

UTAH ADULTS WITH DISABILITIES

For this report, results from the 2001 Utah BRFSS have been used to present a profile of disability for non-institutionalized adults in Utah. It is important to note that individuals with the most severe limitations were not represented in this report. This exclusion occurred for two reasons: 1) the BRFSS does not interview institutionalized adults and 2) some of the selected respondents with disabilities were unable to complete the survey due to their disability.

The BRFSS included two screening questions that were asked of all survey respondents in order to identify adults with disabilities:

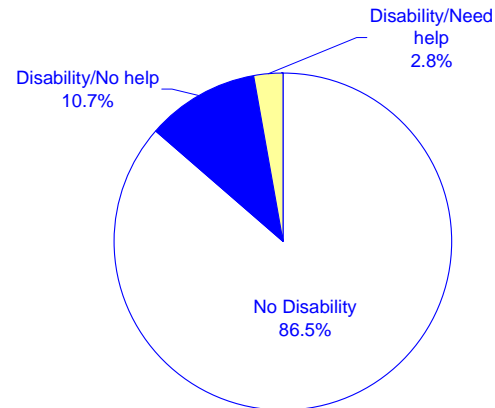
- 1. Activity Limitation:** "... Are you limited in any way in any activities because of physical, mental, or emotional problems?"
- 2. Use of Aid:** "Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"

Respondents who answered 'yes' to either screening question were then asked additional questions including:

- 1. Major Health Problem:** "What is your major impairment or health problem?"
- 2. Length of Time:** "For how long have your activities been limited...?"
- 3. Help With Personal Care:** "...do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?"
- 4. Help With Routine Needs:** "...do you need the help of other persons in handling your ROUTINE NEEDS, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?"

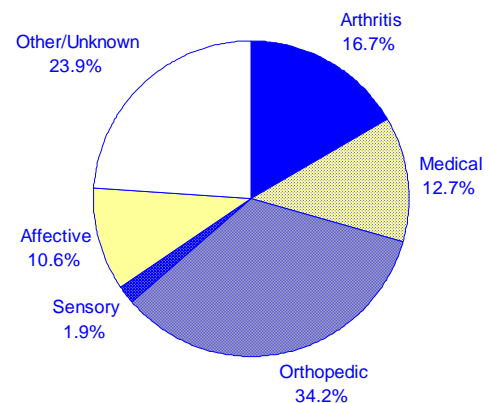
Definition of Disability: Respondents were considered to have a disability if they answered 'yes' to either screening question and reported having been limited for 12 months or more by their health problem. Respondents who met this definition of disability were classified by whether they needed assistance with either ROUTINE NEEDS or PERSONAL CARE.

Figure 1: Disability Status Among Utah Adults, Utah BRFSS, 2001



- In 2001, 13.5%, or approximately 198,000, of the non-institutionalized Utah adult population reported having a health problem or impairment that limited activities or required special equipment and which was present 12 months or longer. About 2.8% of adults had a disability and required assistance while 10.7% had a disability but did not require assistance (Figure 1).

Figure 2: Major Impairment or Health Problem Among Adults With Disabilities, Utah BRFSS, 2001



- The most common conditions reported by people with disabilities were orthopedic, including back or neck problems, fractures, bone or joint injuries, and walking problems (34.2%); followed by arthritis (16.7%); medical conditions, including respiratory and heart disorders, stroke, diabetes and cancer (12.7%); affective disorders, including depression, anxiety or emotional problems (10.6%); and sensory impairments, including hearing and vision problems (1.9%) (Figure 2).

- The prevalence of disability increased substantially with age for Utah adults (Figure 3). There was no significant difference in the prevalence of disability between men and women (not shown).

The quality of life and socioeconomic characteristic estimates on the next two pages were age-standardized to the 2000 U.S. population because age is so strongly associated with disability. Age standardization allows comparison between persons with and without disabilities. Without controlling for the effect of age, differences seen between these groups could be due to age rather than disability status.

Quality of Life

- The core 2001 BRFSS questions that are asked in all states included three questions about health-related quality of life. The first asked if a respondent's general health was excellent, very good, good, fair, or poor. People with disabilities were much more likely to report only fair or poor health as compared to those without disabilities. Two other questions asked number of days in the past 30 days when physical health was not good and when mental health was not good. These two questions were analyzed to ascertain the percentage of people who reported that their physical health or mental health was not good for 15 or more of the past 30 days. People with disabilities were more likely to report frequent days when either their mental health or physical health was not good (Figure 4).



- In Utah, the 2001 BRFSS included an optional module of questions called 'Quality of Life.' Three questions from the module were analyzed to determine the percentage of adults who reported that on 15 or more of the past 30 days that 1) pain made it hard for them to do their usual activities, 2) they felt worried, tense or anxious, and 3) they felt they did not get enough sleep or rest. The percentage of adults with 15 or more days for these measures also was higher for those who had disabilities (Figure 5).

