2020 DELAWARE STATE
EPIDEMIOLOGICAL PROFILE
SUBSTANCE USE AND RELATED ISSUES

Persons with Disabilities

prepared for

Acting Director Alexis Teitelbaum and the
Delaware Division of Substance Abuse and Mental Health
&
The Delaware State Epidemiological Outcomes Workgroup

with funding from the
Strategic Prevention Framework - Partnerships for Success Program

Sponsored by Award SP020704 to the Division of Substance Abuse and Mental Health, Delaware Health and Social Services, from the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Please address all inquiries to Laura Rapp, PhD, University of Delaware Center for Drug and Health Studies, Department of Sociology and Criminal Justice: lrapp@udel.edu.
The Role of the Delaware State Epidemiological Outcomes Workgroup and the Purpose of the Epidemiological Profile

All states, including Delaware, have received support from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) to establish a Statewide Epidemiological Outcomes Workgroup (SEOW). The Division of Substance Abuse and Mental Health (DSAMH) in the Department of Health and Social Services supported the establishment of the Delaware SEOW through SAMHSA Strategic Prevention Framework grants awarded previously. The SEOW is a group of people and organizations that have and use analytical data concerning substance use and related behaviors and consequences; this information can be used to establish and monitor indicators related to substance use prevention. Formerly known as the Delaware Drug and Alcohol Tracking Alliance (DDATA), Delaware’s SEOW mission is to bring data on substance use and associated issues to the forefront of the prevention process by pursuing the following goals:

- To build monitoring and surveillance systems to identify, analyze, and profile data from state and local sources
- To provide current benchmarks, trends, and patterns of substance abuse consumption and consequences
- To create data-guided products that inform prevention planning and policies
- To train agencies and communities in understanding, using, and presenting data effectively

The annual Delaware State Epidemiological Profile was developed by the SEOW to disseminate data for strategic planning, decision-making, and evaluation. Using indicators that are available on an ongoing basis, the report describes patterns of consumption, context, consequences, and trends of substance use, as well as other risk and protective factors, especially among young people in Delaware. The report also highlights crosscutting issues that warrant attention as well as populations that may experience disproportionate risk for these concerns.

This chapter highlights the issue of substance use and related issues among persons with disabilities in Delaware. To review the complete Delaware Epidemiological Profile, other chapters, infographics, or SEOW data products, please visit the UD Center for Drug and Health Studies Delaware Epidemiological Reports page.
SEOW Collaborators

Thank you for your participation and commitment to data-driven prevention planning, practice, and evaluation! We are especially grateful to the team at the Delaware Division of Substance Abuse and Mental Health for their guidance and collaboration.

atTAcK Addiction
Bellevue Community Center
Christiana Care Health System
Colonial School District
Delaware Academy of Medicine/Delaware Public Health Association
Delaware Afterschool Network
Delaware Center for Justice
Delaware Coalition Against Domestic Violence
Delaware Council on Gambling Problems
Delaware Courts - Office of the Child Advocate
Delaware Criminal Justice Council
Delaware Criminal Justice Information System
Delaware Department of Education
Delaware Department of Services for Children, Youth and their Families
  Division of Prevention and Behavioral Health Services
Delaware Department of Health and Social Services
  Division of Medicaid and Medical Assistance
  Division of Public Health
  Division of Services for Aging and Adults with Physical Disabilities
  Division of Substance Abuse and Mental Health
Delaware Department of Safety and Homeland Security
  Delaware State Police
  Division of Alcohol and Tobacco Enforcement
  Division of Forensic Science
Delaware Department of State
  Delaware Office of Controlled Substances
  Division of Professional Regulation, Prescription Monitoring Program
Delaware Domestic Violence Coordinating Council
Delaware Information and Analysis Center
Delaware Multicultural and Civic Organization
Delaware Prevention Coalition
Holcomb BHS/Open Door, Inc.
KIDS COUNT in Delaware, University of Delaware Center for Community Research & Service
La Esperanza Community Center
Latin American Community Center
Mental Health Association in Delaware
Milford School District
Nemours Health and Prevention Services
Planned Parenthood of Delaware
Red Clay Consolidated School District
Sussex County Health Coalition
Transitions Delaware
Trauma Matters Delaware
United Way of Delaware
Wesley College
West End Neighborhood House
University of Delaware
    College of Health Sciences
    College of Arts and Sciences
    Student Health & Wellness Promotion
Wilmington University

