Greetings & Introduction to WG Country Reports on Disability

Washington Group on Disability Statistics

Washington Group Secretariat

3rd Regional Workshop on Improving Disability Statistics in Arab Countries

16 September 2024

Agenda for today's presentation

1. Short History of the Washington Group
2. WG Country Reports on Disability
   A. Motivation
   B. Standard Format
   C. Resources for Completing Reports
3. Questions & Answers (Q&A)

Short History of the Washington Group on Disability Statistics – Our Roots

The Washington Group (WG)

- June 2001: UN International Seminar on the Measurement of Disability

- WG established as a City Group under the aegis of the UN Statistical Commission to:

  - address the need for population-based measures of disability

  - foster international cooperation in the area of health and disability statistics

  - produce internationally tested measures to monitor status of persons with disability

  - incorporate disability into national statistical systems

The WG is Country-Driven

- Countries have <u>ownership</u>:
    - Representatives include the National Statistical Offices of over 130 countries and territories, 7 international organizations, and 6 organizations that represent persons with disabilities
- The <u>Secretariat</u> for the WG is located at NCHS (USA).
- A <u>Steering Committee</u> oversees the WG work plan.
- <u>Work Groups</u> carry out the work plan, with input from all members.
- Emphasis on evidence and transparency, with extensive testing of data collection tools in multiple countries.
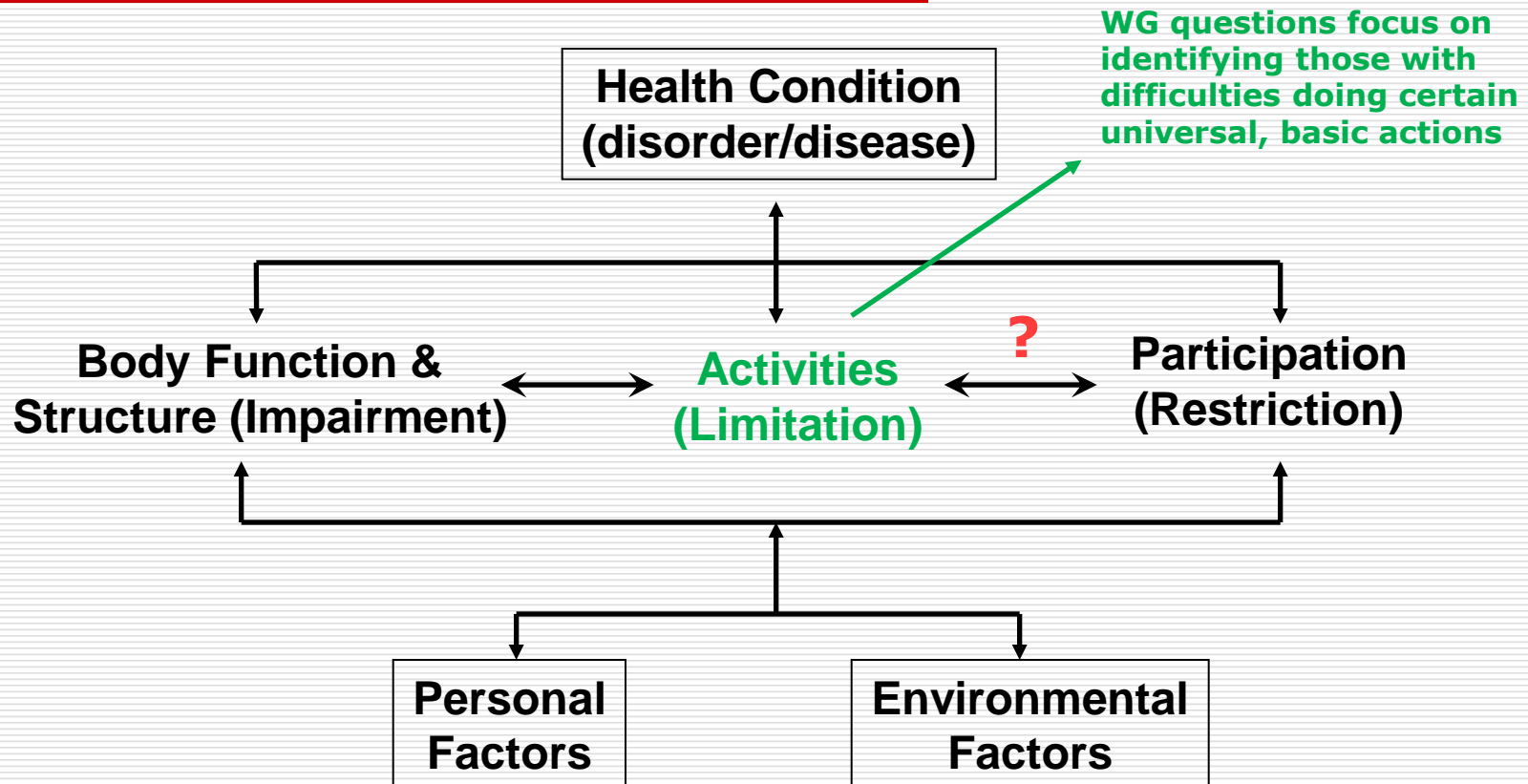
Washington Group Approach to Question Development

