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.

Institute on Disability / UCED
10 West Edge Drive, Suite 101
Durham, NH 03284
603.862.4320 | relay: 711 | contact.iod@unh.edu
www.iod.unh.edu

2015 Iowa 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 Iowa.

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 Iowa, 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 Iowa that are presented:

- For people with and without disabilities:
    - The **range** of total people across Iowa counties, also known as the difference between the largest and smallest counts of people across Iowa counties, was **443,622**.
        - The county with the greatest number of total people was **Polk** (447,444 people).
        - The county with the least number of total people was **Adams** (3,822 people).
    - The **average** number of total people across all counties was **30,799**.
    - The **median**, also known as the middle-most number, of total people across Iowa counties was **15,093**.

- For people with disabilities:
    - The **range** of people with disabilities across Iowa counties, also known as the difference between the largest and smallest counts of people with disabilities across Iowa counties, was **46,190**.
        - The county with the greatest number of people with disabilities was **Polk** (46,791 people).
        - The county with the least number of people with disabilities was **Adams** (601 people).
    - The **average** number of people with disabilities across all counties was **3,559**.
    - The **median**, also known as the middle-most number, of people with disabilities across Iowa counties was **1,996**

Prevalence of People with and without

Disabilities for Iowa, by County: 2015

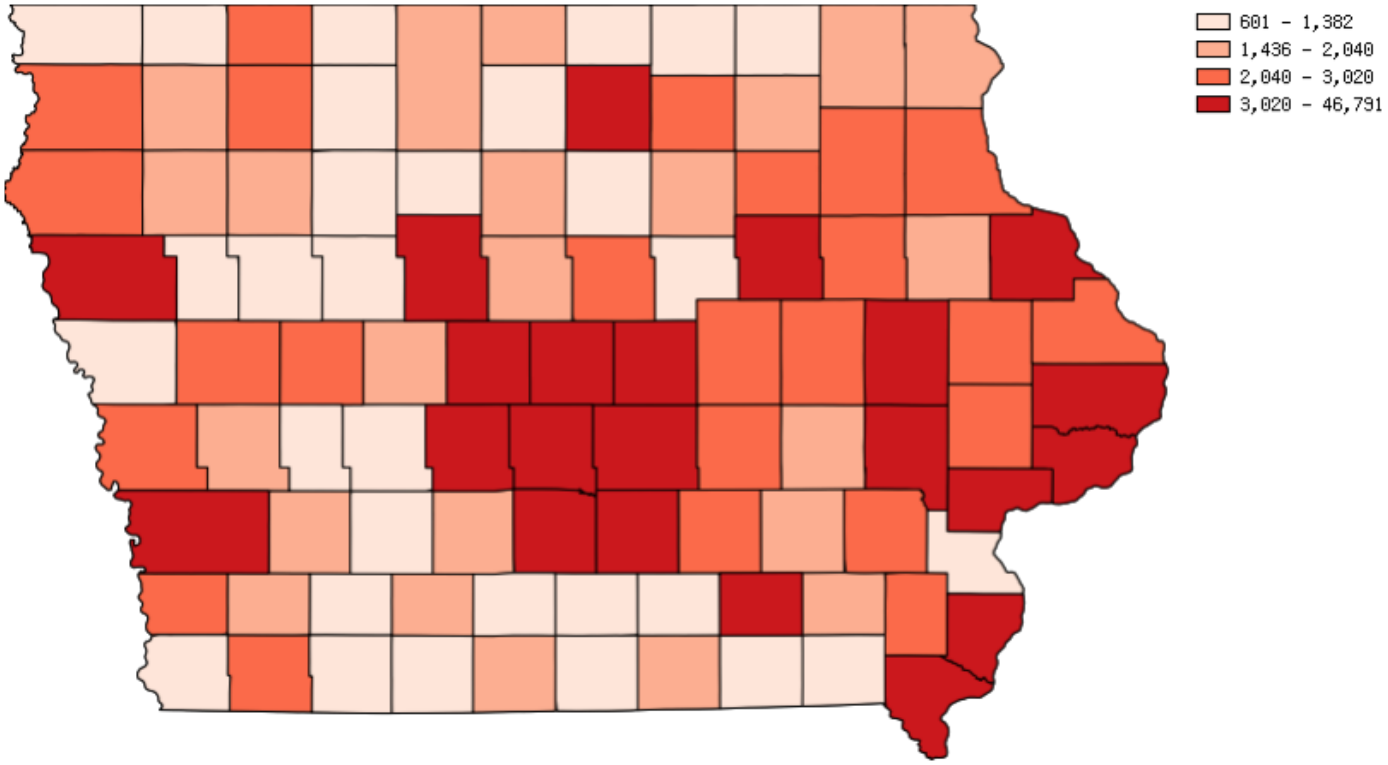
County	Total	Disability		No Disability	
		Count	%	Count	%
Iowa	3,049,107	352,372	11.6	2,696,735	88.4
