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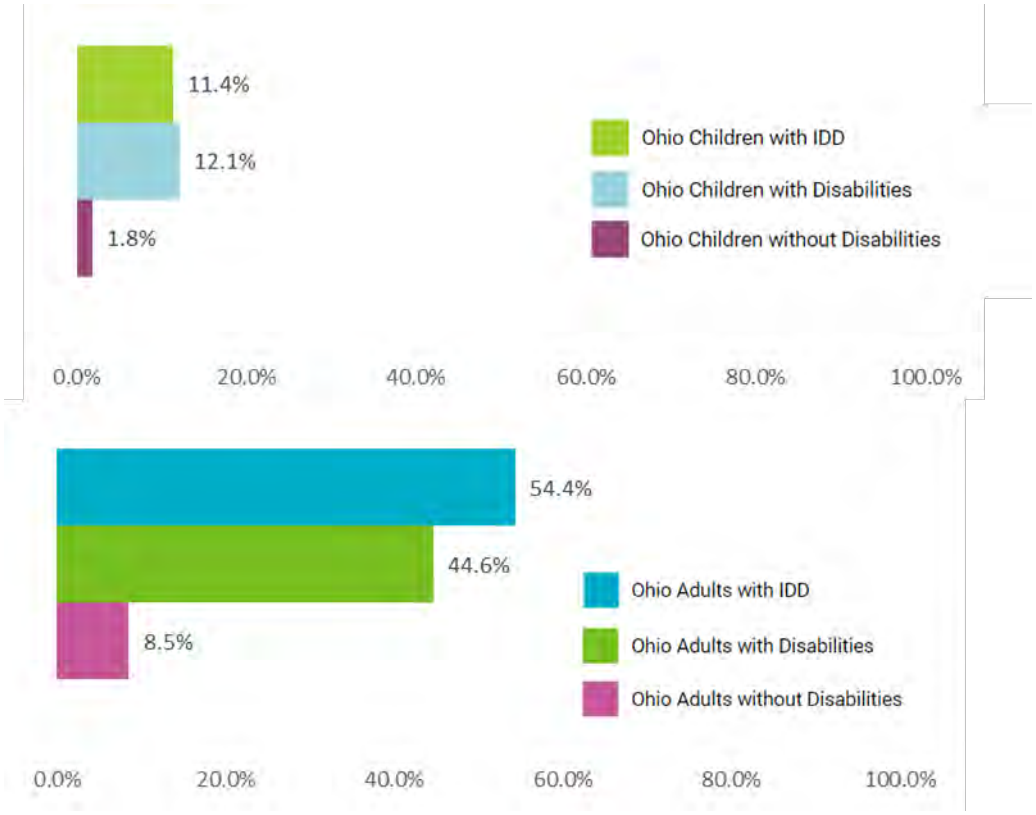
Health Status

People with disabilities report worse overall health outcomes in comparison to people without disabilities. Parents of Ohio children with IDD and CSHCN are more likely to report their child's health status as "fair" or "poor" (11.4% and 9.3% respectively) in comparison to Ohio children without disabilities (1.8%) (figure 16).[7,8] However, these Ohio figures are less than the national average of 12.9% for parents reporting their child with a disability as being in "fair" or "poor" health status.[39] Additionally of note, a large majority of both parents of children with IDD and CSHCN report their child's health as "excellent" or "very good" (67% and 71% respectively).[8]

Figure 16. Prevalence of Self-Reported "Fair" or "Poor" Health



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However, self-reported perceptions of health status for people with disabilities worsen with age. Ohio adults with disabilities are more likely to report their overall health status as “fair” or “poor” (44.6%) compared to Ohio adults without disabilities (8.5%).[12] For Ohio adults with IDD, the proportion who report “fair” or “poor” overall health is even greater (54.4%) (figure 16).[8] Only 17.9% of Ohio adults with IDD report their overall health as “excellent” or “very good” which is about 3.5 times lower than Ohio children with IDD.[8]

The disparity in ratings of overall health status for children and adults with disabilities in comparison to people without disabilities may be attributed in part to the fact that people with disabilities have a greater prevalence of chronic physical and mental conditions. Ohio children with IDD and CSHCN are more likely to be obese (27.9% and 26.1% respectively) than children without disabilities (23.6%).[7,8] Similarly, Ohio adults with IDD are more likely to be both underweight (2.8% for adults with IDD and 1.8% for adults without disabilities) and obese (43.2% for adults with IDD and 32% for adults without disabilities) than Ohio adults without disabilities.[8,12] The same trends are observed for all Ohio adults with disabilities as well, where 2.6% of adults with disabilities are underweight (compared to 1.8% of adults without disabilities) and 43.5% are obese (compared to 32% of adults without disabilities).[12] Additionally, the percentage of Ohio adults with IDD who are obese (43.2%) is slightly greater than the national average of 42.4%.[40] The average body mass index (BMI) of Ohio adults with IDD is 30.9 (class I obesity) with a range from 12.7 (underweight) to 194.7 (class III obesity).[8]

