

STATUS AND PROSPECTS:

**AN INTERNATIONAL REVIEW OF THE STATE OF
INTELLECTUAL DISABILITY SURVEILLANCE**



Country Report: Indicators
and Indices for

UNITED STATES

This United States summary is part of a larger project exploring the feasibility of creating national benchmarks on the status and prospects of people with intellectual disabilities. The review included the identification and evaluation of national statistical systems that could capture the status of persons with intellectual disabilities from census systems, service registries, and specialized household surveys based on an organizing theme of equalization of opportunity.

Other nations included in the review were Brazil, China, Egypt, Germany, India, Ireland, Japan, Nigeria, Northern Ireland, Russia, and South Africa.

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1 **Country Report: United States**

EXECUTIVE SUMMARY

What are the status and prospects of persons with intellectual disabilities (ID) across the globe? Simply put, we do not know. The current state of monitoring allows only the most basic portrait; a data driven characterization of life experiences and life quality cannot be produced. But there are compelling reasons for trying. In the *World Programme of Action concerning Disabled Persons*, the UN resolution recognizing the rights of persons with disabilities to full participation as a core international goal, the statistical monitoring of national progress was seen as an essential step in effecting successful implementation (United Nations, 1982).

Significant progress has been made in the international assessment of disability generally. Yet a quarter century after the publication of the *World Programme*, the world's citizens with intellectual disabilities remain largely ignored by national statistical agencies.

Status of the United States Data on Intellectual Disabilities

The statistical infrastructure is both deep and rich. However, disability, and to a greater extent, intellectual disability surveillance is plagued by fragmentation. Data systems have developed to serve different purposes with the consequent result of inconsistent definitions, sample frames, and identification protocols. Much of the service related data for ID exists at the state level and special studies must be mounted to collect and report this data. Small sample sizes and a trend to more generic descriptions of disability have made monitoring of ID more difficult in recent years. Nonetheless, the capacity for benchmarking is in place and while not a simple task, indicator data can be extracted from existing systems.

Future Directions

- Do not abandon impairment codes. The major national data systems previously employed in ID analyses have moved increasingly to a non-categorical definitions of disability. The addition of an impairment based definition will be necessary to maintain monitoring of ID.
- Coordinate state service data. With the exception of federal benefits data, access to support services is managed by the states. As a consequence, no coordinated database exists on ID related services and supports apart from specially funded studies.
- Expand longitudinal data collection. The federal government should expand the use of panel surveys on disability and improve monitoring of indicators of status and prospects: employment, health, and other indices of participation.

2 *Data Systems*

ID IN RECURRING DATA SYSTEMS

Our review of data systems in the United States included: (1) identification and evaluation of statistical systems that were national in scope, (2) identification of systems that capture either general disability or intellectual disability, and (3) a review of indicators currently captured in these data systems. The review included census systems, service registries, and specialized household surveys.

Data and Intellectual Disabilities

Of 128 recurring data systems across the 12 nations, 66% included general disability; only 27% identified ID. And most of these systems were simply census counts.

- As a consequence of the federal system of governance, the infrastructure for disability surveillance in the US is complex. States maintain data systems that are either linked to national systems or localized for state needs. The fragmentation limits national monitoring since most programs and services are administered at the state level.
- Different agencies administer the primary national data systems: Agency for Health Care Research & Quality (AHCQRQ); Bureau of Labor Statistics (BLS); Centers for Disease Control (CDC); Centers for Medicare & Medicaid Services (CMS); National Center for Education Statistics (NCES); National Center for Health Statistics (NCHS); Office of Special Education Programs (OSEP); Rehabilitation Services Administration (RSA); Census Bureau (USC). In addition, key longitudinal ID data are funded by the US Administration on DD (ADD) and maintained at the Universities of Colorado (UC) and Minnesota (Umn).
- There is no primary base of ID data but rather different estimates taken from different federal systems. Survey based identification converges on a 7 per 1,000 rate though identification is based on self report in the major federal systems (Fujiura, 2003).

United States	Features				Indicators							
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
American Community Survey	PS	✓		USC	1 yr	✓	✓	✓		✓		
Annual Report IDEA	R	✓	✓	OSEP	1 yr			✓				
Behavioral Risk Factor Surveillance	PS	✓	✓	CDC	1 yr			✓	✓			✓
Case Service Report	R	✓	✓	RSA	1 yr		✓	✓				✓
Current Population Survey	PS	✓		USC	1 yr	✓	✓	✓				
Digest of Educational Statistics	R	✓	✓	NCES	1 yr			✓				
Medicaid Statistical Information	R	✓	✓	CMS	1 yr				✓			✓
Medical Expenditure Panel Survey ¹	PS	✓		AHCRQ		✓		✓	✓			✓
National Health Interview Survey	PS	✓		NCHS	1 yr	✓	✓	✓	✓	✓		✓
National Health and Nutrition Examination Survey	PS	✓	✓	NCHS	1 yr	✓		✓	✓			
National Residential Systems	R		✓	ADD/UMn	1 yr							✓
State of the States	R	✓	✓	ADD/UC	1 yr							✓
Survey of Income & Program Participation ¹	PS	✓	✓	BLS	1 yr	✓	✓	✓		✓		✓

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. ¹SIPP & MEPS are panel surveys, though data can be represented for each ca lender year Agency for Health Care Research & Quality (AHCRQ); Bureau of Labor Statistics (BLS); Centers for Disease Control (CDC); Centers for Medicare & Medicaid Services (CMS); National Center for Education Statistics (NCES); National Center for Health Statistics (NCHS); Office of Special Education Programs (OSEP); Rehabilitation Services Administration (RSA); United States Census Bureau (USC). In addition, key longitudinal databases for ID are funded by the US Administration on Developmental Disabilities (ADD) and maintained at the University of Colorado (UC) and University of Minnesota (Umn).

