

Montana Disability & Health Update



December 2011, Issue 3

The Health Status of Montana Adults with and without Disability: Results from the 2003-2010 Behavioral Risk Factor Surveillance System Surveys

Approximately 20% of U.S. adults have a disability. This report provides updates on the Health Status of Montana adults with and without disabilities using 2001 to 2010 BRFSS data. Demographics and Healthy People 2010 updates on Montana adults with and without disabilities are provided in Issues 2 and 4 of this series, respectively. For more information on the health of Montana adults, go to http://brfss.mt.gov/html/assessing_risks.shtml

For more than 25 years, the Montana Behavioral Risk Factor Surveillance System (BRFSS) has gathered information via telephone survey from adult Montanans about a wide range of behaviors affecting their health.¹ Beginning in 2001, and continuing from 2003 to the present, the BRFSS core questionnaire has included a two-item disability module. Disability is defined as a “Yes” response to either or both of the following questions:

- Are you limited in any way in any activities because of physical, mental, or emotional problems?
- 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?

Results of the 2001 and 2003 to 2010 BRFSS indicated poorer health among Montana adults with disabilities as compared to adults without disabilities on three key measures — general health, physical health in the past 30 days, and mental health in the past 30 days.

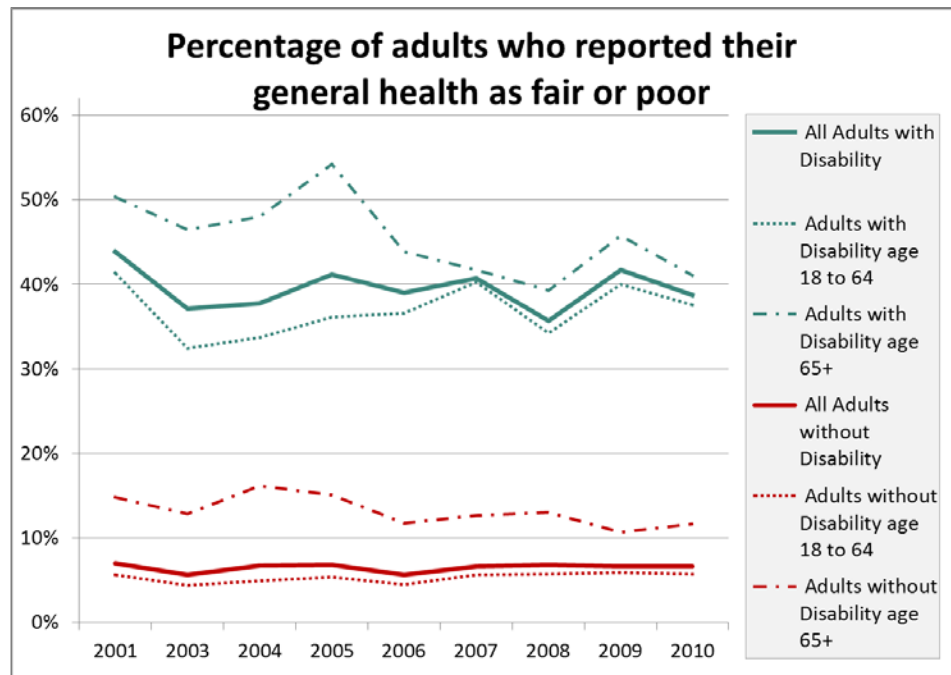


Figure 1: BRFSS data results of the percentage of adults who reported their general health as fair or poor. Data source: The Montana Behavioral Risk Factor Surveillance System (BRFSS).

Disability and Health: Disability is a dynamic experience that can be short or long term. Having a disability is not the same as having poor health. Still, a variety of social and environmental factors place persons with disability at greater risk for poor health. These factors or health determinants can vary or remain the same as people age. The current report shows how self-reported health status varies between Montana adults with and without disabilities. It also shows how health status can vary by age within subpopulations with and without disabilities.

¹ <http://50.57.217.98/>

General health is fair or poor

Each year beginning in 2001 and continuing from 2003 to 2010, a greater proportion of Montana adults with disabilities reported that their general health was fair or poor in comparison to Montana adults without disabilities. In 2010, two out of five (39%) Montana adults with disabilities reported their general health was fair or poor while fewer than one in ten (7%) Montana adults without disabilities self-reported fair or poor general health.

In addition, Montana adults with disabilities age 18 to 64 and age 65 and older reported that their health was fair or poor at greater percentages than Montana adults without disabilities in the same age groups. In 2010, 38% of Montana adults with disabilities age 18 to 64 reported that their general health was fair or poor compared to 6% of Montana adults without disabilities age 18 to 64; and 41% of Montana adults with disabilities age 65 and older reported that their general health was fair or poor compared to 12% of Montana adults without disabilities age 65 and older.

