PLACES: Local Data for Better Health

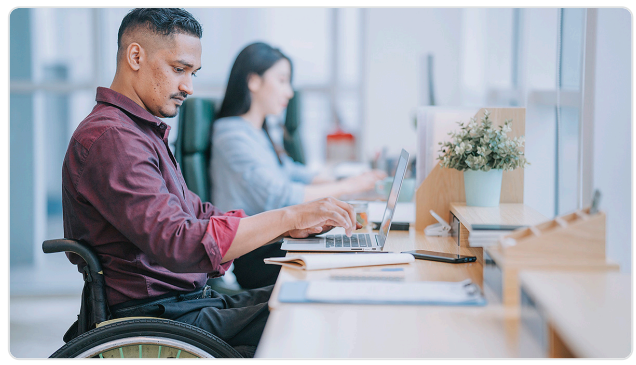
Disability

OCTOBER 29, 2024

For Everyone

WHAT TO KNOW

PLACES measure types capture the prevalence of reported disabilities among U.S. populations at four geographic levels. This information can be used to make informed decisions about programs and resources for improving the health, quality of life, and accessibility of services for individuals with disabilities.



Disability measure definitions

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who were asked to report on the presence of six types of disability [1] related to serious difficulty including: 1) Hearing. 2) Vision. 3) Concentrating, remembering, or making decisions (i.e., cognition). 4) Walking or climbing stairs (i.e., mobility). 5) Dressing or bathing (i.e., self-care). 6) Doing errands alone (i.e., independent living). See each disability type (hearing, vision, cognition, mobility, self-care, independent living) and any disability for related survey questions. The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Current
Summary	In 2022, 1 in 4 U.S. adults reported at least one of the following disability types: hearing, vision, cognition, mobility, self-care, and independent living [2]. Cognition was the most prevalent disability

	type reported (13.9%), followed by mobility (12.2%), independent living (7.7%), hearing (6.2%), vision (5.5%), and self-care (3.6% [2]). Prevalence of any disability and specific disability types vary by state, demographic characteristics, and presence of general health conditions and chronic conditions [2]. National and state estimates of the prevalence of disability among U.S. adults are available at Disability and Health Data System (DHDS) [2] and BRFSS Prevalence & Trends Data [3]. To be healthy, all people with or without disabilities must have opportunities to take part in meaningful daily activities that add to their growth, development, fulfillment, and community contribution. Assessment of disability highlights opportunities and areas for improvement for people with disabilities, including opportunities to fully participate in and benefit from public health activities, receive well-timed interventions and services, interact with their environment without barriers, and participate in everyday life activities [4].
Notes	The six-item disability standard series of questions represents a minimum standard, and the questions and answer categories cannot be changed [1]. The six questions provide a conservative estimate in that they emphasize “serious” difficulty doing functions, thus potentially excluding people with less severe impairments [5]. As with all self-reported sample surveys, BRFSS data might be subject to systematic error resulting from noncoverage, nonresponse, or measurement bias. Prevalence estimates of disability have been shown to vary across surveys with differences attributed to several factors, including survey context, assessment, design, and administration [6] County estimates of disability prevalence generated using the PLACES approach were moderately correlated with direct estimates from the American Community Survey, which is typical in small-area estimation validation studies when comparing data from different surveys [7].
Related Objectives or Recommendations	None

Hearing disability among adults

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having a hearing disability (reporting ‘yes’ to the question: “Are you deaf or do you have serious difficulty hearing?”). The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Lifetime

Vision disability among adults

Population	All Adults

Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having a vision disability (reporting 'yes' to the question: "Are you blind or do you have serious difficulty seeing, even when wearing glasses?"). The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Lifetime

Cognitive disability among adults

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having a cognitive disability (reporting 'yes' to the question: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?"). The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Lifetime

Mobility disability among adults

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having a mobility disability (reporting 'yes' to the question: "Do you have serious difficulty walking or climbing stairs?"). The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Lifetime

Self-care disability among adults

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having a self-care disability (reporting 'yes' to the question: "Do you have

	difficulty dressing or bathing?"). The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Lifetime

Independent living disability among adults

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability of having an independent living disability (reporting 'yes' to the question: "Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?"). The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Lifetime

Any disability among adults

Population	All Adults
Model-based measure	A multi-level regression, post-stratification approach was applied to BRFSS and ACS data to compute a detailed probability among adults who said yes to at least one of six disability questions below: • "Are you deaf or do you have serious difficulty hearing?" • "Are you blind or do you have serious difficulty seeing, even when wearing glasses?" • "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" • "Do you have serious difficulty walking or climbing stairs?" • "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?". The probability was then applied to the detailed population estimates at the appropriate geographic level to generate the prevalence. The 95% confidence interval was derived using Monte Carlo simulation. Detailed methods are available here.
Measure Type	Prevalence (crude and age-adjusted)
Time Period of Case Definition	Current

SOURCES AND PAGE INFO

CONTENT SOURCE:

National Center for Chronic Disease Prevention and Health Promotion

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