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<tr>
<td>16</td>
<td>Disability, protective factors, HS</td>
<td>1-15</td>
</tr>
</tbody>
</table>
Notes on Data Reporting and Interpretation

In order to protect the anonymity of respondents and to ensure that the data reported meet certain statistical standards, the Center for Drug and Health Studies (CDHS) at the University of Delaware recently updated its guidelines for reporting and interpreting data from surveys that it administers to students across the state of Delaware. As a result, in the 2020 Delaware State Epidemiological Profile, data in some tables and figures have been aggregated or otherwise reported differently than in years prior. The following notes summarize the guidelines for interpreting data presented in this report:

- **Reporting small numbers:** For any estimate where the raw number of responses is less than 30, no statistical estimates are reported. Statistics computed from such a small proportion of the total number of students may be unreliable, inflating the significance of existing relationships in the data, and among some special populations, may put individuals at risk of being identified. In some data products such as our heat maps, multiple years of data have been combined in order to increase the sample sizes to a reportable figure.

- **Rounding:** All figures from Delaware school survey data (DSS, YRBS, YTS) are rounded to the nearest whole percent. As such, in some cases the cells in a table may add up to slightly more or less than 100%.

- **Missing Observations:** In our analysis, any missing observations (responses) are not calculated into the total percentages. Because different questions have varying numbers of missing responses, the total sample size and percent missing may fluctuate slightly from question to question. This is due to a few factors:
  - Students may not answer all questions on a survey, particularly those towards the end if they run out of time or they tire of answering questions.
  - Students may also skip or decide not to respond to certain questions for various reasons (e.g., if they fear their responses will not be kept confidential; if they consider the question too personal or sensitive; if they do not understand the question; etc.)

- **Discrepancies in Reporting:** With respect to the Delaware YRBS survey, there may be slight discrepancies in how CDHS reports some data points compared to how the Centers for Disease Control and Prevention (CDC) and their national technical advisors (Westat, Inc.) report the data. This is largely due to differing practices when conducting analysis with missing observations in the data and does not substantially impact the overall prevalence estimates, trends, and relationships among these data points.

- **Statistical Significance:** Unless otherwise indicated, all reported correlations between variables are statistically significant at the p<.05 level. Null hypothesis testing, used to estimate statistical significance, provides an estimate of the likelihood that the relationship between two indicators is not due to random chance. If the p-value for a given crosstab is less than .05, this suggests that in 95% of cases, the correlation between the relevant variables is because there is a relationship between them.
- **Weighted Data:** Weighting data is a correction technique that compensates for nonresponses, helps correct for unequal probabilities of being selected within the sample, and helps ensure that the sample drawn is representative of the Delaware student population. If data is weighted there will be a notation indicating the data is weighted for the specific fact, figure, or table. Prevalence data from the Youth Risk Behavior Survey and Youth Tobacco Survey are usually weighted, however, data is not weighted when exploring small subpopulations to ensure an accurate analysis that is not influenced due to the small number of individuals in those subpopulations.
  
  - **2019 Weighted Data:** In previous years, advisors to the CDC have provided weights with the Youth Risk Behavior Survey data, and frequencies have been estimated using weighted data. In 2019, the YRBS sample population in Delaware did not meet threshold requirements for weighting data, so any prevalence estimates relying on YRBS data for this year are unweighted.

