

PEOPLE WITH DISABILITIES AND LIMITATIONS

BY

Randall L. Workman, University of Guam

and

Ann M. Workman, University of Hawaii/East-West Center

Introduction

Governments are being pressured to meet the needs of persons with disabilities. It is a growing human rights issue around the world and in the Pacific (Fitzgerald and Armstrong, 1992). The issue on Guam, as elsewhere, is the equalization of opportunity and its demand for improved accessibility. It is the call for social responsibility to assist individuals with limitations so they can function and contribute in society, and have satisfying life experiences (Gartner and Joe, 1987).

Guam has a wide array of programs to assist persons with disabilities, including both private and public organizations. The Governor's Commission of Disabilities, and the Developmental Disabilities Council act as umbrella networks linking these groups and agencies together. Even so, public awareness of people with disabilities on Guam is minimal. Their needs are overshadowed by other headline topics. People do take notice when persons with disabilities are made the focus of a "human interest" media story, but for many people that is their only contact. People with disabilities must attend to their own needs, a concern shared with their families and service programs.

A criticism for this limited awareness is the lack of research data and insufficient agency record counts. The 1990 Census will help correct this situation. For the first time the U.S. Census included questions identifying persons with disabling conditions. Articles using 1990 census data, like this one, can stimulate public awareness, and encourage improved social responsibility.

Our awareness and understanding is very dependent on our definitions of "who are individuals with limitations." The census definitions were designed to be broad and inclusive for public policy decisions. Thus they are more general than specific ideas held by many people. Yoichi Rengiil and Jane Jarrow from Guam explain differences in cultural definitions of disability in their paper "Culture and Disability in Palau" (Fitzgerald and Armstrong, 1992). These different meanings, they argue, must be addressed in presentations and reports. Not just for interpretation of findings, but for clarity when explaining such findings. How Pacific Island readers understand and re-state these data in public discourse will be critical in furthering the acceptance and integration of persons with disabilities in this region. Following their discussion, the definitions by the World Health Organization (WHO) will be the meanings implied by terms used in this chapter:

"Impairment: Any loss or abnormality of psychological, physiological, or anatomical structure or function.

"Disability: Any restriction or lack (resulting from an impairment) of an ability to perform an activity in the manner or within the range considered normal for a human being.

"Handicap: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors for that individual).

"Equalization of opportunities: The process through which the general system of society, such as the physical and cultural environment, housing and transportation, social and health services, educational and work opportunities, cultural and social life, including sports and recreational facilities, are made accessible to all."
(WHO, 1980)

This chapter focused on three items in the 1990 Census. These asked if a person had a health condition that had lasted 6 or more months and which made it difficult to perform one of several activities. The term "health condition" referred to both physical and mental conditions. A temporary health problem, such as a broken bone that was expected to heal normally, was not considered an impairment restricting the normal range of human activity; therefore, it would not have been recorded.

It is meaningful to note the conceptual perception being defined. Public ideas of "handicapped" and "the disabled" often include judgements of stigma, or contrasts of abnormal from normal people. The census definition focused perceptions on people with a self-recognized condition which had resulted in a specified consequence, restriction, or difficulty. This chapter, therefore, will refer to "people with a limitation" or "people reporting an impairment" to emphasize a status category in the general population - that is, persons effected by a disabling condition.

Mobility Limitation status was defined by item 19a which asked if persons had a health condition that had lasted 6 or more months and which made it difficult to go outside the home alone. Examples of outside activities on the questionnaire included shopping and visiting a doctor's office. *Self-care Limitation* status derived from item 19b which asked if persons had a health condition that had lasted 6 or more months and which made it difficult to take care of their own personal needs, such as dressing, bathing, or getting around inside the home. Data on *Work Disability* status were obtained from item 18 which asked persons if they had a health condition lasting 6 or more months and which limited the kind or amount of work they could do at a job or business. This included persons with a health condition that restricted their choice of jobs, or limited the amount of work if he or she was not able to work full-time. Persons reporting a work disability were further divided into those "Prevented from working," or if not prevented from working, then as either "In The Labor Force" or "Not Working".