Disability is complex:

- Incorporates a variety of different components: body functions & structure, limitations in activities (capacity) and restrictions in participation (performance)

- Includes characteristics of both the person and their environment

And the language of disability is *not* specific.

Finally, in some cultures, stigma is associated with disability – creating additional challenges to measurement and ultimately inclusion.

The International Classification of Functioning, Disability and Health (ICF) Model

Health Condition (disorder/disease)

WG questions focus on identifying those with difficulties doing certain universal, basic actions

Body Function & Structure (Impairment) ↔ Activities (Limitation) ↔ **?** Participation (Restriction)

Personal Factors

Environmental Factors

Source: WHO, 2001

Disability is complicated - the Questions Used to Capture 'Disability' cannot be

The WG defined an approach to measuring disability based on identifying those who:

- because of **difficulties** doing certain **universal, basic actions**,

- are at greater **risk** than the general population

- for **limitations in participation**.

Intended Use of the Data

- Compare levels of participation in employment, education, or family life for those *with* disability versus those *without* disability to see if persons with disability have achieved social inclusion.

- Monitor effectiveness of programs and policies to promote full participation.

- Monitor prevalence trends for persons with limitations in specific basic action domains.

WG Tools for Disability Data Collection

1. WG Short Set on Functioning (WG-SS)
2. WG Extended Set on Functioning (WG-ES)
3. WG-SS Enhanced
4. ILO/WG Disability Module for Labor Force Surveys
5. UNICEF/WG Child Functioning Module
6. ⭐ UNICEF/WG Child Functioning Module – Teacher Version
7. ⭐ UNICEF/WG Inclusive Education Module
8. *In Development*: Additional Questions on Psychosocial Functioning

Building Technical Expertise: Regional Groups on Disability Statistics

- Brazzaville Group
- Buenos Aires Group
- Casablanca Group
- Katmandu Group
- Pacific Group on Disability Statistics
- Southern and Eastern Africa Group

Disseminating Data Collected Using the WG-SS: WG Country Reports on Disability

Moving from data collection to information dissemination

- A great deal of progress has been made by countries in expanding the collection of comparable, quality disability data
- Less progress has been made in:
  - Analyzing these disability data
  - Disseminating the data in a standardized way
- As a result, there is the mistaken belief that little data exist
- At the 2019 WG Annual Meeting, a key discussion topic was the WG role in data dissemination

Dissemination of disability data using a standard approach

Decisions made at 2019 WG Annual Meeting:

- WG mandate includes dissemination of data
- Data collected most widely using the WG-SS
- Disseminate via a standard <u>country report on disability</u>
    - Report will present basic information on *disability prevalence* and *disaggregation of key indicators* by disability in a standardized way
    - When reports from multiple countries are taken together, they present comparable information on disability across the world
    - Reports published on the WG website and potentially at the 2025 Global Disability Summit

What is the standard format for the country disability reports?

Country disability report specifications

Washington Group on Disability Statistics

18 September 2020

Disability in Philippines

The Importance of Disability

environmental) circumstances. Thus, the degree to which participation in life activities is ...nds on the interaction between ...s functioning (ability to perform ...l activities) and the environment.

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Washington Group on Disability Statistics

3 September 2020

Disability in the United States

The Importance of Disability

environmental) circumstances. Thus, the degree to which participation in life activities is ...ction between ...ility to perform ...the environment.