In 2019, a total of 10,765 Delaware students responded to either the Delaware School Survey (DSS) or the Delaware Youth Risk Behavior Survey (YRBS). By survey, the total number of respondents are as follows:

<table>
<thead>
<tr>
<th>Survey Administration</th>
<th># of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DSS</strong></td>
<td></td>
</tr>
<tr>
<td>5th Grade</td>
<td>2,992</td>
</tr>
<tr>
<td>8th Grade</td>
<td>2,126</td>
</tr>
<tr>
<td>11th Grade</td>
<td>2,299</td>
</tr>
<tr>
<td><strong>Delaware YRBS</strong></td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>1,162</td>
</tr>
<tr>
<td>High School</td>
<td>2,186</td>
</tr>
</tbody>
</table>
1. Persons with Disabilities

National Overview

People with disabilities make up a substantial portion of the general population. Due to variations in defining disability and in measuring prevalence, epidemiological studies of behavioral health outcomes are limited and lead to differences in population estimates. There are three standard approaches to measuring disability: a medical approach that measures prevalence by diagnostic codes; a functional approach that measures disability by difficulties in tasks of daily living; and sociological approaches, which consider the accommodations needed for inclusion, accessibility, and daily functioning (McDermott and Turk, 2011). The U.S. Department of Health and Human Services established data collection standards for the identification of disability status, which includes the use of a series of six questions on population-based surveys relevant to categories of functional challenges. These six categories include hearing, visual, cognitive, ambulatory, self-care, and independent living disabilities.

An analysis of data from the Behavioral Risk Factor Surveillance System (BRFSS) by researchers from the Centers for Disease Control and Prevention (CDC) found that in 2016, approximately one in four noninstitutionalized adults in the U.S. reported that they have a disability. This study found that people with disabilities often face significant health disparities in comparison to the general population, including disparate health outcomes and reduced healthcare access (Okoro, Hollis, Cyrus, & Griffin-Blake, 2018). Researchers have also found disparate health outcomes for people with disabilities related to substance use, particularly increased use of tobacco and opioids. An analysis of data from the National Survey on Drug Use and Health (NSDUH) found that people who report having a work-related disability or receiving Medicare under the age of 65 (which, in most cases, indicates that the person has a disability) report higher rates of substance use, particularly heroin or oxycodone, than other populations (Glazier & Kling, 2013). Additional studies have also found higher rates of opioid prescribing for people with disabilities (Hong, Geraci, Turk, Love, McDermott, 2019), as well as adverse outcomes from use, such as opioid and other prescription drug misuse (Ford, Hinojosa, Nicholson, 2018), opioid use disorders (Lauer, Henly, & Brucker, 2019), and fatal overdoses (Song, 2017).

In addition to the six types of disability captured by national surveys (functional difficulties related to vision, hearing, cognition, mobility, self-care, and independent living), people with behavioral health challenges such as attention deficit/hyperactivity disorder (ADHD), anxiety, depression, or other mental health disorder may experience similar difficulty in daily functioning and adverse health outcomes.

Delaware Overview

Prevalence estimates suggest that between 12% (American Community Survey, 2014-2018) and 27% (Behavioral Risk Factor Surveillance System [BRFSS], 2018) of Delaware residents have a disability. This wide variance in estimates is likely due to different surveying methods, survey
instruments, and the ages of those surveyed. Disability prevalence increases as people age; according to the BRFSS, more than two out of five Delaware residents aged 65 and over report having a disability, twice the rate of adults aged 18-44 (CDC, Disability and Health Data System, n.d.).

The National Survey of Children's Health provides additional context for children in Delaware. Most recent data (2017-2018) indicates that 29% of children in Delaware have one or more functional difficulty\(^1\) and 14% have two or more. According to parent respondents, 10% of children currently experience ADHD and an additional one percent have been diagnosed with the condition in the past. Nearly one in ten children (ages 3-17) received mental health treatment in the past year, with an additional two percent of children identified by their parents as needing to but did not see a mental health professional within the past year. Respondents also report that 22% of youth have a mental, emotional, behavioral, or developmental problem. Approximately 4% are identified as having autism spectrum disorder.

