
# Population Trends and Employment Service Needs for Individuals with Disabilities in Florida

## *A Review of Literature*

**December 1998**

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## Background

This document is the initial literature review for a two-phase vocational rehabilitation needs assessment for the State of Florida, as mandated by federal vocational rehabilitation legislation. These revisions and other recent federal laws, such as the Americans with Disabilities Act of 1990 and the Individuals with Disabilities Education Act of 1990, reflect the movement away from segregation and toward including individuals with disabilities in all activities of their communities.

## Disability Trends

The percentage of Americans with disabilities has increased dramatically over the last 25 years. Currently 15–20% of all Americans have a disability, while more than 10% have a work disability, a condition that limits the amount or type of work a person can do. Since 1983, the number of children participating in special education has increased by 23%, a rate higher than the increase in overall public school enrollment. There has also been a rise in the number of recipients of Social Security disability benefits, with a 50% increase since the 1980s. Moreover, employment rates for individuals with disabilities are much lower than for persons without disabilities. Almost *three-fourths* of Americans aged 16–64 with a work disability are not employed.

In Florida, data from the 1990 Census indicate disability rates slightly higher than national averages, with wide regional variation. The state disability rate in 1990 for individuals aged 16–64 was 11.2% (as compared to a national rate of 10.4%), while Dixie, Jackson, and Liberty counties had the highest disability rates, averaging 20%. Disability rates in the Florida Division of Vocational Rehabilitation (DVR) districts also varied. Districts I, III, and IV all had rates above the state average, and all districts except for District VI had rates higher than the national average. Florida has also had increases in the number of recipients of Social Security disability benefits, although at a slower rate than at the national level, and an increase in the number of children with disabilities, as approximately 10% of all public school students are enrolled in special education. Finally, as with national averages, individuals with disabilities in Florida have much lower rates of employment. Less than half of all individuals aged 16–64 with a disability

are employed or in the labor force, while more than 70% of all individuals aged 16–64 with no disability are employed or in the labor force.

## The Outlook for Employment

While the vast majority of individuals with disabilities who are not working indicate that they would like to work, they face many obstacles in finding employment. The National Council on Disability identified three major barriers to employment for individuals with disabilities: (1) financial disincentives, such as loss of disability benefits or health care access upon accepting employment, (2) lack of choice in selecting rehabilitative services, and (3) lack of employment opportunities. Research suggests that because of a lack of sufficient information about the employability of individuals with disabilities, employers may indirectly discriminate against individuals with disabilities from fear of increased costs, loss of productivity, or loss of business. On the other hand, a survey of Florida businesses indicated that the majority of employers consider employees with disabilities to be dependable and hardworking. Current initiatives at the national level addressing such obstacles include reforming health care and Social Security, establishing a "voucher" system for vocational rehabilitation services, and creating tax credit or subsidy plans to reimburse employers and workers for disability-related expenses.

There are other barriers found within the vocational rehabilitation service delivery system, such as poor communication, procedural problems, lack of a business orientation within and among agencies, "paternalism" of service providers, unrealistic consumer expectations, and family interference. Trends among service providers in overcoming these types of barriers include changing from being a "provider" to being a "facilitator"; increasing communication and collaboration among service providers; fostering the use of family and natural supports; furthering the use of and access to assistive technology; becoming more responsive to employer needs; and, among governmental service providers, establishing or maintaining quality improvement, timeliness, team management, and "best practices" procedures.

# BACKGROUND

The 1992 amendments to the federal Rehabilitation Act of 1973 required that state vocational rehabilitation agencies conduct a statewide needs assessment every three years to determine the service needs of individuals who have disabilities and who want to find or retain competitive, transitional, or supported employment. In particular, vocational rehabilitation agencies are charged with focusing their efforts on individuals with severe disabilities. In March 1998, the Division of Vocational Rehabilitation (DVR), Florida Department of Labor and Employment Security, contracted with the Educational Services Program of Florida State University to perform a comprehensive statewide needs assessment, consisting of two phases: a preliminary review of literature and analysis of secondary data, to be followed by a statewide survey of individuals with disabilities, their family members, and service providers. This report discusses the findings of the first phase of the project.

This document is organized into three main sections. The *Background* contains a brief discussion of recent federal laws that have had an important impact upon employment issues for individuals with disabilities. *Section One* describes both national- and state-level demographic trends. *Section Two* discusses employment trends as well as service needs for individuals with disabilities found in the current literature, and presents final conclusions based on the literature search.

## Relevant Legislation

Public perception of individuals with disabilities has changed steadily over the last several decades from being exclusionary to being inclusionary. Symington (1994) described three major shifts in governmental policy toward individuals with disabilities: *isolation*, *segregation*, and *integration*. The traditional response to individuals with mental illnesses, developmental disabilities, and other severe disabilities was a policy of isolation that continues even today in some sectors. Over time, isolationist policies expanded to include "separate but equal" segregation, which attempted to allow individuals with disabilities to participate in activities through institutions, such as special education and the Special Olympics. Only during the last quarter century, however, have

the first efforts been made toward including and integrating individuals with disabilities fully into mainstream society.

During the 1990s, federal lawmakers responded to these trends through the passage of several major federal legislative reforms. The three reforms discussed below are of particular relevance to vocational rehabilitation and the employment needs of individuals with disabilities. All three are built on the principles of equal opportunity, full participation, independent living, and economic self-sufficiency.

The Rehabilitation Act

In 1973, the Rehabilitation Act was passed to expand employment opportunities for all citizens with disabilities. In 1986, it was amended to include provisions related to supported employment, and in 1992, it was amended again. The goals of the 1992 amendments were "to empower individuals with disabilities to maximize employment, economic self-sufficiency, independence, and inclusion and integration into society" and "to ensure that the Federal Government plays a leadership role in promoting the employment of individuals with disabilities, especially individuals with severe disabilities, and in assisting States and providers of services in fulfilling the aspirations of such individuals with disabilities for meaningful and gainful employment and independent living" (PL 102–569, s. 2, (b)). See Box 1 for the key points of the amendments.

**Box 1: The Rehabilitation Act as Amended, 1992: Key Points**

Places *consumer choice* and participation as the central focus of the vocational rehabilitation process.

Reorients service delivery toward a "*presumption of employability*" rather than "eligibility."

Places a new emphasis on individuals with *severe and most severe disabilities.*

Requires periodic development of *State Plans.*

**Source: Agosta, Brown, and Melda (1997); Florida Network, Florida Department of Education (1995).**

One of the major changes of the Rehabilitation Act was to reorient the focus of vocational rehabilitation service delivery toward a "presumption of employability" rather than through an eliminatory evaluation process as had been done in the past. Any individual with a disability would be presumed capable of benefiting from vocational rehabilitation services and being employed unless proved otherwise by state agencies. In conjunction with this provision, the amendments also placed a new emphasis upon attending to the needs of individuals with severe disabilities.

State vocational rehabilitation agencies began serving not only the most "employable" clients, or those most likely to find work, regardless of their disability status, but also individuals with "severe" and "most severe" disabilities.

The amendments of 1992 further organized national vocational rehabilitation efforts by setting guidelines for state-level planning. The Rehabilitation Act stipulated that in order to receive federal funding, vocational rehabilitation agencies are responsible for developing a "State Plan" every three years. As part of the plan, each state would need to conduct "a comprehensive, statewide assessment of the rehabilitation needs of individuals with severe disabilities" (s. 101, (5)(A)).

In 1998 the Rehabilitation Act was amended again by the U.S. Congress through the signing of the Workforce Investment Act (PL 105–220). The latest amendments attempt to increase the ability of the vocational rehabilitation system to reach consumers through several means, including focusing on identifying exemplary practices; requiring that state vocational rehabilitation agencies provide at least information and referral services to all eligible individuals, regardless of order of selection criteria; increasing interagency and cooperative agreements; making recipients of Social Security disability benefits automatically eligible for vocational rehabilitation services; emphasizing consumer choice through increasing the consumer's role in the development of their Individual Plan for Employment (formerly Individual Written Rehabilitation Program); and expanding the responsibilities of state advisory councils to include coordination with vocational rehabilitation agencies in developing state plans (including needs assessments) and other goals and priorities.

The Americans with Disabilities Act of 1990

Perhaps the most dramatic of all recent federal legislation pertaining to individuals with disabilities has been the Americans with Disabilities Act (ADA), passed in 1990 by the U.S. Congress to "provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities" (PL 101–336, s. 2, (b)(1)). The National Council on Disability (NCD, 1996) described the ADA as "the most comprehensive policy statement ever made in American law about how the nation should address individuals with disabilities" (p. 23). The intent of the ADA is to protect

the civil rights of individuals with disabilities through eliminating discrimination in several sectors, including public accommodations, transportation, employment, and telecommunications, among others. The ADA has made a substantial impact in many aspects of life for people with disabilities.

In regard to employment, the ADA has helped to remove discriminatory barriers for individuals with disabilities. The law prevents the majority of businesses from discriminating against "qualified individuals with disabilities"—those individuals who meet the stated requirements of a job or position and who can perform necessary tasks of the position with or without "reasonable accommodation." Reasonable accommodation refers to adjustments that would not be excessively costly or disruptive to the business, such as structural modifications that create "barrier-free" access to the workplace or the use of assistive technology (Lindquist, 1994). Qualified individuals with disabilities are protected in most areas, such as in job application procedures, hiring, firing, advancement, compensation, training, recruitment, benefits, and workplace accommodations. The law also limits what questions a potential employer can ask an applicant regarding disabilities (U.S. Equal Employment Opportunity Commission, 1991).

The ADA has fostered a new public awareness and concern over the difficulties that individuals with disabilities face in finding and keeping employment, and has set the foundation for continued efforts to address these issues (such as the 1992 amendments to the Rehabilitation Act). It has provided people with disabilities greater accessibility in public, private, and workplace settings and has expanded their employment opportunities through guaranteeing their rights and reducing employer discrimination. Although recent research indicates that the effects of the ADA may have been somewhat less than hoped due to the effect of other issues that were within its scope, such as the influence of labor market trends upon employment rates for individuals with disabilities (Baldwin, 1997; Yelin, 1997), it remains the most significant legislation to have ever been enacted concerning the rights of individuals with disabilities.

The Individuals with Disabilities Education Act

The Education for All Handicapped Children Act, passed in 1975, redefined the mission of public educational institutions to include greater participation of individuals with disabilities. Since then the law has been amended several times, and in 1990 it was renamed the Individuals with Disabilities Education Act (IDEA). The intent of IDEA is to ensure that all eligible elementary and secondary students with disabilities are provided with a "free appropriate public education" (PL 105–17, s. 1400, (b)(1)(A)). IDEA attempts to meet this objective in part on an individualized basis by requiring the development of an individual education plan (IEP) for each student with a disability (NCD, 1996).

The impact of IDEA, in relation to vocational rehabilitation and employment needs of individuals with disabilities, lies in its use of transition planning—the process of assisting students with disabilities to plan for the transition to adult life and employment. IDEA now requires that transition planning be a part of the IEP for all students with disabilities, beginning at age 16 or younger[1]. As part of the IEP, IDEA also requires a statement of students' desired postschool outcomes, career interests and goals, special education services needed, extent of participation in regular educational programs, and level of family and student participation in planning (Florida Network, 1995). New mandates enacted by the 1997 amendments expand the planning process by including provisions such as increased teacher participation in IEP development and linking IEP requirements to the regular curriculum (IDEA, as amended, 1997). These provisions of the IDEA have brought new attention to employment-related education issues for individuals with disabilities. In addition, the 1998 amendments to the Rehabilitation Act have streamlined the transition planning process by allowing for transition planning without requiring the development of a separate vocational rehabilitation services plan.

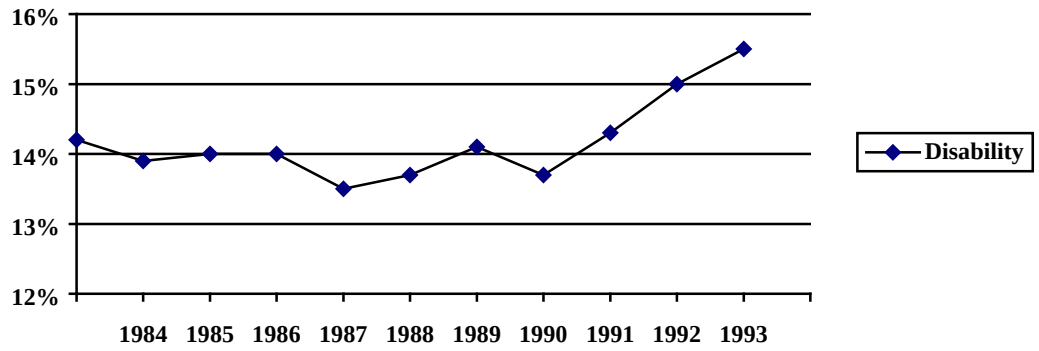
[1]Eligibility for services through the Division of Vocational Rehabilitation is dependent upon the applicant being of working age; typically this means that most transition planning occurs for individuals 18 years or older. Younger individuals are served through the Department of Education.

Other federal laws passed in the last decade, such as the Technology-Related Assistance for Individuals with Disabilities Act of 1988, the School-to-Work Opportunities Act of 1994, the Developmental Disabilities Assistance and Bill of Rights Act of 1994, and the recent Assistive Technology Act of 1998 have furthered the efforts to provide better employment opportunities for individuals with disabilities. The renewed attention to employment issues reflects a societal trend toward increased inclusion and integration. Such a focus comes at an appropriate time, as the United States now faces a growth in the proportion of citizens with disabilities that is higher than ever before. The shift in national policy toward integration coupled with the emergence of new technologies and new employment opportunities suggests the possibility for a promising future.

## SECTION ONE: DISABILITY TRENDS

The number of individuals with disabilities in the United States has increased significantly over the last 15 years. A relatively constant 32 million individuals with disabilities from the years of 1983–1990 had rapidly increased by 1994 to almost 40 million (LaPlante & Carlson, 1996). Moreover, the Americans with Disabilities Act of 1990 estimated that 43 million Americans had either a disability or an impairment (LaPlante, 1992), while Social Security Administration data indicate corresponding rises in recipients of disability benefits (Nelson, 1994). Much of the rise in disability rates is attributed to the aging of the population over the long term and increases in the number of children and young adults with disabilities (Kaye, LaPlante, Carlson, & Wenger, 1996), as well as to new definitions and measurements of disability. Figure 1 illustrates the rise in the prevalence of disabilities among Americans since 1983.