Adair	7,287	1,135	15.6	6,152	84.4
Adams	3,822	601	15.7	3,221	84.3
Allamakee	13,753	1,583	11.5	12,170	88.5
Appanoose	12,538	1,996	15.9	10,542	84.1
Audubon	5,719	723	12.6	4,996	87.4
Benton	25,566	2,886	11.3	22,680	88.7
Black Hawk	131,212	15,342	11.7	115,870	88.3
Boone	25,769	3,643	14.1	22,126	85.9
Bremer	24,176	2,307	9.5	21,869	90.5
Buchanan	20,745	2,117	10.2	18,628	89.8
Buena Vista	20,234	1,892	9.4	18,342	90.6
Butler	14,705	1,479	10.1	13,226	89.9
Calhoun	9,381	1,301	13.9	8,080	86.1
Carroll	20,266	2,257	11.1	18,009	88.9
Cass	13,329	2,040	15.3	11,289	84.7
Cedar	18,133	2,128	11.7	16,005	88.3
Cerro Gordo	42,822	5,818	13.6	37,004	86.4
Cherokee	11,460	1,572	13.7	9,888	86.3
Chickasaw	12,116	1,658	13.7	10,458	86.3
Clarke	9,142	1,123	12.3	8,019	87.7
Clay	16,255	2,201	13.5	14,054	86.5
Clayton	17,569	2,138	12.2	15,431	87.8
Clinton	47,870	6,157	12.9	41,713	87.1
Crawford	17,051	2,293	13.4	14,758	86.6
Dallas	74,382	5,656	7.6	68,726	92.4
Davis	8,627	1,081	12.5	7,546	87.5
Decatur	8,140	1,466	18.0	6,674	82.0
Delaware	17,342	2,023	11.7	15,319	88.3
Des Moines	39,707	5,605	14.1	34,102	85.9
Dickinson	16,758	2,449	14.6	14,309	85.4
Dubuque	94,656	10,359	10.9	84,297	89.1
Emmet	9,645	1,230	12.8	8,415	87.2
Fayette	20,234	2,868	14.2	17,366	85.8
Floyd	15,841	2,180	13.8	13,661	86.2
Franklin	10,336	1,331	12.9	9,005	87.1
Fremont	6,983	1,042	14.9	5,941	85.1
Greene	9,059	1,469	16.2	7,590	83.8
Grundy	12,255	1,289	10.5	10,966	89.5
Guthrie	10,602	1,382	13.0	9,220	87.0
Hamilton	15,093	2,009	13.3	13,084	86.7
Hancock	10,940	1,230	11.2	9,710	88.8
Hardin	16,849	2,095	12.4	14,754	87.6
Harrison	14,218	2,101	14.8	12,117	85.2
Henry	18,884	2,389	12.7	16,495	87.3
Howard	9,320	1,138	12.2	8,182	87.8
Humboldt	9,557	1,138	11.9	8,419	88.1
Ida	6,942	896	12.9	6,046	87.1
Iowa	16,095	1,770	11.0	14,325	89.0
Jackson	19,381	2,446	12.6	16,935	87.4
Jasper	35,023	5,189	14.8	29,834	85.2
Jefferson	17,173	1,763	10.3	15,410	89.7