The Delaware Department of Education (DOE) reports that 16.7% of students currently enrolled in public schools have a disability. As required by the Individuals with Disabilities Education Act (IDEA), the DOE provides additional data related to this population. During the 2017-2018 school year, 20,580 children and youth with disabilities ages 6-21 were enrolled in Delaware schools; nearly 66% of these students spent 80% or more of their school day in a regular classroom setting. Nearly half of the students ages 6-21 enrolled with a disability have a specific learning disability that entails having difficulties with listening, speaking, reading, writing, and understanding math (e.g., dyslexia, dysgraphia) that are not a result of some other disability. An additional 2,616 students with disabilities, ages 3-5, were enrolled in public schools during this time period (Delaware Department of Education, IDEA Child Count and Educational Environment, Ages 6-21 and 3-5).

In line with national research, one public health assessment of the Delaware population with disabilities found that people with disabilities face significant health disparities in comparison to the general population, including increased incidence of some cancers, heart disease, dental problems, diabetes, current smoking, and depression. People with disabilities also report reduced healthcare access and decreased preventive cancer screening (Sparling et al., 2015). Data from the 2017 and 2018 BRFSS indicates considerably higher prevalence for smoking status, e-cigarette use, and depression for Delaware adults with disabilities (CDC, Disability and Health Data System, n.d.).

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\(^1\) Functional difficulty, as defined by the National Survey of Children’s Health, requires one of 12 of the following conditions: frequent or chronic respiratory problems (past year); difficulty eating or swallowing (past year); stomach/intestinal problems (past year); repeated or chronic pain, including headaches (past year); difficulty using hands (0-5 years); difficulty with coordination and movement (0-5 years); serious difficulty concentrating, remembering, or making decisions (6-17 years); serious difficulty walking or climbing stairs (6-17 years); difficulty dressing or bathing (6-17 years); difficulty doing errands alone (12-17 years); deafness/hearing problems; and blindness or vision difficulties even when wearing glasses.
Youth survey data also indicate elevated risk for students who have a disability compared to students who do not. One in three middle school and nearly four in ten high school students report having a disability (Youth Risk Behavior Survey [YRBS], 2019). YRBS indicators include difficulty seeing, hearing, walking, or climbing stairs, or having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional disability. The analysis highlighted in this report incorporates responses from students who self-identify as having a disability as well as those who report that they have been diagnosed with a physical, mental, or emotional disability by a medical professional. By middle school, students responding to the YRBS who report having a disability also report higher rates of substance use and poorer mental health outcomes than their peers. The association between disability status and risk behaviors is also documented among high school students. Those who report having a disability also report higher rates of substance use, sexual activity, and poorer mental health outcomes. Among both age groups, students with disabilities were also less likely to report that their parents show they are proud of them, that their parents take an interest in them, or that their parents listen when they talk. This is concerning given that family connectedness is deemed a protective factor against negative health outcomes for youth (Steiner, Sheremenko, Lessesne, Dittus, Sieving, and Ethier, 2019; CDC, Division of Adolescent and School Health, n.d.). For a more detailed discussion of protective factors, please see Chapter 13 of this report.
American Community Survey\textsuperscript{a} 5-Year Estimates, 2014-2018

Disability Prevalence in Delaware, by Age
(in percentages)

<table>
<thead>
<tr>
<th>Disability by Age</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td>0.9</td>
</tr>
<tr>
<td>5 to 17 years</td>
<td>5.5</td>
</tr>
<tr>
<td>18 to 34 years</td>
<td>6.6</td>
</tr>
<tr>
<td>35 to 64 years</td>
<td>11.9</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>22.3</td>
</tr>
<tr>
<td>75 years and over</td>
<td>43.2</td>
</tr>
</tbody>
</table>

Figure 1: Disability prevalence by age group
Source: \textit{U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates.}

Disability Prevalence in Delaware, by Type
(in percentages)

<table>
<thead>
<tr>
<th>Disability by Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Disabilities\textsuperscript{b}</td>
<td>12.3</td>
</tr>
<tr>
<td>Hearing Difficulty</td>
<td>3.0</td>
</tr>
<tr>
<td>Vision Difficulty</td>
<td>2.0</td>
</tr>
<tr>
<td>Cognitive Difficulty</td>
<td>5.1</td>
</tr>
<tr>
<td>Ambulatory Difficulty</td>
<td>6.9</td>
</tr>
<tr>
<td>Self-Care Difficulty</td>
<td>2.6</td>
</tr>
<tr>
<td>Independent Living</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Figure 2: Disability prevalence by type

Note:
\textsuperscript{a}American Community Survey estimates include both adult and children populations.
\textsuperscript{b}Some individuals may report multiple types of disabilities, so the total disability prevalence will not equal the sum of the prevalence of individual disability types.

