used public transportation (Buses, subways, or rail) whereas in other states, prevalence rates were statistically indistinguishable from that of car users.

- In several states, there was higher disability prevalence among the self-employed over other workers.

Introduction

Estimating the size and characteristics of the population of people with disabilities is difficult task. Various organizations and advocates, government programs and policies, may each seek to define disability in accordance to its mission and goals. A person may be considered to have a disability under one definition, but not under another, and vice versa. Choosing a definition of disability can often require caveats and hand-waving to assure that different stakeholders are all on the same page, using a common language. In this report, we seek to identify a broad definition of disability, in line with a population who may seek assurances and protections under the Americans with Disabilities Act (ADA).

Health and disability are not dichotomous concepts, however. Health and functioning can instead be thought of as a continuum with (fictional) perfect health and functioning at one end and complete incapacity at the other. Over time, our health and functioning diminish with illness and injury or improve with recovery and accommodation. Defining disability as a dichotomous state requires setting some arbitrary line on this continuum. Depending on where such a line is drawn, the definition can be more expansive or restrictive to serve the needs of the program or policy. For instance, the line (criteria) for Social Security Disability Insurance (SSDI) eligibility is far more restrictive than the line for ADA protections, reflecting differences in the priorities for distributing income supports versus affording rights to support independence.

It is important to note that to the extent the ADA protects all people of ill health and poor functioning, it therefore protects all 320 million people in the United States because we all experience adverse health or have physiology that may impair us in some way. As such, while the definition of disability used for this report will attempt to reflect a population who may seek out protections under the ADA, this is different from the population who are protected by the ADA: which is everyone.

The data in this report come from a variety of sources, but primarily from the Survey of Income and Program Participation (SIPP), the American Community Survey (ACS), the Current Population Survey (CPS), and the 2010 Census. Additional data from SAMHSA, CDC, NIH, and state agencies are used to supplement, augment, and enhance the data presented here.

For many estimates, we use data directly from the SIPP. It is the source for the commonly cited statistic of 56.7 million people with disabilities in the U.S., however, several functional limitations are not included in the definition of disability, as well as a more restricted definition of mental disability. We relax those definitions to create a broader definition that is more inclusive.

We also present the ACS estimate of disability, especially for sub-national geographies, but note that this too is a very restrictive definition of disability. To supplement, we have developed a model-based estimate of disability, which combines the SIPP and ACS data. This model attempts to predict the more inclusive SIPP measure in the ACS sample but also carries additional uncertainty from the model used to make the predictions.

New England

Demographics

The New England Region¹ consists of the six states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. As of the 2016 Census Bureau estimates, 14.7 million people lived in New England with just under half (6.8 million) living in Massachusetts and about one-quarter (3.6 million) living in Connecticut. Despite having one of the smallest populations across the ADA National Network regions, New England is among the most compact. Differences in population density, both within the region and with the rest of the U.S., may relate to the availability and use of public transportation options and other local services.

The demographics of New England show an older population. The median age for New England was 39.9 years, according to the 2010 Census, 2.7 years older than the median age for the United States (37.2 years). All six states in New England were ranked in the top 10 for median age with Maine and Vermont holding the top 2 spots (at 42.7 and 41.5 years, respectively). Other measures describing the age distribution suggest that the elder population (65 years and older) is not the primary reason for the region's aging population.

While proportionally, New Englanders were 1.1 percentage points more likely to be seniors than the U.S. overall, only 3 New England states ranked in the top 10 for *percent 65 years or older* and only Maine was in the top-5 (ranked 3rd). Comparably, Maine, Vermont, and New Hampshire were ranked 1st, 2nd and 3rd for *percent between 46 and 64 years*, an age group roughly the same as the baby-boomer population.

¹ Region here refers to the ADA National Network region. In Census geography terms, this is equivalent to the New England Census Division, which is part of the Northeast Census Region.

Roughly 28% of New Englanders were baby boomers compared to 26% of Americans, overall.