Ohio adults with disabilities are almost twice as likely to have at least one chronic condition compared to Ohio adults without disabilities (67.5% vs. 36.7%).[12] Ohio adults with IDD have higher rates of high blood pressure (52.1% vs. 29.4%), heart disease (13.3% vs. 5%), stroke (11.3% vs. 1.5%), high cholesterol (38% vs. 20.5%), diabetes (24.8% vs. 9.3%), and asthma (29.2% vs. 12.6%) compared to Ohio adults without disabilities.[8,12]

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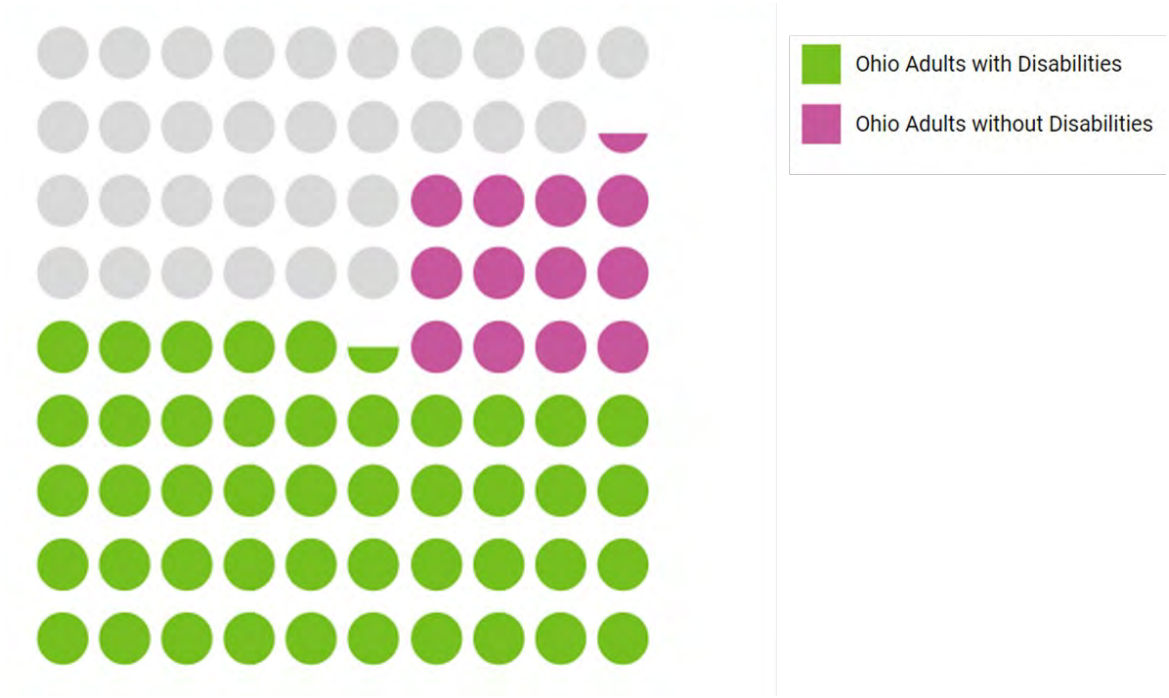
Furthermore, Ohio adults with IDD have greater rates of high blood pressure (52.1% vs. 49.7%), stroke (11.3% vs. 8.8%), high cholesterol (38% vs. 35.8%), diabetes (24.8% vs. 22.5%), and asthma (29.2% vs. 25.6%) compared to all Ohio adults with disabilities.[8,12] Also of note, Ohio adults with IDD and with disabilities in general have significantly higher rates of asthma (29.2% and 25.6% respectively) than the average for adults with disability nationally (16.5%).[40] There is also a high prevalence of depression among Ohio adults with disabilities. More than 45.4% of Ohioans with disabilities have depression compared to 13.2% of Ohioans without disabilities (figure 17).[41] This is higher than the national average where only 18.8% of adults with disabilities have regular feelings of depression.[40] The average number of days that Ohio adults with IDD reported that their mental health prevented work or activities was 7.4 days[8] and 19.5% of Ohio adults with disabilities experienced 14+ days of mentally distressed days in the past month compared to 0.8% of adults without disabilities.[12]