These three items were asked to all persons 15 years of age and older. Reported tabulations restricted to those aged 16 years and over. Unfortunately, this leaves policy questions about children with disabilities unanswered. It also meant that this chapter needed to pay special attention to differences between young and elderly adults. Aging increases the health susceptibility of even the most athletic persons. Our analyses separated elderly (*manamko*)

adults aged 65 years or older from those younger (*manhoben*) age 16 to 64 years.

This study began its investigation examining age differentials which can influence observed differences in other social traits. For example, certain ethnic communities may have higher percentages due to greater concentrations of older persons. Because concerns with mobility and self-care limitations transcend all ages, this study examined differences by age, ethnicity and education first, and then addressed the more age-specific concern with work related disabilities.

Adults With Mobility and Self-Care Limitations

Persons with disabilities constitute a true minority in Guam's society. Only about 5 percent of adults, 3,727 persons, reported health conditions making it difficult to either "go outside the home" (i.e., mobility limitation) or to "care for personal needs" (i.e., self-care limitation). Table 11.1 displays percentage calculations for comparison across age and gender groupings, while Table 11.2 presents the actual numerical counts.

Examining across the upper panel of Table 11.1, the incidence of either a mobility or self-care limitation increased with age. Just 3.2 percent of young adults age 16 to 34 years reported a limitation. In contrast about one of every seven elderly over the age of 64 years, or 15 percent reported such limitations. Some human impairments are minor inconveniences for younger persons but more debilitating for older persons, and some impairments result from the aging process, affecting people as they get older. The incidence of disability limitations among Guam's *manamko*, elderly age 65 or more years (14.9%), is over twice that found in the next younger age group, those age 50 to 64 years (6.4%), and triple that of persons age 35 to 49 years (4.1%).

No difference appeared between males and females who had near equal levels of incidence. Among the younger and middle age adults males reported rates slightly higher than females. The fact that women live longer than men, however, may account for the shift among the elderly where women reported rates notably higher than men (17.3 versus 12.4 percent respectively).

Place Tables 1 and 2 about here

Although the elderly had higher rates of incidence, the largest numbers of persons with limitations were among persons under age 50 (see Table 11.2). Over half (57% or 2,154) of people reporting a limitation were age 16 to 49 years, and in fact one-third (1,254) were in the youngest group age 16 to 34 years. The numbers reveal, however, that the types of limitation differ between the younger and older age cohorts. The ratio of "self-care" cases per 100 "mobility" cases illustrates this point. Among those aged 16 to 34 years, this ratio is 474.0 cases of self-care limitation per 100 mobility cases (i.e., 1,166 to 246). This ratio steadily declined to only 93.3 cases of self-care limitation per 100 mobility cases among *manamko* age

65 years or older.

In other words, among younger adults, impairments causing self-care disability were found to be four times as prevalent as impairments causing mobility limitations. The types of impairments and resulting nature of disabilities change in successively older age cohorts. This is evidenced by the steady shift across age cohorts to the point where impairments causing self-care and mobility limitations have nearly equal, one to one prevalence among the *manamko* over age 65. Moreover, serious conditions resulting in both self-care and mobility limitations increase in number across the age cohorts. Only 13 percent of young adults with disability (158 of 1,254) have impairments causing both mobility and self care disability. Among the elderly almost half of those with disabilities (45 percent; 350 of 781) were affected with such impairments.

These data mark out general parameters of how health conditions, problems, and needs differ between younger and elderly adults with disabilities on Guam. These patterns are not unusual, and the data provide insight to the magnitude or number of adults in need of program services. Yet a question arises as to how Guam's situation compares to other places. Even if bodily impairments are human constants, "perception of disability and handicap are not (Rengiil and Jarrow, 1992:12)."

Turning to Table 11.3, we assessed Guam's situation by comparison to other selected U.S. Census areas in the Pacific Basin region. It is obvious that these locations had varying levels of reported disabilities, but in general the percentages fall in reasonable ranges. This gives confidence that Guam's data are trustworthy and as reliable as measures obtained elsewhere.