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work)/**Ed** (education)/**He** (health)/ **Inc** (income)/ **Sp** (social participation)/ **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

3 *Benchmarks* INDICATORS & INDICES

Apart from prevalence rates and regional employment, indicators are rarely employed in international summaries of disability data. With the exception of the EUMAP (education and employment) and *Pomona* (health) initiatives, both in Europe, there have been no cross-national ID evaluations based on statistical indicators (European Intellectual Disability Research Network, 2003; Pomona, 2006).

National Indicators

As the summary of data systems indicates, ID is limited to educational data in the recurring Indian national statistical programs. In lieu of a common set of internationally comparable statistical indicators, we developed an ad hoc benchmark based on common disability indicators: % school aged children having access to education, % school age children in integrated schools, % children in inclusive education, % employed (open and sheltered), and national disability policy as evaluated through the Standard Rules. The selection of these domains was driven by practical rather than conceptual reasons: these are statistics commonly studied and most likely to be reported. Important outcome domains were omitted because of lack of data and the derived index should be treated only as an illustration.

There are compelling reasons for development of statistical benchmarks for intellectual disability. Commitments on paper are common but serious implementation requires monitoring and evaluation of national effort.

UNITED STATES

Indicators	Index Values ^a		
	All United States	Disability	ID
Access to education ^b	1.00	1.00	1.00
Integrated schools ^c	1.00	0.97	0.95
Inclusive classrooms ^d	1.00	0.53	0.11
Labor Force Participation ^e	1.00	0.64	0.43
Non Sheltered Employment ^f	na	0.95	0.42
Policy Implementation ^g	na	0.78	0.96
Non-Institutionalization ^h	na	0.96	0.78

^a see reference notes for data sources; (--) data not available;

Based on a standard 0 to 1.0 scale, where 1.0 approximates full inclusion or equity with the general population on an indicator, the United States averaged 0.66 for persons with intellectual disabilities and 0.83 for general disabilities; averages for the other nations in the review (excluding Nigeria) were 0.46 for persons with intellectual disabilities and 0.63 for general disabilities.

Notes on Index Scoring and Scaling

^a We employed a modification of the general approach used in the UNDP's Human Development Index [HDI] (United Nations Development Programme, 2007). The HDI is a standardized measure, scaled and normalized against a pre-established international standard. The standard score formula reduces statistical indicators measured on different scales to a common 0 to 1.0 scale (Jahan, 2002). In contrast to the HDI, we employed a mixture of absolute and relative indicators. Absolute indicators focused on national performance relative to a fixed value. Relative indicators measure performance relative to the national average. Combining absolute and relative values is an indirect method for accounting for local circumstances; absolute national performance is not compared but rather the equalization of access and opportunity.

3 *Benchmarks* INDICATORS & INDICES (CONTINUED)

^b 100% value based on theoretical rather than observed rate; all students have educational entitlement.

^c Based on the 26th Annual Report to Congress (Office of Special Education Programs, 2006) for 6-21 year old segregated and residential schools for MR (31,678) and non-MR disability (178,828) in 2002.

^d Based on the 26th Annual Report to Congress (2006) for 6-21 year old students receiving special education outside the regular class less than 21% of the school day in 2002 for MR (63,592) and non MR other disability (2,780,623).

^e General disability rate from McNeil (1993). Source for general population and ID rates from Fujiura (2003).

^f Sheltered and non-sheltered employment from the National Health Interview Survey (Olney & Kennedy, 2001). Based on 1994-95 data, there were an estimated 162,000 persons with ID receiving sheltered workshop vocational services and 205,000 persons with other disabilities in sheltered work settings.

^g We employed a content analysis methodology in which reports, studies, and other narratives were reviewed and "narrative units" related to any of the 22 Standard Rules for the Equalization of Opportunity were extracted. Three analysts worked independently to rate each nation on five-point implementation scale (0 = no evidence to 5 = full implementation). Major discrepancies were discussed and resolved. For the purposes of creating an index, the same score was assigned to both ID and general disability populations.

^h ID based on 16+ bed census in 2004 of 103,618 (Braddock, Hemp, & Rizzolo, 2004); general disability from GAO report (GAO, 2002) of nursing home placements which includes many elderly disabled.

4 *Implications*

CONTEXT, NUMBERS & PROSPECTS

While it is widely acknowledged that persons with intellectual disability are disadvantaged, excluded and denied throughout the world, the intellectual disability movement lacks simple indicators of national policies or progress. While statistical data cannot directly impact policy change, it is one of the most potent tools advocates and policymakers can use to inform and galvanize the actions of the agents of change.

The quality and scope of population statistics on intellectual disability is problematic throughout the world. Rich and poor nations alike fail to monitor intellectual disability with any degree of rigor or depth. The project initially set out to develop a working index based on data drawn from the surveillance systems. However, even the most rudimentary demographic data was difficult to access in the national systems. Lack of interest by national surveillance agencies and ministries is the most salient message to be drawn from our effort.

The task of developing a broad based index using common international indicators will require advocacy to elevate the prominence of intellectual disabilities within national data systems. The development of an index appears feasible, though significant additional data integration would be required beyond what is currently available. Nonetheless, some general observations can be drawn from the limited data. First, the disadvantage of all persons with disabilities is consistent internationally, in poor and rich countries alike. Secondly, there are even greater differences for those with intellectual disabilities and a key message to draw from this exploratory review of data systems is that persons with ID remain among the most marginalized groups. Our data suggest the importance of not neglecting intellectual disability in the broader push for rights and access in the international disability movement.

The lack of quality data on the life circumstances of the world's citizens with intellectual disabilities should command our attention. Information per se cannot change policy, but it can dramatically affect the nature of choices made by governments (Braddock, Hemp, & Fujiura, 1987). At its most fundamental level, policy-making is the allocation of limited national resources among many competing interests. And the compilation of national statistics is very much about informing the debate in the politics of choice-making.