Source: \textit{U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates.}

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# American Community Survey\(^a\) 5-Year Estimates, 2014-2018

Disability Prevalence in Delaware

<table>
<thead>
<tr>
<th>Disability by Race and Hispanic or Latino Origin</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>13.0</td>
</tr>
<tr>
<td>Black or African American</td>
<td>11.6</td>
</tr>
<tr>
<td>American Indian and Alaskan Native</td>
<td>30.9</td>
</tr>
<tr>
<td>Asian</td>
<td>5.1</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>8.0</td>
</tr>
<tr>
<td>Other Race</td>
<td>9.4</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>10.8</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>8.2</td>
</tr>
</tbody>
</table>

Figure 3: Disability prevalence by race and Hispanic or Latino origin

Note:
\(^a\)American Community Survey estimates include both adult and children populations.

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### 2018 Behavioral Risk Factor Surveillance System\(^a\)
Disability\(^b\) Prevalence by Type,
Delaware and National Estimates
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any disability(^c)</td>
<td>26.8</td>
<td>26</td>
</tr>
<tr>
<td>Cognitive disability</td>
<td>12.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Hearing disability</td>
<td>6.3</td>
<td>5.9</td>
</tr>
<tr>
<td>Mobility disability</td>
<td>11.7</td>
<td>12.4</td>
</tr>
<tr>
<td>Vision disability</td>
<td>5.2</td>
<td>5.0</td>
</tr>
<tr>
<td>Self-care disability</td>
<td>3.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Independent living disability</td>
<td>6.7</td>
<td>6.8</td>
</tr>
</tbody>
</table>

Figure 4: Disability status by type, Delaware and national estimates, adults 18+

Note:
\(^a\) The Behavioral Risk Factor Surveillance System (BRFSS) surveys only the adult population.
\(^b\) Disability is defined in the BRFSS as at least one of the following: serious difficulty hearing; serious difficulty seeing; serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or having difficulty doing errands alone because of a physical, mental, or emotional condition.
\(^c\) Some individuals may report multiple types of disabilities, so the total disability prevalence will not equal the sum of the prevalence of individual disability types.

Source: 2018 Delaware Behavior Risk Factor Surveillance System. Disability and Health Data System (DHDS), Centers for Disease Control and Prevention.

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2019 Delaware Youth Risk Behavior Survey
Disability\textsuperscript{a} among Middle School Students

Figure 5: Disability prevalence among MS students

Disability\textsuperscript{a} among High School Students

Figure 6: Disability prevalence among HS students

Note: \textsuperscript{a}Disability is defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.


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2019 Delaware Youth Risk Behavior Survey
Disability\textsuperscript{a} Prevalence by Sex, Grade, and Race/Ethnicity
Among Middle School Students
(in percentages)

Figure 7: Disability prevalence by sex, grade, and race/ethnicity, MS

Note:
\textsuperscript{a}Disability is defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.


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2019 Delaware Youth Risk Behavior Survey
Disability\(^a\) Prevalence by Sex, Grade, and Race/Ethnicity
Among High School Students
(in percentages)

Figure 8: Disability prevalence by sex, grade, and race/ethnicity, HS

Note:
*Estimates were not statistically significant at the p<.05 level.
\(^a\)Disability is defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.


