

## *How Many People with Disabilities Are There in Kansas?*

*By Michael Fox, Sc.D., University of Kansas Medicaid Infrastructure Change Evaluation Project*

**I**f someone should ask you, ‘How many people with disabilities are there in Kansas?’ how would you respond? There are two places that most of us would look first: the national census, and the annual state Behavioral Risk Factor Surveillance System (BRFSS) survey.

The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. It can impede a person from being able to go outside the home alone or to work at a job or business, and it includes people with severe vision or hearing impairments. Since 1996, the American Community Survey (ACS) has been conducted by the Census Bureau to provide data profiles that include disability at federal, state and county levels. More recently, data can be broken out by many relevant factors of interest, such as age, race, income, commute time to work, home value, veteran status, and other important data from U.S. households. The only limitations to these survey data are that they only count persons age 5 and over, and exclude persons living in institutions. Of course, this seriously underestimates many segments of the more severe disability population.

A visit to the Census Bureau website, <http://www.census.gov/hhes/www/disability/2005acs.html>, yields the following information for 2005:

- 14.3% of the  $\geq 5$ , non-institutionalized population have at least one disability. That translates to **352,606 Kansans**.
- 5.5% of children 5-20 have a disability, ranking Kansas 45<sup>th</sup> out of 51 jurisdictions. The U.S. average is 6.7%.
- 12.1% of working age adults 21-64 have a disability, ranking Kansas 30<sup>th</sup>. The U.S. average is 12.7%.
- 40.4% of persons  $\geq 65$  (and non-institutionalized) have a disability, ranking Kansas 24<sup>th</sup> and almost identical to the national average of 40.5%.

The Behavioral Risk Factor Surveillance Survey has been conducted annually in Kansas since 1992. Its primary purpose is to monitor behavioral health risks and preventive health practices. The survey is limited to the population of non-institutionalized persons age 18 and older. Two questions are used to screen for persons with disabilities; one related to activity limitations due to physical, emotional, or sensory “problems,” and the other asking about health “problems” that require some form of assistive device.

Visiting the KDHE website in which these data can be accessed, <http://www.kdheks.gov/brfss/>, yields the following information for the same year, 2005:

- 19.7% of the  $\geq 18$ , non-institutionalized population have at least one disability. That translates to 407,690 persons using 2005 Census figures for the number of persons  $\geq 18$  in Kansas, <http://www.infoplease.com/us/census/data/kansas>.

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# Benefits Specialists' Corner

This issue features *Working Healthy* Benefits Specialist Earl Williams from the Emporia Area SRS office. Earl has put his strong belief in the program into his work as a Benefits Specialist for the past 3 years. His area covers much of southcentral Kansas, including the counties of Butler, Chase, Chautauqua, Cowley, Elk, Greenwood, Harvey, Lyon, Marion, McPherson, Morris, Reno, Rice, and Sumner. Earl can be reached by phone at (620) 342-2505 ext. 233 or by email at [Earl.Williams@srs.ks.gov](mailto:Earl.Williams@srs.ks.gov).

Being a Benefits Specialist for the State of Kansas means that I am one of seven people who are enlisted to help consumers living with disabilities take control of their lives. By providing consumers with information that will help inform the decisions they make, we can enhance their efforts to become self sufficient and independent. Part of my job is to explain different programs that are offered to the consumers I serve on a daily basis. Summarized below is some of the information I give out regularly to consumers who call and ask what programs are available or to better understand what the coverage they currently have means. The following are just a few such examples. The Benefits Specialists are available to answer questions on a case-by-case basis via individual meetings with consumers or we can meet with larger groups to provide group trainings on various topics of interest.

I will start with the following question: “What are the differences between Medicare Parts A, B, C and D?” There are currently four parts to Medicare: Medicare Part A, hospital insurance; Medicare Part B, medical insurance; Medicare Part C (Medicare Advantage), which was formerly known as “Medicare + Choice;” and Medicare Part D, prescription drug coverage. Generally, people who are over age 65 and getting Social Security automatically qualify for Medicare Parts A and B. Further, people who have been getting disability benefits for two years, people who have amyotrophic lateral sclerosis (Lou Gehrig’s disease) and receive disability benefits, and people who have permanent kidney failure and receive maintenance dialysis or a kidney transplant also qualify automatically for Parts A & B.