**Figure 1: U.S. Population with Activity Limitations, 1983–1993**




**Source: Kaye, LaPlante, Carlson, and Wenger, 1996**

### National Trends

Unlike data collection for other populations, there is no disability survey or single accurate source for information on individuals with disabilities. Most research on the subject derives from analyses of several national data sources, including the annual Current Population Survey (CPS) and the decennial survey conducted by the Census

Bureau, the National Health Interview Survey (NHIS), or data from the Social Security Administration. The NCD (1996) summed up the situation in observing that "there is neither a national survey that regularly gathers information about the nation's population with disabilities nor an agreed-upon definition of disability" (p. 26). Estimates of the total population of individuals with disabilities in the United States, therefore, vary depending upon which definitions, measurements, and data are used. The often cited figure of 43 million individuals with disabilities comes from estimations used in the ADA in 1990, yet data from the 1992 NHIS placed the amount at only 37.7 million (LaPlante & Carlson, 1996). It is generally agreed, however, that there has been a large increase in the prevalence of disabilities especially in the last decade and that currently *almost one-fifth of all Americans have a disability*. Current estimates range from nearly 40 million to over 50 million people, or 15–20% of the total noninstitutionalized population of the United States, with the level of severe disabilities at almost 10% (LaPlante & Carlson, 1996; Kaye et al., 1996; Kraus, Stoddard, & Gilmartin, 1996; McNeil, 1997).

The variance in disability estimates is compounded by the fact that different surveys use different measurements and definitions for disability. For example, the estimates used in the ADA stem from a broad definition of disability that includes all persons who have or had impairments or disabilities. The Census Bureau's Survey of Income and Program Participation (SIPP), conducted most recently in 1994–95, uses a definition of disability for its estimates that is similar to the one used in the ADA. The NHIS, the Current Population Survey (CPS), and other national surveys, however, distinguish individuals with disabilities from people who have impairments that do not limit their performance of basic activities. Such studies focus on individuals who have "activity limitations." An activity limitation refers to a person's ability to perform a major activity for his or her age group, such as playing, going to school, or working. A related measurement is functional limitation (used in the SIPP), which determines disability status based on the performance of functional activities, such as reading, hearing, speaking, or walking. An important measurement of activity limitation that is commonly used for individuals with severe disabilities involves assessing one's need for personal assistance in basic daily activities, such as performing self-care activities

(dressing, bathing, eating) or completing chores and errands (Ficke, 1991; LaPlante & Carlson, 1996).

**Box 2: National Disability-Related Surveys**

Census
The decennial survey, which measures work disability, mobility limitation, and self-care limitation. Also provides state-level data.

Current Population Survey (CPS)
A monthly survey conducted by the Census Bureau, which each March measures work disability.

National Health Interview Survey (NHIS)
An annual survey, which measures activity limitation, and work limitation.

Survey of Income and Program Participation (SIPP)
A periodic survey conducted by the Census Bureau, which measures functional limitation.

**Source: Stoddard, Jans, Ripple, and Kraus, 1998.**

The measurement of most relevance to vocational rehabilitation is *work disability*, a condition that limits the amount or kind of work a person is able to perform (LaPlante, Kennedy, Kaye, & Wenger, 1996). Measurements of work disability typically include only those individuals who are of working age and have a disability (SIPP), a work limitation (NHIS), or a condition that prevents or limits work capability (CPS) (see Box 2). Other recent needs assessments for state vocational rehabilitation agencies in Louisiana, Ohio, and West Virginia (Agosta, Brown, & Melda, 1997; Abt Associates, Inc., 1994; West Virginia Rehabilitation Research and Training Center, 1996) have primarily used the work disability measurement, since this is the population to whom state vocational rehabilitation agencies typically provide services. This study follows their lead in selecting this same population, since it provides for a more identifiable population and thus more accurate estimates. As with the other state studies, however, alternative data are used from the 1990 census to include individuals over 65 who may be working.

Approximately 17 million people have a work disability, representing about 10.1% of the entire working age population (16–64 years old) in the United States. Table 1 shows a demographic breakdown of Americans with a work disability. Of these individuals, more than two-thirds have a severe work disability (Stoddard, Jans, Ripple, & Kraus, 1998). Individuals with disabilities tend to be older and members of minority groups. The prevalence of disability is highest for older persons, with more than 50% of all individuals 65 and older reporting a disability, and the prevalence of work disability increases steadily with age, from less than 5% of 16–24 year olds to 22.9% of individuals

of 55–64. Nevertheless, there has been an increase in younger individuals (18–44) with work disabilities, with 2.9% in 1990 unable to work, increasing to 3.7% in 1994 (Kaye et al., 1996). Certain minority groups also tend to have high levels of work disability. African Americans have the highest percentage of work disability at 15.4%, while other ethnic groups have rates of less than 10%. Native Americans[2], however, tend to have the highest levels of limitation in work due to chronic health problems (LaPlante et al., 1996). Causes for activity and work limitation vary greatly, but the underlying conditions often causing them are back disorders, orthopedic disabilities, developmental disabilities, mental disorders, and diseases such as heart disease, asthma, diabetes, and arthritis. Certain conditions, such as mental retardation and loss or paralysis of limbs, have a greater tendency to cause activity and work limitation (LaPlante et al., 1996; Kraus et al., 1996; Stoddard et al., 1998).

**Table 1: Percentage of Americans with Work Disabilities, by Gender, Age, and Ethnicity**

| | NONSEVERE WORK DISABILITY | SEVERE WORK DISABILITY |
|---|---|---|
| **All persons 16–64** | 10.1% | 6.2% |
| **Male** | 10.2% | 6.2% |
| **Female** | 9.9% | 6.2% |
| **Age** | | |
| **16–24** | 4.2% | 2.6% |
| **25–34** | 6.4% | 3.7% |
| **35–44** | 9.4% | 5.7% |
| **45–54** | 13.3% | 8.1% |
| **55–64** | 22.9% | 15.1% |
| **Ethnicity** | | |
| **Black** | 15.4% | 11.8% |
| **Hispanic** | 9.6% | 7.1% |
| **White** | 9.4% | 5.4% |
| **Other races** | 8.5% | 5.6% |

**Source: LaPlante et al., 1996 (1995 CPS)**

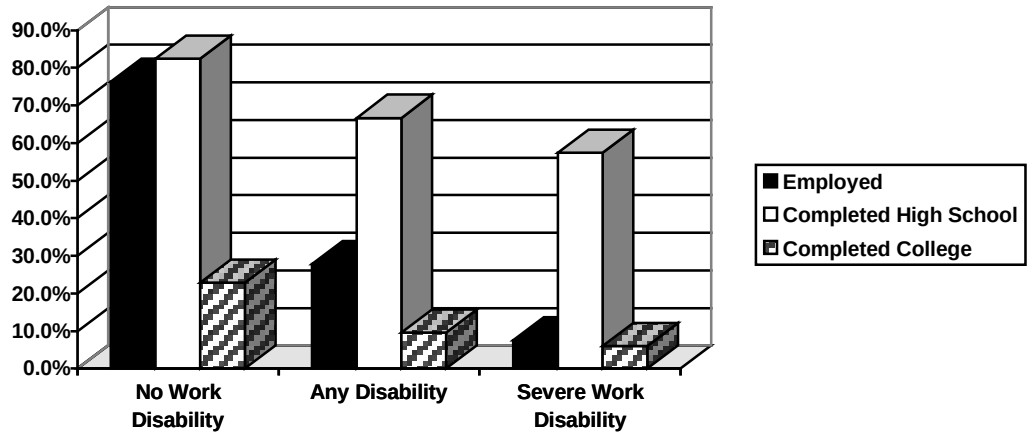
[2]In the 1991–1992 SIPP, Native Americans had the highest overall disability rate for any ethnic group, at 21.9%, as compared to a national rate of 19.4% (Bradshear, 1995).

A trend of significance to future concerns is the recent increase in the number of children with disabilities. More than four million children and adolescents in the United States under the age of 18 have an activity limitation (Wenger, Kaye, & LaPlante, 1996). From 1990–1994 the number of children with disability rates increased from 5.6% to 7.9% for boys, and 4.2% to 5.6% for girls (Kaye et al., 1996). In 1983–1985, 2.6% of children aged 5–17 participated in special education, while by 1992, that proportion had increased to 3.2 %, reflecting an increase of approximately 23% in the overall rate of children participating in special education (LaPlante & Carlson, 1996). The increase in the number of students in special education and other programs for children with disabilities has occurred at a faster rate than overall public school enrollment over the past 20 years. Much of this increase may be due to new disability definitions and measurements, as well as to newly identified conditions. This can be seen in the increase of children with learning disabilities, who currently account for almost 50% of all cases in federal educational programs for children with disabilities (National Center for Education Statistics, 1995, 1997).

The overall increase in the prevalence of disabilities and work disabilities coincides with a noticeable increase in the number of individuals receiving disability benefits from Social Security Administration programs. Disability insurance data from the Supplemental Security Insurance (SSI) and Old-Age, Survivors, and Disability Insurance (OASDI) programs indicate a beneficiary increase of approximately 50% since the early 1980s, with the national program participation rate increasing from 3.37% to 4.03% during the same period (LaPlante et al., 1996; Nelson, 1994). There has also been a marked increase in younger applicants for disability insurance. The percentage of older applicants (aged 50 or older) for disability insurance declined, while the percentage of applicants aged 30–39 increased 61% (Ferron, 1995). Disability insurance beneficiaries under the age of 30 increased more than 40% from 1989–1993 (LaPlante et al.,1996). In light of this situation, researchers such as LaPlante et al. (1996) and Rupp (1996) have noted that the increased costs of Social Security disability programs caused by the combination of lifetime duration for disability insurance participants and the increase in younger recipients may be reduced through greater emphasis on vocational rehabilitation.

There are drastic differences in rates of employment between persons with and without disabilities. The employment rate for people aged 21–64 with no disability is 82.1%, while only 76.9% of persons with a nonsevere disability are employed. Individuals with severe disabilities have an even lower employment rate, at only 26.1% (McNeil, 1997). Among those with a work disability, however, the gap in employment rates is even more pronounced. While 76.3% of persons with no work disability are employed, only 27.8% of individuals with a work disability and 7.5% of individuals with a severe work disability have jobs (LaPlante et al., 1996). In other words, *nationwide less than one-third of all individuals with work disabilities and less than one-tenth of persons with severe work disabilities are employed*. See Figure 2 for employment and education comparisons between persons with no work disability, with a work disability, and with a severe work disability.

**Figure 2: National Work Disability, Employment, and Education**




**Source: LaPlante et al., 1996**

Individuals with disabilities also tend to have lower incomes and lower educational attainments. The average monthly income for men with no disabilities was $2,190, while men with nonsevere disabilities averaged $1,857, and men with severe disabilities averaged only $1,262. The situation for women with disabilities was similar, with an average of $1,200 and $1,000 for women with nonsevere and severe disabilities,

respectively, compared to $1,470 for women with no disabilities (Stoddard et al., 1998). While more than 80% of persons with no work disability complete high school and almost 23% complete college, slightly more than two-thirds of individuals with a work disability complete high school and less than 10% complete college. Among individuals with severe disabilities, less than 60% complete high school and only 6% finish college (LaPlante et al., 1996). Particularly hard hit are older individuals with disabilities, members of minority groups, the unemployed, or those who have lower levels of educational attainment. Burkhauser and Daly (1996) describe these individuals as "doubly disadvantaged," and call for new strategies at the policy level to create better employment opportunities for such populations.

## Individuals with Disabilities in Florida

Finding a comprehensive body of disability data has also proved difficult at the state level. There have been few attempts at surveying populations with disabilities at the state levels, with the majority of estimates and analyses based on decennial census data. Federal legislation in the 1990s has, however, drawn attention to the lack of sufficient data, and states are making the first attempts at organizing periodic data collection.

Several agencies in Florida collect information on individuals with disabilities in the state. Annual reports from the DVR contain data on all past and present clients, and since 1997 the Florida Rehabilitation Advisory Council, a federally mandated and gubernatorially appointed panel that advises DVR, has been conducting an ongoing consumer satisfaction survey of current and former DVR clients. The Florida Department of Education also keeps information on all students with disabilities (those who are in exceptional student education programs). The Florida Department of Health records the number of institutionalized individuals with disabilities, as well as birth-related disability information. Also, the Florida Office of Program Policy Analysis and Governmental Accountability (1995, 1998) recently conducted both an evaluation of the Brain and Spinal Cord Injury Program and of DVR.

**Box 3: Questions on Work Disability, 1990 Census**

Does this person have a physical, mental, or other health condition that has lasted for 6 or more months and which:

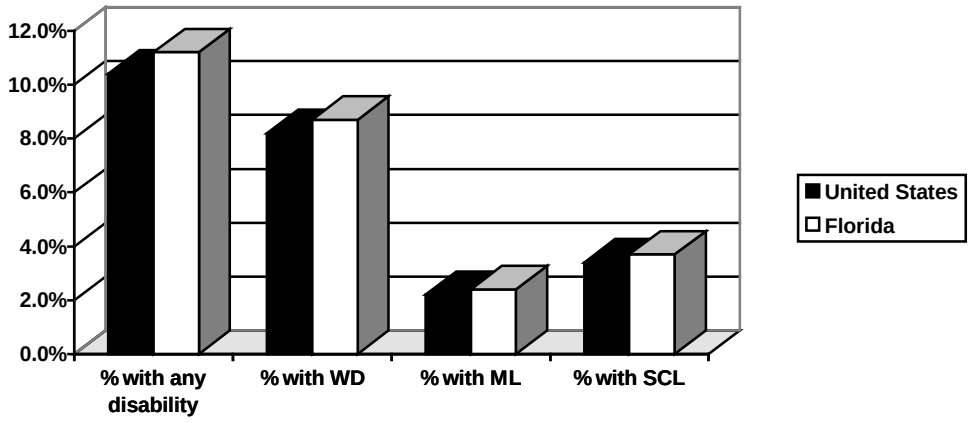
- Limits the kind or amount of work this person can do at a job?
- Prevents this person from working at a job?