Physical health is not good on 14 or more days of the past 30 days

A greater proportion of Montana adults with disabilities reported that their physical health was not good on 14 or more of the past 30 days than did Montana adults without disabilities. In 2010, one third (33%) of Montana adults with disabilities reported that their physical health was not good on 14 or more of the past 30 days in comparison to 4% of Montana adults without disabilities.

Further, in the age group 18 to 64 and the age group 65 and older, more Montana adults with disabilities than those without disabilities reported that their physical health was not good on 14 or more days in the past 30 days. In 2010, 34% of Montana adults with disabilities age 18 to 64 reported that their physical health was not good on 14 or more of the past 30 days in comparison to 3% of Montana adults without disabilities age 18 to 64; and 32% of Montana adults with disabilities age 65 and older reported that their

physical health was not good on 14 or more of the past 30 days in comparison to 7% of Montana adults without disabilities age 65 and older.

In 2001, and from 2003 through 2010, the rate was not significantly different between Montana adults with disabilities age 65 and older and those with disabilities age 18 to 64 who reported that their physical health had not been good on 14 or more of the past 30 days. In 2010, for example, 32% and 34% of Montana adults with disabilities age 65 and older and those ages 18 to 64 reported that their physical health had not been good on 14 or more of the previous 30 days, respectively.

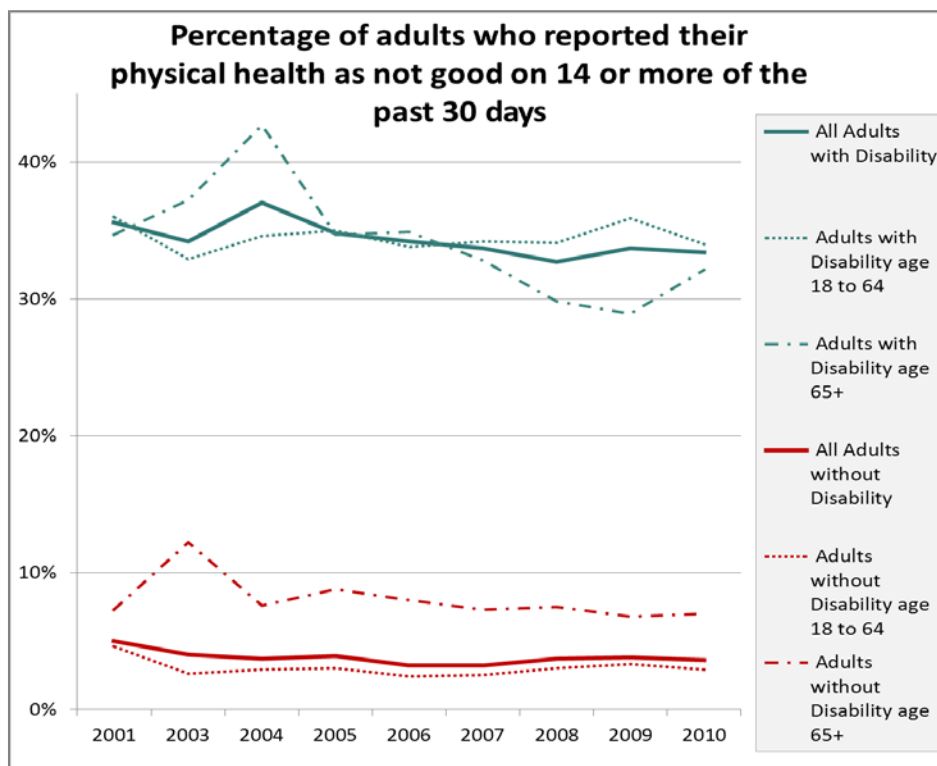


Figure 2: BRFSS data results of the percentage of adults who reported their physical health as not good on 14 or more of the past 30 days. Data Source: The Montana Behavioral Risk Factor Surveillance System (BRFSS).

Mental health is not good on 14 or more days of the past 30 days

A greater proportion of Montana adults with disabilities reported that their mental health was not good on 14 or more of the past 30 days than Montana adults without disabilities. In 2010, nearly one in four (23%) Montana adults with disabilities reported that their mental health was poor on 14 or more of the past 30 days. In comparison, in 2010, less than one in sixteen (6%) Montana adults without disabilities reported that their mental health was not good on 14 or more of the past 30 days. (The *Depression and Anxiety Among Montana Adults: BRFSS 2006* findings yielded detailed information on anxiety and depression among Montana adults; the related report is listed as an additional resource.)

