

Adult Disability Prevalence Estimates 2014 Indiana BRFSS

Adult Disability Prevalence Estimates, 2014 BRFSS, Indiana

A disability is any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them (Centers for Disease Control and Prevention [CDC]). While disability prevalence has been available through national surveys for many years, 2014 was the second time that state-level prevalence was collected. That year, the Behavioral Risk Factor Surveillance System (BRFSS) included questions to measure disability prevalence by functional type. Respondents were asked about types of disability, including vision (serious difficulty seeing, even with glasses), cognitive (serious difficulty concentrating, remembering or making decisions), mobility (serious difficulty walking or climbing stairs), self-care (difficulty dressing or bathing), and independent living (difficulty doing errands alone). Respondents were also asked if they had any health problem that required the use of special equipment, such as a cane, wheelchair, special bed or special telephone.

Background

Functional disabilities are not reportable conditions (with the exception of blind/visually impaired individuals through the Indiana Blind Registry); thus the prevalence must be obtained from another source. The Behavioral Risk Factor Surveillance System (BRFSS) survey uses a complex sample design to randomly select respondents with either listed or unlisted landline and cellular telephones. The 2014 Indiana BRFSS survey questions on disabilities were used to calculate prevalence in this article. The differences are statistically significant ($p < 0.05$) unless otherwise noted.

According to the CDC, the following groups were more likely to report a disability: women, adults age 45 years and older, black, non-Hispanic adults, and adults with lower household income and education. The information on disability prevalence for this article was obtained from the 2014 Indiana BRFSS survey.



Results

Overall, 22.5% of adults ages 18 years and older reported having one or more disabilities in 2014 (Table 1), an estimated 1.1 million adults. Females had a higher prevalence than males for having one or more disabilities, prevalence increased with age and decreased with increasing education.

Table 1. Prevalence of One or More Disabilities*, Indiana Adults, 2014

	%	95% Confidence Interval
Total	22.5	21.5–23.5
Sex		
Male	19.2	17.7–20.7
Female	25.6	24.2–27.0
Race/Ethnicity		
White, non-Hispanic	22.7	21.6–23.8
Black, non-Hispanic	26.0	21.5–30.5
Other/Multiracial, non-Hispanic	23.6	18.1–29.1
Hispanic	12.1	8.0–16.2
Age		
18-24 Years	13.0	9.8–16.2
25-34 Years	16.4	13.5–19.4
35-44 Years	19.0	16.2–21.9
45-54 Years	23.3	21.0–25.6
55-64 Years	27.0	24.9–29.1
65+ Years	33.3	31.4–35.2
Education		
Less than HS	39.6	35.6–43.6
HS or GED	24.8	23.0–26.4
Some College or Technical School	20.8	19.0–22.7
College Graduate	10.2	9.0–11.4

*Serious difficulty seeing even with glasses; serious difficulty concentrating, remembering or making decisions; serious difficulty walking or climbing stairs; difficulty dressing or bathing; or difficulty doing errands alone.

Source: Indiana 2014 BRFSS

- **Mobility:** Females had a higher prevalence than males (17.8% vs. 12.1%, respectively); with the largest difference among adults age 65 years and older (31.3% of females and 20.6% of males). Hispanic adults (7.0%) had a lower prevalence than white, non-Hispanic (15.0%) and black, non-Hispanic adults (19.0). Prevalence increased with age, from 2.4% for adults ages 18–24 to 26.7% for adults age 65 years and older. By education, prevalence was highest among those with less than a high school education (26.4%) and lowest among those who were college graduates (6.3%). By income, prevalence was highest among those with household income of less than \$15,000 (35.9%) and \$15,000–\$24,999 (24.9%), and lowest among those with household income of \$50,000–\$74,999 and \$75,000 or more (7.1% and 4.9%, respectively).
- **Cognition:** Females had a higher prevalence than males (12.2% vs. 9.4%, respectively). There were no differences by age group or race/ethnicity. Prevalence increased with decreasing education (4.2% for college graduates to 22.2% for those with less than a high school education) and also increased with decreasing household income (3.2% for \$75,000 or more to 29.3% for less than \$15,000).