A1 *Supporting Appendices* WHO HAS ID?

Who has an intellectual disability? The simplicity of the question belies the profound complexity of the answer. Who is identified will depend on the purposes and structure of measurement. There are multiple reasons for the uncertainty, mostly discussed in terms of the technicalities of definition and method of measurement. These details have been the source of debate for generations, and the matter of identification is only compounded across cultures in international assessments.

However, there is a more profound reason for the ambiguity. Intellectual disability is not a "thing," invariant across time, places, and cultures. Rather, it encompasses overlapping groups of considerable diversity, sharing a core of set of features related to impaired cognitive function. This is more than a challenge of methodology and measurement. Intelligence, functioning, adaptation, and other dimensions of ID are so contextually bound that the exercise of dichotomizing a population as having or not having an ID will always be subject to challenge for all but the most profoundly impaired.

Estimates

Our review evaluated censuses, recurring household surveys, and registries. More often than not, these data systems were inadequate sources for ID data and we turned to local surveys and other epidemiological studies to better understand the occurrence of ID in the country. Rates ranged from 36 per 1,000 in Japan to 270 per 1,000 in Egypt, where parental consanguinity is a widely acknowledged etiological risk factor. The consolidated prevalence rate was 10.2 per 1,000 across the 12-nation population base of 4.2 billion persons. Although ID is often referred to as a "low prevalence" condition, the label conservatively applies to some 42 million citizens in these 12 countries.

Notes on National Prevalence Estimates

BRAZIL "Mental Disability" is captured in the decennial Census, National Household Sample Survey, and School Census. There were approximately 2.83 million people with mental disability representing a prevalence rate of 1.67% in the 2000 Census, likely representing a mixed population of limitations related to mental health and intellectual disability (IBGE, 2002).

CHINA ID is an evolving diagnostic concept in China (Tao, 1988) and thus identification is highly variable across the few systems that attempt to code for it. The first population estimate was established in the 1987 Survey of Disabled People with an overall prevalence of intellectual disability of 1.27%. A 0.43 prevalence rate was reported in the Second China National Sample Survey on Disability; the higher rate in the 1987 survey is likely attributable to the inclusion of those with mild intellectual impairments: rates by level of severity were .63% mild, .41% moderate, and .23% severe (Xu, Wang, Xiang, & Hu, 2005). Higher rates (1% - 1.27%) have been derived in epidemiological studies (Li, Li, & Qian, 1994; Wang et al., 2002; Zhang & Ji, 2005).

EGYPT A relatively high 2.7 per 100 general population prevalence rate was derived in a regional (the Assiut Governorate) epidemiological screening of 3,000 randomly selected urban and rural Egyptians. Reported values were much lower in the 1996 census (8 in 10,000), and 3.3 in 1,000 among children in the Egypt Multiple Indicator Cluster Survey (El Tawila, 1997), where survey rather than screening procedures were employed (Temtamy et al., 1994).

GERMANY There are no official ID statistics apart from those registered with a "handicapped service pass" (Pomona, 2006) which yielded a prevalence value of about 3 per 1,000 general population. However, the four large professional associations for ID in the Federal Republic estimated a rate of nearly 6 per 1,000 (approximately 420,000 persons in 2001), a value more in line with epidemiological screenings in Western nations.

INDIA Much of the official statistical data on disability is met with scepticism within the among Indian disability community. Recent decennial census-based data (from 2001) yielded prevalence rates for all forms of disability comparable to many national estimates of ID (1.85%). The 2002 NSS reported the prevalence at 0.09%, or 9 per 10,000 population (NSS, 2003). In contrast, a meta-analysis of 13 psychiatric epidemiological studies yielded an estimate of 6.9 per 1,000 (Reddy & Chandrashekar, 1998). Similar results were found in other meta analyses of psychiatric conditions though rates were wildly variable in the individual studies, ranging, from 1.4 to 25.3 per 1,000 (Madhav, 2001).

IRELAND Ireland's ID database carries the caveat that it does not represent a "true prevalence" since those with mild levels of intellectual impairment are not typically in contact with the service system (Dawson, 2006). Based on service registries, the prevalence is estimated at 6.5 per 1,000, a figure comparable to most ID prevalence figures for severe ID in developed countries. The most recent Census (Central Statistics Office Ireland, 2006) included for the first time an ID screen, which yield a rate of 1.7% for learning and intellectual disabilities.

JAPAN The Basic Survey of Persons with Mental Retardation is the primary source of official prevalence data for Japan and reported a prevalence rate of 0.36%. Epidemiological studies of childhood ID have yielded higher rates among children and youths averaging approximately 0.7% (Suzuki, Aihara, & Sugai, 1991; Yoshida, Sugano, & Matsuishi, 2002).

NORTHERN IRELAND Two systems are the primary sources of service registry data: the Child Health System and SOSCARE. The health system includes children with special needs who are monitored into adulthood. SOSCARE tracks all persons in in contact with social services. ID is coded in both systems (McConkey, Spollen, & Jamison, 2003). Administrative prevalence was reported to be 0.7% for persons aged 20+ years (McConkey, Mulvany, & Barron, 2006) and 1.63% for children aged 0-19 years (McConkey et al., 2003). Administrative coverage is considered comprehensive for those in need of services.

RUSSIA ID data (and social data generally) is problematic for Russia; concepts and terminology differ from international standards as do the diagnostic approaches. Some reports have yield prevalence rates for "mental defects" far higher than typically reported and likely represent use of imprecise terminology and a diagnostic process that can be arbitrary in labeling (Mental Disability Rights International, 1999). The primary official sources of data come from State Reports on population health that incidentally report on ID; a prevalence rate of 0.633% was reported in the State Report on population health in the Russian Federation (Koloskov, 2001).