Place Table 3 about here

Among those age 16 to 64 years (Table 11.3; top panel) Guam's measures of incidence were similar to those found in Hawaii. This placed Guam's levels slightly above those for Belau, the Northern Marianas and Alaska. California displays relatively higher levels of reported disability than the other areas for each of these measures. In contrast, Guam's elderly (see center panel) reported less incidence of mobility handicaps (11.2 percent) than other areas. Belau and the Northern Marianas stand out as Pacific areas with relatively high incidence of impairments among their elderly simultaneously causing both mobility and self-care disability (9.1 and 9.8 percent).

Guam's need for services to persons with mobility limitations matches that found in other areas of Micronesia. But its need to address handicaps resulting from self care disabilities is greater. Examining the bottom panel for the total adult population, Guam's measure of self-care disability in the adult population (4.0 percent) is about double the comparable measures for Belau (1.9 percent), Northern Marianas (2.1 percent), and Alaska (2.2 percent). Thus Guam is more comparable to Hawaii (4.4 percent) and California (4.9 percent). Guam's incidence of mobility

limitations (1.9 percent), however, is similar to levels found in Alaska (2.0 percent) and Belau (2.2 percent), and slightly lower than percentages in Hawaii (3.3) and California (3.8).

Profiles of Adults With Disabilities

This initial exploration of Guam's 1990 Census data looked to see if differences exist in the rates of disabling impairments across Guam's ethnic communities. Attention was then given to see the extent to which adults with disabilities are concentrated within lower educational levels, a trait which may be associated with greater dependency. Percentage rates and numerical counts of disability measures for each of Guam's major ethnic groups are presented separately for Guam's *manhoben* (adults age 16 to 64 years) and its *manamko* (adults age 65 years or older).

Tables 11.4 and 11.5 present data for Guam's major ethnic groupings among its young and middle aged adults -- the *manhoben*. Examining Table 11.4, we found the Filipino community reported notably higher incidence of impairments causing self care limitations (top panel, 5.1 percent). Rates tended to be higher also for the Micronesian (3.8 percent) and Asian communities (4.3 percent). Male Filipinos, with 6.0 percent reporting such impairments, constitute the majority of these. Even so, the percentage among Filipinas (4.3 percent) was also among the highest along with Micronesian (4.2 percent) and Asian women (4.2 percent).

Place Table 4 about here

The indigenous Chamorro population reported impairments causing mobility disability twice as frequently as any of the other ethnic communities (1.9 percent compared to 0.9 percent or less). They were also twice as likely to have reported impairments causing the more serious condition of having both mobility and self care limitations (1.1 percent compared to 0.6 percent or less).

Differences between males and females varied across the ethnic communities, and these findings mark out a subject needing further research on the nature of disabilities and handicaps on Guam. The implication is that there may be cultural factors effecting the perception and reporting of disabling limitations. No differences appear in levels for men and women, within those ethnic categories having lower incidence rates (e.g., Statesider and Chamorro). The Asian community also displayed no difference between males and females. Within the Filipino community, however, the incidence of self-care limitations among males (6.0 percent) was higher than among females (4.3 percent). In contrast, within the Micronesian community, the incidence of self-care limitations among women (4.2 percent) was higher than among males (3.5 percent).

Turning to the numerical counts in Table 11.5, it is important to note that the greatest numbers of persons with limitations and in need of services are within the Filipino and Chamorro communities. The Asian community has a relatively high incidence, and thus their number (379 persons) is about three-times greater than numbers for the remaining ethnic groups.

Place Table 5 about here

The data strongly suggest these ethnic communities differ in the nature of impairments and types of disability that were reported. Consequently, although Filipinos constitute just over one-fourth of the population, they compose 38.5 percent of persons reporting self-care limitations, and Filipino men make-up 42.1 percent of males with this condition. Chamorros, on the other hand, constitute about 40 percent of the population, but compose 61.5 percent or nearly two-thirds of persons with a mobility limitation. The future development of service programs and how they are delivered will need to take these ethnic profiles into consideration.