Every year from 2003 through 2010,² a lower percentage of Montana adults with disabilities age 65 and older reported that their mental health was not good on 14 or more days of the past 30 days than the percentage of Montana adults with disabilities age 18 to 64 (e.g., 11% v. 28% in 2010, respectively).

In contrast, there was no significant difference in the number of adults without disability who reported that their mental health was not good on 14 or more of the past 30 days: In 2010, 4% of Montana adults without disabilities age 65 and older responded that their mental health was not good on 14 or more of the past 30 days in comparison to 6% of Montana adults without disabilities age 18 to 64.

The mental health of older Montana adults with disabilities trends between that of Montana adults with and without disabilities. The proportion of Montana adults age 65 and older with mental health that was not good on 14 or more days was greater for those with disabilities than those without disabilities.

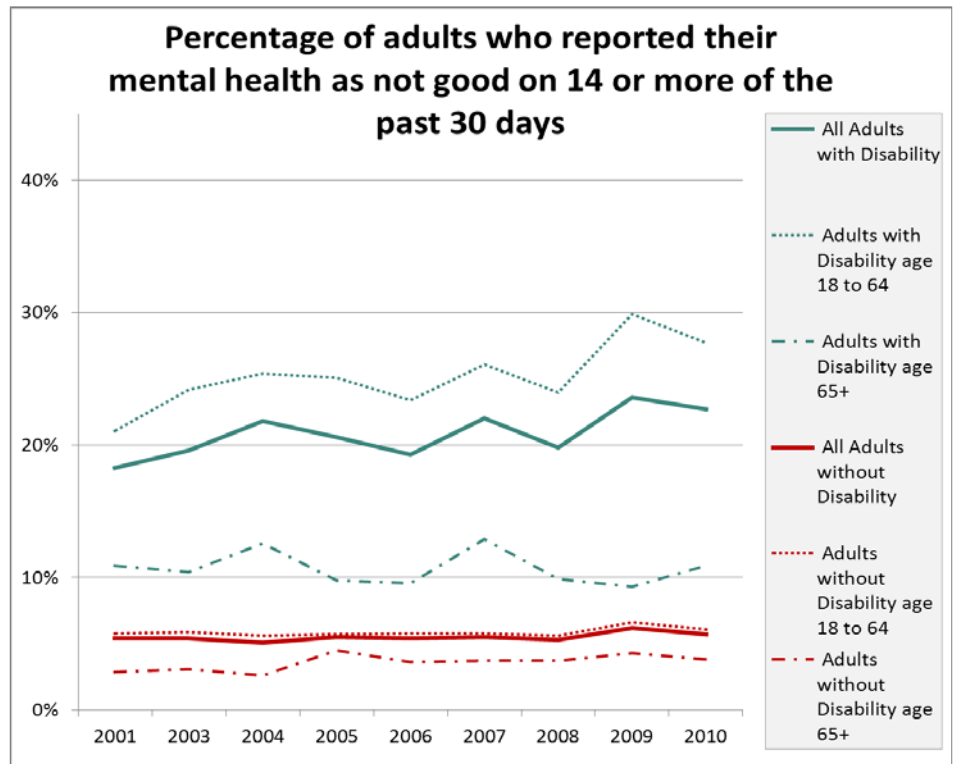


Figure 3: BRFSS data results of the percentage of adults who reported their mental health as not good on 14 or more of the past 30 days. Data Source: The Montana Risk Factor Surveillance System (BRFSS).

Poor health prevented usual activities on 14 or more of the past 30 days

In 2010, Montana adults with disabilities (30%) were seven times as likely to report that poor health had prevented their usual activities on 14 or more of the past 30 days as Montana adults without disabilities (4%). In 2001, significantly more adults with disabilities reported that poor health had prevented their usual activities than in 2003. This may have been due to a difference in the composition of the sample.

² In 2001, 10.9% (CI 6.3%-18.3%) of Montana adults with disability age 65+ and 21.1% (CI 16.5%-26.6%) of Montana adults with disability age 18 to 64 reported their mental health as not good on 14 or more of the past 30 days.

From 2003 through 2010, Montana adults with disabilities age 65 and older reported that poor health had prevented their usual activities at a rate similar to Montana adults with disabilities age 18 to 64 (29% v. 30% in 2010, respectively).

In 2010, more than twice as many Montana adults age 65 and older without disabilities reported that poor health had prevented their usual activities as Montana adults without disabilities age 18 to 64 (8% v. 3%, respectively). In 2010, almost four times as many Montana adults age 65 and older with disabilities reported that poor health had prevented their usual activities as Montana adults without disabilities age 65 and older (29% v. 8%, respectively).