The most accurate and comprehensive disability data available for Florida are from the decennial census of 1990. Census data also allow for county estimates, unlike other types of state-level data. The 1990 Census assessed disability status in three categories: work disability (WD), mobility limitation (ML), or self-care limitation (SCL)[3]. The 1990 Census measured the level of work disability by asking whether individuals had a health condition for at least six months that limited the kind or amount of work they could do (see Box 3 for more information). Individuals were classified as having a severe disability if the disability prevented them from working at a job (LaPlante, 1993). This definition, however, does not consider individuals with severe disabilities who are working. The 1990 Census provides for estimates for this population by measuring mobility and self-care limitations. Mobility limitation refers to any difficulty in going outside the home alone or without assistance, while self-care limitation refers to any difficulty in taking care of personal needs, such as bathing or dressing.

The 1990 Census estimated that there were 872,787 individuals aged 16–64 in Florida who had either a work disability (WD), a mobility limitation (ML), or a self-care limitation (SCL). This number represents 11.2% of all persons in this age group (the national average in 1990 was 10.4%). See Figure 3 for a comparison of national and state rates. In contrast, current estimates from state agencies place the number of individuals with a disability in Florida at approximately 1.3 million. Indeed, this figure may be far higher if broader measurements are used and all age groups are included. With the current population of the state nearing 15 million individuals, there may be as many as 1.5 to 3 million individuals with disabilities.

[3]The 1980 Census assessed only work disability.

**Figure 3: National and State Disability Rates**




**Source: United States Bureau of the Census, 1990**

As was the case nationally, work disability rates in Florida decreased over the 10-year period from 1980–1990. Based on the 1990 Census, the overall rate dropped from 9.9% to 8.7% (676,233 persons). Nonsevere work disabilities were at 4.5% in 1980, dropping to 4.3% in 1990. Individuals with severe work disabilities (unable to work) were at 5.4% in 1980, dropping to 4.4% in 1990 (LaPlante, 1993). Like other Southern states, however, Florida has a high overall work disability rate. West Virginia, Kentucky, Arkansas, Mississippi, and Louisiana all have disability rates of greater than 10%, while the national average is only 8.1%.

Table 2 shows a demographic breakdown of the population with disabilities in Florida by disability type. Many of the trends in Florida's disability rates reflect those at the national level. Higher disability rates are found for older working individuals, with between 30% and 40% of all individuals aged 35–64 having either a work disability, mobility limitation, or self-care limitation. Individuals over 65 tend to have much higher rates of disabilities, with 18.1% having either a mobility limitation or a self-care limitation. This rate is slightly lower than the national average of 20.1% for this age group. Men tend to have slightly higher disability rates than women (with the exception of mobility limitations), with 12.3% of men and 10.2% of women aged 16–64 with either a work disability, mobility limitation, or self-care limitation. Approximately 5% of men

and women have either a mobility limitation or a self-care limitation. Native Americans and African Americans tend to also have high rates of disabilities, with 18.3% of Native Americans and 16.3% of African Americans having either a work disability, mobility limitation, or self-care limitation. African Americans have the highest rate of self-care limitations at 8.2%.

**Table 2: Characteristics of Individuals with Disabilities in Florida**[4]

| | ANY DISABILITY (WD, Severe, ML, SCL) | WORK DISABILITY (WD) | SEVERE DISABILITY (Unable to work) | MOBILITY LIMITATION (ML) | SELF-CARE LIMITATION (SCL) |
|---|---|---|---|---|---|
| **All persons 16–64** | 11.2% | 8.7% | 4.4% | 2.4% | 3.7% |
| **Male** | 12.3% | 9.7% | 4.6% | 2.3% | 3.8% |
| **Female** | 10.2% | 7.7% | 4.2% | 2.5% | 3.6% |
| **Age** | | | | | |
| 16–34 | 27.3% | 23.0% | 16.5% | 23.7% | 36.0% |
| 35–54 | 41.0% | 41.7% | 37.3% | 40.4% | 39.0% |
| 55–64 | 31.7% | 35.3% | 46.2% | 35.9% | 25.0% |
| **Ethnicity** | | | | | |
| Native American | 18.3% | 16.4% | 7.1% | 4.1% | 3.9% |
| Black | 16.3% | 10.3% | 6.1% | 3.5% | 8.2% |
| White | 10.5% | 8.9% | 4.3% | 2.2% | 2.7% |
| Hispanic | 10.2% | 6.1% | 3.5% | 2.7% | 5.1% |
| Asian | 7.6% | 3.6% | 1.5% | 1.5% | 4.7% |
| **HS Grad** | 62.9% | 62.6% | 52.5% | 52.9% | 59.0% |
| **College Grad** | 10.1% | 9.8% | 6.5% | 7.7% | 9.7% |

**Source: United States Bureau of the Census, 1990**

While 79% of individuals aged 16–64 with no disability graduated from high school, only 62.9% of individuals with a work disability, mobility limitation, or self-care limitation and 52.5% of individuals unable to work graduated from high school. Similarly, while 20.4% of individuals with no disability graduated from college, only 10.1% of individuals with a disability and 6.5% of individuals unable to work graduated from college.

[4]Note that disability conditions overlap; the 1990 Census does not separate categories.

According to LaPlante (1993), state disability rates vary depending upon region and "socioeconomic, cultural, and environmental conditions" (p. 1). The same is true of disability rates in Florida (see Table 3). For example, Dixie, Liberty, and Jackson counties have the highest overall disability rates in the state, averaging around 20%, while Leon, Seminole, and Alachua counties have the lowest rates averaging around 8%.[5] Rural counties in Florida tend to have higher rates than state or national averages, with an average of 15%. Administrative districts of the Florida DVR also show regional variation, with Districts I and III having the highest rates for 16–64 year olds with any disability, work disability, or mobility limitation. District VI has the lowest rate of any disability and of mobility limitation. District VII has the lowest rate of self-care limitation. On the other hand, District VIII has the highest rate of self-care limitation, a high rate of mobility limitation, and the lowest rate of work disability.

**Table 3: Florida DVR District Disability Rates**

| GEOGRAPHIC AREA | 16–64 YEARS | % WITH ANY DISABILITY | % WITH WD | % UNABLE TO WORK | % WITH ML | % WITH SCL |
|---|---|---|---|---|---|---|
| District I | 450,757 | 13.4% | 11.5% | 5.9% | 3.0% | 3.4% |
| District II | 399,695 | 10.6% | 8.5% | 4.3% | 2.3% | 3.4% |
| District III | 1,171,806 | 12.9% | 10.6% | 5.6% | 2.7% | 3.7% |
| District IV | 1,175,203 | 11.6% | 9.6% | 4.8% | 2.4% | 3.2% |
| District V | 1,265,640 | 10.4% | 8.5% | 4.1% | 2.2% | 3.1% |
| District VI | 1,444,425 | 10.1% | 7.4% | 3.5% | 2.0% | 3.8% |
| District VII | 620,510 | 11.1% | 9.1% | 4.5% | 2.2% | 3.0% |
| District VIII | 1,281,784 | 10.7% | 6.5% | 3.6% | 2.7% | 5.3% |

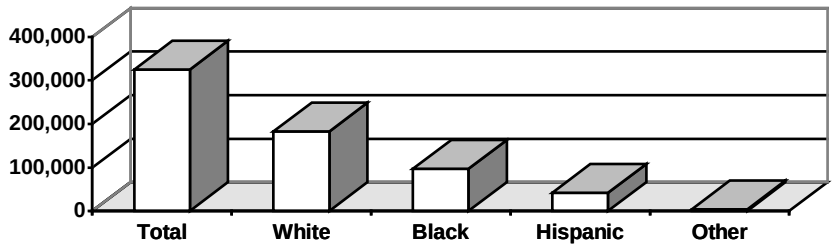
**Source: United States Bureau of the Census, 1990; Author's tabulation**

Data from Florida's Exceptional Student Education (ESE) program indicate an increased enrollment in the number of children with disabilities of approximately 8.2% from 1996–97 to 1997–98. Currently there are over 300,000 children with disabilities enrolled in the program, or approximately 10% of all public school students. Again, much of the increase in the number of children with disabilities in Florida may be attributable to new disability definitions and measurements as well as to newly identified conditions. As is the case on the national level, the most prevalent disabling conditions for children in Florida are learning disabilities, with 35% of the children in ESE in this

[5]See Appendix B and Appendix C for more information on Florida county and DVR district disability rates.

category. Other prevalent conditions are speech or language impairment, emotional handicaps, and mental handicaps. See Figure 4 for an ethnic breakdown of Florida students with disabilities.

**Figure 4: Florida Students with Disabilities, 1997–98**




**Source: Florida Department of Education, 1998 (ESE)**

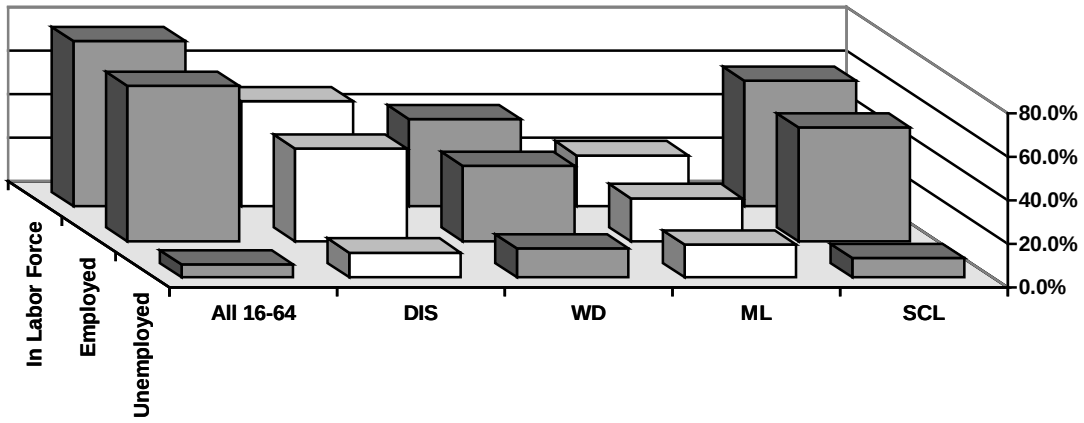
Florida also shares with its neighbors high rates of participation in Social Security disability benefit programs. As with work disability, the highest rates of OASDI program participation nationwide are found in the South, and the majority of southern states have averages higher than the national average for both the OASDI and SSI programs (McCoy, Davis, & Hudson, 1994; Nelson, 1994). In both 1987 and 1992, Florida was slightly above the national average for individuals aged 18–64 receiving disability benefits under OASDI. Also from 1987 to 1992, Florida saw a 16% increase in OASDI recipients and a 33% increase in SSI recipients (Nelson, 1994). In 1996, over 248,000 disabled workers received OASDI benefits, and over 187,000 adults with disabilities received SSI (Social Security Administration, 1997a).[6]

Employment rates for individuals with disabilities in Florida also reflect national trends. While more than 70% of Floridians with no disability were employed in 1990, only 42.7% with a disability were employed, and 48.1% were in the labor force, as compared to slightly lower national employment and labor force participation rates of 41.3% and 46.9%, respectively. In Florida, almost 6% of individuals with no disability were unemployed, as compared to more than 10% of individuals with a disability, while

[6]See Appendix D for Florida SSI or OASDI recipients by county.

over 11% of individuals with disabilities were unemployed on a national level. The same trends, although slightly more pronounced, were evident for individuals with a work disability, while individuals with a mobility limitation had the lowest rates of employment and labor force participation and the highest rates of unemployment. Finally, individuals with self-care limitations tended to have higher rates of employment and labor force participation and lower rates of unemployment than persons with other disabilities[7]. See Figure 5 for employment rates for individuals with disabilities in Florida.

**Figure 5: Rates of Employment in Florida**




**Source: United States Bureau of the Census, 1990**

[7]See Appendix B, Table B for employment rates for individuals with disabilities in Florida, by county.

## SECTION TWO: THE OUTLOOK FOR EMPLOYMENT

### Barriers to Employment

Several factors have historically combined to cause low employment rates for individuals with disabilities. Labor market trend research has shown that overall trends in employment and labor markets tend to disproportionately affect individuals with disabilities (NCD, 1996; Lewin-VHI, 1995; Trupin, Sebesta, Yelin, & LaPlante, 1997; Yelin, 1997). For example, national labor market trends over the last several years indicate that men have had declining rates of labor force participation, but men with disabilities, especially older male workers with disabilities, show a larger decline. Conversely, the labor force participation rate for women increased overall, but for women with disabilities it increased even more (although since 1990 the increase has leveled off for women with disabilities but not for women without disabilities). Moreover, while the level of Americans who are employed full-time has remained stable, for individuals with disabilities it has decreased, and while there has been a general increase in part-time and temporary work, for individuals with disabilities this increase has been far greater.

Individuals with disabilities face a dilemma in choosing to work, for often in doing so they lose benefits that provide an important source of income and support. The potential for loss of benefits coupled with high health care costs and the lack of suitable health insurance (especially in part-time employment situations) for individuals with disabilities contributes to greater reliance on assistance programs, such as SSI and SSDI, in lieu of employment (Lewin-VHI, 1995; NCD, 1996). Nonetheless, research indicates that despite "financial disincentives" to employment—such as losing one's benefits—the majority of individuals with disabilities who are not working would like to work (NCD, 1996; Stoddard et al., 1998). See Box 4 for quotes on barriers to employment.