Figure 17. Prevalence of Depression among Ohio Adults



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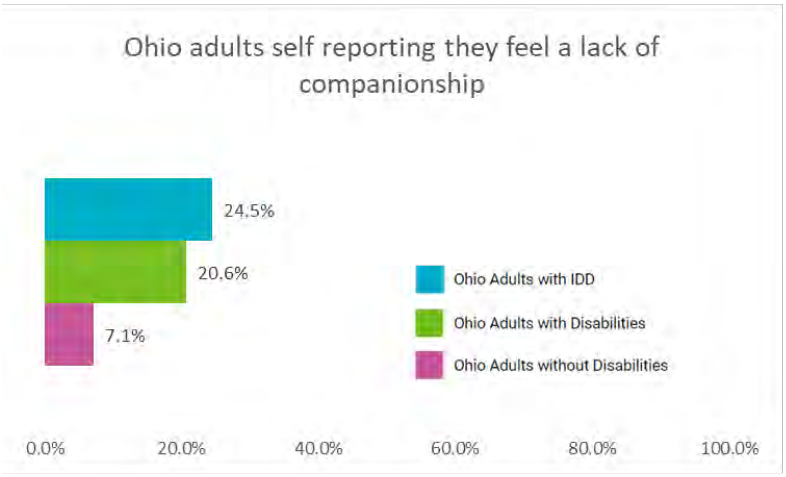
Furthermore, on average, Ohioans with disabilities experience more social isolation and lack of companionship than Ohioans without disabilities. Adults with IDD in Ohio are more likely to report that they often feel that they lack companionship (24.5% vs. 20.6% vs. 7.1%), feel left out (21% vs. 16% vs. 2.3%), and feel isolated from others (24% vs. 16% vs. 2.3%) than all Ohio adults with disabilities and Ohio adults without disabilities (figure 18).[8,12]

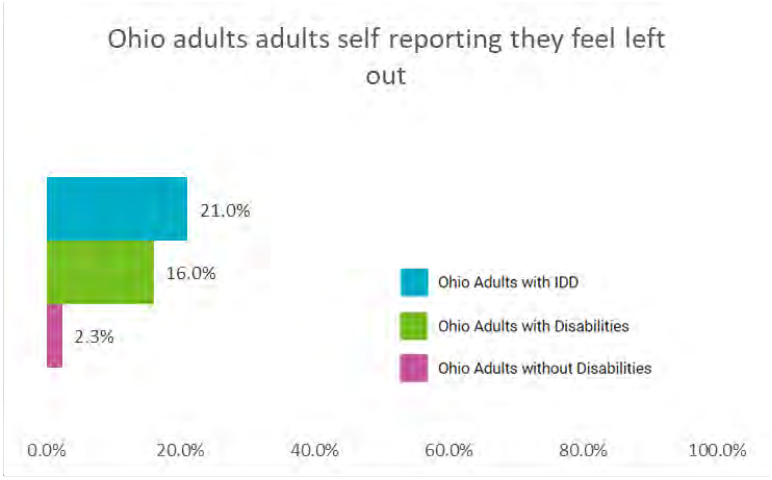
It is clear that Ohio adults with IDD experience worse physical and mental health outcomes in comparison to all Ohio adults with disabilities and adults without disabilities. Disparities also exist at the intersection of disability and race/ethnicity. For example, 32% of Black adults with IDD have high blood pressure compared to 21% of white adults with IDD nationally.[19] Also, data from the National Health Interview Survey and the Medical Expenditure Study have found that Latinx and non-Latinx Black adults with IDD have worse health outcomes than white adults with IDD and also nondisabled Latinx and Black adults.[19] They also found that Black adults with IDD had worse overall mental health than the other groups.[19] The Ohio State Health Assessment (SHA) notes that the true magnitude of the health disparities may not be fully captured in current Ohio data and thus we do not understand the true size of the gaps in outcomes for Ohioans of color with disability.[41] Better data needs to be collected to understand the intersectionality of race and disability on health outcomes in Ohio.

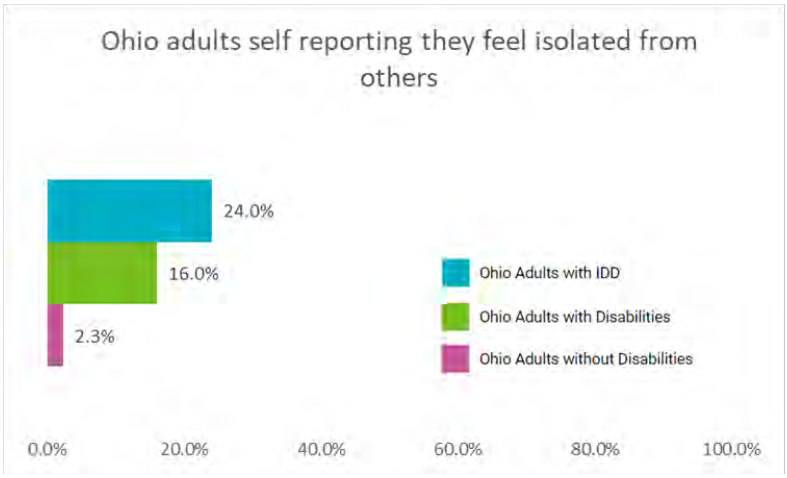
Health Behaviors

The health behaviors of Ohioans with IDD may also help to explain the health status outcomes described above. For example, sedentary behaviors in Ohio children and adults with disabilities is a concern. Ohio children with IDD and CSHCN are more likely to spend more hours with screen time in an average weekday than children without disabilities. The recommended screen time is no more than 2 hours per day for children ages 5-17 years.