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Washington Group on Disability Statistics

3 September 2020

Disability in Kenya

The Importance of Disability

Disability is both a multidimensional concept and experience. Disability can affect anyone at any time – from birth through childhood, adolescence, adulthood and old age. Worldwide, many people with disabilities do not have equal access to education, employment, and health care. In addition, those with disability may experience barriers to participating in civic and social life activities.

environmental) circumstances. Thus, the degree to which participation in life activities is restricted depends on the interaction between the individual's functioning (ability to perform basic functional activities) and the environment.

The Washington Group on Disability

The Washington Group on Disability Statistics (WG), a city group established under the United Nations Statistical Commission, was formed to address the need for population-based measures of disability by promoting and coordinating

Defining Disability

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Report best practices

- Use a <u>standard template</u>, text, charts (disability by characteristics and disaggregation), with space for country-specific content.
- Use <u>WG-SS data</u>, create dichotomous disability indicator using WG cutoff ("a lot of difficulty" or "unable" in any domain).
- Calculate prevalence for 10-year age groups, population age 18+.
- <u>Age-adjust prevalence</u> estimates given that age distributions of countries vary considerably.
  - Use a standard population for the age-adjustment: world population in 2020 (UNDESA, World Population Prospects 2022).
- <u>Minimum</u> standard figures:
  - prevalence by age group,
  - prevalence by domain and sex,
  - education disaggregated by disability,
  - income/poverty disaggregated by disability, and
  - employment disaggregated by disability,
- <u>Additional</u> country-specific figures
- Follow guidance provided to format figures and complete report text.

The introduction

Page 1:

- WG report header and footers

- Standard text

- Disability:
  - Importance
  - Definition
  - Conceptualization

- The Washington Group
  - About
  - WG-SS
  - Disability definition

Disability in the United States

The Importance of Disability

Disability is both a multidimensional concept and experience. Disability can affect anyone at any time – from birth through childhood, adolescence, adulthood, and old age. Worldwide, many people with disabilities do not have equal access to education, employment, and health care. In addition, those with disability may experience barriers to participating in civic and social life activities

Defining Disability

No single definition of disability exists. Definitions vary depending on the purpose for measurement. Moreover, the nature and severity of disabilities can vary greatly depending on cultural contexts[1]. Yet, data on the size and characteristics of the population with disability, which also allow for cross-cultural comparisons, require standardization in both the conceptualization and the measurement of disability.

The ICF Model of Disability

Health Condition (disorder/disease)

Body Function & Structure (Impairment) ↔ Activities (Limitation) ↔ Participation (Restriction)

Personal Factors | Environmental Factors

The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization[2] provides the necessary and consistent definition of disability. According to the ICF model, disability arises from the interaction between an individual and that individual's contextual (personal and environmental) circumstances. Thus, the degree to which participation in life activities is restricted depends on the interaction between the individual's functioning (ability to perform basic functional activities) and the environment.

The Washington Group on Disability

The Washington Group on Disability Statistics (WG), a city group established under the United Nations Statistical Commission, was formed to address the need for population-based measures of disability by promoting and coordinating international co-operation in the area of health statistics focusing on disability data collection tools suitable for censuses and national surveys.

The WG has developed, tested and adopted the Short Set on Disability (WG-SS) to collect such data. The questions use the ICF as a conceptual framework. The WG-SS is comprised of 6 questions measuring difficulty functioning in basic actions, with response categories capture the full functioning spectrum from mild to severe. Disability is defined as having "a lot of difficulty" or "cannot do at all" to at least one WG-SS question.

The WG Short Set on Disability

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty (with self-care such as) washing all over or dressing?
6. Using your usual language, do you have difficulty communicating, (for example understanding or being understood by others)?

Response categories: No, no difficulty / Yes, some difficulty / Yes, a lot of difficulty / Cannot do it at all

For more information on the Washington Group on Disability Statistics, visit: http://www.washingtongroup-disability.com/.