SOUTH AFRICA The primary base for ID data is taken from the 2001 Census and most recently, the 2007 Community Survey. Prevalence was estimated at .5% in 2001 and is .27% in the 2007 survey. However, as in all our reviews of national figures, these conservative values have been challenged as undercounts (Statistics South Africa, 2005). Two large scale epidemiological efforts found significantly higher rates generally, 1.1% across all age cohorts (Community Agency for Social Enquiry, 1997) and Christianson (2002) who found major differences across subpopulations with rates as high as 3.5% among rural children).

A2 *Supporting Appendices* OTHER NATIONAL DATA SYSTEMS

The quality and scope of population statistics on intellectual disability is problematic throughout the world. Rich and poor nations alike fail to monitor intellectual disability with any degree of rigor or depth.

There were three primary sources of national data: national or regional censuses, sample-based surveys, and administrative registries. Censuses were an enumeration of every person in a national population. The detail and depth of information tends to be severely limited due to the great cost and substantial data collection demands of national coverage. Sample based surveys were systematic data collections conducted to provide national estimates on very specific characteristics of the population. While these specialized surveys provide greater detail on topics of relevance to the status of persons with intellectual disability, they typically fail to identify forms of disability, and the topics are largely limited to health status and employment. The third major category is the service registry, essentially an administrative tally of individuals who are the recipients of public services or benefits. While an important source of information on access to government programs or extent of service need, registry data often represents only a small fraction of the total population.

In total, we identified 128 systems (22 census, 76 recurring sample surveys, 30 registries). Across these systems, 65.6% identified general disability in some form while only 26.6% separately coded persons with intellectual disabilities. Thus, while the nations in our analysis have extensive systems of statistical surveillance, intellectual disability is not typically monitored.

Lessons drawn from our review and analysis indicate that comprehensive and timely data on intellectual disability populations does not exist in even the most data rich developed nations of the world.

Monitoring of ID by Domain

<u>Domain</u>	% Data Systems That Monitor:	
	General Disability	Intellectual Disability
Household Demographics	70.5	27.9
Work	61.3	20.0
Education	76.9	29.5
Health	75.9	32.8
Income	60.4	18.9
Social Participation	58.3	33.3
Services and Supports	84.1	45.5

The identification of intellectual disability in 26.6% of all systems reviewed in our canvas in fact, vastly overstates our national capacity to actually quantify status and prospects. When assessed, ID is typically found in sampling system where the numbers too small to draw stable national estimates from and the type of data collected are often very limited.

BRAZIL		Features						Indicators				
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Annual Relations of Social Information	C	✓		ML	1 yr		✓					
Communications of Work Accidents	R	✓		MSS	1 yr		✓					
Demographic Census	C	✓		IBGE	10 yrs	✓	✓	✓	✓	✓		
Hospital Information System	R			MH	1 yr				✓			
National Household Sample Survey	PS	✓		IBGE	1 yr	✓	✓	✓	✓	✓		
School Census	R	✓		ME	1 yr			✓				

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument); IBGE [National Statistical Office], Ministry of Education (ME), Ministry of Health (MH), Ministry of Labor (ML), and Ministry of Social Security (MSS)

Notes:

GD = general disability screened; ID = intellectual disability screened; Freq = frequency of administration; Hf (housing & family) /Wrk (work)/Ed (education)/He (health)/ Inc (income)/ Sp (social participation)/ Ss (service & supports) / R=registry, C=census, PS=household probability survey

CHINA		Features						Indicators				
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
1st National Survey of Disability	PS	✓	✓	multiple	1987	✓	✓	✓	✓	✓	✓	✓
2nd National Survey of Disability	PS	✓	✓	multiple	2006	✓	✓	✓	✓	✓	✓	✓
China National Population & Housing Census	C	✓		NBS	10 yrs	✓	✓	✓				
Comprehensive Labour Statistics Reporting System	C			NBS	1 yr		✓			✓		
Education Statistics	R	✓	✓	MOE	1 yr			3				
Health & Nutrition Survey	PS	✓	✓	CCDCP	3 yrs	✓	✓	✓	✓	✓	✓	✓
National Health Services Survey	PS			MH	5 yrs				✓			✓
Poverty Monitoring Survey	PS			NBS	1 yr	✓	✓	✓		✓		
Rural Household Survey	PS			NBS	1 yr	✓	✓	✓		✓		✓
Statistical Reporting System Training & Employment	R			MLSI	1 yr		3					
Urban Household Survey	PS			NBS	1 yr	✓	✓			✓		
Urban Labour Force Survey	PS			NBS	1 yr		✓	✓		✓		

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. China Centers for Disease Control & Prevention (CCDCP), Ministry of Education (MOE), Ministry of Health (MH), Ministry of Labour & Social Insurance (MLSI), and National Bureau of Statistics of China (NBS); "multiple = CCDCP and NC Chapel Hill Carolina Population Center.

Notes:

GD = general disability screened; ID = intellectual disability screened; Freq = frequency of administration; Hf (housing & family) /Wrk (work)/Ed (education)/He (health)/ Inc (income)/ Sp (social participation)/ Ss (service & supports) / R=registry, C=census, PS=household probability survey

EGYPT		Features						Indicators				
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Census of Population	C	✓	✓	CAPMAS	10 yrs	✓	✓	✓	✓			
Demographic & Health Survey	PS			MHP	3 yrs	✓	✓	✓	✓		✓	
Labor Force Sample	PS	✓		CAPMAS	6 mos		✓			✓		

Survey

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Central Agency for Public Mobilization & Statistics (CAPMAS) and the Ministry of Health & Population (MHP)

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work) / **Ed** (education) / **He** (health) / **Inc** (income) / **Sp** (social participation) / **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

