



2015

State Report for County-level Data: Prevalence



Disability Statistics & Demographics
Rehabilitation Research & Training Center

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The StatsRRTC and EPM-RRTC are part of the Institute on Disability at the University of New Hampshire. The Institute on Disability/UCED (IOD) was established in 1987 to provide a university-based focus for the improvement of knowledge, policies, and practices related to the lives of people with disabilities and their families and is New Hampshire's University Center for Excellence in Disability (UCED). Located within the University of New Hampshire, the IOD is a federally designated center authorized by the Developmental Disabilities Act. Through innovative and interdisciplinary research, academic, service, and dissemination initiatives, the IOD builds local, state, and national capacities to respond to the needs of individuals with disabilities and their families.

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2015 Arizona Report for County-level Data: Prevalence

Rehabilitation Research and Training Center on
Disability Statistics and Demographics
A NIDILRR-Funded Center



Introduction

The *State Reports for County-Level Data on Prevalence* are designed to provide the users of disability statistics with the number of people with disabilities for any given state and county in the United States (U.S.). This report is intended to be an online compliment to [Section 1: Population and Prevalence](#) of the *Annual Disability Statistics Compendium* and *Annual Disability Statistics Supplement*, providing greater detail within each state. The *State Reports for County-Level Data on Prevalence* can be used to compare county-level statistics between counties in any given state or states. The following report provides county-level statistics for [Arizona](#).

The proportions of people with disabilities, sometimes called prevalence, presented in the *State Reports for County-Level Data* is a useful tool for advocates, researchers, and policy-makers to plan and provide services and supports for people with disabilities. In this report, the prevalence of people with disabilities is presented as the number of people with disabilities in a given state and county per total state and county populations, respectively. Counts and percentages are provided in tables and maps.

The data for this report comes from the [American Community Survey 5-year data](#). The [American Community Survey \(ACS\)](#) is a national survey developed by the U.S. Census Bureau to provide information on a number of topics about social, economic, and demographic characteristics of the U.S. population. ACS 5-year data is collected over a longer period of time than 1-year data, providing larger sample sizes and increased reliability for less populated areas and small population subgroups. All of the statistics in this report use the ACS 5-year data which includes data from the year of the report and data from the four previous years.

In the ACS, people are identified as having a disability based on responses to a series of six questions asking about having difficulties with vision, hearing, ambulation, cognition, self-care, and independent living. These questions are:

- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Are you deaf or do you have serious difficulty hearing?
- Do you have serious difficulty walking or climbing stairs?

- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- Do you have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

A response of 'yes' to any one of these six questions identifies an individual as having a disability in the ACS. Specific to Arizona, the state chosen for this report, sentences providing interpretation and context for prevalence statistics are included below. A short glossary of terms is also provided at the end of the report explaining the statistics that are illustrated in each sentence.

Interpretation

The following statements are designed to help understand the 2015 county-level statistics from Arizona that are presented:

- For people with and without disabilities:
 - The **range** of total people across Arizona counties, also known as the difference between the largest and smallest counts of people across Arizona counties, was **3,979,839**.
 - The county with the greatest number of total people was **Maricopa** (3,988,822 people).
 - The county with the least number of total people was **Greenlee** (8,983 people).
 - The **average** number of total people across all counties was **435,567**.
 - The **median**, also known as the middle-most number, of total people across Arizona counties was **116,692**.