**Box 4: Barriers to Employment: Testimonials**

*Giving up SSI, SSDI, food stamps, and perhaps rent subsidy is a risk worth taking. Giving up health coverage is actually life-threatening.*

*It is always said that there are incentives for us to go to work, but in reality there can be consequences to work, such as loss of some benefits or risk of losing them if your employer even asks you to stay an extra hour. I feel their incentives are not really fair! I feel if there was less threat of losing benefits, etc., that you would see a lot more people willing to return to work with the help of Supported Employment. I would love to find a job and not be afraid of losing my benefits.*

*Many members of the disability community who want to marry believe that the threat of loss of Medicaid benefits, without the existence of universal health coverage, is a choice between love and death, life and loneliness.*

**Source: NCD, 1997**

In addition to *financial disincentives*, the NCD (1997) identified *lack of choice of vocational rehabilitation services* and *lack of employment opportunities* to be the two other most significant barriers to employment for individuals with disabilities. The NCD found that the lack of choice of vocational rehabilitation services for consumers creates significant obstacles to finding employment. Consumers who are offered services may have only a limited selection, or face an extended waiting period while still remaining unemployed. Some individuals with disabilities are only able to work part-time, and thus may not qualify for vocational rehabilitation services. Many consumers, if initially turned down for receiving services, have no alternatives other than to pay for services themselves (if they are able). For example, the report indicated that, in many instances, individuals who originally used the Plan for Achieving Self-Support (PASS) administered by the Social Security Administration in order to purchase services and equipment or to start a business later encountered restrictions and other difficulties in obtaining the services or equipment for which they had already been approved.

The NCD identified the lack of employment opportunities as the third major barrier to employment for individuals with disabilities. In addition to the competitive nature of the job market, individuals with disabilities face a number of employer-related difficulties. The NCD (1996) reported that although several recent national polls indicate that the majority of employers support the employment of individuals with disabilities, the percentage of companies hiring people with disabilities changed little between 1986–1995, from 62% to 64%. And although the ADA prohibits discrimination in the workplace, workers with disabilities on the average receive lower wages than workers

without disabilities. Baldwin (1997) discussed such wage differences and other discrimination. She found that levels of wage discrimination vary based on the nature of one's disability. Individuals who have disabilities that are perceived negatively by the public, such as epilepsy, mental illness, or drug or alcohol addictions, experience more wage discrimination. Moreover, while the ADA also guarantees reasonable accommodation, employers may, in fact, be reluctant to hire individuals with disabilities due to perceived expenses of possible modifications or other cost increases, or fears of loss of productivity. Baldwin also described how employers may assume that employees with disabilities will not be as productive as those without disabilities, that health insurance costs may increase, or that they may have to provide special services for employees with disabilities.

In a survey jointly conducted in 1995 by the Florida Chamber of Commerce and Mason-Dixon Political/Media Research, Inc., chamber member businesses were asked to provide information concerning their perceptions of the ADA and issues related to the employment of individuals with disabilities. Although 94% of Florida businesses said they were familiar with the ADA and over a third (38%) said that they had hired at least one individual with a disability during the last three years, almost 60% said that they had not made physical changes to their office or changes in hiring or employment practices in order to accommodate employees or customers with disabilities. However, 55% of larger businesses (more than 100 employees) reported that they had made changes, while only 27% of smaller businesses (between 15 and 24 employees) reported having made changes. Also, 15% of respondents felt that insurance rates would increase if they were to hire an individual with a disability, while more than a quarter (26%) indicated that they did not know whether rates would increase. Similarly, 20% of respondents indicated that they felt workers with disabilities would take more time to train, while 19% indicated that they did not know.

Fears of increasing costs, loss of productivity, or loss of business, however, may be unfounded. Baldwin (1997) pointed out that, according to a 1987 Harris poll, the majority of employers of persons with disabilities did not feel that insurance or modifications are too costly. Moreover, the findings of the Florida survey may be

interpreted to mean that the majority of employers who hired individuals with disabilities *did not need* to make changes. Regarding attitudes about workers with disabilities, Florida businesses for the most part responded favorably. More than three-quarters of respondents agreed that workers with disabilities are "dependable" and "hard workers." Over 60% agreed that hiring individuals with disabilities is good for public relations, and 55% agreed that workers with disabilities have a low turnover rate. Only 5% agreed with statements that workers with disabilities were less productive or disruptive to other workers. Only 10% felt that workers with disabilities needed extra supervision. The demand for special services for workers with disabilities may also be overestimated. A study by Lewin-VHI (1995), for example, found that, although there is a lack of information concerning the demand and use of personal assistance services, available information shows that less than 3% of the national working-age population needs personal assistance services.

Accommodations or services such as personal assistance services, however, may be difficult to come by for those workers who need them. The Lewin-VHI (1995) study found that workers who need personal assistance services often have to pay separately for their services. Most programs providing free personal assistance services may be restricted to only those individuals who cannot work, older persons, or individuals at risk of institutionalization. Some states, however, provide for alternative support mechanisms, and many private employers make personal assistance services provisions for individuals with disabilities. Providing personal assistance services to workers who need them is becoming a major legislative issue in several states, including Texas and Oregon. The funding situation is similar for users of assistive technology. Although there are several public sources of funding for assistive technology and new legislative mandates, most users who are able must provide for their own assistive technology needs.

What steps then are being taken to address these barriers? The NCD (1997) proposed several reforms that are currently being discussed nationally. Researchers and advocates in the disability community have suggested health care and Social Security reform at the national level to ensure adequate medical coverage for workers with disabilities and lessen the difficulties individuals with disabilities experience with Social

Security programs when seeking or obtaining employment. Proposed reforms of the Social Security Administration include revising eligibility requirements and benefit determination, gradual benefit reductions (for those earning more than $500 a month), and exclusion of nonpersonal income (from sources such as spouse, scholarships, retirement funds, etc.) in determining eligibility or benefits (NCD, 1997). Placing more burden on Social Security programs without increasing funding, however, could create further problems in program administration. One answer may be to make more use of vocational rehabilitation services as a resource. The Social Security Administration estimates that "for every dollar it spends on vocational rehabilitation services, it saves five dollars in reduced future benefits" (LaPlante et al., 1996). Indeed, the 1998 amendments to the Rehabilitation Act mandate the referral of SSI and SSDI recipients to the vocational rehabilitation system (NCD, 1998).

Proposals for increasing consumer access to services include reforming the PASS program, increasing access to information about service providers, and broadening the scope of employment counseling to include instruction about service availability and about how to use work incentives in programs such as SSI or SSDI (NCD, 1997). There is also a growing movement to establish a voucher system in order to increase consumer access to employment services and supports. The 1992 amendments to the Rehabilitation Act emphasized the establishment of vouchers and other programs to place more control in the hands of consumers, while the 1998 amendments included stronger consumer choice and consumer control language (NCD, 1998).

A variety of other proposals call for tax credits and subsidies to compensate workers for expenses or encourage employers to comply with ADA requirements. Burkhauser and Daly (1996) proposed the establishment of government subsidies to employers for workplace accommodations and expansion of tax credits for workers with disabilities. Similarly, the NCD (1997) proposed the use of a tax credit for workers in order to compensate for disability-related work expenses and suggested another tax credit to employers for disability/diversity training.

Other barriers, however, may not be directly addressed by many national reforms. In addition to the barriers mentioned, participants in a 1996 study conducted by the

Maryland Division of Rehabilitation Services (DORS) identified several items as obstacles to successful job placement (see pp. 27–28). These items deal with problems at the agency levels, such as negative staff attitudes, poor communication among staff, and cumbersome procedures, and at the consumer levels, including limited skills or education, unrealistic expectations, and family interference.

**Table 4: Summary of Barriers to Successful Job Placement, Maryland**

| | | | |
|---|---|---|---|
| limited transportation services | inadequate attention to psycho-social issues prior to job development activities | inadequate housing resources | limited education levels of consumers |
| limited job skill levels of consumers | negative and inaccurate information provided to consumers by field staff | paternalistic and often enabling attitudes of DORS/MRC [vocational rehabilitation] staff | unrealistic perspective and expectations of consumers |
| interference from family and friends | inadequate vocational planning | limited supports within the rehabilitation system | unstable medication regimes |
| limited focus on the primary mission of the agency | poor communication among DORS staff | cumbersome procedures for providing services to consumers who have been convicted of crimes, are institutionalized, and are being served because of court order | limited cooperation between DORS and Department of Labor, Licensing, and Regulation |

**Source: Maryland Division of Rehabilitation Services, 1996**

The authors of the Maryland report point out that some barriers found in the study concern issues (such as transportation, housing, financial disincentives) over which the DORS (and, by extension, other state vocational rehabilitation agencies) may have little control or influence. However, DORS may be able to help most of the other areas listed above through better intraagency and interagency cooperation; better outreach efforts to consumers, employers, and family members; increased supports; and increased emphasis on job placement (see p. 28).

Murphy and Rogan (1995) also saw the role of employment specialists expanding to include services such as facilitation of support networking and employer marketing. They envisioned this change occurring as a result of systemic reforms to increase consumer control (such as vouchers) and the mainstreaming process that has led service providers "from a system-centered to a person-centered approach" (p. 212). One of the

most tangible symbols of this conversion and mainstreaming is the supported employment movement.

## Supported Employment and Other Issues in Florida

Supported employment is generally considered to have begun in the early 1980s in reaction to the segregated nature of sheltered work programs. Aimed at individuals with severe disabilities requiring ongoing support services, supported employment replaced sheltered programs with "competitive employment in integrated work settings." The supported employment movement grew rapidly, from less than 10,000 participants in 1986, to over 105,000 by 1993. Florida experienced similar growth, with only 200 participants in the mid-1980s, to over 4,200 persons by the end of the decade (Florida Network, 1995). Studies of the School-to-Work program conducted by the Florida Department of Education and the Division of Vocational Rehabilitation indicate a high level of success with supported employment efforts.

Although widely touted as a success, the supported employment movement has not been without its criticisms. Murphy and Rogan (1995) describe supported employment as having "fallen short" (p. 209) of expectations, while Mank (1996) sees supported employment as being at a "critical moment" (p. 8) and with an uncertain future. In 1995, the *Florida Supported Employment Summit* was held in part to determine obstacles to employment for Floridians with severe disabilities and to make recommendations for change. Participants in the conference's focus groups determined the most important barriers and divided them into four areas: attitudes, public policies, funding, and service delivery. These barriers are presented in Table 5.

More than half of participants identified the following four barriers from the areas listed above as the most crucial to implementing supported employment in Florida: (1) "lack of consumer involvement in the decision making and policy development process," (2) "performance-based funding negatively influences agencies to promote 'creaming' practices," (3) "funding and policies create disincentives for employment while creating incentives for nonemployment programs," and (4) "it is difficult to hire, train, and retain supported employment specialists" (English, 1996, pp. 168–169).

**Table 5: Summary of Florida Barriers to Employment**

| ATTITUDES | PUBLIC POLICIES | FUNDING | SERVICE DELIVERY |
|---|---|---|---|
| Stereotypes concerning working potential of individuals with disabilities | Lack of consumer involvement in policy development | Performance-based funding negatively influences agencies | Inadequate transportation services |
| Service provider paternalism | Lack of agency commitment, changing priorities | Decrease in general revenue funds caused by Medwaiver use | Lack of training of consumers for competitive employment |
| Lack of awareness about employment potential of people with disabilities | Lack of business orientation in the human service industry | Funding policies that create disincentives for employment, while creating incentives for non-employment programs | Lack of jobs and work opportunities |
| Limited choice of vocational rehabilitation services | Lack of clarity about community inclusion | Too much emphasis on segregated settings (limiting funds for supported employment) | Difficulties in hiring, training, and retaining supported employment specialists |
| | Medwaiver conflicts with supported employment | | |
| | Lack of funding | | |

**Source: English, 1996**

In addressing these barriers, English (1996) listed a number of recommendations gleaned from the summit. While he points to the need for further research and the preparation of policy papers relating to barriers to employment for individuals with disabilities in Florida, he echoes many of the proposals at the national level. For example, he sees the need to support legislation and other efforts that can eliminate financial disincentives to employment and increase consumer choice. English also calls for a stronger alliance between the business community and human services agencies. Other recommendations include increasing coordination and collaboration among stakeholders; supporting the disability rights movement and increasing awareness about the value of competitive employment; marketing employment success stories of individuals with disabilities; using supported employment methods in other programs for unemployment and coordinating supported employment with other employment preparation and job placement programs; combining related community-based movements; increasing the focus of the education system on independence and integration; developing a five-year plan for directing more funds to conversion efforts; and creating a separate agency in Florida for individuals with disabilities (pp. 169–176). As these recommendations indicate, both the supported employment approach and other

employment service delivery systems will be challenged to adapt to a variety of changes in order to meet the employment needs of individuals with disabilities.

In meeting the employment needs of individuals with disabilities, the Florida DVR faces other issues. For example, there are some individuals with disabilities in Florida who may not be receiving the vocational rehabilitation services they need in order to work. According to the 1990 Census, out of approximately 7.8 million individuals of working age in Florida, 676,233, or 8.7%, had work disabilities. Of these, 235,092 persons, or slightly less than 34.8%, were employed. (See Appendix B for 1990 Census data.) The remaining 441,141 were either not employed or not in the labor force. From 1986–1990, the DVR averaged a total client population of 50,000 persons (DVR, 1991). This leaves almost 400,000 individuals with disabilities who could have been potential vocational rehabilitation consumers. Many of these individuals, however, may not have needed DVR services, or they may have been unable or unwilling to work. For example, in 1990 many recipients of Social Security disability benefits might not have sought out vocational rehabilitation services for fear of losing benefits. In 1990, over 150,000 persons received Social Security disability benefits (Social Security Administration, 1991, 1992). If these individuals are taken into account, the potential DVR client base could be said to have been approximately 230,000. Thus, although it is difficult to determine an exact population estimate, the DVR may have been serving less than a quarter of its potential client base in 1990.

A comparison between 1990 Census data and DVR client information from 1993–94 also indicates some differences between the DVR client population and the work disability population in Florida. For example, in the DVR client population, men are slightly underrepresented while women are slightly overrepresented. Also, both Whites and Blacks are slightly overrepresented, possibly meaning that other minorities may be underrepresented, or that they may receive disproportionately fewer services than Whites or Blacks. These differences in size and composition between the two populations may be indicative of a lack of awareness of DVR services. See Table 6 for an ethnic and gender comparison.