GERMANY		Features						Indicators				
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
KG8 Statistics	R	✓		BG	1 yr		✓		✓			
Microcensus (Mikrozensus)	PS	✓		SB	1 yr	✓	✓	✓	✓			
Labor Market Statistics	PS	✓		BA	1 yr		✓ ₃					
German Socio Economic Panel Survey	PS	✓		IZA	1 yr	✓	✓	✓	✓	✓		
National Health Examination Survey	PS	✓		BGS	7 yrs				✓			
Questions on Health	PS	✓		FG	4 yrs				✓			
Sample Survey on Income and Expenditure	PS			SB	5 yrs	✓	✓	✓			✓	
Statistics on the Severely Handicapped	R	✓		SB	2 yrs	✓			✓			✓
Statistics on the number of retired people	R	✓		DRV	1 yr						✓	✓

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Bundesministerium für Gesundheit/Federal Ministry of Health (BG), Statistisches Bundesamt (SB), Bundesministerium für Gesundheit/Federal Employment Agency (BA), Bundes Gesundheitssurvey (BGS), Fragen zur Gesundheit (FG), Deutsche Rentenversicherung Bund/German Annuity Insurance Federation (DRV), and Institute for the Study of Labor (IZA)

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work) / **Ed** (education) / **He** (health) / **Inc** (income) / **Sp** (social participation) / **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

INDIA		Features						Indicators				
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
All India School Education Survey	PS	✓	✓	NCERT	varies			✓				
District Information System for Education	R	✓		NIEPA	1 yr			✓				
Census of India	C	✓		MHA	10 yrs	✓	✓	✓		✓		✓
National Family Health Survey	PS			IIPS	5 yrs	✓	✓	✓	✓			
National Sample Survey	PS	✓		MSPI	10 yrs	✓	✓	✓	✓	✓		✓

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. International Institute for Population Sciences (IIPS, Mumbai, India), Ministry of Home Affairs (MHA), Ministry of Statistics & Programme Implementation (MSPI), National Council of Educational Research & Training (NCERT), National Institute of Educational Planning & Administration (NIEPA)

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work) / **Ed** (education) / **He** (health) / **Inc** (income) / **Sp** (social participation) / **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

IRELAND		Features						Indicators				
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Annual Census of Primary Schools	R	✓		DES	1 yr			✓				

Census of Population	C	✓	✓	CSO	5 yrs	✓	✓	✓	✓			
Disability Living Allowance	R	✓		DSCFA	1 yr							
National Disability Survey of 2006	PS	✓	✓	CSO	note	✓	✓	✓	✓	✓	✓	✓
National Employment Survey	PS	✓		CSO	10 yrs	✓	✓	✓				
Quarterly National Household Survey	PS	✓		CSO	3 mos	✓	✓					✓
National ID Database	R	✓	✓	DHC	1 yr	✓			✓			✓
Physical & Sensory Disability Database Post Primary Data	R	✓	✓	DHC	1 yr	✓	✓		✓			✓
EU Survey on Income & Living Conditions	PS	✓		CSO	1 yr		✓	✓	✓	✓		
Survey of Lifestyles, Attitudes, Nutrition	PS	✓		DHC	4 yrs	✓	✓	✓	✓	✓	✓	

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Central Statistics Office (CSO), Department of Social, Community & Family Affairs (DSCFA), Department of Education & Science (DES), and Department of Health & Children (DHC)

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) /**Wrk** (work)/**Ed** (education)/**He** (health)/ **Inc** (income)/ **Sp** (social participation)/ **Ss** (service & supports) /**R**=registry, **C**=census, **PS**=household probability survey

JAPAN		Features				Indicators						
Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Basic Survey on MR	PS		✓	MHLW	5 yrs		✓	✓		✓		
Basic Survey on Physically Disability	PS	✓		MHLW	5 yrs	✓	✓	✓		✓		✓
Basic Survey on Wage Structure	PS			MHLW	1 yr		✓			✓		
Comprehensive Survey of Living Conditions	PS			MHLW	1 yr	✓	✓		✓	✓		
Employment Status Survey	PS			IAC	5 yrs	✓	✓	✓		✓		
Family Income & Expenditure Survey	PS			IAC	1 mo	✓	✓			✓		
Household Survey on Long-term Care	PS			MHLW	varies				✓			✓
Labour Force Survey	PS			IAC	1 mo		✓					
Longitudinal Survey of Babies	PS			MHLW	6 mos	✓	✓	✓	✓			
Monthly Labour Survey	PS			MHLW	1 mo		✓			✓		
National Nutrition Survey	PS			MHLW	1 yr				✓			
National Survey on Family	PS			NIPSSR	5 yrs	✓					✓	✓
National Survey of Family Income	PS			IAC	5 yrs	✓				✓		
National Survey on Household Changes	PS			NIPSSR	5 yrs	✓			✓			✓
Patients' Behaviour Survey	PS			MHLW	3 yrs				✓			
Patient Survey	PS			MHLW	3 yrs				✓			
Population Census	C			IAC	5 yrs	✓	✓	✓			✓	
School Basic Survey	C	✓		MECSST	1 yr			✓				
School Health Survey	C	✓	✓	MECSST	1 yr			✓	✓			
School Teachers Survey	C	✓		MECSST	3 yrs			✓				
Social Education Survey	C			MECSST	3 yrs			✓				
Survey on Social Security	R			NIPSSR	5 yrs							
Survey of Salary in the Private Sector	PS			NTAA	1 yr		✓			✓		

Survey on Time Use & Activities PS IAC 5 yrs ✓ ✓

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Ministry of Education, Culture, Sports, Science & Technology (MECSST), Ministry of Health, Labour & Welfare (MHLW), National Tax Administration Agency (NTAA), National Institute of Population and Social Security Research (NIPSSR)

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) /**Wrk** (work)/**Ed** (education)/**He** (health)/ **Inc** (income)/ **Sp** (social participation)/ **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