Another demographic feature that sets New England apart is its whiteness. More than 3 out of every 4 New Englanders are white alone, not Hispanic (78.9%) compared to less than 2 out of every 3 Americans (63.7%), overall. In turn, each minority group makes up a smaller proportion of the population in New England than in the U.S. overall. Non-Hispanic blacks make up 12.2% of the U.S. population but only 5.6% of the population in New England while Hispanics and Latinos make up 16.3% of the U.S. population but only 9.0% of New Englanders. Although Massachusetts does have a relatively large Asian population, smaller proportion of Asians bring the percentage for New England (3.9%) below the national average of 4.7%.

Demographic characteristics like sex, race, and Hispanic origin play an interesting role with disability. Disability discrimination can be confounded by the presence of gender and racial discrimination, either masking or magnifying the problem. We will examine disability prevalence by race, sex, and Hispanic origin in New England to help elucidate these issues.

It is also worth noting the strong health care culture in New England. The health care industry drives much of New England's economy and employs a larger proportion of workers in New England than the U.S. average. In addition, several top research universities reside in New England leading to advances in the treatment of underlying health conditions for disability and the development of new technologies to assist people living with disabilities. All else equal, a renowned health care system and innovative biotech industry make New England attractive to those in need of specialized health care services and supports.

Disability Prevalence

Of the 11.2 million community dwelling² civilians 18 years and older living in New England, 3.0 million people or 26.4% ($\pm 1.5\%$) had a disability. This disability rate was not statistically different from the rate in the U.S. population. Among those with a disability, 1.7 million New Englanders experienced severe disability. Disability was less prevalent among non-elderly adults at 19.3% ($\pm 1.6\%$) for any disability and 10.6% ($\pm 0.9\%$) for severe disability. Comparably, about 60.2% ($\pm 3.8\%$) of seniors 65 years and older had a disability and 37.6% ($\pm 2.9\%$) had a severe disability.

The connection between age and disability is strong in New England. Disability prevalence was as low as 11.4% (± 2.8) for 18-to-29 year olds and rose to 26.2% (± 4.2) and 29.0% (± 4.6) in baby boomers 45-to-54 and 55-to-64 years old, respectively.³ In the very old – those aged 85 years and older – the prevalence of disability was 77.8% (± 7.6). Among young adults 18 to 29 years old, 5.4% (± 1.8) reported severe disability, and prevalence rose with successive age groups, up to 63.8% (± 8.1) for those 85 years and older. Because age is so tied to disability, comparing other groups with differing age-structures can be misleading. To combat this, we present age-adjusted measures of disability prevalence.

For instance, females have a different age distribution than males. Women tend to live longer, in part due to later onset of heart disease. Our data show 29.0% of women in New England reported disability compared to 23.6% of men, a difference of 5.4 percentage points. After removing the effects of age, the difference in disability prevalence reduced to just 3.4 percentage points.

² By “community dwelling” we mean to the non-institutionalized population, which excludes people in correctional facilities, nursing facilities, and long-term residential hospitals.

³ The disability prevalence for 45-to-54 year olds and 55-to-64 year olds was not statistically difference from each other.

Differences in prevalence by race were also impacted by age-adjustment. Disability prevalence was 26.6% for Non-Hispanic Whites and 29.0% for Hispanics, before age-adjustment. The difference grew to 11.9 percentage points after age-adjustment was applied. Similarly, differences between non-Hispanic Whites and other minority groups also grew after age-adjusting, which suggests that raw differences across races masks the true underlying health and disability statuses between races.

Socioeconomic characteristics were also predictive of differences in disability prevalence. In New England, 55.6% of those with less than a High School diploma reported disability, compared to just 16.8% of those with a Bachelor's degree or higher. Age-adjustment reduced that difference to 31 percentage points. Likewise, prevalence differences by poverty level show that poorer populations have higher levels of disability even after controlling for demographics.

