Overview of the State of Disability Data

• In the past, disability data was of poor quality and varied dramatically
• Recent international efforts have improved our ability to collect reliable, meaningful disability data
• The population of people with disabilities is very heterogeneous, and this must be accounted for in data analysis
Previous survey questions greatly undercount people with disabilities.

- "Do you have a disability?"
  - Stigma
  - Only severe conditions
  - Can miss elderly

- "Do you have (medical condition)?"
  - Incomplete list of conditions
  - Only those with education and access to doctors know diagnosis
  - Great variance among people with same diagnosis
  - Completely divorced from the environment
Functional Approach

• We want to ask questions that get at the difficulty people have doing various activities
  o e.g., Do you have difficulty walking?
• Want to ask across a range of activities, and want to get the level of difficulty
• We are concerned with what people can do, not what people “have”.

Identifying people with functional limitations who are at risk of not participating because of environmental barriers
## Census-based Disability Prevalence by Type of Question

<table>
<thead>
<tr>
<th>Do you have a disability</th>
<th>List of conditions</th>
<th>Functional approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria 0.05</td>
<td>Colombia 1.8</td>
<td>Poland 10.0</td>
</tr>
<tr>
<td>Jordan 1.2</td>
<td>Chile 2.2</td>
<td>UK 12.2</td>
</tr>
<tr>
<td>Philippines 1.3</td>
<td>Uganda 3.5</td>
<td>Brazil 14.5</td>
</tr>
<tr>
<td>Ethiopia 3.8</td>
<td>Hungary 5.7</td>
<td>Canada 18.5</td>
</tr>
</tbody>
</table>
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 ownership
  - Representatives include the national statistical offices of 133 countries and territories, 7 international organizations, 6 organizations that represent persons with disabilities
- The Secretariat for the WG is located at NCHS
- A Steering Committee oversees the WG work plan
- Workgroups carries out the work plan with input from all members
- Emphasis on evidence and transparency – extensive testing of data collection tools in multiple countries
WG Short Set

• Ask about difficulties in six core basic activities
  o Seeing, hearing, walking, communicating, cognition, and self-care
  o Initially designed for censuses

• Scaled responses
  o For UNSD measure of disability prevalence use “a lot” or “unable” but possible to look at wider range

• Identify people at risk of social exclusion
  o To be used to disaggregate indicators by disability status
WG Short Set of Disability Questions

• Do you have difficulty seeing even if wearing glasses?
• Do you have difficulty hearing even if using hearing aid/s or are you deaf?
• Do you have difficulty walking or climbing stairs?
• Do you have difficulty remembering or concentrating?
• Do you have difficulty (with self-care such as) washing all over or dressing?
• Do you have difficulty communicating (for example, understanding or being understood by others)?

Question response categories: No, Some, A lot, and Unable.

Source: http://www.cdc.gov/nchs/citygroup.htm
Advantages

• Functional approach
  o Tested successfully in many countries
• Widely adopted
• Designed to be internationally comparable
• Identifies most people with disabilities
• Can easily be added to existing censuses and surveys or to project based data.
  o About 1.25 minutes to administer
Shortcomings

• Not appropriate for children under age 5, and misses some children with developmental issues
• Misses those with psychosocial issues that do not affect communication or self-care
• Does not capture age of onset
• Does not capture environmental barriers
Actions to fill the gaps

• WG Extended Set includes questions:
  o to get at psychosocial issues
  o to get at the use of assistive devices
  o that are widely tested

• UNICEF/WG Children questions
  o appropriate for children age 2-17
  o get at full range of childhood disability
  o undergoing final field test

• Environment
  o UNICEF/WG educational environmental module (being tested)
  o ILO/WG employment – basic questions being tested, more extended set under development

• WG working group on mental health (early stages)
Analytical Issues

• Age of Onset
• Heterogeneity
  o Type of disability
  o Degree of disability
• Capacity (“in the skin”) vs. Performance (“in the environment”)
• Interaction with environment
Example: Disability and Poverty

- Most people assume there’s a clear correlation between disability and poverty (as measured by consumption or income)
- Confounded factors
  - Heterogeneity of disabled populations
  - Appropriate measure of poverty
- Sometimes no relationship found or is underestimated
Heterogeneity of Population

• Age of Onset
  o Most people become disabled when older
  o Accumulated wealth and skills; children to rely on

• As countries get richer, people live longer, and age is correlated with disability

• Poor people w/ disabilities may have higher mortality rates and so “disappear” from data

• Type of Disability
  o Environmental barriers can differ by type of disability
  o Causes (and their relation to poverty) can differ by type of disability
Appropriate Measure of Poverty

- Extra costs of living, so standard consumption measures of poverty inadequate
- Discrimination of allocation of resources within the household
- In fact, disability more correlated with multi-dimensional measures of poverty than with consumption measures
### Example of poverty rates from Vietnam

<table>
<thead>
<tr>
<th>Age</th>
<th>Non-Disabled People</th>
<th>Disabled People</th>
<th>Disabled People with adjusted poverty line</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-18</td>
<td>19.3</td>
<td>31.1</td>
<td>36.2</td>
</tr>
<tr>
<td>19-40</td>
<td>15.1</td>
<td>24.7</td>
<td>31.4</td>
</tr>
<tr>
<td>41-62</td>
<td>9.2</td>
<td>11.9</td>
<td>15.3</td>
</tr>
<tr>
<td>Older than 62</td>
<td>14.5</td>
<td>17.0</td>
<td>22.8</td>
</tr>
</tbody>
</table>

Source: Mont and Cuong (2011)
Multi-dimensional poverty

When we measure poverty by multiple deprivations...

• Income
• Assets
• Education
• Employment
• Health (e.g., life expectancy, HIV infection, victim of violence), etc.

... we find a much stronger relationship
Disability poverty gap rises with development

• In very poor countries, lots of people are poor, so poverty gap is smaller
• If development is not inclusive, then people with disabilities are left behind
• This leads to the disability development gap
Figure 4.10: Multidimensional Poverty Headcount Ratio across Disability Status (Base Measure)

Source: Mitra, Posarac, and Vick, 2013
Morocco: Deprivation Index (Trani, et al., 2015)
Disability poverty gap depends on investment

The poverty gap between people with disabilities and people without disabilities is not the same everywhere within a country.

Previous example from Vietnam
Take Home Messages

• Well tested questions for disability exist and are growing in use around the world
• Care should be taken to use high quality disability questions because poor questions can create misleading information
• Disability is complex and very heterogeneous and analysis should take that into account
THANK YOU