Figure 3: Prevalence of Disability Among Adults in Utah by Age Group, Utah BRFSS, 2001

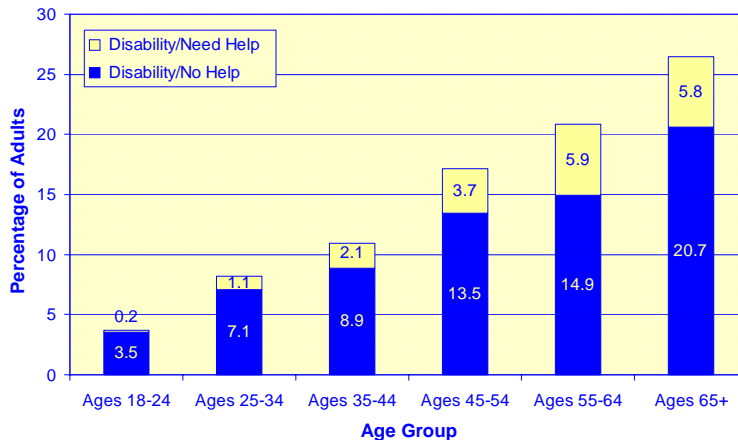


Figure 4: Percentage of Utah Adults Who Reported Fair or Poor General Health Status, Physical Health Not Good ≥ 15 of Past 30 Days or Mental Health Not Good ≥ 15 of Past 30 Days by Disability Status, Utah BRFSS, 2001 (age-standardized)

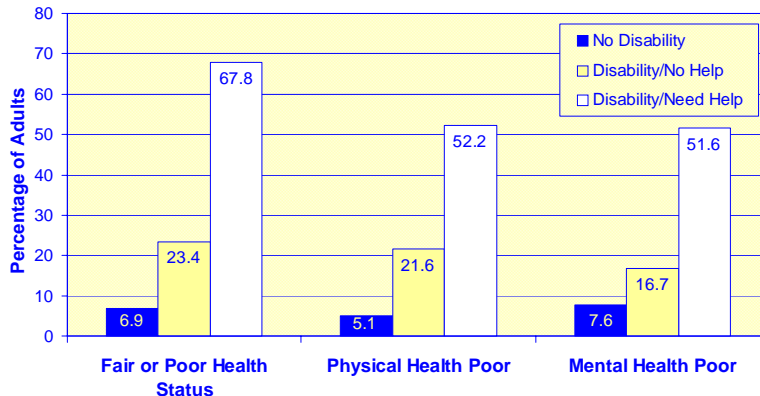
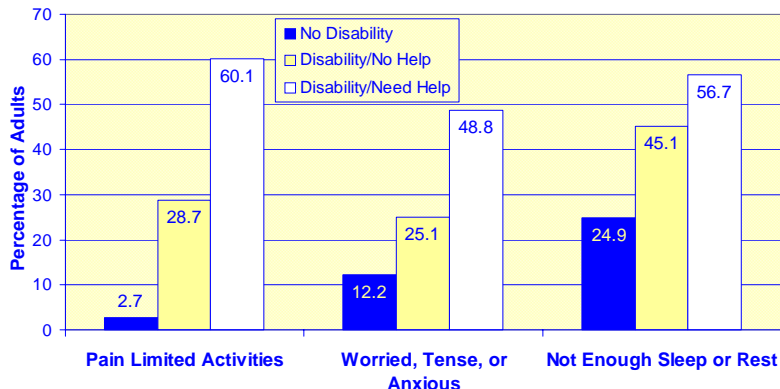
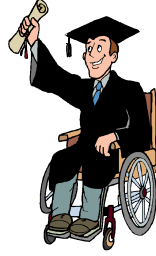


Figure 5: Percentage of Utah Adults Who Reported Pain Limited Activities, Feeling Worried or Anxious or Not Getting Enough Rest ≥ 15 of the Past 30 Days by Disability Status, Utah BRFSS 2001 (age-standardized)



Socioeconomic Characteristics

- Utah adults with disabilities who require assistance were at least three times more likely to report having less than a high school education than either adults with disabilities who don't require assistance or adults without disabilities. Persons with disabilities were less likely to be college graduates, especially those with disabilities requiring assistance (Figure 6).
- For working-age adults (ages 18-64), annual household incomes less than \$25,000 were more likely reported by people with disabilities than adults without disabilities. Similarly, adults with disabilities were less likely to report household incomes of \$50,000 or greater. Those adults with disabilities severe enough to require assistance were the most likely to report low incomes and least likely to report higher incomes (Figure 7).
- Working-age adults with disabilities (ages 18-64), especially those who required assistance, were less likely to be employed than those without disabilities. On the other hand, adults with disabilities were much more likely to report being unable to work (Figure 8).



In summary, this report shows that people with disabilities are more likely to experience poor quality-of-life and less likely to achieve higher levels of education and income. Health promotion and disease prevention measures that help to avoid chronic diseases or to limit their effects will decrease disability for Utah adults. For people living with disabilities, educational and vocational programs that promote their participation in the labor force will lead to their improved economic well-being.