Vision and Hearing Limitations

About 285,000 New Englanders (2.5%) experienced difficulty seeing words and letters in ordinary newsprint and 369,000 (3.3%) had difficulty hearing a normal conversation. Just under 100,000 New Englanders had severe vision difficulty or blindness where they could not see the words at all. Similarly, under 100,000 had severe hearing difficulty that might be considered deafness. Rates of vision and hearing difficulty were higher for the elderly population at 8.3% and 11.1%, respectively. In the nonelderly population, difficulty was concentrated in the baby boomer population, which are the older members of the nonelderly group.

Physical Limitations

Amongst New Englanders, 2.2 million or 19.4% had difficulty performing an upper or lower body physical task. 16.8% had difficulty with a lower-body function such as walking or climbing stairs. About 1.1 million had difficulty walking and 950,000 had difficulty climbing stairs. Roughly 574,000 New Englanders used a cane, crutches, or walker to assist with mobility while 158,000 were wheelchair users. Not all physical

limitations related to mobility. 494,000 reported difficulty sitting and 1.1 million had difficulty standing for prolonged periods. 1.2 million reported difficulty stooping or bending down. These types of difficulties often manifest from conditions of the knees, hip, back, or spine.

Upper body limitations were prevalent in about 1.5 million New Englanders (13.1%). About 775,000 (6.9%) had difficulty lifting or carrying a 10-pound object and 307,000 (2.8%) had difficulty grasping something like a pen or pencil. About 1.0 million New Englanders had difficulty pushing or pulling objects like a chair.

While we often think of these limitations arising from aging, fragility, and deterioration of the joints and muscles, we see that about half of people with lower body limitations are non-elderly. About 936,000 people or 10.1% of 18-to-64 years olds experienced lower body limitations and 771,000 (8.3%) had upper body limitations. In this non-elderly population, two-thirds of those with the limitations were “baby boomers”. About half of seniors (48.4%) had difficulty with a lower body limitation and 35.9% had upper body limitations.

Mental Disabilities

Mental disabilities are the hardest category to identify in survey instruments, but our data has identified about 830,000 New Englanders (7.4%) with serious mental or cognitive impairments. 438,000 we people with anxiety, depression, or difficulty concentrating, coping, or getting along with others to the extent that it interfered with usual activities. If we broaden the definition to include all people experiencing these mental illness symptoms, the number with mental disabilities grows to 1.2 million (11.0%).

Unlike the physical disabilities, which were far more prevalent among the older age groups, those with mental disabilities more closely mirrored the age distribution of the larger population. Elders experienced higher rates of mental disability, driven by

conditions like Alzheimer's and dementia, but mental illness remained the predominant disability type among younger New Englanders.

Limitations with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) are common measures of self-care and disability that requires the need of personal assistance, such as Long-term Services and Supports (LTSS). Because the need for assistance can be a driving factor in moving people with disabilities into institutional settings, like nursing homes, disability that reaches this level is, by survey operations, removed from the scope of the sample frame. About 450,000 community New Englanders had difficulty with an ADL and 679,000 had difficulty with an IADL. The majority of these individuals are in the baby boomer and elder populations.

Among those with disabilities, 5.9% needed assistance for an ADL and 16.8% needed assistance with an IADL. Needing help with an IADL was more prevalence among nonelderly adults with mental or cognitive limitations (25.1%) than those with physical limitations (15.4%). The rates of needing ADL assistance were not statistically different between the populations with physical and mental limitations.

Work Limitations

About 13.2% of New Englanders age 18 to 64 experienced a work limitation that restricted either the kind or amount of work they could do or made it difficult to find or keep a job. Among those with disabilities defined in the survey, two-thirds had a work limitation. Among those with physical limitations, 63.6% had work limitations while 77.6% of those with mental limitations had difficulty at work. Nearly 90% of non-elderly wheelchair users in New England experienced a limitation in the workplace, although there is a great deal of uncertainty associated with that estimate ($\pm 15.7\%$).

