



# Table of Contents

Introduction	1
Background and Rationale	1
Defining Disability Status and Disability Types	2
Conclusion	Ę
Appendix	6
References	-



#### Introduction

The purpose of this document is to provide guidance for Behavioral Risk Factor Surveillance System (BRFSS) state coordinators and researchers interested in monitoring disability at the state or national level. Questions to assess disability have been an integral part of the BRFSS since 2001 (1). One main use of the disability questions is to assess the proportion of the adult U.S. population with disabilities. Another use of the disability questions is to assess types of functional disability.

## **Background and Rationale**

The U.S. Department of Health and Human Services (HHS) Implementation Guidance on Data Collection Standards (2) provides a set of uniform data collection requirements for inclusion of race, ethnicity, sex, primary language, and disability status for surveys conducted or sponsored by HHS in accordance with the 2010 Affordable Care Act, Section 4302 (3). The six-item set of questions used in the American Community Survey (ACS) are the minimum standard for disability survey questions. Questions and answers in this set cannot be changed; however, additional questions may be added. The six questions define disability from a functional perspective and are collectively a meaningful measure of disability for data collection and reporting. If at any time, the ACS changes the questions, HHS will revisit the guidance.

The six-item set of questions identify disability in hearing, vision, cognition, mobility, self-care, and independent living.



From 2013 to 2015, CDC's BRFSS collected data using five of the six questions; the question to identify a hearing disability was not included. Beginning in 2016, BRFSS contained the six-item battery as a part of its core component to assess disability status across the nation. The appendix provides a historical overview of the BRFSS disability questions.

## **Defining Disability Status and Disability Types**Disability Status and Types

Disability Status is determined using six questions:

- 1. "Are you deaf or do you have serious difficulty hearing?" (hearing)
- 2. "Are you blind or do you have serious difficulty seeing, even when wearing glasses?" (vision)
- 3. "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" (cognition)
- 4. "Do you have serious difficulty walking or climbing stairs?" (mobility)
- 5. "Do you have difficulty dressing or bathing?" (self-care)
- 6. "Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?" (independent living)

For each of the six disability types, respondents are considered to have the particular disability type if they replied "Yes" to the corresponding question.



Respondents who replied "Yes" to at least one of these six questions are considered to have a disability. Respondents who replied "No" to all six questions are considered not to have a disability. All other respondents are considered "missing."

## SAS code for Disability Status

This is an example of SAS code that can be used to create a disability status variable in BRFSS:

IF DEAF=1 OR BLIND=1 OR DECIDE=1 OR DIFFWALK=1 OR DIFFDRES=1 OR DIFFALON=1 THEN DISABILITY=1;

ELSE IF DEAF=2 AND BLIND=2 AND DECIDE=2 AND DIFFWALK=2 AND DIFFDRES=2 AND DIFFALON=2 THEN DISABILITY=2;

ELSE DISABILITY = .;

LABEL DISABILITY = 'DISABILITY: 1=YES, 2=NO, .=UNK';

This code creates a new variable called "DISABILITY," which indicates the respondent's disability status:

- DISABILITY = 1 indicates the respondent has a disability
- DISABILITY = 2 indicates the respondent does not have a disability
- DISABILITY = . indicates that there is not enough information to find out if the respondent has a disability; the response is "missing" and will not be included in the analysis.



## SAS code for Disability Types

This is an example of SAS code that can be used to create a disability type variable in BRFSS. This code creates the variable for mobility disability:

IF DIFFWALK=1 THEN MOBILITYDISAB=1;

ELSE IF DIFFWALK=2 THEN MOBILITYDISAB=2:

ELSE MOBILITYDISAB = .;

LABEL MOBILITYDISAB='MOBILITY DISABILITY: 1=YES, 2=NO, .= UNK':

This code creates a new variable called "MOBILITYDISAB," which indicates whether the respondent has a mobility disability:

- MOBILITYDISAB = 1 indicates the respondent has a mobility disability
- MOBILITYDISAB = 2 indicates the respondent does not have a mobility disability
- MOBILITYDISAB = . indicates that there is not enough information to find out if the respondent has a mobility disability; the response is "missing" and will not be included in the analysis.

