Patterns and Prevalence of Chronic Health Conditions and Frequent Mental Distress Among Adults with Disabilities

Presenters: Audrey Juhasz, PhD; Rachel Byers, MPH

Additional team members: Heather Kelley, PhD; Ty Aller, PhD;

Abby Julian



Outline

Brief Findings: Chronic Health Conditions

Brief Findings: Frequent Mental Distress

Implications

Objectives

Among adults with disabilities, describe the patterns and prevalence of:

- Chronic health conditions
- Frequent mental distress

Dataset

- Behavioral Risk Factor Surveillance System 2022
- Survey respondents are individuals 18+

Sample

- Adults with a disability
 - Answered "yes" to any of the ACS-6

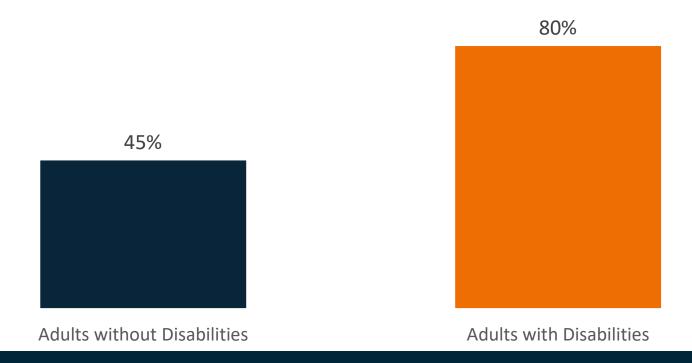
Outline

Objectives	
Brief Findings: Chronic Health Conditions	
Brief Findings: Frequent Mental Distress	
Implications	

Chronic health conditions

- Conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living, or both
- Answered "yes" to "Chronic Health Conditions" questions
 - 11 chronic health conditions

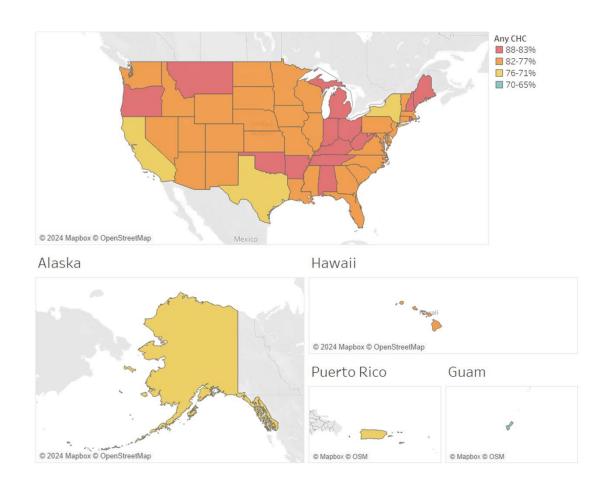
Chronic health conditions are significantly*** more prevalent among adults with disabilities



Differences between disability types

- Across age, race, gender, and geographic regions, having any CHC was
 - Most prevalent among those with self-care and independent living disabilities
 - Least common among those with Hearing and Vision related disabilities
- Differences between disability types in prevalence of any CHC were only significant in the 18-44 years old range
 - (i.e., There were no significant differences between disability types in the 45-64 year old or 65+ categories)

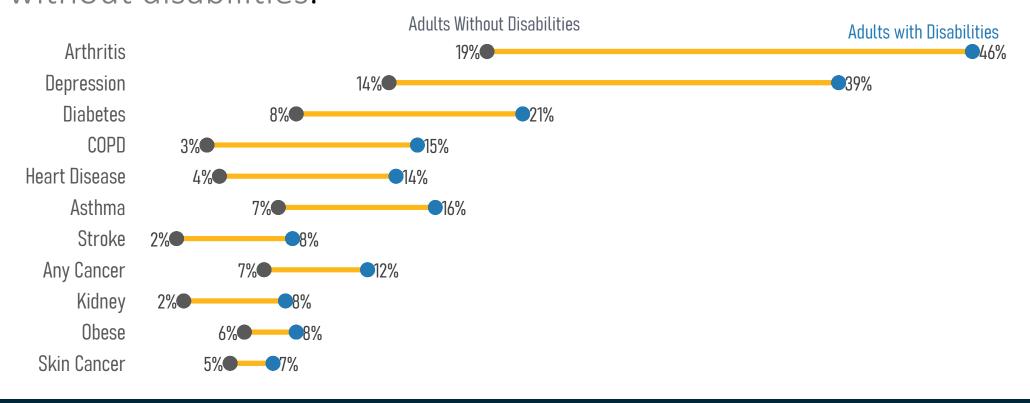
Prevalence of chronic health conditions among adults with disabilities by state



Top Three Most Common Conditions Among Adults with Any Disability

- 1. Arthritis (46%)
- 2. Depression (39%)
- 3. Diabetes (21%)

Adults with disabilities have significantly* higher prevalence of every specific chronic health conditions compared to adults without disabilities.



