

## Disparities in Health

### Identify and Reduce Disparities in Key Health Indicators, including Obesity, among Children, Youth and Adults with Disabilities

#### What is the Problem?

- Children, youth and adults with disabilities experience disparities in many key health indicators like obesity, smoking, injuries and violence, mental health, and access to health services. Obesity is a particular problem because it:
  - Increases the risk of developing chronic conditions.
  - Is prevalent among people with disabilities.
  - Is linked to many other poor health outcomes.
- Obesity rates for children and adults with disabilities are 38% and 57% higher, respectively, than rates for children and adults without disabilities.
- Annual obesity health care costs related to disability approach \$44 billion/year.
- Adults with disabilities engage in physical activities on a regular basis approximately half as often as adults without disabilities (12% vs. 22%).



#### What Do We Know?

- Data are needed to document health disparities, identify problems, and identify which groups of people with disabilities are at highest risk for specific problems.
- The growing body of research indicates that people of all ages with disabilities experience a range of disparities in health.
- The standard definition of disability for surveys adopted by the Department of Health and Human Services will provide much more consistency in how disability data are captured.
- Children and adults at greatest risk for obesity have mobility limitations, intellectual/learning disabilities, or both.

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- Whether obesity is the result of disability or a contributing factor to disability, it is important to promote healthy weight for children, youth, and adults with disabilities.
- Standard weight measurements may not be adequate to assess weight for people with some disabilities, such as limb loss or paralysis.
- Reasons for disparities in obesity and healthy weight management include:
  - Lack of accessible environments that promote healthy living, such as sidewalks, parks, and exercise equipment.
  - Lack of healthy food choices for many people with disabilities living in restrictive environments.
  - Use of medications that contribute to changes in weight and appetite.
  - Physical limitations that can reduce a person's ability to exercise.
  - Pain and/or lack of energy.
  - Difficulty with chewing or swallowing food.
  - Lack of resources such as money, transportation, and social support from family, friends, neighbors, and community members.

## What Can We Do?

- Integrate disability into national communication and programmatic efforts that address obesity and other health indicators.
- Identify and measure health outcomes for people with disabilities to evaluate effectiveness and monitor change.
- Increase the number of people with disabilities who participate in mainstream health programs for physical activity and good nutrition to improve cardiovascular and muscle fitness, and enhance mental health.
- Document and promote health status and health disparities.
- Increase research on obesity and healthy weight management to build the evidence for effectiveness of related programs for children, youth and adults with disabilities.
- Build effective communication platforms on nutrition and physical activity to improve uptake on messages by people with disabilities, caregivers, and providers.

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- Provide nutrition and physical activity resource guides to residential living facilities, caregivers, and people with disabilities to increase health promotion.
- Collaborate with NCBDDD partners to prioritize and address disparities in other health indicators.

## Accomplishments

- Introduced an online interactive system, the Disability and Health Data System, that helps translate state-level, disability-specific data into valuable public health information. Users can customize how they view disability and health data throughout the country, making it easy to understand health disparity information, identify trends, and help support the development of programs, services and policies that address people with disabilities.
- Collaborated with CDC's nutrition, physical activity and obesity program, national agencies, and international organizations to share research and develop strategies on obesity and healthy weight management among people with disabilities.
- Developed a plan and research agenda to direct our future work on healthy weight management for children and adults with disabilities. This agenda will be used to inform policies, programs, and practices.
- Partnered with the World Health Organization in developing and disseminating the World Report on Disability (2011), the first-ever worldwide report on disability. The World Report provides the most recent scientific data on disability, and makes recommendations for action at the national and international level.
- Collaborated with national organizations to continue development, monitoring, and promotion of the Healthy People 2020 objectives for disability and health. Provided input to child health and development objectives of Healthy People 2020, which provides a blueprint for improving the health of the nation.

## Looking to the future

- Increase awareness about obesity and healthy weight management among people with different disabilities through partnerships with a the network of public health practice and resource centers.
- Assess and improve healthy weight of people with mobility limitations in conjunction with limb loss and paralysis organizations.
- Promote healthy weight management among their constituents with disabilities by engaging a network of state disability and health programs.

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- Develop issue briefs to increase public awareness of the risks of obesity for people with disabilities and strategies for healthy weight management.



## Feature Videos

[The Spina Bifida Experience: The Importance of Physical Activity](#)

[The Spina Bifida Experience](#)

## Notable 2011 NCBDDD Scientific Publications

- Anderson WL, Armour BS, Finkelstein EA, Wiener JM. Estimates of state-level health-care expenditures associated with disability. *Public Health Reports* 2010;125(1):44–51.
- 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 Women's Health (Larchmt)* 2011;20(9):1279–86.
- Holtzer C, Meaney FJ, Andrews J, Ciafaloni E, Fox DJ, James KA, Lu Z, Miller L, Pandya S, Ouyang L, Cunniff C. Disparities in the diagnostic process of Duchenne and Becker muscular dystrophy. *Genet Med* 2011;10. [Epub ahead of print]
- Krahn GL, Campbell VA. Evolving views of disability and public health: The roles of advocacy and public health. *Disabil Health J* 2011;4(1):12–8.
- Reichard R, Holtus H, Fox MH. Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States. *The Disability and Health Journal* 2011;4(2):59–67.

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