Tables 11.6 and 11.7 display the same measures for the *manamko* or elders over age 65 years in Guam's ethnic communities. Even so, the data reveal patterns very different from those found among the younger and middle-aged adults. This is further evidence that the nature of impairments and types of disabling conditions greatly differ by age.

Within this segment of the population, Chamorros more frequently reported disabling conditions than other ethnic communities. The exception was for the ethnic category labeled as "multiple", or mixed ethnicity, who reported equally high incidence levels. The authors feel that nothing is gained by speculating any distinction between the Chamorro and Mixed (i.e., largely Chamorro) ethnic groupings. This category was composed of persons listing two or more ethnic heritages. In the census tabulations where counts for "Chamorro and other" were given, they comprise about 60 percent or 3 out of every 5 persons in the mixed ethnic category (see Bureau of the Census, 1992: page B-6 and Table 11).

Place Table 6 about here

Percentages of disabling impairments were found to be moderate to low among the Filipino elderly. In contrast to their younger and middle-age counterparts, Filipinos and Asians over age 64 years had the lowest percentages of reported impairments causing both mobility limitations (7 percent or less), and the more severe case of combined mobility and self-care disability (3 percent or less).

Consequently, the weight of service need among elderly persons is disproportionately composed of Chamorros. Turning to Table 11.7 it can be seen that the numbers of Chamorros and Filipino/Asians make-up near equal proportions of Guam's elderly population. Yet, whereas Filipinos (228) comprise less than one-third of persons with mobility or self-care disabilities (i.e., 29.2 percent), Chamorros (299) represent over half of these persons (i.e., 55.8 percent). This pattern is even greater for the more serious condition of impairments resulting in both mobility and self-care disabilities. Here, Filipinos comprise less than one-in-five persons so affected (19 percent or 65 of 350). Chamorros (238 of 350) represent two-thirds (68 percent)

of persons potentially in need of services.

Place Table 7 about here

We do not want to obviate the facts of migration or related opportunities for social services and resources as determining factors affecting the composition of Guam's populations with disabilities. These forces may be key factors to understanding the patterns found among Guam's elderly. They may also play a role in the patterns found among younger and middle-aged adults as well as difference between U.S. locations in the Pacific Basin.

Having or not having education is a social resource effecting a person's capacity to hold certain types of jobs where physical impairments are not handicapping. For example, being wheelchair bound causes no performance restriction for a computer programmer or business accountant. Education can also provide a person with an edge in understanding and obtaining alternative services in a manner that more successfully solves problems which would otherwise handicap their pursuit of well-being. For these reasons this chapter examined the distribution of adults with defined disabilities across various levels of education attainment.

Educational attainment was categorized as (a) Elementary Schooling: 1-8 years, (b) Some High School: 9-11 years, and (c) High School Diploma: 12 or more years of schooling. Not all adults on Guam have had the opportunity to even attend high school let alone complete more than eight years of schooling. This is the case for Guam's elderly, and many Filipino, Asian, or Micronesian immigrants. Even so, for most persons born after 1950 in Micronesia and Asia (e.g., age 40 years or younger) the majority have had the opportunity with high school training being more widely available. Therefore, it is important that readers interpret this data by comparing percentage distributions against the general pattern found within the total population. That is, to the extent distributions are the same, conclusions must be limited to assume that persons with disabilities have the same educational resource capacity as persons without disabling impairments. To the extent distributions differ, the data would suggest that educational resource capacity differs.

This concern with interpretation was controlled, or accounted for, by separate analyses of those under age 64 years from those age 65 years and older. Very few of the general adult population age 16 to 64 years have not had a chance to attend high school (see Table 8). Over 90 percent have at least been in or had some high school education. In contrast to the *manhoben* (younger adults) a much greater portion of the elderly population age 65 years or older (60.5 percent) have only had a middle school education or less (see Table 11.9).

Controlling for age is important for interpreting these data because older persons have had less availability of high school education, yet as we found earlier, they are also more likely to have disabling impairments. The authors assume that, regardless of age, persons with disabling impairments had the same availability of schooling as their siblings and neighbors without such