Outline

Brief Findings: Chronic Health Conditions

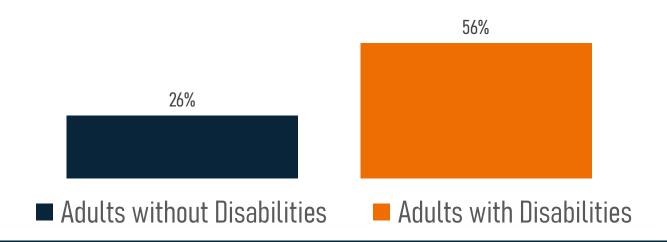
Brief Findings: Frequent Mental Distress

Implications

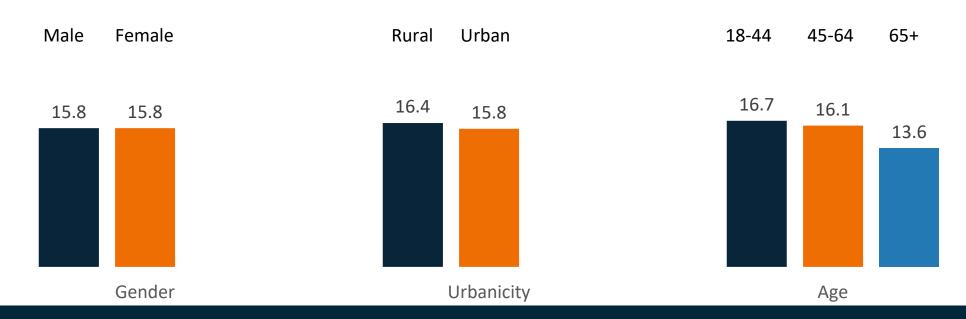
Frequent Mental Distress

- "..how many days during the past 30 days was your mental health not good?"
 - 14 or more days = frequent mental distress

The proportion of people who report frequent mental distress is significantly* higher among adults with disabilities than among adults without disabilities.



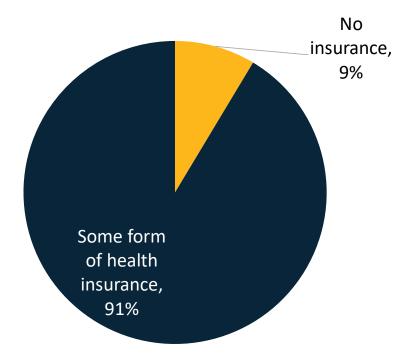
The average number of days, in the past 30 days, adults with disabilities experienced poor mental health varied significantly by age, but not urbanicity or gender.

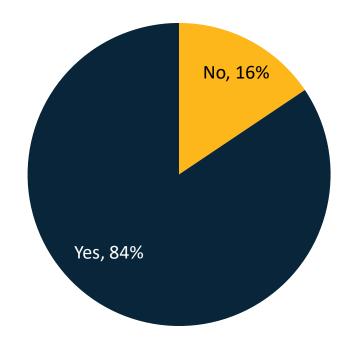


Adults with Disabilities and Healthcare Access

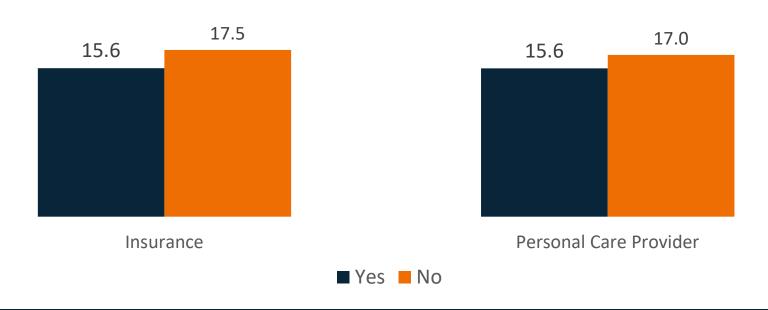
Have health insurance?

Have a personal health care provider?





The average number of days of poor mental health experienced per month is significantly* higher for those with no insurance and those who do not have a personal care provider.



Outline

Objectives

Brief Findings: Chronic Health Conditions

Brief Findings: Frequent Mental Distress

Implications

Implications

- Lack of rural/urban prevalence differences vs resource distribution
- Highlight systemic gaps in services
 - More likely to develop chronic health conditions and frequent mental distress
 - Do not provide adequate support after conditions have developed

How we're using these findings

- Dissemination to public health officials and policymakers
- Support the development of training and resources to address issues identified

Limitations

- BRFSS does not capture institutionalized population
- ACS-6 does not account for all disability types
- Complex relationship between chronic health conditions and disability
- Cross-sectional data does not address causality

More Information

 For more information see: https://idrpp.usu.edu/projects/cmhp

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$900,000 with 100 percent funded by CDC/HHS. Funding is facilitated by The Association of State and Territorial Health Officials (ASTHO) and The Association of University Centers on Disabilities (AUCD).