



# MICHIGAN BRFSS SURVEILLANCE BRIEF

A NEWSLETTER FROM THE CHRONIC DISEASE EPIDEMIOLOGY SECTION, MDCH

## Health Status of Michigan Adults with Disabilities

### Background

People with disabilities often report a poorer health status and more difficulty accessing healthcare than their counterparts without disabilities. In response to these disparities, the U.S. Surgeon General issued the *Call to Action to Improve the Health and Wellness of Persons with Disabilities*,<sup>1</sup> which outlines four specific goals: 1) increase understanding nationwide that people with disabilities can lead long, healthy, and productive lives, 2) increase knowledge among health care professionals and provide them with tools to screen, diagnose, and treat the whole person with a disability with dignity, 3) increase awareness among people with disabilities of the steps they can take to develop and maintain a healthy lifestyle, and 4) increase accessible health care and support services to promote independence for people with disabilities.

These goals form the basis of the CDC-funded Health Promotion for People with Disabilities program at MDCH.

### Methods

Data from the 2007 Michigan Behavioral Risk Factor Survey (MiBRFS) were used to examine the characteristics of Michigan adults with disabilities who reported fair or poor health status compared with those who reported good to excellent health status.

Disability was defined in this analysis as a positive response to either of the following two questions: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" or "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

Using the above definition, we estimated that 22.7% of Michigan adults had a disability in 2007. General health status varied significantly ( $p < .0001$ ) by disability status (Figure 1). Those with disabilities were much more likely to be in fair to poor health compared with those without disabilities (40.5% vs. 6.9%) and less likely to be in good to excellent health (59.5% vs. 93.1%).

The percent distributions of demographic characteristics among Michigan adults with disabilities are presented in Table 1, both in total and by general health status. Among adults with disabilities, those in fair to poor health were more likely to be older, female, black, not employed, not married, have less formal education, and live in households with lower annual income compared with those in good to excellent health.

Figure 1. Percent Distribution of General Health Status by Disability Status, 2007 MiBRFS

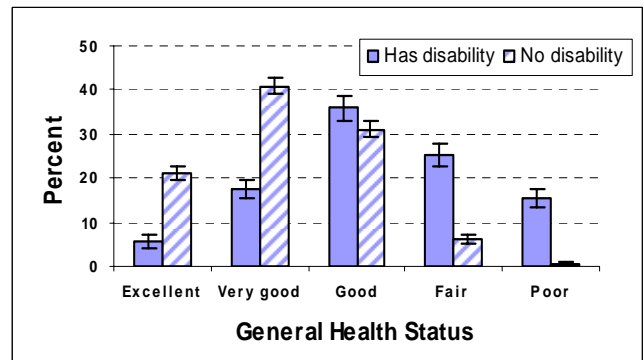


Table 1. Percent Distribution of Demographic Characteristics Among Michigan Adults with Disabilities by General Health Status, 2007 MiBRFS

Demographic Characteristics	General Health Status		
	Total (%)	Fair-Poor	Good-
<b>Age**</b>			
18-24	7.8	3.8	10.6
25-34	9.1	7.9	10.0
35-44	12.8	14.0	12.1
45-54	20.1	18.8	20.9
55-64	20.9	22.4	19.7
64+	29.2	33.0	26.5
<b>Sex*</b>			
Male	45.4	41.6	47.9
Female	54.6	58.4	52.1
<b>Race-Ethnicity**</b>			
White non-Hispanic	77.4	71.3	81.5
Black, non-Hispanic	13.9	18.8	10.7
Other, non-Hispanic	5.6	6.7	4.7
Hispanic	3.1	3.2	3.1
<b>Education**</b>			
< HS	11.4	15.4	8.7
HS grad	35.5	37.4	34.2
Some college	30.9	32.1	30.2
College grad	22.2	15.1	26.9
<b>Household Income**</b>			
<\$20,000	25.1	35.2	18.6
\$20,000-34,999	26.1	31.3	22.8
\$35,000-49,999	15.9	13.0	17.7
\$50,000-74,999	14.5	10.0	17.5
>=\$75,000	18.3	10.5	23.4
<b>Employed (18-64 y)**</b>	32.8	23.3	56.2
<b>Married*</b>	52.4	48.2	55.1

\*Chi-square  $p < .05$ . \*\*Chi-square  $p < .01$ .

### MI BRFSS News

- Estimates by region and local public health jurisdiction are now available on our website at: <http://www.michigan.gov/brfs>.
- Did you miss an issue of the *MI BRFSS Surveillance Brief*? Back issues are also available on our website.