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Data, methods and prevalence (overall and by age group)

Page 2:

- Data description section
  - Year
  - Sample
  - Link to data
  - Methods
  - Testing method
  - Reference 4 – age adjustment

- Prevalence of disability
  - Total 18+
    - Age adjusted
  - Age group
    - Age specific

- Short, bulleted text statements for results


U.S. Data on Disability and Methods

The National Health Interview Survey (NHIS) monitors the health of the United States population through the annual collection and analysis of data on a broad range of health topics. The NHIS is nationally-representative, cross-sectional household interview survey of the civilian, noninstitutionalized population. This report uses 2021 NHIS data. The final sample for 2021 included 30,673 households and 29,482 adults aged 18 and over. The WG-SS questions have been included in the NHIS each year since 2010. For more information about NHIS, visit https://www.cdc.gov/nchs/nhis.htm.

Point estimates and corresponding variances for this analysis were calculated to account for the complex sample design of NHIS. All estimates are based on self-report and meet NCHS data presentation standards for proportions[3]. Differences between percentages were evaluated using two-sided significance tests at the 0.05 level. Linear and quadratic trends by age group and family income were evaluated using orthogonal polynomials in logistic regression. Some of the estimates reported here are age-adjusted using the 2020 world population[4] to facilitate cross-country comparisons.

Prevalence of Disability

- The age-adjusted percentage of persons aged 18 and over with disabilities is 7.2%.

- The prevalence of disability increases with age, from 3.9% among those 18-29 years to 32.7% among those aged 80 and over.

Figure 1. Prevalence of any disability: age-adjusted and age-specific percentage of the population 18 years and over and by age group, United States, 2021
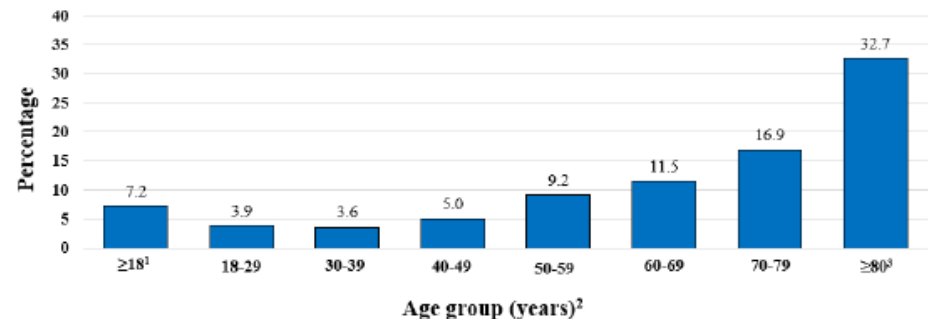
[1]Total for ≥18 is age-adjusted using the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years. [2] Significant quadratic trend by age ($p < 0.05$). [3]Age data are top coded at 80 years and over in the NHIS.

Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Data source: U.S. National Center for Health Statistics, National Health Interview Survey, 2021.

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# Prevalence by type of disability (overall and by sex)

Page 3:

- Prevalence of disability, continued
  - Domains by sex

- Short, bulleted text statements for results

- Begin text on outcomes disaggregated by disability

- Reference 5 - SDGs

Note: Additional prevalence figures may be added, but figures 1-2 are standard.

- Females (7.9%) are more likely than males (6.5%) to report having any disability.

- Males are more likely to have hearing and communication disabilities, while females are more likely to have walking and seeing disabilities.

- The most common type of disability reported is walking.

Figure 2. Prevalence of any and type of disability: age-adjusted percentage of the population 18 years and over, by sex, United States, 2021
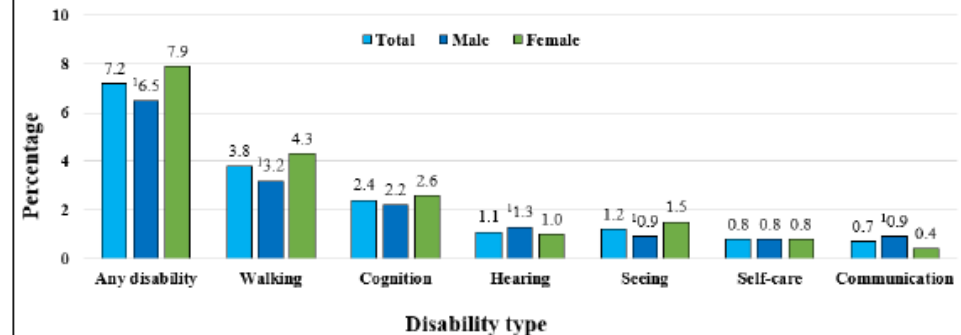
Age-adjusted percentages are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years. ¹Significantly different from female ($p < 0.05$).

Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Data source: U.S. National Center for Health Statistics, National Health Interview Survey, 2021.

Outcomes Disaggregated by Disability

Disaggregating data by disability status allows for the comparison of outcomes for people with and without disabilities and is a necessary first step towards addressing disparities. Outcome indicators, such as educational attainment and employment, any of the 2030 Agenda for Sustainable Development Goals[5], or specific programmatic objectives, can be monitored over time to determine if gaps exist between those with and without disabilities and whether those gaps are increasing or decreasing across time. In this section, data on educational attainment, family income, employment status and routine vaccination status are disaggregated by disability status.

Educational Attainment

- Adults aged 18 and over with disabilities (15.3%) were more likely to have less than a high school education compared with those without disabilities (8.4%).
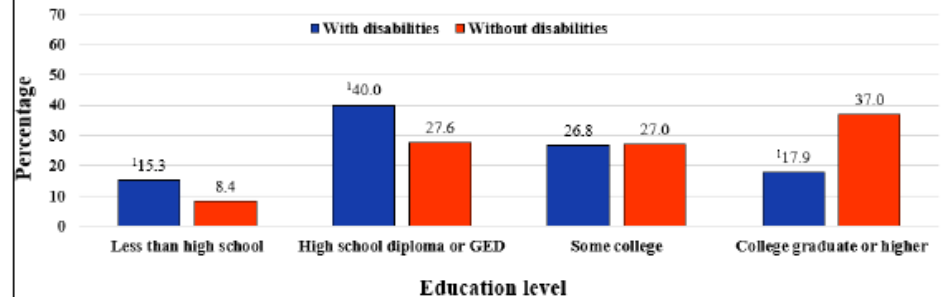
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Education disaggregated by disability

Page 4:

- Outcomes - education - disaggregated by disability

- Short, bulleted text statements for results

Note: Education, income/poverty, and employment may be measured differently across countries. Use country/regional/international equivalents of these concepts.

- Adults with disabilities (17.9%) were less likely to have completed a college degree or higher compared with those without disabilities (37.0%).

- Adults with disabilities (40%) were most likely to have a high school diploma or GED, whereas those without disabilities (37.0%) were most likely to have a have completed a college degree or higher.

- There was no statistical difference in completing some college between adults with and without disabilities.

Figure 3. Education attainment by disability status: age-adjusted percentage of the population 18 years and over, United States, 2021

Age-adjusted percentages are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years. [1]Significantly different from adults without disabilities ($p < 0.05$).

Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability. Education is defined by highest education level attained. GED is general educational development certificate.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Data source: U.S. National Center for Health Statistics, National Health Interview Survey, 2021.

Family Income

- In 2021, 22.5% of adults aged 18 and over with disabilities had family incomes less than 100% of the federal poverty level compared with 9.4% of those without disabilities.

- 50.6% of adults with disabilities had family incomes of 200% or more of the federal poverty level compared to 73.7% of those without disabilities.

- Adults with disabilities were more likely to have family incomes less than the federal poverty level.

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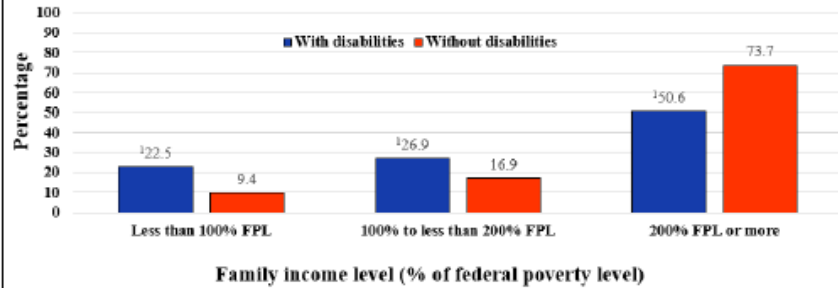
Income and employment status disaggregated by disability

Page 5:

- Outcomes, continued
  - income/poverty and employment disaggregated by disability

- Short, bulleted text statements for results

Page 6:

- Country-specific figures

- References

Figure 4. Family income level by disability status: age-adjusted percentage of the population 18 years and over, United States, 2021