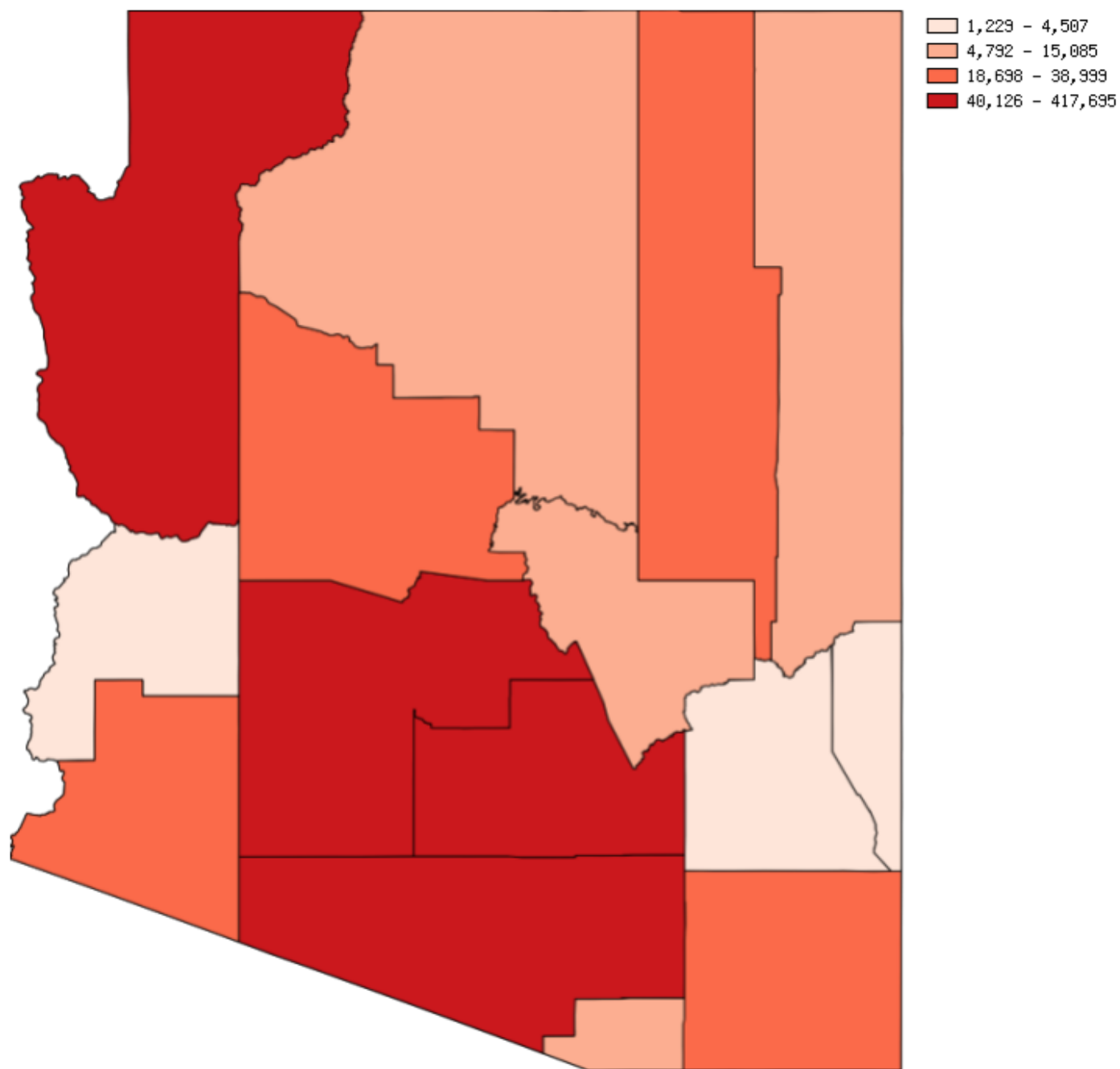
- For people with disabilities:
 - The **range** of people with disabilities across Arizona counties, also known as the difference between the largest and smallest counts of people with disabilities across Arizona counties, was **416,466**.
 - The county with the greatest number of people with disabilities was **Maricopa** (417,695 people).
 - The county with the least number of people with disabilities was **Greenlee** (1,229 people).
 - The **average** number of people with disabilities across all counties was **53,347**.
 - The **median**, also known as the middle-most number, of people with disabilities across Arizona counties was **18,698**

Prevalence of People with and without Disabilities for Arizona, by County: 2015

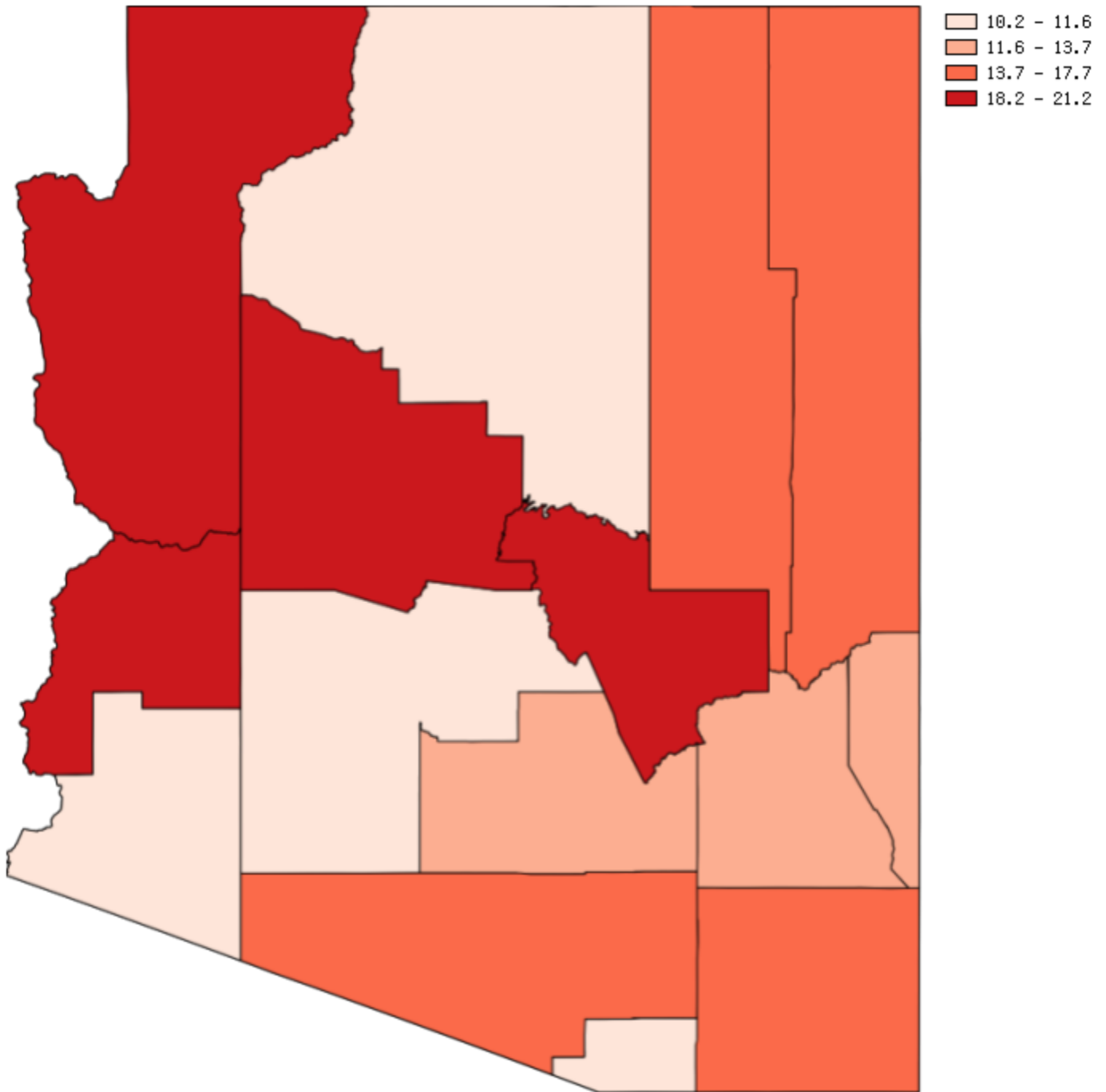
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Source: Calculations based on U.S. Census Bureau, 2016 American Community Survey, Public Use Microdata Sample. Data represents the civilian, noninstitutional population. Based on a sample and subject to sampling variability.