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## 2018 Delaware Behavioral Risk Factor Surveillance System
Smoking, Alcohol Use, and Mental Health by Disability\(^a\) Status among Delaware Adults
(in percentages)

<table>
<thead>
<tr>
<th></th>
<th>Adults with Disability</th>
<th>Adults without Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Smoker</td>
<td>28.1</td>
<td>13.7</td>
</tr>
<tr>
<td>Former Smoker</td>
<td>26.6</td>
<td>22.2</td>
</tr>
<tr>
<td>Never Smoker</td>
<td>45.2</td>
<td>64.1</td>
</tr>
<tr>
<td>Binge drinking in past 30 days</td>
<td>18.5</td>
<td>18.2</td>
</tr>
<tr>
<td>Mentally Unhealthy for 14+ days in the past 30</td>
<td>34.9</td>
<td>6.6</td>
</tr>
<tr>
<td>Ever had depression</td>
<td>19.3</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Figure 9: Disability, smoking status, E-cigarette use, and depression, adults

Note:
\(^a\)Disability is defined in the BRFSS as at least one of the following: serious difficulty hearing; serious difficulty seeing; serious difficulty concentrating, remembering or making decisions due to a physical, mental or emotional condition; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or having difficulty doing errands alone because of a physical, mental, or emotional condition.
Source: [2018 Delaware Behavior Risk Factor Surveillance System. Disability and Health Data System (DHDS), Centers for Disease Control and Prevention](https://www.cdc.gov/brfss/)

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2019 Delaware Youth Risk Behavior Survey

Lifetime Substance Use among Middle School Students with Disabilities\textsuperscript{a} (in percentages)

Figure 10: Disability, lifetime substance use, MS

Mental Health among Middle School Students with Disabilities\textsuperscript{a} (in percentages)

Figure 11: Disability, past year mental health, MS

Notes: Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
\textsuperscript{a} Disabilities are defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.


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2019 Delaware Youth Risk Behavior Survey
Disabilities\textsuperscript{a} and Protective Factors\textsuperscript{b}
Among Middle School Students
(in percentages)

![Bar chart showing disability and protective factors among middle school students.](chart)

Figure 12: Disability, protective factors, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
\textsuperscript{a} Disabilities are defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.
\textsuperscript{b} Students who responded “always” when asked how often their parents show they are proud, take an interest, or listen when they talk.


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2019 Delaware Youth Risk Behavior Survey
Substance Use among High School Students with Disabilities\textsuperscript{a} (in percentages)

![Graph showing substance use among high school students with disabilities](image)

Figure 13: Disability, past month substance use, HS

Mental Health among High School Students with Disabilities\textsuperscript{a} (in percentages)

![Graph showing mental health among high school students with disabilities](image)

Figure 14: Disability, past year mental health, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
\textsuperscript{a}Disabilities are defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.
2019 Delaware Youth Risk Behavior Survey
Sexual Activity among High School Students with Disabilities\textsuperscript{a} (in percentages)

<table>
<thead>
<tr>
<th>Ever had sexual intercourse</th>
<th>Drink/drug use before sex</th>
<th>Used condom when last had sex\textsuperscript{b}</th>
</tr>
</thead>
<tbody>
<tr>
<td>One or more disabilities</td>
<td>None</td>
<td>One or more disabilities</td>
</tr>
<tr>
<td>52</td>
<td>35</td>
<td>53</td>
</tr>
<tr>
<td>15</td>
<td>26</td>
<td>59</td>
</tr>
</tbody>
</table>

Figure 15: Disability, sexual activity, substance use, condom use\textsuperscript{b}, HS

Notes:
*Estimates are not statistically significant at the p<.05 level.
\textsuperscript{a}Disabilities are defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.
\textsuperscript{b}Drinking and drug use before sex and using a condom are calculated among students who have ever had sexual intercourse.


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2019 Delaware Youth Risk Behavior Survey
Disabilities\textsuperscript{a} and Protective Factors\textsuperscript{b}
Among High School Students
(in percentages)

Figure 16: Disability, protective factors, HS

Notes:
Unless otherwise noted, all estimates are statistically significant at the p<.05 level.
\textsuperscript{a} Disabilities are defined in the YRBS as serious difficulty hearing or seeing, difficulty walking or climbing stairs, or difficulty concentrating, remembering, making decisions, or doing things due to a physical, emotional, or learning disability identified by the student or a doctor/healthcare professional.
\textsuperscript{b} Students who responded “always or almost always” when asked how often their parents show they are proud, take an interest, or listen when they talk.