Nigeria	Features							Indicators					
	Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Census of Agricultural Holdings	PS			NBS	1 yr			✓					
Core Welfare Indicators Questionnaire	PS	✓		NBS	varies	✓	✓	✓	✓	✓			✓
Demographic & Health Survey	PS			NPC	varies	✓	✓	✓	✓				
Employment Exchange Registry	R			NBS	1 yr		✓	✓			✓		
General Household Survey	PS			NBS	1 yr		✓		✓	✓			
Labour Force Sample Survey	PS	✓		NBS	4 mos		✓	✓			✓		
Ntl Agricultural Census	C			NBS	5 yrs		✓	✓			✓		
Ntl Survey of Households	PS	✓		NBS	1 yr		✓	✓	✓	✓			✓
Annual Population Census of Schools	C			FME	1 yr				3				
Rural Agriculture Survey	PS			NBS	1 yr		✓						
Professional and Executive Registry	R			NBS	1 yr		✓						
Population & Housing Census	C	✓	3	NPC	10 yrs	✓	✓	✓	✓				

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. There are four primary statistical agencies coordinating recurring data collection: Federal Ministry of Education (FME), National Bureau of Statistics (NBS), National Population Commission (NPC), and the Universal Basic Education Commission (UBEC)

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) /**Wrk** (work)/**Ed** (education)/**He** (health)/ **Inc** (income)/ **Sp** (social participation)/ **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

Northern Ireland	Features							Indicators					
	Surveillance System	Type	GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Child Health System Module V	R	✓	✓	DHSSPS	1 yr					✓			✓
Child of the New Century Survey	PS	✓		NISRA	cohort	✓	✓	✓	✓	✓	✓	✓	✓
Community Returns (KARS)	R	✓	✓	DHSSPS	1 yr								✓
Community Returns Children's Order	R	✓	✓	DHSSPS	1 yr								✓
Continuous Household Survey	PS	✓		DHSSPS	1 yr	✓	✓	✓	✓	✓			✓
Family Resources Survey	PS	✓		NISRA	1 yr	✓	✓	✓	✓	✓			✓
Health & Social Wellbeing Survey	PS	✓		DHSSPS	3 yrs	✓	✓	✓	✓				
Labour Force Survey	PS	✓	✓	DED	3 mos	✓	✓	✓	✓	✓			
Mental Health Inpatients System	R	✓	✓	DHSSPS	1 yr					✓			✓
N Ireland Population	C	✓	✓	NISRA	10 yrs	✓	✓	✓	✓				

Census												
N Ireland Household Panel	PS	✓		ISER	cohort	✓	✓	✓	✓	✓		✓
N Ireland Longitudinal Study	PS	✓		NISRA	cohort	✓	✓	✓	✓	✓		✓
N Ireland Omnibus Survey	PS	✓		NISRA	3 mos	✓	✓	✓	✓	✓		
N Ireland School Census	C	✓	✓	DOE	1 yr			✓				
N Ireland Survey of Activity Limitation and Disability	PS	✓	✓	NISRA	cohort				✓			
Secondary School Census	C	✓		DOE	1 yr				✓			
School Leavers Census	C	✓		DOE	1 yr				✓			
SOSCARE	R	✓	✓	DHSSPS	1 yr	✓						✓
Travel Survey for Northern Ireland	PS	✓		NISRA	1 mo						✓	
Young Persons Behavior & Attitudes	PS	✓		NISRA	cohort			✓	✓			✓

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Department of Health & Social Services & Public Safety (DHSSPS), Northern Ireland Statistics & Research Agency (NISRA), Department of Economic Development (DED), Department of Education (DOE), Institute for Social & Economic Research (ISER), and Social Services Client Administration and Retrieval Environment (SOSCARE))

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work) / **Ed** (education) / **He** (health) / **Inc** (income) / **Sp** (social participation) / **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

Russia

Surveillance System	Type	Features				Indicators						
		GD ¹	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
All Russian Population Census	C			ROSSTAT	10 yrs	✓	✓	✓		✓		
Population Sample Survey on Employment	PS			ROSSTAT	3 mos		✓	✓		✓		
Russian Longitudinal Monitoring Survey	PS			ROSSTAT	1 yr	✓	✓	✓	✓	✓	✓	✓
Sample Survey on Households' Budgets	PS			ROSSTAT	1 yr	✓	✓			✓		

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Federal State Statistics Service (ROSSTAT));

¹All four recurring systems attempt to identify recipients of pensions, within which disability is a code option.

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work) / **Ed** (education) / **He** (health) / **Inc** (income) / **Sp** (social participation) / **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

South Africa

Surveillance System	Type	Features				Indicators						
		GD	ID	Agency	Freq	Hf	Wrk	Ed	He	Inc	Sp	Ss
Annual School Survey	C	✓		DE	1 yr			✓				
Community Survey	PS	✓	✓	SSA	5 yrs	✓	✓	✓		✓		✓
Demographic & Health Survey	PS	✓		DH	5 yrs	✓	✓	✓	✓	✓		✓
Education Management Information Systems	R	✓		DE	1 yr			✓				
Higher Education Management Information Systems	R	✓		DE	1 yr			✓				
General Household Survey	PS	✓	✓	SSA	1 yr	✓	✓	✓	✓	✓		✓
Income & Expenditure Survey	PS	✓		SSA	3 yrs	✓	✓	✓	✓	✓		✓

Labour Force Survey	PS	✓		SSA	6 mos		✓			
Population and Housing Census	C	✓	✓	SSA	10 yrs	✓	✓	✓	✓	✓

GD (general disability screened?); ID (intellectual disability screened?); Indicators (whether outcome variables of this type are included in the surveillance instrument. Department of Education (DE), Department of Health (DH), and Statistics South Africa (SSA).