**Table 6: DVR Rehabilitants and Total Population with Work Disabilities in Florida, by Gender and Ethnicity**

| | GENDER | | ETHNICITY | |
|---|---|---|---|---|
| **Population** | **Male** | **Female** | **White** | **Black** |
| DVR rehabilitants, 1993–1994 | 48% | 52% | 80% | 19% |
| Work disability, 1990 | 54% | 46% | 74% | 15.5% |

**Source: Florida Division of Vocational Rehabilitation, 1994; United States Bureau of the Census, 1990**

However, individuals who have used DVR services indicate a high satisfaction level. Since 1997, the Florida Rehabilitation Advisory Council (FRAC) has conducted a consumer satisfaction survey of clients of the DVR. The original survey instrument contained 12 questions (with two final open-ended questions) to measure respondents' satisfaction with accessibility, appropriateness, and timeliness of services, as well as other issues such as choice of service providers, and the need for other services. During the first quarter of the project (April–June 1997), the majority of responses to the survey indicated a high level of consumer satisfaction with DVR services. Participants in the survey rated the accessibility of DVR offices and DVR staff courtesy and respect very highly, and a majority indicated that they were satisfied with DVR services and that they would recommend DVR services to a friend. On the other hand, many respondents felt that other services were needed, and a majority of respondents indicated that they did not receive a job as a result of using DVR services (Institute for Instructional Research and Practice, 1997).

## Concluding Remarks

It is clear that during the last two decades, an important shift has occurred in public perception of individuals with disabilities. Traditionally isolated from other members of society and considered different, unemployable, or in need of special assistance, persons with disabilities today are demanding to be given the same rights as other citizens and are proving their ability to work and contribute to their communities. The focus now is on *ability* rather than *disability*. Much more needs to be done, however, to keep pace with the needs of a growing population of individuals with disabilities.

The reported number of Americans with disabilities has increased significantly over the last several years, due in part to a greater awareness of disability issues as well as to new disability definitions and measurements. About 20% of all Americans, or over 50 million individuals, have a disability. In other words, *almost one out of every five Americans has a disability*. About 10% of Americans have a disability that prevents or limits their ability to work. In Florida, data from the 1990 Census indicate a population of individuals with disabilities that is higher than the national average. Among individuals aged 16–64 in 1990, 10.4% of Americans and 11.2% of Floridians had either a work disability, mobility limitation, or self-care limitation. Several counties in Florida had averages much higher than the national rate, with 4 of Florida's 67 counties having an overall disability rate of 19% or higher, and the majority of rural counties having an overall disability rate of 15% or higher.

There continues to be a large gap between the employment rates of individuals with and without disabilities. While 76.3% of all Americans aged 16–64 with no work disability are employed, only 27.8% of persons with a work disability are employed. At the same time, the numbers of recipients of Social Security disability benefit programs have increased 50% since the early 1980s. Obstacles, such as the lack of adequate health care, financial disincentives, limited choice of services, erroneous information regarding the workplace needs of individuals with disabilities, and a lack of intraagency and interagency communication, continue to limit employment opportunities for persons with disabilities.

In addressing some of these barriers to employment, the following trends in vocational rehabilitation service delivery can be observed from this literature review:

1. **Change in focus from "providing" to "facilitating"**
   In keeping with the shift from segregation to integration, rather than simply *providing* services, agencies and organizations who provide vocational rehabilitation services are increasingly focusing on *facilitating* individuals with empowering themselves to be personally responsible.

2. **Trend toward a "support" model**
   Although originally used only in the supported employment model, "natural supports," such as family and community, are being incorporated into other vocational rehabilitation service delivery systems.

3. **Increased communication with employers**
   Service providers are beginning to "market" themselves as partners to business while also serving as resources to inform employers about costs of reasonable accommodation, the benefits of employing individuals with disabilities, and relevant pending legislation.

4. **Increased collaboration among vocational rehabilitation organizations**
   Collaborative efforts among service providers, state agencies, and other concerned groups through means such as cooperative agreements and subcontracting are increasing the quality and efficiency of services.

5. **Increased access to information about use and funding for assistive technology and personal assistance services.**
   Assistive technology and personal assistant services have far-reaching implications for increasing the employability of individuals formerly thought of as unemployable. Yet, many individuals who could benefit from such services have had difficulties

accessing important information and resources. Through greater awareness of these barriers, many states have begun to look for ways to help those in need of assistive technology and personal assistant services to obtain them at a lower cost.

6. **Further implementation of quality management procedures**
   Faced with reductions in funding and the need "to do more with less," many social service agencies are beginning to use quality management approaches, such as "best practices" and team management. In two recent projects for the DVR, a quality management approach was recommended (Center for Policy Studies in Education, 1995; Institute for Instructional Research and Practice, 1997b).

One of the most important goals of the second phase of this project, in addition to making a comprehensive attempt at gathering demographic and economic data on Florida's population with disabilities, is to provide individuals who have disabilities, their families, and service providers with the opportunity to define employment needs in their own terms. Such an effort can go a long way in providing state agencies, service providers, advocacy groups, and concerned citizens with useful information resources for future planning needs.

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**Web Resources**

National

*Chartbooks on Disability*
www.infohouse.com/disabilitydata

*Disability Statistics Center*
http://dsc.ucsf.edu/

*U.S. Bureau of the Census–Disability Data*
http://www.census.gov/hhes/www/disable.html

*National Center for Health Statistics*
http://www.cdc.gov/nchswww/index.html

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

*National Institute on Disability and Rehabilitation Research (NIDRR)*
http://www.ed.gov/ofices/OSERS/NIDRR/intro1.html

*National Rehabilitation Information Center (NARIC)*
http://www.cais.com/naric/

*President's Committee on Employment of People with Disabilities*
http://www.pcepd.gov/

*Rehabilitation Services Administration*
http://www.ed.gov/offices/OSERS/RSA/rsa.html

*Social Security Administration, Office of Research, Evaluation, and Statistics*
http://www.ssa.gov/statistics/ores_home.html

*"Untangling the Web—Disability Links" (West Virginia Research and Training Center)*
http://www.icdi.wvu.edu/Others.htm

Florida

*AbleTrust*
http://www.abletrust.org/

*Brain Injury Association of Florida*
http://www.biaf.org

*Florida Alliance for Assistive Services and Technology*
http://www.faast.org/

*Florida Alliance of Information and Referral Services (FLAIRS)*
http://www.flairs.org/

*Florida Division of Blind Services*
http://www.state.fl.us/dbs

*Florida Division of Vocational Rehabilitation*
http://www.state.fl.us/vocrehab/

*Florida Developmental Disabilities Council*
http://fddc.org/

*Florida Independent Living Council*
http://flailc.org/frames/thepage.htm

*Florida Spinal Cord Injury Resource Center*
http://www.gbdi.com/fscirc

*disABILITIES INFOrmation*
http://mailer.fsu.edu/~lschwart/hotlist3.htm

*Respect of Florida*
http://www.state.fl.us/respect/

*Vocational Rehabilitation Statutes (Chapter 413, Florida Statues)*
http://www.leg.state.fl.us/citizen/documents/statutes/1997/ch0413/PART02.HTM

*Telephone Counseling and Referral Service—Community Resource Directory On-line*
http://flairs.org/flairs/database

# Appendix A: Disability-Related Definitions

## Disability-Related Definitions

The following terms are as defined by the 1998 amendments to the *Rehabilitation Act*:

**Disability:** A physical or mental impairment that constitutes or results in a substantial impediment to employment; or a physical or mental impairment that substantially limits one or more major life activities.

**Individual with a disability:** Except as provided in other parts of the Rehabilitation Act, any individual who

- has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment; and

- can benefit in terms of an employment outcome from vocational rehabilitation services.

An individual with a disability is also any person who

- has a physical or mental impairment which substantially limits one or more of such person's major life activities;

- has a record of such an impairment; or

- is regarded as having such an impairment.

[NOTE: Individuals who are currently engaging in the illegal use of drugs, are abusing alcohol, or have certain disorders or contagious diseases are excluded from this definition.]

**Individual with a significant disability:**

(1) An individual with a disability who has a severe physical or mental impairment which seriously limits one or more functional capacities (such as mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, or work skills) in terms of an employment outcome;

   - whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time; and

   - who has one or more physical or mental disabilities resulting from amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculo-skeletal disorders, neurological disorders (including

stroke and epilepsy), paraplegia, quadriplegia, and other spinal cord conditions, sickle cell anemia, specific learning disability, end-stage renal disease, or another disability or combination of disabilities determined on the basis of an assessment for determining eligibility and vocational rehabilitation needs.

(2) An individual with a severe or physical or mental impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue in employment, respectively.

[NOTE: This term replaces "individual with a severe disability" formerly used in the Rehabilitation Act.]

**Personal assistance services:** A range of services, provided by one or more persons, designed to assist an individual with a disability to perform daily living activities on or off the job that the individual would typically perform if the individual did not have a disability. Such services shall be designed to increase the individual's control in life and ability to perform everyday activities on or off the job.

**Supported employment:** Competitive work in integrated work settings, or employment in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals, for individuals with the most significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability; and who, because of the nature and severity of their disability, need intensive supported employment services for the period.

**Transition services:** A coordinated set of activities for a student, designed within an outcome-oriented process, that promotes movement from school to post school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. The coordinated set of activities shall be based upon the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, community experiences, the development of employment and other post school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

The following are some of the commonly used data sources for disability research (as discussed in Stoddard et al., 1998):

**Current Population Survey (CPS):** A monthly survey conducted by the Census Bureau which collects labor force data of the United States population. The only disability measured by the CPS is work disability, which is contained in the annual March Income Supplement to the CPS. The CPS estimates work disability prevalence at the national level, but not at state levels.

**Decennial census ("Census"):** The most accurate source of disability data for states, the Census is conducted every ten years. Unlike other national surveys such as the CPS, NHIS, and SIPP, the Census is not based on representative sampling, but rather on counts of the entire U.S. population. The 1980 census measured only work disability, while the 1990 census included measurements for work disability, mobility limitation, and self-care limitation.

**Survey of Income and Program Participation (SIPP):** A national longitudinal survey conducted by the Census Bureau which measures demographics, disability status, income, labor force, and public program participation and eligibility. The most recent SIPPs were conducted in 1990, 1991, 1992, and 1993 and sampled 34,000 to 40,000 households (approximately 85,000 to 100,000 individuals).

**National Health Interview Survey (NHIS):** A nationwide survey conducted annually by the National Center for Health Statistics which collects health-related, socioeconomic, and demographic data from a sample of around 50,000 households (ranging from 100,000 to 120,000 individuals).

The terms defined below are used by several national organizations (as discussed in Stoddard et al., 1998):

**Activity limitation:** As used in the NHIS, a person's inability to perform a major activity for his or her age group, such as playing, going to school, or working, or a person's limited ability to perform major and other activities.

**Functional limitation:** As used in the SIPP, a person's inability to perform specific sensory and physical activities such as seeing ordinary newspaper print (with corrective lenses if needed), hearing normal conversation (with a hearing aid if needed), having speech understood, lifting or carrying 10 pounds, walking a quarter of a mile without resting, climbing a flight of stairs without resting, getting around outside, getting around inside, and getting into and out of bed.

**Work limitation:** As measured by the NHIS, a condition that prevents performance of work at all, allows only certain types of work to be performed, or prevents a person from working regularly.

The following terms were used in the 1990 census:

**Mobility limitation:** Any difficulty in going outside one's home without assistance.

**Self-care limitation:** Any difficulty in taking care of personal needs such as bathing or dressing.

**Work disability:** A disability that limits the kind or amount of work a person is able to perform.

**Severe disability:** A disability that prevents one from working at a job.

Other general terms:

**Assistive technology:** Mechanical or technical devices and equipment, such as canes, hearing aids, wheelchairs, or electronic devices, which assist an individual with a disability in performing basic activities.

**Developmental disabilities:** As defined by *the Developmental Disabilities Assistance and Bill of Rights Act* (PL 104-183), the term "developmental disability" means a severe, chronic disability of an individual 5 years of age or older that

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity—
    1. self-care,
    2. receptive and expressive language,
    3. learning,
    4. mobility,
    5. self-direction,
    6. capacity for independent living, and

7. economic self-sufficiency; and

- reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

**Natural supports:** People who are not disability service providers, but who provide assistance, feedback, contact, or companionship, to enable people with severe disabilities to participate independently, or partially independently, in integrated employment or other community settings. Individuals providing natural supports typically receive assistance and consultative support from disability service providers, and provide natural supports with or without compensation, depending on the situation. (Certo, N. J., Lee, M., Maut, D., Markey, L., Toney, L., Toney, K., Smalley, K. A., 1997: 1).

**Reasonable accommodation:** As defined by the *Americans with Disabilities Act* (PL 101–336), the term "reasonable accommodation" may include

- making existing facilities used by employees readily accessible to and usable by individuals with disabilities; and

- job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modifications of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities.