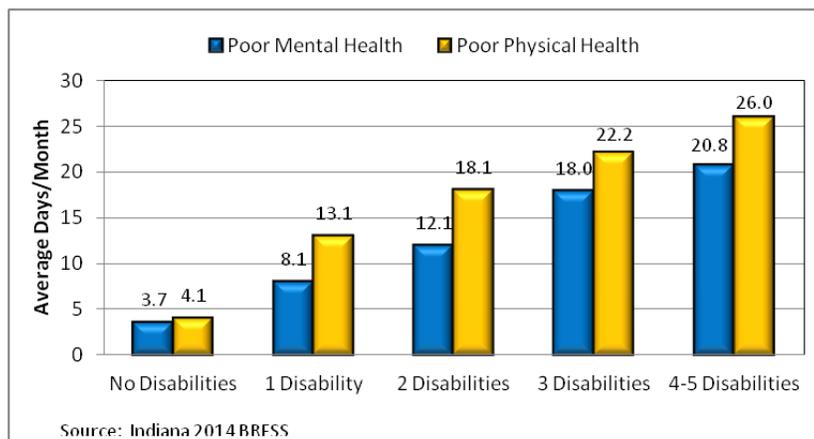
- Independent living: Females had a higher prevalence than males (9.1% vs. 6.0%, respectively). There were no differences among the age groups of 25–34 to 65 years and older; however, the 18–24 age group had a lower prevalence than the 45–54, 55–64 and 65 and older age groups. Hispanic adults had a lower prevalence than white and black non-Hispanic adults (1.9% vs. 7.8% and 9.4%, respectively). Prevalence increased with decreasing education (2.8% for college graduates to 14.8% for those with less than high school) and decreasing income (1.3% for those with household income of \$75,000 or greater to 21.2% for those with household income of less than \$15,000).
- Vision: There were no differences by sex or by race and ethnicity. Adults in the 18–24 (2.6%) and 25–34 (1.9%) age groups had a lower prevalence than the 35 years and older age groups (prevalence ranging from 4.7% to 5.9%). Prevalence increased with decreasing education (1.9% for college graduates to 9.3% for less than high school) and decreasing household income (1.0% for those with household income of \$75,000 or greater to 12.6% for those with household income of less than \$15,000).
- Self Care: There were no differences by sex. Adults in the 18–24 (0.4%) and 25–34 (1.7%) age groups had a lower prevalence than the 45 years and older groups (prevalence ranging from 5.4–5.7%). Hispanic adults had a lower prevalence than white and black, non-Hispanic adults (0.7% vs. 4.0% and 5.0%, respectively). College graduates (1.5%) had a lower prevalence than those with less than high school education (6.3%), high school graduates/GED (4.5%), and those with some post-high school education (3.9%). Adults with household income less than \$15,000 (11.5%) and income of \$15,000–\$24,999 (6.6%) had a higher prevalence than those with higher household income (ranging from 1.5% to 2.8%).

Respondents were asked about the number of days in the past month that their physical and mental health was not good. Respondents with one or more disabilities had a higher number of days of poor mental or physical health than those without disabilities. (Figure 1)

Discussion

Efforts are needed to increase the inclusion of people with disabilities in public health promotion and prevention services. The adult population living with disabilities in Indiana was similar to the United States. Health promotion and disease prevention efforts should focus on these adults because of the increasing poor mental and physical health reported with the increasing number of disabilities. Improved health will increase the capacity of people with disabilities to engage fully in social activities such as work, play, and family life (CDC).

Figure 1.



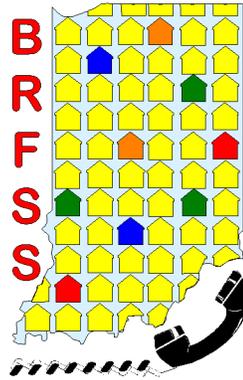
Interestingly, the proportion of Hispanic Indiana adults reporting a disability (12%) was lower than that of the Hispanic population with disability in the U.S. (25%).

The questions on disabilities do not assess deafness or serious difficulty hearing, thus the overall disability prevalence is most likely underestimated. Continued surveillance for disabilities in the population is essential to monitor trends and further improve prevalence estimates.

This information from the BRFSS survey will assist organizations working to improve the health of persons with disabilities. For additional information on disability and health, please visit <http://www.cdc.gov/ncbddd/disabilityandhealth/index.html>.



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