Notes:

GD = general disability screened; **ID** = intellectual disability screened; **Freq** = frequency of administration; **Hf** (housing & family) / **Wrk** (work)/**Ed** (education)/**He** (health)/ **Inc** (income)/ **Sp** (social participation)/ **Ss** (service & supports) / **R**=registry, **C**=census, **PS**=household probability survey

A3 *Supporting Appendices* **INDEX SCORING & SCALING**

The construction of national “indicators” is a common application for national statistical data, and one that is growing in importance with the increased integration of the world’s economies. The indicator concept is simple though challenging in its implementation. National statistics are used as a proxy to represent a dimension of a country in a single quantitative value. Gross domestic product for example, combines multiple statistics on consumer and government spending, import and export activity and other indicators as a representation of the size of a nation’s economy. Examples of social indicators include development, educational achievement, health, human development, rights, among others.

Starting Point

As a starting point we considered a core set of indicators: access to education, education within “regular” schools, inclusive education (integrated classes), employment (open and sheltered), institutionalization, and national disability policy as evaluated through the Standard Rules. While many important domains are omitted in this list (e.g., health, participation, quality of life among others), education, employment, and deinstitutionalization are core policy objectives for intellectual disability communities across nations and cultures, and as a practical matter, the types of outcomes most likely to be monitored in national statistics.

Comparing Across or Within?

An important conceptual issue is the benchmark’s intended use -- to compare nations on a standard set of criteria, such as, “no institutions?” or to focus on equity within a nation, for example, “equal access to primary education?” The former is most often employed in establishing goalposts for nations, but the latter application has the advantage of communicating goals more meaningful to the local circumstances.

The index employed in our exploration contained elements of both approaches. Some indicators were based on fixed criteria, that is, outcomes represented in absolute values: persons with ID should be educated with their peers, should not be institutionalized, and the home country should adhere to the Standard Rules. Education and employment however, cannot be readily set at absolute values without taking into consideration national capacity. If the local economy provides minimal salaried employment, is there utility in promoting a benchmark indicating full employment for those with intellectual disabilities? This is an extension of the concept of statistically measuring equalization of opportunity recently explored in international disability statistics forums (Altman et al., 2003). Of course, the determination of fixed versus relative is based on our values; what indicators are employed and the manner in which they are benchmarked ultimately represent a conversation of profound importance for those who measure. For now, the index construction serves, albeit simplistically, the purposes of our exercise.

Standard Rule Scoring

The UN Standard Rules provide a useful international convention for an indicator representative of policy and legislation (United Nations, 1993). The Standard Rules emerged from the World Programme of Action (United Nations, 1982). There are a total of 22 rules, which are legally non-binding standards for nations aspiring to achieve equalization of opportunity. The 22 rules are organized across three domains: (1) preconditions required for equalization, (2) targeted areas for

equalization actions, and (3) actions to ensure implementation. The Rules are widely used as criteria for evaluation of nations (Michailakis, 1997; South-North Center for Dialogue and Development, 2006). We employed a content analysis methodology in which over 1,000 reports, studies, and other narratives were reviewed. "Narrative units" were extracted; these were evaluations, commentaries, statistical references, and similar material in the reviewed documents. Three analysts worked independently to rate each nation on five-point implementation scale (0 = no evidence to 5 = full implementation). Major discrepancies were discussed and resolved. For the purposes of creating an index, the same score was assigned to both ID and general disability populations.

Availability of Indicators

Not unexpectedly our access to data across nations and domains of indicators was variable. In the aggregate, international data as currently constructed, is not adequate for the construction of a reliable or valid benchmark. Data is limited in both quantity and quality. As our summary of surveillance systems indicates, ID is rarely systematically considered in the national statistical programs. For the most part, the index as shown on the following pages is cobbled together from estimates, imputed values, special studies, and extrapolations.

Number of Computed Indicators by Country ^a

	ID	Other Disability		ID	Other Disability		ID	Other Disability
Brazil	5	5	India	4	4	N Ireland	4	6
China	6	6	Ireland	7	7	Russia	5	5
Egypt	2	3	Japan	7	7	S Africa	3	5
Germany	6	7	Nigeria	1	2	US	7	7

^a many of these indicators were imputed from multiple sources and did not represent official national statistics

Findings

National data consistently portrays a population that is largely marginalized, regardless of national development or wealth. A nation's citizens with intellectual disability are at an additional disadvantage, even when compared to their compatriots with other disabilities. While our data is exploratory at best, the pattern of differences is consistent with the assumption that persons with intellectual disability are marginalized throughout the world. Shown below in the table are the index scores averaged across nations, for persons with intellectual disability and those with other forms of disability. A value of 1.0 would indicate full parity to the general population in the same country.

Status and Prospects Index Across the 11 Nation Sample ^a

<u>Domain</u>	Other Disability	ID
Access to education	.74	.63
School inclusion	.68	.52
Classroom inclusion	.47	.10
Participation in labor	.51	.33
Non sheltered work opportunity	.64	.14
Institutionalization	.96	.87