Figure 18. Prevalence of Social Isolation among Ohio Adults







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However, 50.9% of Ohio children with IDD and 50.5% of Ohio CSHCN spend 3 hours or more on screen time on an average weekday compared to 40.2% children without disabilities.[7,8] Additionally, a large proportion (43.9%) of Ohio adults with disabilities report no leisure time or physical activity compared to 29.6% of all Ohio adults, which is a risk factor for many chronic conditions.[5,23] Furthermore, 34.9% of Ohio adults with IDD currently smoke compared to 16.7% of adults without disabilities.[8,12] This is higher than Ohio adults with any disability (32.2%)[12] and adults with disabilities nationally (21.1%).[40] In terms of electronic cigarette or use of vaping products, 38.1% of Ohio adults with IDD report using these products[8] compared to only 4.2% of adults with disabilities nationally.[40] Additionally, 10% of adults with IDD report using e-cigarettes or vaping products every day compared to 4.1% of adults without disabilities.[8,12]

Ohio adults with IDD are also more likely to have had an episode of binge drinking (4 or more drinks for women and 5 or more drinks for men on one occasion) than people without disabilities (38.8% vs. 22.9%).[8,12] Ohio adults with disabilities use marijuana or cannabis more than adults without disabilities (18% vs. 9.5%), with adults with IDD using marijuana or cannabis an average of about 4 days per month.[8,12] In addition, 13.3% of Ohio adults with IDD have used a prescription pain reliever in a way that was not directed by their doctor compared to 7.7% of adults without disabilities.[8,12]

Healthcare Utilization

A majority of children in Ohio have a regular source of medical care. An estimated 98.2% of Ohio children without disabilities have a regular source of care, which is slightly higher than children with IDD (97.2%) and CSHCN (96.9%).[7,8] Around 84% of Ohio adults with IDD report having a regular source of medical care compared to 93% of all Ohio adults with disabilities and 90% of adults without disabilities.[8,12] The top three locations where Ohio children with IDD and CSHCN receive their usual source of care are 1) doctor's office of health center (84.4% and 85.8%), 2) urgent care center (6% and 5.3%), and 3) hospital or emergency room (4.2% and 3.7%).[8]

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The top three locations where Ohio adults with IDD receive their usual source of care are 1) doctor's office or health center (60.6%), 2) hospital or emergency room (12.7%), and 3) urgent care center (7%).[8] Thirty-four percent of Ohio children with IDD and 33.3% of CSHCN report at least one emergency room visit within the past year,[8] which is higher than the national average of 11.1% for children with disabilities.[39]
The most common inpatient diagnoses among Ohio children with disabilities who are covered by Medicaid are mental health conditions (47%), other conditions such as seizure, pneumonia, sickle cell anemia crisis, and digestive system diagnoses (39%), and respiratory conditions (14%).[42] Similarly, 48% of Ohio adults with IDD report at least one emergency room visit within the past year,[8] which is also higher than the national average of 43.6% for adults with disabilities.[40] Among Ohio young adults with disabilities (ages 18-25 years) covered by Medicaid, the most common inpatient diagnoses are mental health and substance use/poisoning conditions (49%), followed by pregnancy and birth-related conditions (23%), and other conditions (23%) such as septicemia and other infections, seizure, sickle cell anemia crisis, and diabetes.[42]

In terms of preventive care, 87.5% of Ohio children with IDD and 88.2% of CSHCN received a well check-up within the past year, which is lower than the national average for children with disabilities (94%).[8,39] Also, 83.9% of Ohio children with IDD and 85.1% of CSHCN have been to a dentist within the past year.[8] Among Ohio adults with IDD, 89.8% has seen a doctor in the last year, which again is lower than the national average for adults with disabilities (94%).[8,40] Finally, when asked to reflect on their healthcare experience 3 years ago, 26% of adults with IDD report that getting medical care is becoming harder compared to 24.3% of all adults with disabilities and 15.5% of adults without disabilities.[8,12]

Unmet Healthcare Needs

Ohio children and adults with disabilities experience a number of unmet healthcare needs. More Ohio children with IDD and CSHCN report not getting needed dental care within the past year (8.2% and 7.6% respectively) than Ohio children without disabilities (4.4%).[7,8]

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Additionally, more Ohio children with disabilities and CSHCN have unmet prescription medication needs (7.5% and 7.6% respectively) than Ohio children without disabilities (2.2%).[43] In adults, more Ohio adults with IDD report not getting needed dental care within that past 12 months (26.6%) than all Ohio adults with disabilities (23.4%) and adults without disabilities (9.1%).[8,12] Similarly, more Ohio adults with IDD report not getting needed mental health services within that past 12 months (20%) than all Ohio adults with disabilities (16.8%) and adults without disabilities (3.8%).[8,12] Furthermore, 17.4% of Ohio adults with IDD could not get needed health care such as a medical exam or medical supplies in the past year and 43.7% delayed or avoided getting the care they needed.[8] Among the Ohio adults with IDD who reported delaying or avoiding needed care, 50% did so because the cost of care was too much, 27% did so because they did not have transportation, 28% did so because their provider was not available when they needed to go, and 24% did so because they could not find a provider.[8] The Ohio SHA also found that inability to see a doctor due to cost is the most common factor for not getting needed healthcare among Ohioans with disabilities.[41]