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2. References

Persons with Disabilities


## Data Sources

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<tr>
<th>Data Instrument</th>
<th>Administered/Compiled by</th>
<th>Most Recent Data</th>
<th>Trend Range</th>
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</thead>
<tbody>
<tr>
<td>Delaware Annual Traffic Statistical Report</td>
<td>Delaware State Police/Delaware Statistical and Analysis Center</td>
<td>2019</td>
<td>-</td>
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<tr>
<td>Delaware Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>DE Division of Public Health (sponsored by the CDC)</td>
<td>2018</td>
<td>-</td>
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<td>Delaware Prescription Monitoring Program (PMP)</td>
<td>DE Department of State, Division of Professional Regulation</td>
<td>2018</td>
<td>2012-2018</td>
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<tr>
<td>Delaware School Survey (DSS) – 5&lt;sup&gt;th&lt;/sup&gt;, 8&lt;sup&gt;th&lt;/sup&gt;, and 11&lt;sup&gt;th&lt;/sup&gt; grades</td>
<td>Center for Drug and Health Studies, UD</td>
<td>2019</td>
<td>1999-2019</td>
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<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – High School</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health and the CDC)</td>
<td>2019</td>
<td>1999-2019</td>
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<tr>
<td>Delaware Youth Risk Behavior Survey (YRBS) – Middle School</td>
<td>Center for Drug and Health Studies, UD (sponsored by Nemours)</td>
<td>2019</td>
<td>1999-2019</td>
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<tr>
<td>Delaware Youth Tobacco Survey – 6&lt;sup&gt;th&lt;/sup&gt; – 12&lt;sup&gt;th&lt;/sup&gt; grades</td>
<td>Center for Drug and Health Studies, UD (sponsored by DE Division of Public Health)</td>
<td>2018</td>
<td>-</td>
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<tr>
<td>Monitoring the Future – 8&lt;sup&gt;th&lt;/sup&gt;, 10&lt;sup&gt;th&lt;/sup&gt;, and 12&lt;sup&gt;th&lt;/sup&gt; grades</td>
<td>University of Michigan (sponsored by the National Institute on Drug Abuse)</td>
<td>2019</td>
<td>1999-2019</td>
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<tr>
<td>Performance Measures, Delaware</td>
<td>National Highway Safety Administration</td>
<td>2018</td>
<td>2014-2018</td>
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<tr>
<td>National Survey on Children’s Health (NSCH)</td>
<td>US Health Resources &amp; Services Administration</td>
<td>2018</td>
<td>2016-2018</td>
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<tr>
<td>National Survey on Drug Use and Health (NSDUH)</td>
<td>US Substance Abuse and Mental Health Services Administration</td>
<td>2016-2018</td>
<td>2002-2018</td>
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<td>Substance-Exposed Infant Program</td>
<td>Office of the Child Advocate</td>
<td>2019</td>
<td>2017-2019</td>
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<tr>
<td>Treatment Admissions Data</td>
<td>US Substance Abuse and Mental Health Services Administration, collected by Delaware Division of Substance Abuse and Mental Health</td>
<td>2019</td>
<td>2002 - 2019</td>
</tr>
</tbody>
</table>

In addition to the data sources for the figures and tables in the 2020 report, the following data sources are also cited throughout the narrative:

- America’s Health Rankings
- Bureau of Labor Statistics
- Centers for Disease Control and Prevention
- Delaware Department of Education
- Delaware Department of Safety and Homeland Security, Division of Forensic Science
- Delaware Health Tracker
- Delaware Household Health Survey
- Drug Enforcement Administration
- Health Resources and Services Administration
- KIDS COUNT in Delaware
- National Center for Health Statistics
- National Conference of State Legislatures
- National Institute on Drug Abuse
- National Institute on Mental Health
- RTI International
- State of Delaware Economic Development Office
- The Trevor Project
- U.S. Census Bureau