**Results (continued)**

Among adults with disabilities, the prevalence rates for all of the chronic diseases and conditions examined were significantly higher among those in fair to poor health compared with those in good to excellent health (Figure 2). The majority of those with disabilities had been diagnosed with arthritis whether they were in fair to poor health (68.7%) or in good to excellent health (54.9%). The majority of those in fair to poor health had also been diagnosed with high blood pressure (61.2%) and high blood cholesterol (53.7%) while 37.1% and 37.7%, respectively, of their counterparts in good to excellent health had been diagnosed. Approximately half (49.6%) of those with disabilities who were in fair or poor health were obese (BMI  $\geq$  30) compared with 32.0% of those in good to excellent health. Nearly four-in-ten (36.9%) of those in fair to poor health had been diagnosed with a cardiovascular disease (CVD), 30% with diabetes, 22% with asthma, and 21.9% with serious mental illness, compared with 13.6%, 11.6%, 10.2%, and 4.2%, respectively, of those with disabilities but in good to excellent health.

Among adults with disabilities aged 18-64 years, a higher proportion of those in fair to poor health reported they had Medicaid insurance compared with those in better health (26.3% vs. 10.8%) (Figure 3). A higher proportion of those in poorer health had been unable to get the care they needed because of cost at least once in the past year compared with those in good to excellent health (22.0% vs. 14.6%). The proportions of adults with disabilities who had no health insurance (18-64 years) and who had no health care provider were similar by health status.

**Discussion**

Professionals involved in health promotion activities addressing the health needs of persons with disabilities, like the program at MDCH, need to know the relevant characteristics of this group in order to more strategically target programs. This analysis revealed that persons with disabilities in fair to poor health were more likely to be older, female, black (non-Hispanic), less likely to be employed or married, and had less formal education and lower income than persons with disabilities who were in better health. Persons with disabilities in general experienced high rates of chronic conditions such as arthritis, hypertension, high cholesterol, and obesity. However, persons with disabilities in fair to poor health reported significantly higher rates of these conditions—as well as cardiovascular disease, diabetes, asthma, and mental illness—than healthier persons with disabilities and may therefore merit priority attention from programs that address these chronic conditions.

There were no significant differences in the prevalence of having health insurance or a health care provider among people with disabilities based on health status. However, the higher prevalence rates of Medicaid use and cost preventing needed care among the less healthy group suggest greater financial barriers and fewer options regarding health care compared with those reporting more favorable health status.

**References**

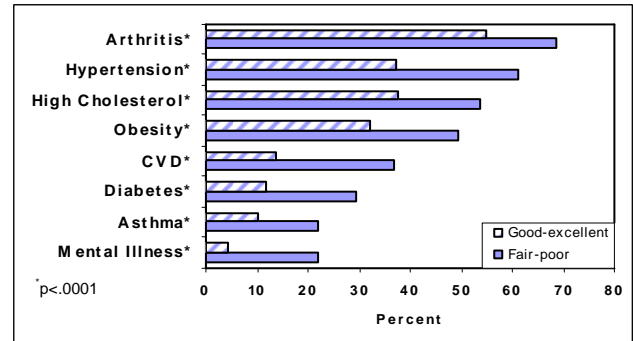
<sup>1</sup>U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities. U.S. Department of Health and Human Services, Office of the Surgeon General, 2005.

**The Michigan Behavioral Risk Factor Surveillance System (BRFSS)**

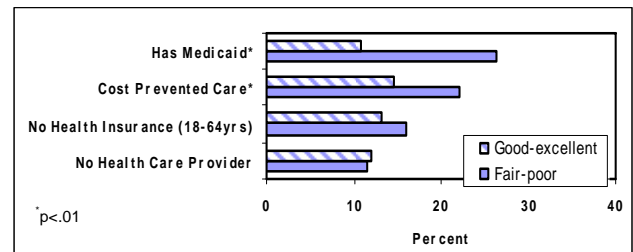
The Michigan BRFSS comprises annual, statewide telephone surveys of Michigan adults aged 18 years and older, is part of the national BRFSS coordinated by CDC, and follows CDC protocol. The annual Michigan Behavioral Risk Factor Surveys (BRFS) use the standardized core questionnaire, plus state-added questions, focusing on behaviors, medical conditions, and health care practices related to the leading causes of mortality, morbidity, and injury. Data are weighted to adjust for the probabilities of selection and poststratified to the Michigan adult population. All analyses are performed using SUDAAN. This publication was supported by CDC Cooperative Agreement #U32/CCU522826. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

**Suggested citation:** DeGuire P, Lee C, Rafferty AP, Fussman C. Health Status of Michigan Adults with Disabilities. *Michigan BRFSS Surveillance Brief*. Vol. 2, No. 5. Lansing, MI: Michigan Department of Community Health, Chronic Disease Epidemiology Section, Dec. 2008.

**Figure 2. Prevalence of Selected Chronic Diseases and Conditions Among Michigan Adults with Disabilities by General Health Status, 2007 MiBRFS**



**Figure 3. Prevalence of Selected Health Care Indicators Among Michigan Adults with Disabilities by General Health Status, 2007 MiBRFS**



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