# Appendix B: Disability Data for Florida, 1990 Census

**Table A: Individuals in Florida with Any Disability (DIS), Work Disability (WD), Mobility Limitation (ML), and Self-Care Limitation (SCL), by District and County, 1990**

| Geographic Area | All 16–64 years | with DIS | with WD | Unable to Work | with ML | with SCL | All 65+ years | 65+ with ML or SCL |
|---|---|---|---|---|---|---|---|---|
| United States | 157,323,922 | 10.4% | 8.2% | 4.2% | 2.2% | 3.4% | 29,563,511 | 20.1% |
| Florida | 7,809,820 | 11.2% | 8.7% | 4.4% | 2.4% | 3.7% | 2,292,339 | 18.1% |
| District I | 450,757 | 13.4% | 11.5% | 5.9% | 3.0% | 3.4% | 85,516 | 22.4% |
| Bay | 77,030 | 13.4% | 11.5% | 6.0% | 3.0% | 3.5% | 14,628 | 22.3% |
| Calhoun | 5,988 | 16.8% | 14.4% | 8.1% | 4.2% | 4.1% | 1,392 | 27.4% |
| Escambia | 159,420 | 12.9% | 11.0% | 5.5% | 2.7% | 3.4% | 30,423 | 21.3% |
| Franklin | 5,397 | 14.2% | 12.4% | 8.7% | 3.3% | 3.2% | 1,528 | 25.7% |
| Gulf | 6,979 | 17.3% | 12.0% | 6.4% | 1.6% | 6.5% | 1,641 | 30.5% |
| Holmes | 9,193 | 16.0% | 14.5% | 9.0% | 4.3% | 3.2% | 2,289 | 32.1% |
| Jackson | 23,458 | 19.0% | 16.1% | 8.8% | 6.4% | 6.9% | 5,894 | 26.4% |
| Liberty | 2,798 | 20.9% | 14.6% | 9.8% | 6.3% | 11.2% | 569 | 42.2% |
| Okaloosa | 82,140 | 10.6% | 9.4% | 4.1% | 2.0% | 2.0% | 12,580 | 17.9% |
| Santa Rosa | 51,024 | 12.7% | 11.4% | 5.7% | 2.9% | 2.7% | 7,367 | 22.4% |
| Walton | 17,310 | 16.6% | 15.1% | 8.1% | 3.6% | 3.6% | 4,527 | 19.4% |
| Washington | 10,020 | 18.4% | 15.1% | 9.7% | 4.3% | 5.9% | 2,678 | 29.2% |
| District II | 399,695 | 10.6% | 8.5% | 4.3% | 2.3% | 3.4% | 60,944 | 23.5% |
| Alachua | 126,645 | 8.6% | 7.0% | 3.4% | 1.8% | 2.7% | 15,912 | 21.7% |
| Bradford | 11,848 | 16.2% | 13.7% | 7.6% | 4.3% | 4.8% | 2,565 | 24.3% |
| Columbia | 26,025 | 14.6% | 12.7% | 7.4% | 3.3% | 3.9% | 5,386 | 26.5% |
| Dixie | 5,906 | 22.8% | 21.2% | 13.7% | 4.9% | 5.1% | 1,856 | 24.5% |
| Gadsden | 23,751 | 18.7% | 12.8% | 6.8% | 3.7% | 8.5% | 4,732 | 27.5% |

| Geographic Area | All 16–64 years | with DIS | with WD | Unable to Work | with ML | with SCL | All 65+ years | 65+ with ML or SCL |
|---|---|---|---|---|---|---|---|---|
| Gilchrist | 5,446 | 14.6% | 12.9% | 7.4% | 3.5% | 3.2% | 1,238 | 26.4% |
| Hamilton | 5,848 | 14.8% | 12.3% | 7.4% | 2.5% | 3.5% | 1,180 | 26.3% |
| Jefferson | 6,639 | 15.7% | 12.2% | 8.3% | 3.0% | 5.4% | 1,509 | 29.0% |
| Lafayette | 2,992 | 15.0% | 11.0% | 7.0% | 3.2% | 5.8% | 600 | 20.5% |
| Leon | 135,620 | 7.0% | 5.5% | 2.1% | 1.6% | 2.3% | 15,039 | 19.7% |
| Madison | 8,962 | 15.3% | 11.8% | 6.6% | 2.8% | 5.1% | 2,250 | 32.7% |
| Suwannee | 15,838 | 16.5% | 14.5% | 8.0% | 3.8% | 4.1% | 4,235 | 25.8% |
| Taylor | 10,550 | 14.5% | 10.2% | 6.7% | 2.5% | 6.4% | 2,253 | 20.6% |
| Union | 4,628 | 11.4% | 9.7% | 5.3% | 2.7% | 3.6% | 710 | 24.8% |
| Wakulla | 8,997 | 12.6% | 10.8% | 5.2% | 3.3% | 3.2% | 1,479 | 26.8% |
| District III | 1,171,806 | 12.9% | 10.6% | 5.6% | 2.7% | 3.7% | 349,366 | 17.8% |
| Baker | 10,423 | 14.4% | 12.6% | 7.9% | 2.6% | 2.9% | 1,140 | 24.9% |
| Citrus | 49,304 | 15.5% | 13.7% | 7.8% | 3.3% | 3.4% | 28,458 | 15.4% |
| Clay | 65,562 | 10.0% | 8.4% | 3.6% | 1.8% | 2.4% | 7,942 | 19.8% |
| Duval | 415,173 | 12.1% | 9.1% | 4.3% | 2.4% | 4.2% | 68,821 | 23.4% |
| Flagler | 16,336 | 12.6% | 11.2% | 6.2% | 2.1% | 2.6% | 7,288 | 11.3% |
| Hernando | 53,054 | 15.2% | 13.4% | 8.0% | 3.5% | 3.5% | 30,617 | 14.7% |
| Lake | 82,819 | 12.7% | 10.7% | 5.8% | 2.8% | 3.3% | 40,847 | 14.7% |
| Levy | 15,178 | 18.2% | 16.2% | 9.2% | 4.3% | 4.5% | 4,700 | 23.2% |
| Marion | 110,569 | 14.8% | 12.7% | 7.3% | 3.5% | 3.7% | 42,266 | 16.6% |
| Nassau | 28,364 | 13.3% | 10.9% | 4.9% | 2.4% | 3.9% | 4,386 | 26.9% |
| Putnam | 37,948 | 17.0% | 15.2% | 9.7% | 4.2% | 4.4% | 11,403 | 19.0% |
| St. Johns | 52,577 | 10.5% | 8.8% | 4.2% | 2.0% | 2.8% | 13,164 | 15.9% |

| Geographic Area | All 16–64 years | with DIS | with WD | Unable to Work | with ML | with SCL | All 65+ years | 65+ with ML or SCL |
|---|---|---|---|---|---|---|---|---|
| Sumter | 16,842 | 16.9% | 14.6% | 9.1% | 3.8% | 4.5% | 6,878 | 16.4% |
| Volusia | 217,657 | 12.4% | 10.3% | 5.4% | 2.6% | 3.5% | 81,456 | 17.1% |
| District IV | 1,175,203 | 11.6% | 9.6% | 4.8% | 2.4% | 3.2% | 395,588 | 17.4% |
| Hillsborough | 541,062 | 11.0% | 8.9% | 4.4% | 2.4% | 3.2% | 97,816 | 20.1% |
| Pasco | 144,291 | 14.2% | 12.5% | 7.6% | 3.2% | 3.3% | 88,376 | 16.0% |
| Pinellas | 489,850 | 11.4% | 9.5% | 4.6% | 2.3% | 3.2% | 209,396 | 16.7% |
| District V | 1,265,640 | 10.4% | 8.5% | 4.1% | 2.2% | 3.1% | 283,515 | 17.4% |
| Brevard | 248,457 | 10.3% | 8.8% | 4.1% | 2.0% | 2.4% | 64,802 | 15.4% |
| DeSoto | 12,493 | 16.6% | 14.4% | 8.7% | 4.6% | 5.3% | 4,379 | 17.7% |
| Hardee | 11,251 | 13.9% | 12.3% | 7.7% | 4.2% | 4.3% | 2,913 | 21.1% |
| Highlands | 33,703 | 13.6% | 11.5% | 7.1% | 3.2% | 3.4% | 22,474 | 14.9% |
| Okeechobee | 17,248 | 17.0% | 12.8% | 7.5% | 3.9% | 6.3% | 4,743 | 23.2% |
| Orange | 443,692 | 9.8% | 7.6% | 3.4% | 2.0% | 3.4% | 68,663 | 19.2% |
| Osceola | 67,835 | 10.4% | 8.5% | 4.1% | 2.1% | 2.9% | 14,344 | 16.7% |
| Polk | 239,185 | 12.2% | 10.0% | 5.4% | 2.7% | 3.6% | 72,619 | 17.7% |
| Seminole | 191,776 | 7.9% | 6.5% | 2.8% | 1.4% | 2.0% | 28,578 | 18.2% |
| District VI | 1,444,425 | 10.1% | 7.4% | 3.5% | 2.0% | 3.8% | 542,159 | 17.2% |
| Broward | 758,017 | 10.2% | 7.2% | 3.4% | 2.0% | 4.0% | 254,592 | 19.2% |
| Indian River | 49,393 | 11.1% | 9.3% | 4.8% | 2.3% | 2.9% | 24,112 | 13.9% |
| Martin | 55,340 | 9.3% | 7.6% | 3.2% | 1.9% | 2.6% | 27,265 | 14.9% |
| Palm Beach | 495,773 | 9.5% | 7.0% | 3.2% | 1.9% | 3.6% | 205,012 | 15.5% |
| St. Lucie | 85,902 | 13.0% | 9.9% | 5.0% | 2.7% | 4.7% | 31,178 | 16.2% |

| Geographic Area | All 16–64 years | with DIS | with WD | Unable to Work | with ML | with SCL | All 65+ years | 65+ with ML or SCL |
|---|---|---|---|---|---|---|---|---|
| District VII | 620,510 | 11.1% | 9.1% | 4.5% | 2.2% | 3.0% | 299,861 | 14.0% |
| Charlotte | 56,342 | 12.8% | 11.2% | 6.2% | 2.4% | 2.7% | 36,559 | 13.3% |
| Collier | 89,184 | 8.7% | 7.0% | 3.1% | 1.6% | 2.4% | 33,875 | 11.3% |
| Glades | 4,404 | 19.0% | 13.0% | 8.5% | 2.8% | 7.4% | 1,460 | 19.0% |
| Hendry | 15,663 | 12.3% | 10.1% | 5.9% | 3.0% | 4.1% | 2,572 | 20.6% |
| Lee | 191,347 | 11.6% | 9.5% | 4.8% | 2.3% | 3.2% | 81,385 | 14.4% |
| Manatee | 114,578 | 11.6% | 9.4% | 4.6% | 2.4% | 3.4% | 57,565 | 15.2% |
| Sarasota | 148,992 | 10.5% | 8.6% | 4.1% | 2.0% | 2.8% | 86,445 | 14.0% |
| District VIII | 1,281,784 | 10.7% | 6.5% | 3.6% | 2.7% | 5.3% | 275,390 | 23.9% |
| Dade | 1,231,511 | 10.7% | 6.4% | 3.6% | 2.7% | 5.4% | 263,343 | 24.2% |
| Monroe | 50,273 | 9.8% | 8.5% | 3.8% | 1.9% | 2.3% | 12,047 | 15.9% |

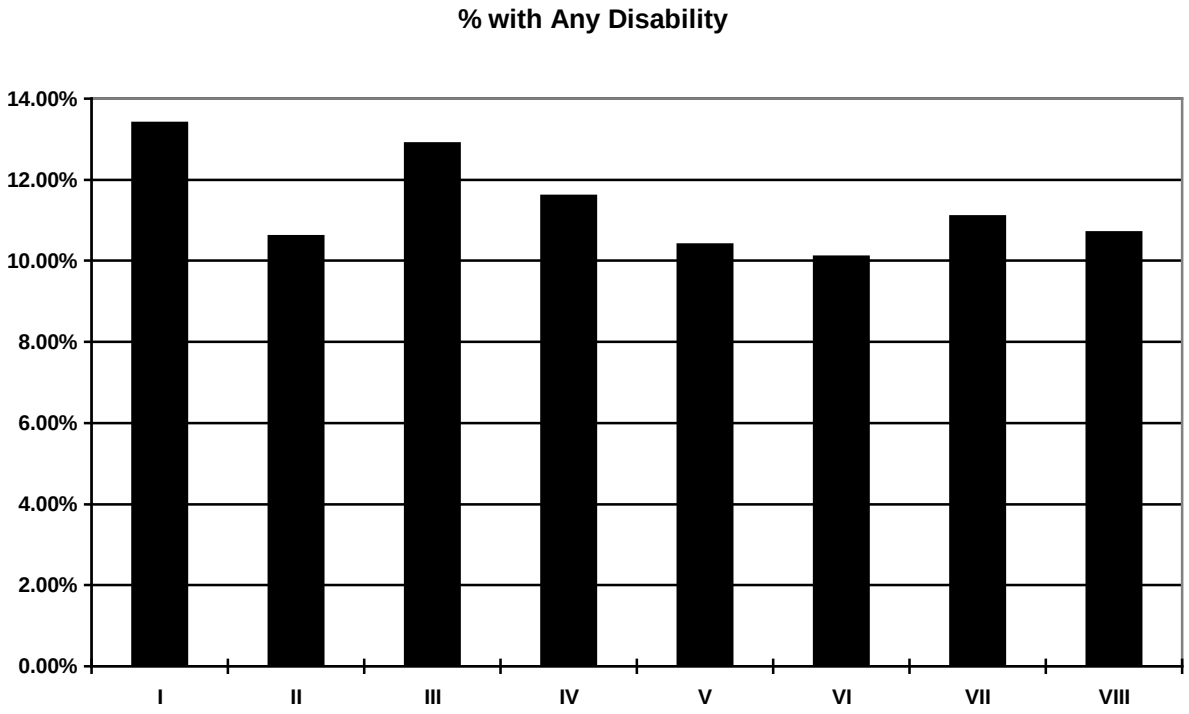
**Table B: Percent of Individuals 16–64 in Labor Force (LF), Employed (E), and Unemployed (U) in Florida, by Disability Status and County, 1990**