Many of the health gaps outlined in this "Health and Wellness" section of the report are due in large part to the failure of the health care system to deliver quality care to people with disabilities. For example, a recent study by Iezzoni et al.[44] revealed the biased attitudes that many physicians hold about disability that can contribute to the persistent health care disparities and inequities experienced by people with disabilities across their health status, behaviors, utilization, and unmet healthcare needs. Iezzoni et al.[44] cite previous literature and systematic reviews that found that the implicit beliefs of physicians towards patients significantly affect their treatment decisions and patient outcomes. In their study on physician perceptions about people with disabilities, Iezzoni et al.[44] randomly surveyed 714 physicians in the U.S. and found that 82.4% believed that people with disabilities have a worse quality of life than people without disabilities. They also found that only 40.7% of physicians felt "very confident about their ability to provide the same quality of care" to patients with disabilities.[44]

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Furthermore, only 56.5% strongly agree that they welcome patients with disabilities into their practice,[44] which may be one explanation as to why some Ohioans with disabilities report they could not find a provider[8] resulting in not receiving needed health care. Despite a large proportion of physicians not strongly agreeing with the statement that they welcome patients with disabilities into their practice, only 18.1% strongly agreed that patients with disabilities are "often treated unfairly in the health care system."[44] These findings suggest that many physicians in the U.S. may hold biased views about people with disabilities that can impact the quality of care that patients with disabilities receive and also demonstrates that a majority of physicians do not feel confident in their ability to provide the same quality of care that they deliver to patients without disabilities.[44] In Ohio, the Ohio Disability and Health Program is working to address training gaps for medical, nursing, and allied health professionals and students around disability competence. The Ohio Disability and Health Program partnered with the Alliance for Disability and Health Care Education to reach national consensus on a set of Core Competencies on Disability for Health Care Education to improve the quality of care delivered to people with disabilities by health care providers and to decrease health inequities. Information about these competencies can be found here.

Health Insurance Coverage and Healthcare Costs

The large majority of Ohio children with IDD and CSHCN have health insurance (96.8% and 96.6% respectively) with only 3.2% of children with IDD and 3.4% of CSHCN being uninsured.[8] These rates of being uninsured are lower than both the national average for children with disabilities, which is 4.3%, and Ohio children without disabilities, which is 5.3%.[7,39] The majority of children with IDD and CSHCN receive insurance coverage from Medicaid (51.3% and 45.7% respectively), whereas the most common source of coverage for children without disabilities is employer-based coverage (48%).[7,8] The next most common source of coverage for both Ohio children with IDD and CSHCN is employer-based coverage (37.2% and 42.7% respectively).[8]

Only 7.8% of Ohio adults with IDD are uninsured, which is lower than both Ohio adults with and without disabilities in Ohio and nationally.[8,12,40] A majority of Ohio adults with IDD receive insurance coverage from Medicaid (25.3%), Medicare (26.4%), or both (16.1%).[8]

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The next most common source of coverage is employer-based (16%),[8] which is the most common source of coverage for Ohio adults without disabilities.[12]

Ohio is among the top 15 most costly states in the nation for disability related healthcare expenditures. The average disability-related healthcare expenditures per individual with a disability in Ohio is $13,227 making it the 11th most costly state in the nation.[45] This is higher than four of the five states that border Ohio.[45] Indiana has an expenditure of $11,678, Michigan has an expenditure of $10,517, and both Kentucky and West Virginia have expenditures of $9,969 per individual with a disability.[45] The only bordering state that is slightly higher than Ohio is Pennsylvania at $13,431.[45]

COVID-19

Morbidity and Mortality

Evidence is emerging to suggest that people with disabilities may experience higher rates of serious morbidity and mortality from COVID-19. Kuper et al.[46] note that because people with disabilities are older on average and are more likely than people without disabilities to have underlying health conditions, such as respiratory diseases, they are at greater risk for morbidity and mortality if they contract COVID-19. Turk and McDermott[47] cite that in addition to the risk factors for severe morbidity and mortality previously mentioned by Kuper et al.,[46] people with disabilities are more likely to be in poverty and live in group settings, thereby also increasing risk of morbidity and mortality from COVID-19. Turk and McDermott[47] indicate that evidence is emerging about COVID-19 screening and triage difficulties for people with disabilities. For example, Rodríguez-Cola et al.[48] found that people with spinal cord injuries had differences in COVID-19 symptom manifestation, which challenged the screening and recognition of COVID-19 in these patients. Turk et al.[49] analyzed data from the TriNetX COVID-19 Research Network (a global federated network of health record data from 42 health care organizations) to identify COVID-19 trends among people with IDD. They found that people with IDD who also had COVID-19 had a higher prevalence of pre-existing conditions associated with poor COVID-19 outcomes and had higher fatality rates among both the 0-17 years and 18-74 years age groups compared to people without IDD.[49]