About half of those with a work limitation were prevented from working or 6.8% percent of 18-to-64 year olds, overall. Among those with physical limitations, 39.1% were prevented from working, while 46.1% of those with mental or cognitive limitations were prevented from working. Because work limitations were not used as a definition of

disability, but rather as an outcome, there were an additional 1.1% of those with “no disability”, as defined by the survey, who were prevented from working because of a disability. Because of deficiencies in measurement of mental illness in surveys, it is likely that this group could fit into a broader definition of mental disability than what is captured here.

The States: Connecticut

Connecticut is the second largest state by population in New England and is the 4th most densely populated state in the U.S. The state has a median age of 40.0 years and elders make up 14.2% of its population. Baby boomers made up 28.5% of Connecticut's population, placing it 6th largest for the rankings of state proportion in this age cohort. Connecticut also differs racially from its New England neighbors with the lowest proportion of non-Hispanic whites at 71.2%.

Of the approximately 2.7 million adults living there, about 12.7% would have a disability under the ACS definition of disability. Under this definition, 1.9% have difficulty with vision, 3.7% have difficulty hearing, 6.8% have difficulty walking or climbing stairs, and 4.4% have difficulty remembering, concentrating, or making decisions. About 5.4% have a self-care or independent living difficulty, which are similar to ADL and IADL limitations.

Under the model-based definition, we estimate about 26.2% (± 0.8) of adults in Connecticut have a disability. The prevalence ranges from 11.1% in 18-to-24 year olds to 75.1% in those 80 years and older. Baby boomers had disability prevalence between 20.3% for the youngest in the cohort and 31.5% for those nearing retirement. Men had a lower prevalence than women at 22.7% and 28.5%, respectively.

By education level, those with less than a High School degree had a prevalence of 42.1% compared to 17.4% for those with Bachelor's degree or higher. Of those enrolled in higher degree programs, 12.7% had a disability, which demonstrate a disproportionately lower number of people with disabilities pursuing higher education. This may be, in part, due to differences in the age of students, but may also reflect the unique challenges that young people with disabilities have attempting to further their education.

For employment characteristics, 14.4% of employed people had a disability compared to 45.9% of those without employment (unemployed and not-in-labor force). The prevalence among part-time workers was also higher than full-time workers at 17.3% and 13.6%, respectively. Disability prevalence was slightly higher in self-employed workers compared to those in for-profit businesses, but we cannot rule that this may be due to random error in the data or model. Similarly, we see slightly higher rates of disability in those who work from home and those who carpool to work.

The model-based estimates also suggest that 9.1% of adults in Connecticut have a mental disability with rates ranging from 6.9% among 18-to-29 year olds to 14.4% among the oldest. Mental disability was prevalent in 17.2% of those with less than a High School degree compared to 5.4% of those with a Bachelor's degree.

The States: Massachusetts

Massachusetts is the largest state by population in New England and therefore ends up driving many of the regional statistics. It is also the 3rd most densely populated state in the U.S. Massachusetts has a median age of 39.1 years with elders comprising 13.8% and Baby boomers comprising 27.7% of its population.

Of the approximately 5 million adults living in the Bay State, about 13.2% have a disability under the ACS definition of disability. For the individual types, 2.2% have difficulty with vision, 3.9% have difficulty hearing, 7.0% have difficulty walking or climbing stairs, and 4.9% have difficulty remembering, concentrating, or making decisions. About 5.9% have a self-care or independent living difficulty, which are similar to ADL and IADL limitations.

Under the model-based definition, we estimate about 26.5% (± 0.4) of adults in Massachusetts have a disability. The prevalence ranges from 11.3% in 18-to-24 year olds

to 75.5% in those 80 years and older. Baby boomers had disability prevalence between 20.5% for the youngest in the cohort and 32.6% for those nearing retirement.

By education level, those with less than a High School degree had a prevalence of 45.8% compared to 16.4% for those with Bachelor's degree or higher. 11.4% of those enrolled in bachelor's degree or graduate programs had a disability, which demonstrate a disproportionately lower number of people with disabilities pursuing higher education.