- **Part A** is paid for by a portion of the Social Security tax. It helps pay for inpatient hospital care, skilled nursing care, hospice care and other services.
- **Part B** is paid partially by the monthly premiums (\$96.40) of the people enrolled and by general funds from the U.S. Treasury. It helps pay for doctors’ fees, outpatient hospital visits, and other medical services and supplies that are not covered by Part A.
- **Part C** (Medicare Advantage) plans are optional and allow you to choose to receive all of your health care services through a private provider organization. These plans may help lower your costs of receiving medical services, or you may get extra benefits for an additional monthly fee. You must have both Parts A and B to enroll in Part C.
- **Part D** (prescription drug coverage) is voluntary and the costs are paid for by the monthly premiums of enrollees and Medicare. Unlike Part B in which you are automatically enrolled and must opt-out if you do not want it, with Part D you have to opt-in by filling out a form and enrolling in an approved plan.

If you are interested in finding out more information on Medicare, Medicaid or other related programs and services, please contact your local Working Healthy Benefits Specialist. A full listing of Specialists is available at [www.workinghealthy.org](http://www.workinghealthy.org) or by calling toll-free, 1-800-449-1439.

## *Federal Grant Brings Navigators to Kansas*

*By Daniel Lassley, Working Healthy Employment Consultant*

**D**isability Program Navigators are coming to Kansas, thanks to a grant from the U.S. Department of Labor. The Kansas Department of Commerce is responsible for administration of the Navigator program, which places a Navigator in each of Kansas' five Workforce Investment Act (WIA) local areas. Their purpose is to provide expertise to Workforce Center staff, job seekers and businesses on the many programs and services that impact the successful employment of people with disabilities including workplace accommodations, adaptive and assistive technologies, work incentives, tax incentives and accessibility.

A primary objective of each Navigator is to increase employment and self sufficiency for persons with disabilities by linking them to employers and facilitating access to programs and services that will enable their entry or reentry into the workforce. Navigators facilitate training and provide disability-related resources and information to Workforce Center staff in order to ensure that job seekers with disabilities are served effectively. Navigators will also conduct outreach to people with disabilities by providing information on workforce services available through Kansas' Workforce Centers. In addition, Navigators will make information available to businesses and business organizations regarding work accommodations, accessibility and tax incentives. Navigators will facilitate systems change within the One-Stop system by collaborating with disability-related service organizations in order to enhance the capacity of the Workforce Center to provide a comprehensive array of services for our job seeker and business customers.

To date, three of the six Navigator positions have been filled. Applications for the positions are still being accepted for Local Area I (western Kansas) and Local Area IV (south central Kansas), as well as for the Coordinator position in Topeka. Look for more announcements regarding the activities of the Navigators in your area.

### *... 'How Many People' continued from page 1...*

- Estimating a 5.5% prevalence for the remaining 5-17 year old population of approximately 500,000 would add another 27,500 to this figure, or **435,190 Kansans**.

So who should we believe, and what is the real figure?

Before answering that, it may be helpful to know that Census questions (<http://www.census.gov/hhes/www/disability/disabcps.html>) are much more comprehensive and work-oriented than are those of the BRFSS, which many people could answer who may be recovering, for example, from a short-term disability. So the real answer is that if you want a minimum number of non-institutionalized persons age five and older based on a tighter definition of disability, for 2005 it would be 352,606. If you want a maximum number based on a looser definition of disability, it would be about 435,190 for the same year.

To get an even truer estimate, we'll uncover and take a look at other populations in the next issue...

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*Watch Future Issues for a Continuing "Data Watch" Column !!*

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**This newsletter and other information regarding *Working Healthy* can be found on-line at: <http://www.workinghealthy.org>**

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*Additional copies and copies in alternate formats are available upon request by writing the University of Kansas, CRL - Division of Adult Studies, Attn: Noelle, JR Pearson Hall, Room 521, 1122 West Campus Rd., Lawrence, KS 66045-3101, by calling (800) 449-1439, or by emailing, [pixie@ku.edu](mailto:pixie@ku.edu)*

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