Age-adjusted percentages are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years. [1]Significantly different from adults without disabilities ($p < 0.05$).
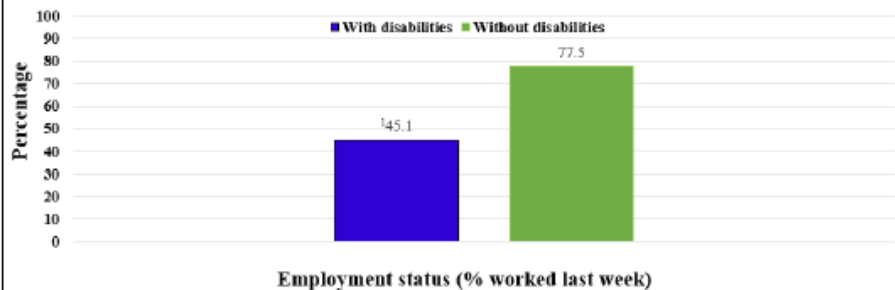
Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability. FPL is U.S. federal poverty level, which is based on a ratio of the family's income in the previous calendar year to the appropriate poverty threshold defined by the U.S. Census Bureau.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Data source: U.S. National Center for Health Statistics, National Health Interview Survey, 2021.

Employment Status

- In 2021, 45.1% of adults aged 18-64 with disabilities were employed in the last week compared with 77.5% of adults without disabilities.

Figure 5. Employment status by disability status: age-adjusted percentage of the population 18-64 years, United States, 2021

Age-adjusted percentages for adults aged 18-64 are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-64 years. [1]Significantly different from adults without disabilities ($p < 0.05$).

Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability. Employment is defined as having worked for pay in the last week.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Data source: U.S. National Center for Health Statistics, National Health Interview Survey, 2021.
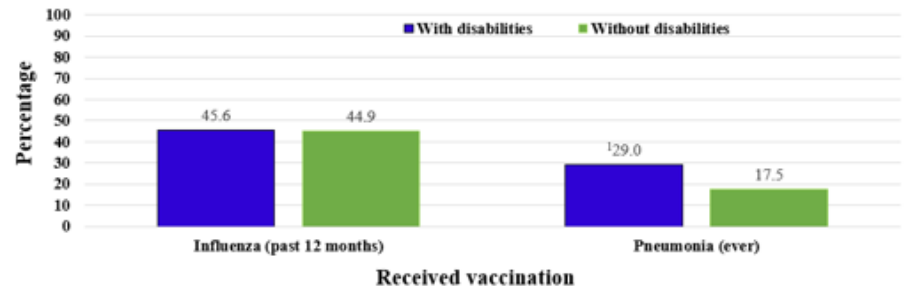
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Country-specific indicators disaggregated by disability

- OPTIONAL: Include any other country selected topic.
- Calculate each level of the outcome indicator for disaggregation.
- Example uses vaccination status for influenza and pneumonia – Figure 6.
- Report findings in text bullets.

Vaccination Status

- In 2021, 45.6% of adults aged 18 with disabilities and over had received an influenza vaccination in the last year compared with 44.9% of adults without disabilities. There was no statistical difference in receipt of an influenza vaccination between adults with and without disabilities.

- Adults with disabilities (29.0%) were more likely to have ever received a pneumonia vaccination compared with adults without disabilities (17.5%).

Figure 6. Vaccination status by disability status: age-adjusted percentage of the population 18 years and over, United States, 2021

Age-adjusted percentages are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years. ¹Significantly different from adults without disabilities ($p < 0.05$).

Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Data source: U.S. National Center for Health Statistics, National Health Interview Survey, 2021.

Trends in Disability

- In 2021, the prevalence of disability among adults aged 18 and over was highest for walking (3.8%) followed by cognition (2.4%), hearing (1.1%), seeing (1.2%), self-care (0.8%), and communication (0.7%).

- No clear trend was observed between 2010-2021 for any disability, seeing, hearing, self-care, and communication.

- The age-adjusted percentage of adults with disabilities in walking decreased from 4.9% in 2010 to 3.8% in 2021.

- The age-adjusted percentage of adults with disabilities in cognition increased from 1.5% in 2010 to 2.4% in 2021.