Figure 6: Educational Level of Utah Adults, by Disability Status, Utah BRFSS 2001 (age-standardized)

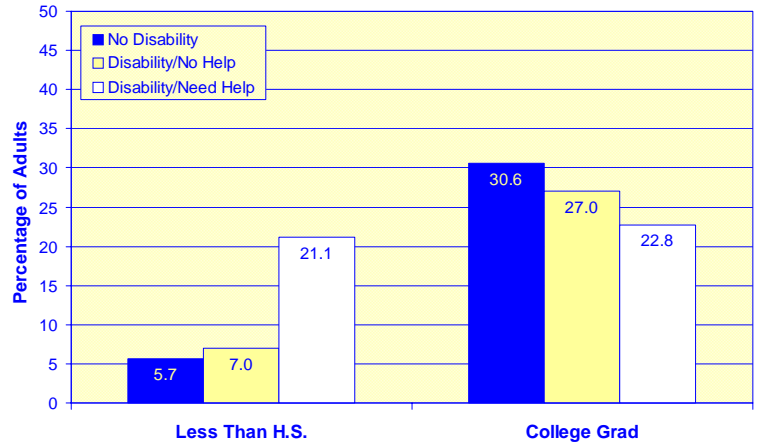


Figure 7: Annual Household Income of Utah Adults Ages 18-64 by Disability Status, Utah BRFSS 2001 (age-standardized)

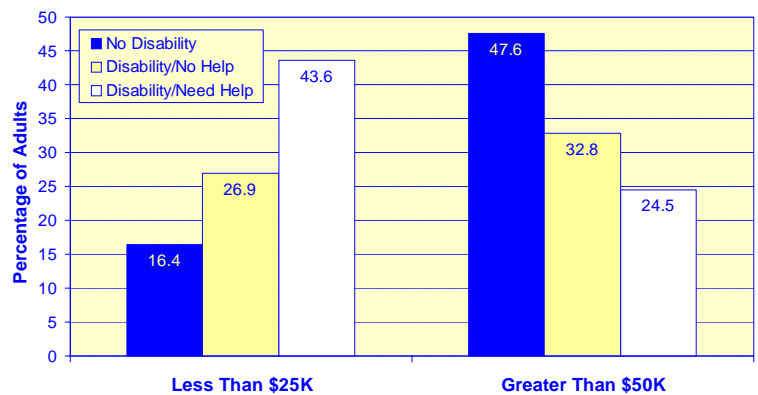
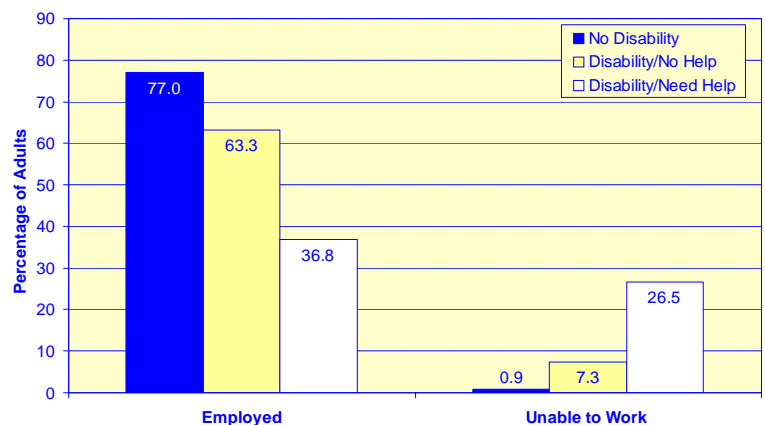


Figure 8: Employment Category* of Utah Adults Ages 18-64 by Disability Status, Utah BRFSS 2001 (age-standardized)



* The "employed" category includes those employed for wages and the self-employed.



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The Utah Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing effort by the Utah Department of Health in conjunction with the U.S. Centers for Disease Control and Prevention (CDC) to assess the prevalence of and trends in health-related behaviors in the non-institutionalized Utah adult population aged 18 years and older. The survey is supported in part by funds from Cooperative Agreement No. U58/CCU800572 from the CDC. Data are collected monthly from a random telephone sample of adults living in households with telephones. Utah has participated in the BRFSS continuously since 1984.

The BRFSS questionnaire is modified each year by the CDC in collaboration with participating state agencies. The questionnaire has three parts. The first part is a core set of questions that is asked by all states. The second part consists of a series of topical modules developed by the CDC. States have the option of adding modules as they wish. Utah has used several of the CDC modules. The final part of the questionnaire consists of questions designed and administered by individual states to address issues of local concern. These have been revised annually in Utah to maximize the survey's ability to address the needs of Utah's health programs.

Participants in the Utah BRFSS are asked about a wide variety of behaviors such as seat belt use, exercise, tobacco and alcohol consumption, health services utilization and basic demographic information. Participation in the BRFSS is completely anonymous and voluntary. Prior to analysis, BRFSS data are weighted so that the findings can be generalized to the Utah adult population. The Utah Department of Health would like to thank the citizens of Utah who have participated in this survey.

For more information about the Utah BRFSS, contact the Utah BRFSS Coordinator at the Utah Department of Health at (801) 538-6434. You may also visit the Utah Department of Health's website, at: <http://health.utah.gov/ibisph>.