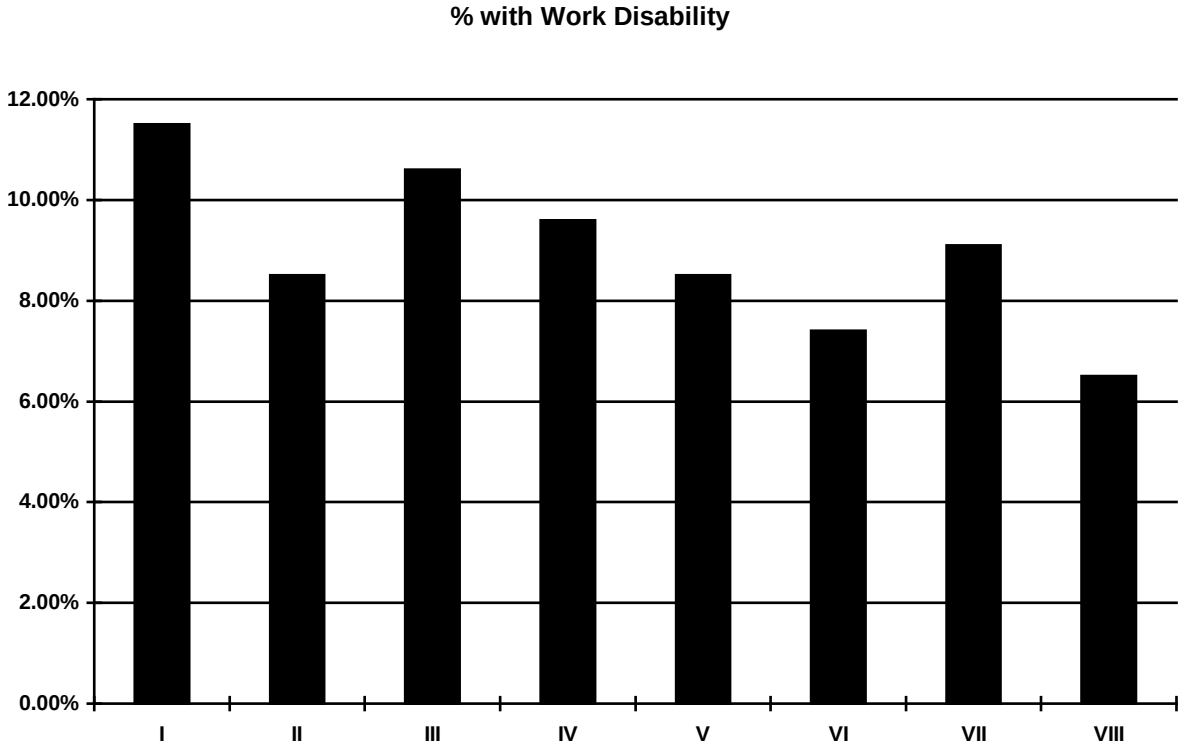
| Geographic Area | LF, all | E, all | U, all | LF, DIS | E, DIS | U, DIS | LF, WD | E, WD | U, WD | LF, ML | E, ML | U, ML | LF, SCL | E, SCL | U, SCL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| United States | 76.1% | 71.2% | 6.4% | 46.9% | 41.3% | 12.0% | 39.3% | 34.1% | 13.3% | 22.9% | 19.6% | 14.1% | 55.5% | 49.7% | 10.4% |
| Florida | 75.7% | 71.3% | 5.8% | 48.1% | 42.7% | 11.2% | 40.0% | 34.8% | 13.2% | 23.3% | 19.9% | 14.9% | 57.4% | 52.4% | 8.7% |
| Alachua | 70.1% | 66.2% | 5.6% | 48.7% | 44.0% | 9.6% | 42.1% | 37.2% | 11.8% | 19.6% | 17.1% | 12.7% | 55.3% | 51.0% | 7.7% |
| Baker | 71.8% | 66.6% | 7.2% | 34.7% | 30.9% | 11.0% | 29.3% | 25.2% | 14.0% | 11.1% | 11.1% | 0.0% | 48.2% | 47.2% | 2.0% |
| Bay | 72.3% | 67.5% | 6.7% | 43.7% | 37.5% | 14.1% | 38.8% | 32.1% | 17.2% | 20.9% | 16.2% | 22.5% | 49.6% | 46.1% | 7.0% |
| Bradford | 70.4% | 67.1% | 4.7% | 40.7% | 37.6% | 7.5% | 35.0% | 31.4% | 10.4% | 17.0% | 17.0% | 0.0% | 45.4% | 45.4% | 0.0% |
| Brevard | 75.8% | 71.5% | 5.7% | 47.9% | 42.1% | 12.0% | 43.2% | 37.4% | 13.4% | 23.5% | 19.6% | 16.7% | 55.2% | 50.2% | 9.1% |
| Broward | 79.4% | 75.1% | 5.3% | 53.6% | 47.8% | 10.8% | 43.8% | 38.2% | 12.7% | 27.4% | 23.4% | 14.7% | 63.2% | 57.4% | 9.1% |
| Calhoun | 67.2% | 62.9% | 6.4% | 41.1% | 35.8% | 13.1% | 36.4% | 30.8% | 15.3% | 22.8% | 19.6% | 14.0% | 46.7% | 41.0% | 12.3% |
| Charlotte | 67.0% | 64.0% | 4.5% | 35.5% | 32.5% | 8.2% | 32.0% | 28.9% | 9.7% | 13.7% | 12.6% | 8.0% | 41.7% | 39.6% | 4.8% |
| Citrus | 61.8% | 57.8% | 6.5% | 34.4% | 31.5% | 8.4% | 31.4% | 28.3% | 9.8% | 11.8% | 10.0% | 15.2% | 37.9% | 35.3% | 6.9% |
| Clay | 76.6% | 72.9% | 4.8% | 52.4% | 46.8% | 10.8% | 47.2% | 41.4% | 12.4% | 18.6% | 14.7% | 20.9% | 62.6% | 57.8% | 7.7% |
| Collier | 75.5% | 72.6% | 3.9% | 48.8% | 44.4% | 8.9% | 44.1% | 39.7% | 10.0% | 29.4% | 24.5% | 16.7% | 56.3% | 52.3% | 7.2% |
| Columbia | 71.0% | 65.4% | 8.0% | 39.8% | 32.2% | 19.0% | 33.9% | 26.0% | 23.3% | 13.3% | 13.3% | 0.0% | 43.6% | 40.9% | 6.1% |
| Dade | 75.9% | 70.1% | 7.7% | 51.7% | 45.2% | 12.6% | 35.7% | 29.8% | 16.7% | 30.0% | 25.2% | 16.0% | 63.9% | 57.2% | 10.5% |
| DeSoto | 71.2% | 67.0% | 5.9% | 37.1% | 32.7% | 11.7% | 33.7% | 29.0% | 13.9% | 17.6% | 8.4% | 52.5% | 35.4% | 28.2% | 20.3% |
| Dixie | 58.6% | 54.1% | 7.6% | 25.9% | 20.5% | 20.7% | 23.4% | 19.3% | 17.4% | 6.2% | 1.0% | 83.3% | 27.3% | 17.0% | 37.8% |
| Duval | 77.8% | 73.4% | 5.7% | 52.1% | 45.9% | 11.9% | 43.6% | 37.6% | 13.8% | 26.1% | 22.1% | 15.3% | 61.9% | 55.9% | 9.8% |
| Escambia | 71.3% | 66.3% | 7.0% | 43.2% | 37.5% | 13.2% | 38.2% | 32.6% | 14.7% | 19.1% | 15.7% | 17.9% | 47.5% | 43.3% | 9.0% |
| Flagler | 65.5% | 61.5% | 6.2% | 35.0% | 28.2% | 19.5% | 31.4% | 24.4% | 22.4% | 27.5% | 27.5% | 0.0% | 42.1% | 37.4% | 11.3% |
| Franklin | 65.1% | 59.7% | 8.3% | 26.5% | 23.6% | 10.8% | 23.0% | 23.0% | 0.0% | 0.0% | 0.0% | 0.0% | 38.5% | 25.9% | 32.8% |
| Gadsden | 71.4% | 66.0% | 7.6% | 46.0% | 41.2% | 10.3% | 33.1% | 28.4% | 14.2% | 12.4% | 8.8% | 29.4% | 56.8% | 51.2% | 9.8% |
| Gilchrist | 68.9% | 64.2% | 6.8% | 39.7% | 36.3% | 8.6% | 33.4% | 29.6% | 11.5% | 22.6% | 22.6% | 0.0% | 48.9% | 48.9% | 0.0% |
| Glades | 65.1% | 60.6% | 6.8% | 38.2% | 29.5% | 22.5% | 28.1% | 23.3% | 17.4% | 16.4% | 7.4% | 55.0% | 57.1% | 38.7% | 32.3% |
| Gulf | 67.3% | 63.1% | 6.3% | 42.1% | 38.0% | 9.6% | 29.7% | 24.7% | 16.9% | 28.2% | 26.4% | 6.5% | 60.5% | 58.5% | 3.3% |
| Hamilton | 68.6% | 62.7% | 8.7% | 32.6% | 25.5% | 21.6% | 26.2% | 18.8% | 28.0% | 12.2% | 8.2% | 33.3% | 46.1% | 42.2% | 8.5% |
| Hardee | 71.4% | 65.4% | 8.4% | 35.3% | 30.5% | 13.4% | 30.2% | 24.9% | 17.5% | 7.4% | 7.4% | 0.0% | 30.6% | 30.0% | 2.0% |

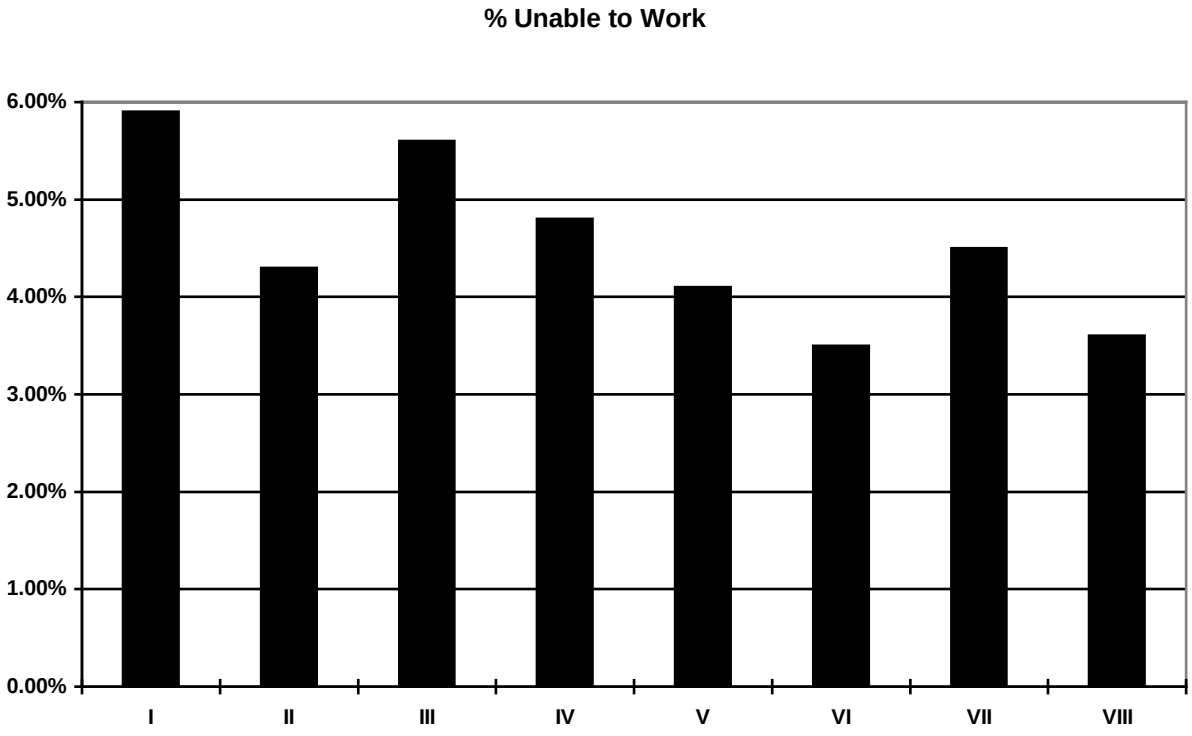
| Geographic Area | LF, all | E, all | U, all | LF, DIS | E, DIS | U, DIS | LF, WD | E, WD | U, WD | LF, ML | E, ML | U, ML | LF, SCL | E, SCL | U, SCL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Hendry | 74.1% | 68.2% | 8.0% | 41.4% | 35.3% | 14.8% | 33.3% | 28.2% | 15.3% | 24.3% | 24.3% | 0.0% | 52.8% | 47.0% | 10.9% |
| Hernando | 62.0% | 57.1% | 7.9% | 33.9% | 29.4% | 13.4% | 30.2% | 25.9% | 14.2% | 15.2% | 13.4% | 11.8% | 36.4% | 32.0% | 12.1% |
| Highlands | 65.6% | 61.6% | 6.1% | 35.4% | 32.1% | 9.3% | 28.7% | 25.4% | 11.6% | 19.9% | 18.3% | 7.8% | 45.9% | 43.3% | 5.7% |
| Hillsborough | 78.2% | 74.0% | 5.4% | 48.8% | 43.7% | 10.5% | 42.5% | 37.2% | 12.6% | 22.3% | 18.9% | 15.2% | 54.7% | 51.0% | 6.8% |
| Holmes | 68.9% | 64.3% | 6.7% | 37.0% | 31.9% | 13.8% | 31.9% | 26.3% | 17.4% | 12.1% | 9.3% | 22.9% | 44.4% | 44.1% | 0.8% |
| Indian River | 71.5% | 66.8% | 6.6% | 42.6% | 36.7% | 13.8% | 38.0% | 31.9% | 16.0% | 16.3% | 15.0% | 8.1% | 46.4% | 43.0% | 7.3% |
| Jackson | 71.6% | 67.6% | 5.5% | 40.3% | 35.8% | 11.1% | 36.3% | 32.3% | 11.1% | 23.4% | 21.2% | 9.3% | 39.2% | 34.4% | 12.3% |
| Jefferson | 71.9% | 68.2% | 5.2% | 35.9% | 33.6% | 6.4% | 25.0% | 22.0% | 11.9% | 12.1% | 12.1% | 0.0% | 48.0% | 48.0% | 0.0% |
| Lafayette | 72.1% | 68.9% | 4.4% | 43.8% | 41.8% | 4.6% | 32.5% | 32.5% | 0.0% | 24.0% | 24.0% | 0.0% | 51.4% | 46.2% | 10.1% |
| Lake | 70.2% | 66.2% | 5.8% | 40.6% | 36.1% | 11.1% | 34.4% | 30.0% | 12.8% | 16.9% | 12.4% | 26.4% | 49.3% | 44.3% | 10.0% |
| Lee | 74.7% | 71.5% | 4.4% | 47.7% | 43.2% | 9.5% | 40.9% | 36.1% | 11.7% | 25.9% | 22.8% | 12.0% | 58.6% | 54.9% | 6.3% |
| Leon | 77.9% | 74.4% | 4.5% | 58.6% | 53.6% | 8.4% | 52.7% | 47.1% | 10.6% | 39.9% | 34.3% | 13.9% | 61.3% | 57.4% | 6.4% |
| Levy | 65.7% | 61.8% | 6.1% | 36.1% | 31.4% | 13.1% | 31.4% | 27.1% | 13.7% | 12.9% | 11.3% | 12.9% | 36.9% | 33.4% | 9.4% |
| Liberty | 72.2% | 69.5% | 3.6% | 44.0% | 40.3% | 8.5% | 28.9% | 27.9% | 3.4% | 10.2% | 10.2% | 0.0% | 46.8% | 41.0% | 12.3% |
| Madison | 70.3% | 65.4% | 6.9% | 43.8% | 40.3% | 8.0% | 33.9% | 31.1% | 8.3% | 11.4% | 10.2% | 10.3% | 51.9% | 47.9% | 7.7% |
| Manatee | 75.9% | 72.3% | 4.7% | 47.8% | 42.7% | 10.6% | 41.8% | 36.0% | 13.9% | 16.5% | 13.6% | 17.9% | 53.1% | 51.1% | 3.7% |
| Marion | 69.1% | 64.6% | 6.6% | 38.6% | 32.7% | 15.3% | 33.5% | 27.2% | 18.6% | 14.8% | 11.7% | 20.9% | 45.7% | 41.3% | 9.7% |
| Martin | 73.4% | 70.1% | 4.6% | 49.9% | 45.1% | 9.5% | 46.2% | 41.2% | 11.0% | 24.0% | 22.1% | 8.0% | 52.7% | 50.1% | 5.1% |
| Monroe | 76.4% | 73.8% | 3.4% | 50.6% | 46.5% | 8.2% | 46.8% | 42.1% | 10.2% | 21.0% | 19.1% | 9.0% | 49.9% | 49.1% | 1.6% |
| Nassau | 73.9% | 69.3% | 6.1% | 49.5% | 43.3% | 12.4% | 44.0% | 37.2% | 15.5% | 22.0% | 18.9% | 14.2% | 51.8% | 48.9% | 5.5% |
| Okaloosa | 74.2% | 69.7% | 6.1% | 47.3% | 41.8% | 11.5% | 43.6% | 38.1% | 12.6% | 21.1% | 18.0% | 15.1% | 52.5% | 48.7% | 7.4% |
| Okeechobee | 70.9% | 67.1% | 5.4% | 40.6% | 35.3% | 13.0% | 31.2% | 24.8% | 20.3% | 16.5% | 13.2% | 19.6% | 48.6% | 47.2% | 2.8% |
| Orange | 80.7% | 76.8% | 4.8% | 53.9% | 48.5% | 9.9% | 46.0% | 40.4% | 12.1% | 27.2% | 24.2% | 10.9% | 61.7% | 57.6% | 6.6% |
| Osceola | 79.1% | 75.3% | 4.8% | 49.5% | 44.9% | 9.4% | 43.3% | 38.6% | 10.7% | 23.3% | 19.8% | 14.9% | 58.5% | 54.4% | 7.1% |
| Palm Beach | 77.6% | 73.6% | 5.1% | 54.5% | 50.1% | 8.1% | 45.5% | 41.3% | 9.3% | 26.2% | 24.0% | 8.7% | 62.8% | 58.4% | 7.1% |
| Pasco | 68.8% | 64.6% | 6.1% | 34.4% | 30.3% | 12.1% | 30.2% | 26.1% | 13.6% | 13.1% | 9.8% | 24.7% | 38.5% | 35.7% | 7.1% |
| Pinellas | 77.9% | 74.4% | 4.5% | 49.0% | 44.0% | 10.1% | 43.0% | 38.2% | 11.2% | 21.2% | 18.5% | 12.6% | 54.8% | 50.3% | 8.2% |
| Polk | 74.2% | 68.8% | 7.2% | 43.9% | 38.1% | 13.2% | 37.3% | 31.9% | 14.6% | 17.5% | 13.7% | 21.7% | 51.9% | 46.2% | 11.1% |
| Putnam | 64.6% | 59.6% | 7.8% | 31.0% | 26.8% | 13.6% | 26.3% | 21.9% | 16.6% | 12.2% | 8.8% | 28.2% | 36.1% | 32.6% | 9.7% |
| St. Johns | 74.8% | 71.5% | 4.5% | 44.7% | 40.2% | 10.1% | 40.8% | 35.9% | 12.0% | 26.6% | 22.8% | 14.1% | 46.8% | 44.4% | 5.1% |
| St. Lucie | 73.1% | 67.8% | 7.3% | 48.8% | 43.1% | 11.8% | 40.5% | 35.7% | 12.0% | 23.6% | 22.3% | 5.6% | 54.8% | 48.4% | 11.7% |