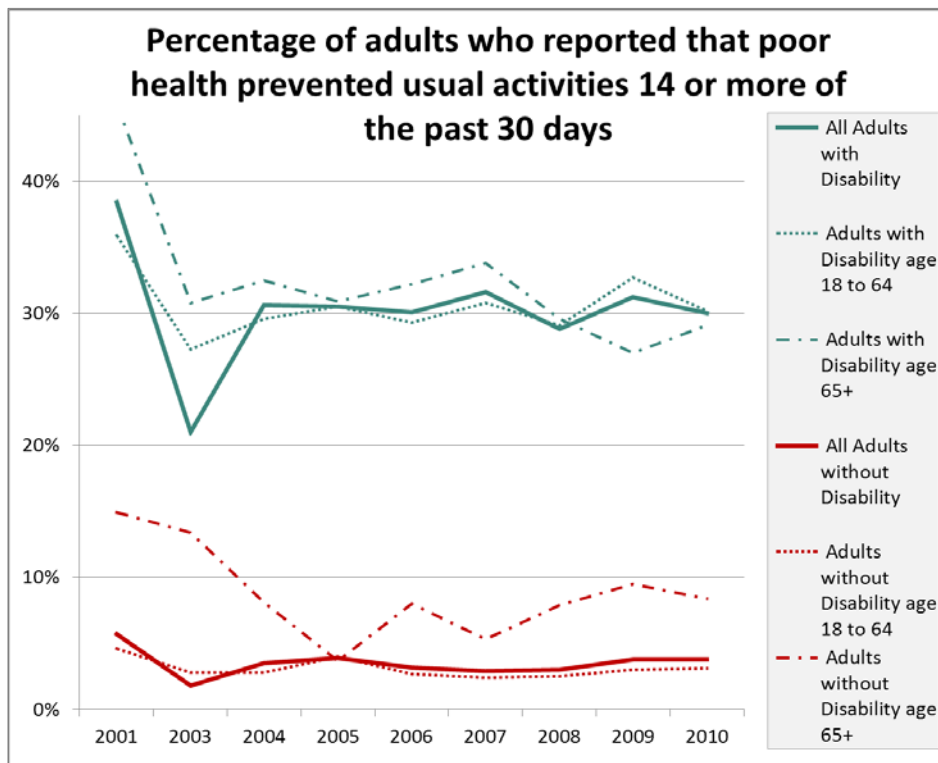


Figure 4: BRFSS data results of the percentage of adults who reported that poor health prevented usual activities 14 or more of the past 30 days. Data Source: The Montana Behavioral Risk Factor Surveillance System (BRFSS).

Conclusion

These data underscore the continued relevance of the U.S. Surgeon General’s Call to Action to Improve the Health and Wellness of People with Disabilities, which “encourages health care providers to see and treat the whole person, not just the disability; educators to teach about disability; a public to see an individual’s abilities, not just his or her disability; and a community to ensure accessible health care and wellness services for persons with disabilities.”³ The data also inform work outlined in Healthy People 2020.⁴ Partners can access updated Montana BRFSS profiles each summer on the State’s interactive Web site, where disability is included as a demographic category with age, sex, education, income, and racial/ethnic categories.⁵

Resources

Depression and Anxiety Among Montana Adults: BRFSS 2006 Findings. Montana BRFSS Fact(or)s Report (Winter, 2009) available at: http://50.57.217.98/pdf/mfactors/BRFSS_MARCH_09.pdf

Authors

Meg Ann Traci, Ph.D.; Ruth Licitra, MPH; Heather Zimmerman, MPH; & Joanne Oreskovich, Ph.D.

For additional information please contact: Meg Ann Traci, Ph.D.

Research and Training Center on Disability in Rural Communities, The University of Montana Rural Institute, 52 Corbin Hall, Missoula, MT 59812-7056; 888-268-2743 or 406-243-4956; 406-243-4200 (TTY); 406-243-2349 (Fax); matraci@ruralinstitute.umt.edu; <http://MTDH.ruralinstitute.umt.edu>; <http://RTC.ruralinstitute.umt.edu>

©2011 RTC:Rural. Our research is supported by CDC grant #5U59DD000 from the Centers for Disease Control and Prevention. Opinions expressed are the author’s and do not necessarily reflect those of the funding agency.



³ U.S. Surgeon General Richard Carmona, retrievable at: www.surgeongeneral.gov/library/calls/disabilities/index.html

⁴ <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=9>

⁵ http://50.57.217.98/Data/data_index.php