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.

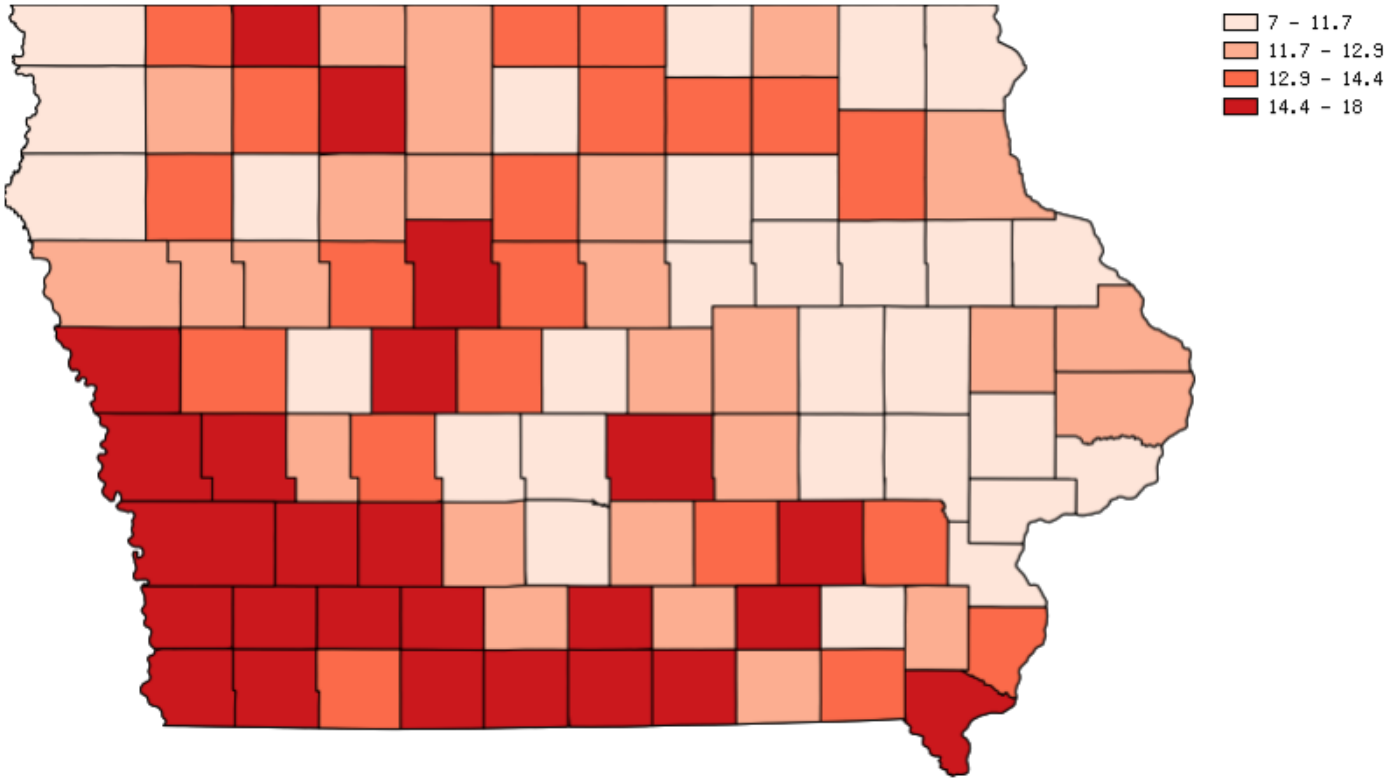
County	Total	Disability		No Disability	
		Count	%	Count	%
Johnson	137,748	10,109	7.3	127,639	92.7
Jones	19,236	2,419	12.6	16,817	87.4
Keokuk	10,168	1,578	15.5	8,590	84.5
Kossuth	15,022	1,943	12.9	13,079	87.1
Lee	34,700	5,714	16.5	28,986	83.5
Linn	214,649	21,868	10.2	192,781	89.8
Louisa	11,141	1,277	11.5	9,864	88.5
Lucas	8,598	1,297	15.1	7,301	84.9
Lyon	11,553	1,233	10.7	10,320	89.3
Madison	15,457	1,858	12.0	13,599	88.0
Mahaska	22,162	2,903	13.1	19,259	86.9
Marion	32,999	4,084	12.4	28,915	87.6
Marshall	39,971	5,166	12.9	34,805	87.1
Mills	14,622	2,487	17.0	12,135	83.0
Mitchell	10,545	1,091	10.3	9,454	89.7
Monona	8,876	1,366	15.4	7,510	84.6
Monroe	7,866	1,000	12.7	6,866	87.3
Montgomery	10,272	1,837	17.9	8,435	82.1
Muscatine	42,430	4,694	11.1	37,736	88.9
O'Brien	13,886	1,747	12.6	12,139	87.4
Osceola	6,107	851	13.9	5,256	86.1
Page	14,734	2,491	16.9	12,243	83.1
Palo Alto	9,005	1,379	15.3	7,626	84.7
Plymouth	24,561	2,531	10.3	22,030	89.7
Pocahontas	6,967	870	12.5	6,097	87.5
Polk	447,444	46,791	10.5	400,653	89.5
Pottawattamie	92,061	13,445	14.6	78,616	85.4
Poweshiek	18,388	2,249	12.2	16,139	87.8
Ringgold	4,874	744	15.3	4,130	84.7
Sac	9,907	1,238	12.5	8,669	87.5
Scott	168,281	17,342	10.3	150,939	89.7
Shelby	11,770	1,798	15.3	9,972	84.7
Sioux	34,084	2,502	7.3	31,582	92.7
Story	92,861	6,510	7.0	86,351	93.0
Tama	17,098	2,146	12.6	14,952	87.4
Taylor	6,111	877	14.4	5,234	85.6
Union	12,435	1,894	15.2	10,541	84.8
Van Buren	7,365	1,021	13.9	6,344	86.1
Wapello	34,926	5,063	14.5	29,863	85.5
Warren	46,957	5,311	11.3	41,646	88.7
Washington	21,694	3,020	13.9	18,674	86.1
Wayne	6,282	1,031	16.4	5,251	83.6
Webster	35,536	5,220	14.7	30,316	85.3
Winnebago	10,395	1,436	13.8	8,959	86.2
Winneshiek	20,604	1,687	8.2	18,917	91.8
Woodbury	101,578	12,602	12.4	88,976	87.6
Worth	7,462	1,013	13.6	6,449	86.4
Wright	12,757	1,655	13.0	11,102	87.0

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 Iowa, by County: 2015



Percentage of People with Disabilities for Iowa, 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.



Institute on Disability / UCED
10 West Edge Drive, Suite 101
Durham, NH 03824
603.862.4320 | relay: 711
contact.iod@unh.edu

iod.unh.edu