



Disability-Related Health Disparities

People with disabilities need health programs and services for the same reasons anyone does—to be well, active, and a part of the community. To accomplish this, it is imperative that people with disabilities are included in programs and services that meet their needs as a person, not just as a person with a disability. When children and adults with disabilities receive needed programs, services and health care across their lifespan, they can reach their full potential, have an improved quality of life, and experience independence.

One in 6 adults in the United States lives with a disability. Many people currently without a disability may acquire one through chronic disease, injury and aging. Unfortunately, barriers exist that make it challenging for people with disabilities to live the healthiest life possible – as evidenced by greater rates of chronic disease and injuries, less access to programs devoted to healthy lifestyles, and increased vulnerability during disasters. Individuals with disabilities are more likely than people without disabilities to report dramatically poorer overall health, less access to adequate health care, and increased rates of smoking, physical inactivity, and chronic conditions.

NCBDDD's Division of Human Development and Disability and its partners are committed to reducing health disparities and promoting health equity for people with disabilities.

Disability Defined

According to the World Health Organization, disability is not a health condition itself, but is the limitation experienced, because of a health condition, in interaction with the context of the community and society in which the person lives. Disability relates to:

- **Impairment in body function or structure.** Examples include loss of a limb, or cognitive impairment.
- **Limitation in activity.** Examples include difficulty seeing, hearing, walking or problem-solving.
- **Restriction in participation.** Examples include restrictions in participating in activities such as eating or going to work due to a health condition.

2012 Accomplishments

- Launched Disability and Health Data System (DHDS), the first-ever, state-level data system dedicated to disability and health. DHDS is an online interactive tool that helps translate disability-specific data into valuable public health information. The system has been demonstrated to over 500 people across federal agencies, the states, and academic institutions and has been accessed by approximately 9000 people in the first seven months of availability.
- Funded a network of national public health practice resource centers that provided information, education services, and resources in print, electronic and phone-based formats to thousands of people with specific disabilities, their family members and caregivers. These include centers on paralysis, limb loss, and physical activity and health. We also funded two national organizations to conduct health testing for persons with intellectual disabilities living in their communities.
- Increased the state Disability and Health network from 16 to 18 states to promote health, improve access to health care, and improve emergency preparedness by an d for people with disabilities. These funded states have increased planning for people with disabilities in state emergency plans, trained hundreds of health professionals on unique needs of people with disabilities, and developed tools to promote accessibility to chronic disease programs and health care settings.
- Successfully promoted inclusion of the new HHS data standards for disability identifiers in the Behavioral Risk Factor Surveillance System (BRFSS) beginning in 2013.
- Expanded our communication activities through successfully including people with disabilities in CDC's mainstream health communication projects on breast cancer and emergency preparedness; and promoting disability awareness in conjunction with World Health Organization through creation of What's Disability to Me video.

Nickole's Story



A winter storm left Nickole stuck in her home for eight days.

To read Nickole's story, visit:
www.cdc.gov/NCBDDD/DisabilityandHealth/stories.html

Looking to the Future

NCBDDD's Division of Human Development and Disability is committed to reducing health disparities of people with disabilities at all ages in life. To improve the overall health and quality of life for people with disabilities, we integrate public health science with our programs to include people with disabilities in public health surveys, health promotion programs (including healthy weight activities), emergency preparedness and planning, and improve access to health care services.

A national leader in advancing disability and health issues, NCBDDD's Division of Human Development and Disability works with partners to better understand children and adults with disabilities, and implement research and health programs to support them in achieving the highest quality of life possible across their lifespan. Tracking and research helps demonstrate the importance of health disparities, which are health differences closely linked with social, economic, and/or environmental disadvantages that adversely affect segments of the population who have systematically experienced greater obstacles to their health.

Disability is part of the normal human experience, yet people with disabilities are often overlooked in public health and health care practice. Public health holds the responsibility to identify health disparities through data, promote the health of people who have disabilities, and close the gap in health disparities. NCBDDD's Division of Human Development is positioned to lead public health in reducing health disparities and promoting health equity for people with disabilities.

Notable Scientific Publications

Armour BS, Courtney-Long E, Campbell VA, Wethington HR. Estimating disability prevalence among adults by body mass index: 2003-2009 National Health Interview Survey. Preventing Chronic Disease. 2012 Dec;9:E178; quiz E178. doi: 10.5888/pcd9.120136.

Barile JP, Thompson WW, Zack MM, Krahn GL, Horner-Johnson W, Haffer SC. Activities of daily living, chronic medical conditions, and health-related quality of life in older adults. Journal of Ambulatory Care Management. 2012 Oct;35(4):293-304.

Did You Know?

Disability-associated health care expenditures account for about 26% of all health care expenditures for adults residing in the United States.

Compared to people without disabilities, those with disabilities are:

- More than 4 times more likely to report their health as fair/poor.
- Nearly 61% more likely to be obese.
- About 76% more likely to smoke.
- About 8% less likely to get a mammogram.
- 2.5 times more likely to have unmet or delayed health care needs due to cost.

**Disability-Related Health Disparities
Annual Report, Fiscal Year 2012**

Notable Scientific Publications (continued)

Leeb RT, Bitsko RH, Merrick MT, Armour BS. Does childhood disability increase risk for child abuse and neglect? *Journal of Mental Health Research in Intellectual Disabilities*. 2012;5(1):4-31.

Sinclair LB, Fox MH, Betts DR. A tool for enhancing strategic health planning: a modeled use of the International Classification of Functioning, Disability and Health. *International Journal of Health Planning and Management*. 2012 Nov 12. doi: 10.1002/hpm.2125.

Thompson, W., Zack, M.M., Krahn, G.L., Andresen, E., & Bar ile, J.P. (2012) Intervening factors for public health to consider for improving health-related quality of life among older adults with and without functional limitations. *American Journal of Public Health*. 102(3), 496-502

To view the annual report online, visit:
www.cdc.gov/ncbddd/2012AnnualReport

For more information, visit:
www.cdc.gov/disabilities