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# Trends in Disability Prevalence

Country-specific figures, continued

- OPTIONAL: Include trend in disability prevalence in the country

References

- Include references 1, 2, 4 and 5.
- Add country-specific references for data used and other appropriate references.

Figure 7. Trends in any and type of disability: age-adjusted percentage of the population 18 years and over, United States, 2010-2021
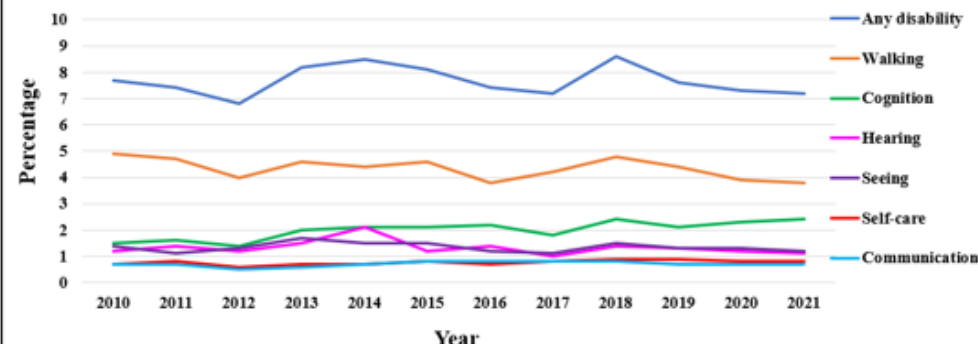
Age-adjusted percentages are based on the 2020 world population (available at: World Population Prospects - Population Division - United Nations) using the following age groups: 18–29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years.

Disability is defined using the WG Short Set on Functioning which asks about difficulty in seeing, hearing, walking or climbing stairs, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functioning domains were classified as with disability.

Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.
Source: U.S. National Center for Health Statistics, National Health Interview Survey, 2010-2021.

References

1. Altman, B. 2001. "Definitions of Disability and their Operationalization, and measurement in survey data: An Update." Barnartt, S. and Altman, B. (Ed.) Exploring Theories and Expanding Methodologies: Where we are and where we need to go (Research in Social Science and Disability, Vol. 2), Emerald Group Publishing Limited, Bingley, pp. 77-100.

2. World Health Organization. 2001.The International Classification of Functioning, Disability and Health (ICF). WHO.

3. Parker JD, Talih M, Malec DJ, Beresovsky V, Carroll M, Gonzalez Jr JF, et al. National Center for Health Statistics data presentation standards for proportions. National Center for Health Statistics. Vital Health Stat 2(175). 2017.

4. United Nations. 2019 Revision of World Population Prospects (available at: World Population Prospects - Population Division - United Nations).

5. United Nations General Assembly. *Transforming Our World: The 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1, available at: https://www.refworld.org/docid/57b6e3e44.html.

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Resources

Guidance Documents Available

1. **Guidance for Creating a WG Country Disability Report** – comprehensive step-by-step instructions for each page of the report, includes graphics, examples and the standard world population estimates.

2. **Creating the Dichotomous Disability Indicator using the WG-SS** – step-by-step instructions on creating a with/without disability indicator, includes SAS, Stata, SPSS, and R syntax.

3. **Sample WG Short Report** – example of a WG country disability report, prepared using data for the United States.

4. **Best Practices for Age-Adjustment of Disability Data** – instructions on why and how to age-adjust disability data.

Guidance Documents, Continued

5. **Age-Adjustment Exercise Worksheet** – a tool that provides template tables for calculating age-adjusted estimates for Figures 1 and 2.

6. **2020 World Population Estimates Worksheet** – provides all estimates needed in Excel tables.

7. **SAS & Stata Syntax for Age-Adjusting Disability Estimates** – provides guidance (including syntax) for creating age-adjusted estimates for Figures 1 and 2.

8. **Frequently Asked Questions (FAQs)** – provides answers to frequently asked questions about creating a WG country report on disability.

Additional Resources

- Technical assistance from Daniel Mont (Center for Inclusive Policy): Daniel.Mont@inclusive-policy.org

- One-on-one meetings with WG Secretariat: WG_Secretariat@cdc.gov

Questions & Answers (Q&A)

For more information about the WG visit our website:
http://www.washingtongroup-disability.com/

Questions:
WG_Secretariat@cdc.gov