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Abedi et al.[50] analyzed data publicly available from USAfacts, the US Census Bureau, and COVID-19 data reported by each state department of health. They found that factors significantly associated with a higher mortality rate were counties with a higher percentage of people under the poverty level, a higher percentage of people with Medicaid coverage, and a higher rate of people with disabilities in the county.[50] Conversely, counties with a lower prevalence of people with disabilities had a significantly lower median death rate.[50] Landes et al.[51] in their review found that COVID-19 mortality rates were higher among adults with IDD and that adults with IDD were more likely to develop pneumonia from COVID-19 than adults without IDD. Furthermore, from a claims analysis of privately insured patients, a white paper from FAIR Health and John Hopkins University found that COVID-19 patients who have developmental disabilities had the highest odds of mortality from COVID-19 across all age groups and that patients with intellectual disabilities had the third highest odds of mortality from COVID-19 across all age groups.[52] Spreat et al.[53] also found that people with IDD are almost twice as likely to die from COVID-19 than people without disabilities from a sample of eight states (California, Colorado, Indiana, Maryland, New Jersey, New York, Pennsylvania, and Virginia).

Current publicly available morbidity and mortality data in Ohio does not track disability specific outcomes. However, given that the demographics of Ohio adults with disabilities (and IDD specifically) align with the characteristics of people with disabilities in the studies mentioned above, it is reasonable to predict that Ohioans with IDD have likely experienced higher rates of morbidity and mortality compared to Ohio adults without disabilities. The confirmed number of cases of COVID-19 and mortality data is reported for Ohio Long-Term Care Facilities where some Ohioans with IDD live, which may provide some useful insight into the possible mortality trends for Ohioans with IDD. From April 15, 2020 through July 7, 2021, there was a total of 51,359 confirmed cases of COVID-19 among residents of Long-Term Care Facilities in Ohio.[54] The total number of deaths that resulted during this same period was 7,609.[55] Based on these numbers, the current estimated case fatality rate among Ohio residents of Long-Term Care Facilities (the number of deaths from COVID -19 divided by the number of confirmed COVID-19 cases multiplied by 100) is approximately 14.8%. This is compared to the current estimated 2.2% total case fatality rate for all of Ohio (from April 15, 2020 through July 7, 2021), where there have been 931,084 confirmed cases of COVID-19 and 20,380 deaths.[56]

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It is important to recognize that people without disabilities who are also in a high-risk group for morbidity and mortality from COVID-19 live in long-term care facilities and the data available does not separate by disability status. It is likely that this observed gap is attributed in large part to older adults with chronic conditions. Additionally, some of the case data in long-term care facilities may be inflated compared to other settings because some facilities in Ohio were designated as healthcare isolation centers for COVID-19.[54] Although there is no current mortality data available on Ohioans with disabilities, from what has been found in other studies of mortality for people with disabilities and the large observed difference between case fatality rates between Long-Term Care Facilities in Ohio (where it is known that some Ohioans with IDD and other disabilities reside) in comparison to the state as a whole, suggests that there may be gaps in mortality rates among Ohioans with disabilities that should be further explored.

Vaccine Access

During national vaccine rollout, a majority of U.S. states did not specifically prioritize people with disabilities.[57] Ohio was one of seven states (Tennessee (phase 1a), Oregon (1a), Maryland (1b), Ohio (1b), Illinois (1b), Nevada (1c), and Washington (1c)) that specifically prioritized people with disabilities in their vaccination rollout plans.[57] However, due to lack of available data, it is unknown how many Ohioans with disabilities have been vaccinated to date.

Ohio COVID-19 Needs Assessments for People with Disabilities

The Ohio State University College of Public Health completed a COVID-19 needs assessment that included Ohioans with disabilities. Thirty-five individuals representing Ohioans with disabilities completed the needs assessment survey.[58] These individuals were a non-random sample who were purposefully selected because they represented organizations, agencies, and community groups that serve Ohioans with disabilities.