The other five disability types can be coded the same way using the relevant BRFSS variables.



### Conclusion

This document provides guidance for those who use the BRFSS to assess disability. After reading this document, BRFSS state coordinators and researchers will know how to classify respondents by disability status and disability types. This information is provided to assist data analysts with analysis of the BRFSS disability data. Previous researchers have used these data to monitor disability at the state-level (4-7), examine measures of disability (8), estimate healthcare expenditures associated with disability (9), and examine disparities (10-23) in:

- health-related behaviors;
- chronic conditions:
- healthcare access and use of clinical preventive services;
   and
- health-related quality of life.

The <u>appendix</u> provides a historical overview of the wealth of disability data available in the BRFSS.

## **Appendix**

Historical Overview of BRFSS Disability Questions

Disability	Question	2001, 2003 to 2012	2013 to 2015*	2016 <sup>†,‡</sup>
Any limitation	Are you limited in any way in any activities because of physical, mental, or emotional problems? [QLACTLM2] <sup>1</sup>	<b>✓</b>	<b>√</b>	Optional module§
Special equipment use	Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Include occasional use or use in certain circumstances. [USEEQUIP] <sup>¶</sup>	<b>✓</b>	<b>✓</b>	Optional module§
Hearing	Are you deaf or do you have serious difficulty hearing? [DEAF] <sup>1</sup>	N/A	N/A	<b>✓</b>
Vision	Are you blind or do you have serious difficulty seeing, even when wearing glasses? [BLIND] <sup>1</sup>	N/A	<b>√</b>	<b>✓</b>
Cognition	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? [DECIDE] <sup>1</sup>	N/A	✓	<b>✓</b>
Mobility	Do you have serious difficulty walking or climbing stairs? [DIFFWALK] <sup>¶</sup>	N/A	<b>√</b>	<b>√</b>
Self-care	Do you have difficulty dressing or bathing? [DIFFDRES] <sup>1</sup>	N/A	<b>√</b>	<b>√</b>
Independent living	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? [DIFFALON] <sup>1</sup>	N/A	<b>✓</b>	<b>✓</b>

<sup>\*</sup> The interviewer read, "The following questions are about health problems or impairments you may have." before asking the disability questions.

Abbreviations: N/A = not available.

<sup>†</sup> The interviewer read, "The following questions are about health problems or impairments you may have. Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone" before asking the disability questions.

<sup>‡</sup> Beginning in 2016, the six-item set was included in the demographics section of the BRFSS core. Researchers are encouraged to report disability status as a standard demographic variable.

<sup>¶</sup> BRFSS variable name.

<sup>§</sup> Twenty states (Alabama, Alaska, Florida, Georgia, Idaho, Illinois, Iowa, Kentucky, Louisiana, Maryland, Michigan, Minnesota, New York, North Carolina, North Dakota, Ohio, Oregon, South Carolina, Texas, and Washington) submitted data for the optional module. Of these, one state (Ohio), collected optional module data on a subset of the state sample rather than on its entire sample. Information on the weighting methodology and the weights to use for Ohio can be found at: <a href="https://www.cdc.gov/brfss/annual\_data/2016/pdf/2016moduleanalysis.pdf">https://www.cdc.gov/brfss/annual\_data/2016/pdf/2016moduleanalysis.pdf</a>.

#### **References**

- CDC. Behavioral Risk Factor Surveillance System. BRFSS. Atlanta, GA: US Department of Health and Human Services. https://www.cdc.gov/brfss/
- Office of the Assistant Secretary for Planning and Evaluation. U.S.
   Department of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status. Washington, DC: Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services; 2011. https://aspe.hhs.gov/pdf-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status
- US Congress. Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119; Health Care and Education Reconciliation Act, Pub. L. No. 111-152, 124 Stat. 1029. Washington, DC: US Congress; 2010.
- 4. Courtney-Long EA, Carroll DD, Zhang QC, et al. Prevalence of disability and disability type among adults--United States, 2013. MMWR Morb Mortal Wkly Rep 2015;64(29):777-83.
- 5. CDC. State-specific prevalence of disability among adults--11 states and the District of Columbia, 1998. MMWR Morb Mortal Wkly Rep 2000;49(31):711-4.
- Okoro CA, Balluz LS, Campbell VA, Holt JB, Mokdad AH. State and metropolitan-area estimates of disability in the United States, 2001. Am J Public Health 2005;95(11):1964-9.
- CDC, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data [online]. https://dhds.cdc.gov
- Stevens AC, Courtney-Long EA, Okoro CA, Carroll DD. Comparison of 2 disability measures, Behavioral Risk Factor Surveillance System, 2013. Prev Chronic Dis 2016;13:E106.