For employment characteristics, 13.8% of employed people had a disability compared to 47.2% of those without employment (unemployed and not-in-labor force). The prevalence among part-time workers was also higher than full-time workers at 16.5% and 13.0%, respectively. Disability prevalence was higher in self-employed workers which may reflect the need or desire to control the parameters of employment (i.e. schedule, accommodations, or commute). In Massachusetts, where a substantial number of residents use public transportation, we see that people with disabilities were underrepresented in the group that used Buses, trolleys, subways, or rail to commute to work. Comparably, we see more using taxi services or other methods of transportation, which may include specialized services, although these statistics are subject to high degrees of error given the small denominators.

The model-based estimates also suggest that 9.8% of adults in Massachusetts have a mental disability with rates ranging from 7.1% among 25-to-29 year olds to 15.4% among those 80 years old or older. Mental disability was prevalent in 19.0% of those with less than a High School degree compared to 5.5% of those with a Bachelor's degree.

The States: Maine

Maine is a relatively mid-size in New England state with a population of 1.3 million people, however Maine is the oldest state in the U.S. with a median age of 42.7 years. People 65 and older comprise 15.9% of the state's population while baby boomers make up 30.9%.

Of the approximately 1 million adults living in Maine, about 18.1% have a disability under the ACS definition. 2.6% have difficulty with vision, 5.9% have difficulty hearing, 9.1% have difficulty walking or climbing stairs, and 7.0% have difficulty remembering, concentrating, or making decisions. Another 7.0% have a self-care or independent living difficulty.

Under the model-based definition, we estimate that 31.3% (± 1.1) of adults in Maine have a disability. The prevalence ranges from 13.9% in 18-to-24 year olds to 77.2% in those 80 years and older. Baby boomers had disability prevalence between 23.8% for the youngest in the cohort and 35.7% for those nearing retirement. By education level, over half of those with less than a High School degree had a disability (53.2%) compared with 22.2% of those with Bachelor's degree or higher. Among those enrolled in bachelor's degree or graduate programs 14.7% had a disability.

For employment characteristics, 16.0% of employed people had a disability compared to 52.2% of those not employed. The prevalence among part-time workers was 18.9% while 15.2% for full-time workers. Like other states, disability prevalence was higher in self-employed workers. In Maine, most people get to work by car and it was no different for people with disabilities. While there was a slightly higher prevalence of disability in the population who carpooled, this cannot be ruled out as random sampling or model error.

The model-based estimates also suggest that 12.2% of adults in Maine have a mental disability with rates ranging from 10.0% among 18-to-24 year olds to 15.1%

among those 80 years old or older. Mental disability was prevalent in 22.4% of those with less than a High School degree compared to 6.2% of those with a Bachelor's degree.

The States: New Hampshire

New Hampshire is another relative mid-size state, also with a population of 1.3 million people. New Hampshire is tied with Maine as the oldest state in the U.S. with a median age of 42.7 years which is 4.5 years older than the median age for the United States (37.2 years). New Hampshire is also 2.8 years older than the median age for New England (39.9).

People 65 and older comprise 13.5% of the state's population while baby boomers make up 30.7%. Of the approximately 1 million adults living in New Hampshire, about 15.2% have a disability under the ACS definition. 2.4% have difficulty with vision, 4.2% have difficulty hearing, 8.2% have difficulty walking or climbing stairs, and 5.6% have difficulty remembering, concentrating, or making decisions. About 6.2% have a self-care or independent living difficulty.

Under the model-based definition, we estimate that 26.8% (± 0.8) of adults in New Hampshire have a disability. The prevalence ranges from 11.0% in 18-to-24 year olds to 74.9% in those 80 years and older. Baby boomers had disability prevalence between 20.9% and 30.6%, rising with age. By education level, 45.5% of those with less than a High School degree had a disability compared with 18.5% of those with bachelor's degree or higher. 12.8% of those enrolled in bachelor's degree or graduate programs had a disability.

For employment characteristics, 14.6% of employed people had a disability compared to 48.8% of those not employed. The prevalence among part-time workers

was 17.2% while 13.9% for full-time workers. Again, disability prevalence appears higher in self-employed workers. In New Hampshire, most people get to work by car and it was no different for people with disabilities. While there was a slightly higher prevalence of disability in the population who carpooled, this cannot be ruled out as random sampling or model error.