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These respondents predominately consisted of family members, caregivers, and guardians of people with disabilities as well as people who work with people with disabilities.[58] These individuals reported eight main barriers for Ohioans with disabilities to use recommended public health strategies to minimize the impact of COVID-19.[58] The first barrier was lack of access, availability, and cost, which limits the ability of Ohioans with disabilities to use protective hygiene practices due to high cost of cleaning supplies, to obtain personal protective equipment (PPE) for themselves and their caregivers, obtain COVID-19 testing due to limited availability, to quarantine, and seek appropriate healthcare due to limited access.[58] The second were barriers directly related to disability to follow recommended public health strategies.[58] For example, Deaf and Blind individuals need touch to communicate so social distancing is a challenge.[58] As another example, masks are difficult to use for certain individuals such as those who are Deaf who get information from facial cues and those with sensory issues cannot wear masks.[58] Also, some individuals are unable to cover sneezes and coughs.[58] A third identified barrier were challenges of housing and care facilities (such as living in group and congregate living settings) which affect the ability of people with disabilities to use protective hygiene practices, social distancing, PPE, and self-quarantining.[58] The next barrier was the need for others, such as caregivers, to assist with activities of daily living that limits the ability to follow the recommended public health guidelines.[58] A fifth barrier was lack of information and knowledge about COVID-19 as well as limited education and health literacy that limit the ability of people with disabilities to follow public health guidelines.[58] The sixth barrier were work-related challenges that limit the ability to social distance or use PPE such as jobs that don't allow working from home or making frequent hand washing impossible.[58] The seventh barrier was limited transportation options (i.e. reliance on public transportation or no transportation to healthcare locations) that impede the use of social distancing and access to COVID-19 testing and healthcare.[58] And the final identified barrier was limited access to technology, which limits the use of telehealth services and access to communication and information about COVID-19.[58]

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The Breaking Silences Advocacy Committee, Access Center for Independent Living, and The Ability Center of Greater Toledo partnered to conduct a survey of the experiences and unmet needs of Ohioans with disabilities during the COVID-19 pandemic.[59] A total of 83 Ohioans completed the survey, which was open to any Ohioan with a disability, family/friends/caregivers of Ohioans with disabilities, or professionals who work with Ohioans with disabilities.[59] Nearly half of these responses (48.2%) were from individuals with a disability, 32.5% were family members, caregivers, and/or friends of an individual with a disability, and 12.1% were health professionals who worked with people with disabilities.[59] These 83 participants represented 15 counties in Ohio, with the highest prevalence of responses from Montgomery County.[59] A majority (60.5%) of survey participants with disabilities expressed feeling fear for their lives during the pandemic.[59] This was almost double the rate compared to people without disabilities in the sample, where only 33.3% of family members, caregivers, and/or friends of an individual with a disability and only 30% of health professionals reported feeling fear for their lives during the pandemic.[59] From open-ended responses in the survey, this fear for people with disabilities was primarily attributed to people with disabilities being at high risk for morbidity and mortality from COVID-19, people with disabilities witnessing others in their communities not taking the pandemic seriously, and disruptions with in-home caregivers during the pandemic, which resulted in food insecurity and other unsafe situations such as not being properly on a ventilator or receiving wound care.[59] More than half of the survey respondents who use caregivers (55.5%) reported experiencing issues in finding caregivers as a direct result of the pandemic.[59] Also, among those who had caregivers, 32.5% reported not having PPE for themselves or their caregivers.[59]

Finally, six main themes emerged from an analysis of the open-ended responses. These included: 1) “disruption in daily activities and life situations” (such as changes in socialization and social opportunities, transition to telehealth challenges, social isolation, food insecurity, and financial concerns); 2) “issues in finding or securing qualified caregivers”;

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3) “concerns, fears, and behavioral health issues during COVID-19”; 4) “barriers and issues in meeting healthcare needs” (such as disruption in access to healthcare, supplies, and medication, lack of access to PPE, and emergency services and hospitals not making proper accommodations for accessibility to quality care); 5) “issues in how the healthcare system interfaces with people with disabilities”; and 6) “perceptions of the health department’s response” (which included the health department responding adequately, needing better dissemination of information, and needing better enforcement of mask wearing).[59]

Key Takeaways

- **Ohioans with disabilities report significantly more chronic health conditions and poorer subjective health than Ohioans without disabilities that worsens with age, which may be due in part to increased barriers to accessing competent health care with the transition to adulthood.**
- **The COVID-19 pandemic has magnified the health gaps experienced by Ohioans with disabilities.**
- **Ohioans with disabilities reported feeling more fear for their lives during the pandemic than Ohioans without disabilities due to witnessing others not taking the pandemic seriously and disruptions in receiving adequate in-home care giving during the pandemic.**

SAFETY AND SECURITY

Abuse, Neglect, Assault, and Adverse Childhood Experiences

Under Ohio Administrative Code 5123-17-03, guidelines are established to track individuals who are prohibited from working with Ohioans with developmental disabilities through an "Abuser Registry" that is maintained by the Ohio Department of Developmental Disabilities (DODD).[60] From the most recent available data, a total of 19,875 Major Unusual Incidents (MUI) were reported in Ohio, with the highest reported MUI category being unscheduled hospitalizations (25%).[61] There are currently 1,110 individuals on the DODD Abuser Registry (https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx). Abuser Registry offenses include physical abuse, sexual abuse, verbal abuse, prohibited sexual relations, neglect, misappropriation (theft), failure to report abuse, neglect, or theft, and conviction or guilty pleas to assault, menacing, domestic violence, sexual offenses, theft offenses, and patient abuse or neglect.[60]