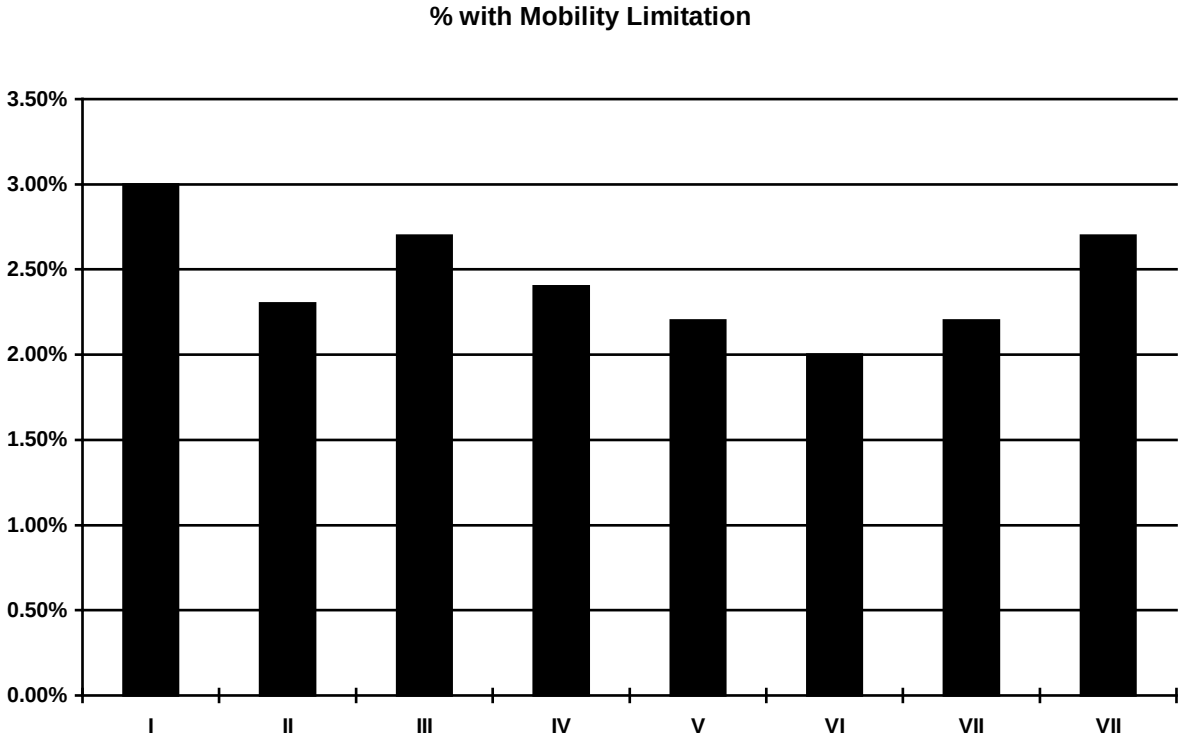
| Geographic Area | LF, all | E, all | U, all | LF, DIS | E, DIS | U, DIS | LF, WD | E, WD | U, WD | LF, ML | E, ML | U, ML | LF, SCL | E, SCL | U, SCL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Santa Rosa | 72.0% | 67.1% | 6.8% | 41.6% | 35.8% | 14.0% | 37.3% | 31.9% | 14.5% | 15.1% | 11.8% | 21.5% | 45.9% | 39.3% | 14.4% |
| Sarasota | 74.5% | 71.7% | 3.7% | 47.0% | 42.8% | 9.0% | 40.8% | 36.7% | 10.2% | 22.6% | 20.1% | 10.8% | 58.0% | 54.0% | 6.9% |
| Seminole | 80.7% | 77.0% | 4.6% | 54.3% | 48.3% | 11.0% | 48.8% | 42.3% | 13.3% | 27.7% | 23.1% | 16.4% | 64.6% | 60.2% | 6.8% |
| Sumter | 66.2% | 62.1% | 6.1% | 36.1% | 31.3% | 13.3% | 32.2% | 28.2% | 12.3% | 10.1% | 9.1% | 9.4% | 38.7% | 32.2% | 16.8% |
| Suwannee | 67.7% | 63.4% | 6.4% | 40.1% | 34.9% | 13.0% | 35.2% | 29.3% | 16.8% | 8.4% | 8.4% | 0.0% | 43.8% | 42.4% | 3.2% |
| Taylor | 67.8% | 62.5% | 7.9% | 31.0% | 27.0% | 13.1% | 21.0% | 18.2% | 13.3% | 9.8% | 9.8% | 0.0% | 42.9% | 38.1% | 11.1% |
| Union | 74.0% | 70.2% | 5.1% | 44.4% | 41.2% | 7.3% | 36.4% | 32.6% | 10.4% | 22.4% | 20.0% | 10.7% | 60.7% | 58.3% | 3.9% |
| Volusia | 72.7% | 68.4% | 6.0% | 42.8% | 37.7% | 11.8% | 36.8% | 31.7% | 13.8% | 17.8% | 14.3% | 20.1% | 49.7% | 45.5% | 8.3% |
| Wakulla | 80.2% | 75.9% | 5.3% | 51.2% | 42.2% | 17.5% | 47.0% | 36.5% | 22.4% | 29.4% | 27.4% | 6.9% | 41.1% | 41.1% | 0.0% |
| Walton | 69.0% | 64.2% | 6.9% | 40.1% | 34.4% | 14.2% | 36.7% | 31.3% | 14.7% | 21.2% | 18.8% | 11.5% | 34.2% | 29.3% | 14.2% |
| Washington | 66.4% | 62.5% | 5.8% | 34.3% | 30.8% | 10.3% | 27.3% | 24.4% | 10.7% | 13.6% | 10.5% | 22.4% | 38.6% | 35.1% | 9.2% |

# Appendix C: Disability Rates in Florida Division of Vocational Rehabilitation Districts


% with Any Disability
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
I
II
III
IV
V
VI
VII
VIII


% with Work Disability
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
I
II
III
IV
V
VI
VII
VIII




**Source: United States Bureau of the Census, 1990**

# Appendix D: Florida Social Security Recipients (Supplemental Security Income and Disability Insurance)

**Table C: Number of persons receiving Social Security payments (SSI and DI) in Florida, December 1996**

| Geographic Area | SSI: Disabled Adults | OASDI: Disabled Workers |
|---|---|---|
| Florida | 187,160 | 248,861 |
| Alachua | 2,924 | 2,700 |
| Baker | 293 | 505 |
| Bay | 2,114 | 2,785 |
| Bradford | 465 | 365 |
| Brevard | 3,965 | 8,685 |
| Broward | 12,647 | 19,825 |
| Calhoun | 322 | 300 |
| Charlotte | 778 | 2,670 |
| Citrus | 929 | 2,815 |
| Clay | 647 | 1,830 |
| Collier | 998 | 2,310 |
| Columbia | 1,310 | 1,330 |
| Dade | 47,150 | 25,800 |
| DeSoto | 397 | 655 |
| Dixie | 335 | 455 |
| Duval | 10,021 | 11,460 |
| Escambia | 5,194 | 5,120 |
| Flagler | 205 | 945 |
| Franklin | 243 | 250 |
| Gadsden | 1,542 | 1,165 |
| Gilchrist | 198 | 310 |
| Glades | 59 | 165 |
| Gulf | 259 | 290 |
| Hamilton | 340 | 305 |
| Hardee | 471 | 455 |
| Hendry | 320 | 475 |
| Hernando | 1,082 | 3,420 |
| Highlands | 1,055 | 1,680 |
| Hillsborough | 14,449 | 17,460 |
| Holmes | 476 | 620 |
| Indian River | 781 | 1,715 |
| Jackson | 1,271 | 1,120 |
| Jefferson | 359 | 280 |
| Lafayette | 94 | 140 |
| Lake | 2,026 | 3,880 |
| Lee | 3,341 | 6,645 |
| Leon | 2,086 | 2,040 |
| Levy | 545 | 910 |
| Liberty | 185 | 175 |
| Madison | 623 | 455 |
| Manatee | 1,951 | 4,080 |
| Marion | 3,322 | 5,840 |
| Martin | 720 | 1,755 |
| Monroe | 661 | 1,065 |
| Nassau | 484 | 1,010 |
| Okaloosa | 1,563 | 2,255 |
| Okeechobee | 528 | 795 |
| Orange | 10,244 | 13,095 |
| Osceola | 1,085 | 2,965 |
| Palm Beach | 6,596 | 12,830 |
| Pasco | 3,573 | 8,290 |
| Pinellas | 8,766 | 17,435 |
| Polk | 6,464 | 9,690 |
| Putnam | 1,661 | 2,025 |

| Geographic Area | SSI: Disabled Adults | OASDI: Disabled Workers |
|---|---|---|
| St. Johns | 1,054 | 1,840 |
| St. Lucie | 2,451 | 4,245 |
| Santa Rosa | 903 | 1,835 |
| Sarasota | 1,864 | 4,840 |
| Seminole | 2,277 | 4,700 |
| Sumter | 707 | 1,085 |
| Suwannee | 650 | 885 |
| Taylor | 402 | 455 |
| Union | 180 | 185 |
| Volusia | 4,759 | 9,440 |
| Wakulla | 254 | 320 |
| Walton | 582 | 855 |
| Washington | 569 | 525 |
| Unknown | 391 | 5 |

**Source: Social Security Administration, 1997**