^a excludes Nigeria for which indicators were not available

A4 Supporting Appendices

CITATIONS & DATA SOURCES

- Altman, B. M., Madans, J., Rasch, E., Me, A., Mbogoni, M., & Palma, E. (2003). *The disability measurement matrix*. Ottawa, Canada: Washington Group.
- Braddock, D., Hemp, R., & Fujiura, G. T. (1987). National study of public spending for mental retardation and developmental disabilities. *American Journal of Mental Deficiency, 92*, 121-133.
- Braddock, D., Hemp, R., & Rizzolo, M. C. (2004). State of the states in developmental disabilities: 2004. *Mental Retardation, 42*(5), 356-370.
- Central Statistics Office Ireland. (2006). *Measuring Ireland's progress, 2006*. Cork, Ireland: Central Statistics Office Ireland.
- Christianson, A. L., Zwane, M. E., Manga, P., Rosen, E., Venter, A., Downs, D., et al. (2002). Children with intellectual disability in rural South Africa: Prevalence and associated disability. *Journal of Intellectual Disability Research, 46*(2), 179-186.
- Community Agency for Social Enquiry. (1997). *The national baseline disability survey*. Pretoria, South Africa: South Africa Department of Health.
- Dawson, F. (2006). *Annex viii: Ireland, the Pomona project: Health indicators for people with intellectual disabilities*. Retrieved 04/10/2007, from <http://www.pomonaproject.org/report.php>
- El Tawila, S. (1997). *Child well-being in Egypt: Results of Egypt's multiple indicator cluster survey*. Cairo, Egypt: UNICEF Egypt Country Office.
- European Intellectual Disability Research Network. (2003). *Intellectual disability in Europe: Working papers*. Canterbury, UK: Tizard Centre, University of Kent at Canterbury.
- Fujiura, G. T. (2003). Continuum of intellectual disability: Demographic evidence for the "Forgotten generation.". *Mental Retardation, 41*(6), 420-429.
- GAO. (2002). *Long-term care: Aging baby boom generation will increase demand and burden on Federal and state budgets*. Washington, D.C.: U.S. General Accounting Office.
- IBGE. (2002). *2000 demographic census*. Rio de Janeiro, Brazil: National Statistics Institute-IBGE.
- Jahan, S. (2002). *Measuring living standard and poverty: Human development index as an alternative measure*. Amherst: Work Document presented in the Global Labor Standards and Living Wages Group Meeting, University of Massachusetts April 19 and 20.
- Koloskov, S. (2001). *Rights of the child in education*. Moscow, Russian Federation: Downs Syndrome Association.
- Li, A. L., Li, L. M., & Qian, Y. P. (1994). Preliminary analysis of factors causing mental retardation in China. *Zhonghua Yu Fang Yi Xue Za Zhi, 28*, 284-286.
- Madhav, M. S. (2001). Epidemiological study of prevalence of mental disorders in India. *Indian Journal of Community Medicine, 26*(4), 2001-2012.
- McConkey, R., Mulvany, F., & Barron, S. (2006). Adult persons with intellectual disabilities on the island of Ireland. *Journal of Intellectual Disability Research, 50*(3), 227-236.
- McConkey, R., Spollen, M., & Jamison, J. (2003). *Administrative prevalence of learning disability in Northern Ireland*. Belfast, Northern Ireland: Department of Health and Social Services and Public Safety.
- McNeil, J. M. (1993). *Americans with disabilities: 1991-92*. Washington, D.C.: Bureau of the Census, U.S. Department of Commerce.

- Mental Disability Rights International. (1999). *Children in Russia's institutions: Human rights and opportunities for reform*. Washington, D.C.
- Michailakis, D. (1997). *Government action on disability policy, a global survey*. Stockholm: Sweden: Institute on Independent Living.
- NSS. (2003). *Disabled persons in India: NSS 58th round*. New Delhi, India: Ministry of Statistics and Programme Implementation, Government of India.
- Office of Special Education Programs. (2006). *26th annual report to congress on the implementation of idea*. Washington, D.C.: United States Department of Education.
- Olney, M. F., & Kennedy, J. (2001). National estimates of vocational service utilization and job placement rates for adults with mental retardation. *Mental Retardation*, 39(1), 32-39.
- Pomona. (2006). *The Pomona project: Health indicators for people with intellectual disabilities*. Retrieved 2/10/2007, from <http://www.pomonaproject.org/report.php>
- Reddy, M. V., & Chandrashekar, C. R. (1998). Prevalence of mental and behavioural disorders in India: A meta-analysis. *Indian Journal of Psychiatry*, 40, 149-157.
- South-North Center for Dialogue and Development. (2006). *Global survey on government implementation of the standard rules-results analysis*. Amman, Jordan: South-North Center.
- Statistics South Africa. (2005). *Prevalence of disability in South Africa census 2001*. Pretoria, South Africa: Statistics South Africa.
- Suzuki, J., Aihara, M., & Sugai, K. (1991). Severely retarded children in a defined area of Japan - prevalence rate, associated disabilities and causes. *No To Hattatsu*, 23, 4-8.
- Tao, K. T. (1988). Mentally retarded persons in the people's Republic of China: Review of epidemiological studies and services. *American Journal of Mental Retardation*, 93, 193-199.
- Temtamy, S. A., Kandil, M. R., Demerdash, A. M., Hassan, W. A., Meguid, N. A., & Afifi, H. H. (1994). An epidemiological/genetic study of mental subnormality in Assiut governorate, Egypt. *Clinical Genetics*, 46, 347-351.
- United Nations. (1982). *World programme of action concerning disabled persons - United Nations decade of disabled persons, 1982-1992*. New York: United Nations.
- United Nations. (1993). *Standard rules on the equalization of opportunities for persons with disabilities*. New York: United Nations.
- United Nations Development Programme. (2007). *Human development report 2007*. New York: United Nations.
- Wang, W., Sullivan, S. G., Yao, J. C., Liu, Y., Che, C. Z., & Bittles, A. H. (2002). The genetic component of intellectual disability in pr China. *Medical Genomics*, from <http://hgm2002.hgu.mrc.ac.uk/Abstracts/Pub>
- Xu, J., Wang, M., Xiang, Y., & Hu, X. (2005). Quality of life for people with intellectual disabilities in China: A cross-culture perspectives study. *Journal of Intellectual Disability Research*, 49, 745-749.
- Yoshida, A., Sugano, T., & Matsuishi, T. (2002). Mental retardation incidence in Yokohama city. *Journal of Disability and Medico-Pedagogy*, 5, 16-17.
- Zhang, X., & Ji, C. Y. (2005). Autism and mental retardation of young children in China. *Biomedical and Environmental Sciences*, 18, 334-340.