The model-based estimates also suggest that 9.8% of adults in New Hampshire have a mental disability with rates ranging from 7.9% among 25-to-29 year olds to 15.1% among those 80 years old or older. Mental disability was prevalent in 22.4% of those with less than a High School degree compared to 6.2% of those with a Bachelor's degree.

The States: Rhode Island

Rhode Island is one of the smallest states in New England and the U.S., with a population of 1.0 million people, but its small geography also make it the 2nd most densely population state in the U.S. Rhode Island has a median age at 39.4 years. People 65 and older comprise 14.4% of the state population while baby boomers make up 27.8%.

Of the approximately 800,000 adult Rhode Islanders, about 15.2% have a disability under the ACS definition. 2.4% have difficulty with vision, 4.2% have difficulty hearing, 8.2% have difficulty walking or climbing stairs, and 5.6% have difficulty remembering, concentrating, or making decisions. About 6.2% have a self-care or independent living difficulty.

Under the model-based definition, we estimate that 28.7% (± 1.2) of adults in Rhode Island have a disability. The prevalence ranges from 11.4% in 25-to-29 year olds to 75.2% in those 80 years and older. Baby boomers had disability prevalence between 22.2% for the youngest in the cohort and 36.3% for those nearing retirement. By

education level, 46.5% of those with less than a High School degree had a disability compared with 23.3% of those with bachelor's degree or higher. 12.7% of those enrolled in bachelor's degree or graduate programs had a disability.

For employment characteristics, 14.4% of employed people had a disability compared to 49.2% of those not employed. The prevalence among full-time and part-time workers was statistically indistinguishable at 14.3% and 14.7%. Disability was slightly more prevalence for self-employed workers and workers in not-for-profits businesses. In Rhode Island, there was slightly higher prevalence of disability in the population who took alternative modes of transportation to work, although rates for individual types were highly variable.

The model-based estimates also suggest that 10.7% of adults in Rhode Island have a mental disability with rates ranging from 8.6% among 18-to-24 year olds to 13.5% among those 80 years old or older. Mental disability was prevalent in 18.2% of those with less than a High School degree compared to 5.8% of those with a Bachelor's degree.

The States: Vermont

By population, Vermont is the smallest state in New England and one of the smallest the U.S., with a population of 625,000 people. It is also the second oldest: Vermont has a median age at 41.5 years with elders comprising 14.6% of the state population while Baby boomers making up 30.8%.

Of the approximately 479,000 adults living in Vermont, about 15.5% have a disability under the ACS definition. Approximately, 2.3% have difficulty with vision, 5.3% have difficulty hearing, 7.9% have difficulty walking or climbing stairs, and 5.8% have difficulty remembering, concentrating, or making decisions. Another 6.3% have a self-care or independent living difficulty.

Under the model-based definition, we estimate that 28% (± 1.3) of adults in Vermont have a disability. The prevalence ranges from 11.9% in 18-to-24 year olds to 75.5% in those 80 years and older. Baby boomers had disability prevalence between 23.4% and 33.1% with prevalence increasing with age. By education level, 48.4% of those with less than a High School degree had a disability, compared with 19.0% of those with a bachelor's degree or higher. Among those enrolled in bachelor's degree or graduate programs 13.0% had a disability.

For employment characteristics, 15.6% of employed people had a disability compared with 51.1% of those not employed. The prevalence among part-time workers was 18.9% compared with 14.7% for full-time workers. Like in Maine and New Hampshire, most people get to work by car; while there was a slightly higher prevalence of disability in the population who carpooled, this cannot be ruled out as random sampling or model error.

The model-based estimates also suggest that 11.1% of adults in Vermont have a mental disability with rates ranging from 8.5% among 18-to-24 year olds to 16.7% among those 80 years old or older. Mental disability was prevalent in 20.6% of those with less than a High School degree and 19.5% of those not employed.

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