Count of People with Disabilities for Arizona, by County: 2015



Percentage of People with Disabilities for Arizona, by County: 2015



Discussion

There are a number of concepts and factors which complicate the interpretation of the estimates presented in this report. These concerns affect all statistics from population-based surveys. The estimates included in this document should be interpreted the following limitations in mind and generalized with caution. In each point, a link to the U.S. Census Bureau website describing the limitation or concept in greater detail in the ACS has been provided (www.census.gov/programs-surveys/acs/).

- Statistics are based on a sample and subject to sample variation (a discussion of this topic can be found [here](#)).
- Statistics based on a sample may not fully represent the total U.S. population (a discussion of this topic can be found [here](#)).
- People responding to the ACS may be different than people not responding (a discussion of this topic can be found [here](#)).
- When people do not respond to all ACS questions their responses are created based on assignment or allocation (a discussion of this topic can be found [here](#)).

Additional resources for the ACS:

- Information on the disability questions can be found [here](#).
- The ACS design and methodology can be found [here](#).
- The ACS questionnaire and instructions can be found [here](#).

Definitions

Average—The sum of all of the values in a sample divided by the number of values in the sample.

Median—The middlemost value of a sample that separates the upper half of the values from the lower half of the values.

Prevalence—The proportion of the population with a particular status or condition. Prevalence is usually expressed as a percentage or a number of people per unit of the population.

Population—The total number of inhabitants in a defined geographic area including all races, classes, and groups.

Range—The difference between the largest and smallest values in a sample. In a sample, when the smallest value is subtracted from the largest value the resulting value is called the range.

Rehabilitation Research and Training Center on Disability Statistics and Demographics

Policymakers, program administrators, service providers, researchers, advocates for people with disabilities, and people with disabilities and their families need accessible, valid data/statistics to support their decisions related to policy improvements, program administration, service delivery, protection of civil rights, and major life activities. The StatsRRTC supports decision making through a variety of integrated research and outreach activities by (a) improving knowledge about and access to existing data, (b) generating the knowledge needed to improve future disability data collection, and (c) strengthening connections between the data from and regarding respondents, researchers, and decision makers. In this way, the Stats RRTC supports the improvement of service systems that advance the quality of life for people with disabilities.

Led by the University of New Hampshire, the StatsRRTC is a collaborative effort involving the following partners: American Association of People with Disabilities, Center for Essential Management Services, Council of State Administrators of Vocational Rehabilitation, Kessler Foundation, Mathematica Policy Research, and Public Health Institute. The StatsRRTC is funded by the U.S. Department of Health and Human Services, Administration for Community Living, National Institute on Disability, Independent Living and Rehabilitation Research under grant number 90RT502201, from 2013–2018.

Employment Policy and Measurement Rehabilitation Research and Training Center

The EPM-RRTC generates and translates new information about disability employment policy and ways to measure the labor market experiences of people with disabilities. By improving the quality of available information about program interactions, policy options, and employment outcomes, the EPM-RRTC increases evidence-based advocacy and policymaking.

Led by the University of New Hampshire, the EPM-RRTC is a collaborative effort involving the following partners: Association of University Centers on Disability, Hunter College, Kessler Foundation, Mathematica Policy Research, and the University of Chicago. The EPM-RRTC is funded by the U.S. Department of Health and Human Services, Administration for Community Living, National Institute on Disability, Independent Living and Rehabilitation Research under grant number 90RT503701, from 2015–2020.



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