- 9. Anderson WL, Armour BS, Finkelstein EA, Wiener JM. Estimates of state-level health-care expenditures associated with disability. Public Health Rep 2010;125(1):44-51.
- Li C-M, Zhao G, Hoffman HJ, Town M, Themann CL. Hearing disability prevalence and risk factors in two recent national surveys. Am J Prev Med 2018 Jul 18. doi: 10.1016/j.amepre.2018.03.022. PubMed PMID: 30031639
- 11. Armour BS, Campbell VA, Crews JE, Malarcher A, Maurice E, Richard RA. State-level prevalence of cigarette smoking and treatment advice, by disability status, United States, 2004. Prev Chronic Dis 2007;4(4):A86.
- 12. Courtney-Long E, Armour B, Frammartino B, Miller J. Factors associated with self-reported mammography use for women with and women without a disability. J Womens Health (Larchmt) 2011;20(9):1279-86.
- 13. Armour BS, Swanson M, Waldman HB, Perlman SP. A profile of state-level differences in the oral health of people with and without disabilities, in the U.S., in 2004. Public Health Rep 2008;123(1):67-75.
- 14. Okoro CA, Denny CH, McGuire LC, Balluz LS, Goins RT, Mokdad AH. Disability among older American Indians and Alaska Natives: disparities in prevalence, health-risk behaviors, obesity, and chronic conditions. Ethn Dis 2007;17(4):686-92.
- 15. Okoro CA, Hootman JM, Strine TW, Balluz LS, Mokdad AH. Disability, arthritis, and body weight among adults 45 years and older. Obes Res 2004;12(5):854-61.
- Cannell MB, Bouldin ED, Teigen K, Akhtar WZ, Andresen EM. The crosssectional association between severity of non-cognitive disability and self-reported worsening memory. Disabil Health J 2016;9(2):289-97.
- 17. Pharr JR, Bungum T. Health disparities experienced by people with disabilities in the United States: a Behavioral Risk Factor Surveillance System study. Glob J Health Sci 2012;4(6):99-108.

#### References continued

- 18. Kobau R, Bann C, Lewis M, et al. Mental, social, and physical well-being in New Hampshire, Oregon, and Washington, 2010 Behavioral Risk Factor Surveillance System: implications for public health research and practice related to Healthy People 2020 foundation health measures on well-being. Popul Health Metr 2013;11(1):19.
- Kusano CT, Bouldin ED, Anderson LA, et al. Adult informal caregivers reporting financial burden in Hawaii, Kansas, and Washington: results from the 2007 Behavioral Risk Factor Surveillance System. Disabil Health J 2011;4(4):229-37.
- 20. Fredriksen-Goldsen KI, Kim HJ, Barkan SE. Disability among lesbian, gay, and bisexual adults: disparities in prevalence and risk. Am J Public Health 2012;102(1):e16-21.
- 21. Littman AJ, Koepsell TD, Forsberg CW, Haselkorn JK, Boyko EJ. Preventive services in veterans in relation to disability. J Rehabil Res Dev 2012;49(3):339-50.
- 22. Drum CE, Horner-Johnson W, Krahn GL. Self-rated health and healthy days: examining the "disability paradox". Disabil Health J 2008;1(2):71-8.
- 23. Schussler-Fiorenza Rose SM, Eslinger JG, Zimmerman L, et al. Adverse childhood experiences, support, and the perception of ability to work in adults with disability. PLoS One 2016;11(7):e0157726.