According to the United States Department of Justice Bureau of Justice Statistics' 2009-2015 National Crime Victimization Survey, people with disabilities (ages 12 to 65 years) were at least 2.5 times more likely than people without disabilities to be victims of nonfatal violent crime, which includes rape, sexual assault, robbery, aggravated assault, and simple assault.[62] Children with disabilities ages 12-15 years had the highest rate of violent crimes in comparison to all other age groups.[62] In Ohio, DODD substantiated 258 reported allegations of sexual abuse from Ohioans with developmental disabilities committed by people without disabilities, though the true number is likely much higher due to many cases that are unreported or unsubstantiated.[63]

In terms of Intimate Partner Violence, a majority (61.6%) of Ohio adults with IDD who have intimate partners have never experienced violence with a partner.[8] However, 9.7% of Ohio adults with IDD reported at least one episode of intimate partner violence within the past year and 28.8% reported at least one episode greater than 1 year ago.[8]

Adverse Childhood Experiences (ACEs) are defined as potentially traumatic events that occur during childhood between the ages of 0 through 17 years.[20] ACEs are often categorized into three broad categories of abuse, household challenges, and neglect.[20] The top 5 ACEs experienced among Ohio children with IDD are experiences of 1) a parent or guardian getting divorced or separated (43.1%),

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2) living with anyone who was mentally ill, suicidal, or severely depressed (29.4%), 3) living with anyone who had a problem with alcohol or drugs (25.7%), 4) parent or guardian served time in jail after child was born (25%), and 5) being a victim of violence or witnessed violence in the neighborhood (19.5%).[8] Ohio children with disabilities are more likely to experience ACEs than Ohio children without disabilities. Nearly 62% of Ohio children without disabilities have never experienced an ACE compared to only 34.3% of Ohio children with disabilities never experiencing an ACE.[7] Rather, nearly half (47.1%) of Ohio children with disabilities experienced 1 to 3 ACEs, compared to 32.9% of children without disabilities, and 18.6% of Ohio children with disabilities experienced greater than 4 ACEs, compared to only 5.2% of children without disabilities (figure 19).[7] This amounts to 65.7% of children with disabilities who have experienced at least one ACE which is almost the same number as children without disabilities who have never experienced an ACE.[7] Among adults, as with children, Ohio adults with disabilities are more likely to report two or more ACEs (49%) than Ohio adults without disabilities (32%) (figure 20).[20]

Restrictive Measures and Restraint

The use of restrictive measures for people with IDD in Ohio are tracked by DODD. In 2018, DODD received 2,034 Restrictive Measures Notifications across 82 counties in Ohio.[64] Of the over 93,000 individuals that DODD actively serves, nearly 2% of those individuals had submitted a Restrictive Measures Notification in 2018.[64] The types of restrictive measures that were utilized were rights restrictions (2,296), manual (1,814), mechanical (684), chemical (210), and time out (35).[64]

In terms of use of restraint in Ohio schools, there are disparate incidents of restraints used on children in schools. According to data from the United States Department of Education, Ohio children with disabilities account for 80% of all restraint cases in schools, but only account for 14% of the Ohio school population.[65] Likewise, nationwide students with disabilities comprise 13% of the student population but account for 80% of physical restraint cases.[66]

According to a Disability Rights Ohio Policy Paper, people with disabilities are more likely to be victims of police brutality and the use of force than people without disabilities nationwide.[67]

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Figure 19. Prevalence of Adverse Childhood Experiences among Ohio Children

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Figure 20. Prevalence of Adverse Childhood Experiences among Ohio Adults

SAFETY AND SECURITY

While people with disabilities represent only 25.6% of the U.S. population,[10] they are estimated to represent 30-50% of individuals who are victims of the use of police force and 33-50% of individuals who are killed by police.[67] Furthermore, research has indicated that people with mental health disabilities are 16 times more likely to be killed by police during an encounter.[67] BIPOC students with disabilities are also more likely to be labeled as "threats" or "bad kids" by School Resource Officers and experience being handcuffed, tased, and dragged by their feet than other students and are disproportionately removed from traditional education settings.[67] In one small step to avoid negative policing outcomes for some Ohioans with disabilities, Ohio passed House Bill 115, the Communication Disability Law, in 2018.[68] This law set up a database where people with communication disabilities, who drive or ride in cars, can register with law enforcement to let them know they have a communication disability if pulled over.[68]

Key Takeaways

- **Ohioans with disabilities are more likely to experience Adverse Childhood Experiences compared to people without disabilities.**
- **Ohio students with disabilities are more likely to be restrained in school compared to students without disabilities.**
- **Nationally, adults with disabilities are more likely to be victims of violent crimes than people without disabilities.**