
2013 National Health Interview Survey (NHIS) Public Use Data Release

Family Disability Questions (FDB) File Description

The Family Disability Questions file contains a set of six core disability questions first developed and used on the American Community Survey (ACS) and subsequently adopted by several federal data collection systems. Originally included on the NHIS as part of a larger effort to develop and test a standard set of disability questions, HHS adopted the question set as a minimum standard for survey questions on disability in 2011. More information can be found on the testing effort at http://www.cdc.gov/nchs/washington_group.htm.

The six questions in the 2013 Family Disability Questions section (FDB) asked about difficulties hearing, seeing, concentrating, walking, dressing/bathing, and doing errands. These disability questions were initially asked from October 2008 through December 2009 on the Family Disability questionnaire at both the person level (FDB) and the family level (FDA), but the FDA was dropped in 2010. Disability questions were included in the 2011 and 2012 Sample Adult (ADB) and Sample Child (CDB) questionnaires, in addition to the Family Disability questionnaire (FDB), but the ADB and CDB were dropped in 2013.

Background

The U. S. Census has a history of including questions about disability to satisfy a variety of stakeholder needs. The 2000 Census of Population and the 2000–2007 questionnaires of the Census Bureau’s American Community Survey included six disability questions: a combined sensory (vision and hearing) question; separate mobility, self-care, and cognition questions; and two independent living questions (based on daily activities and working). Before each decennial census, other agencies and researchers join with the Census Bureau to develop survey questions most appropriate for their needs and to determine if existing questions need modification. The user community had expressed some dissatisfaction with the disability measures on the 2000 Census and 2000–2007 ACS.

In response, the Census Bureau and other stakeholder agencies refined the disability questions to bring them into line with recent changes in the definition of disability and the conceptualization of the components of that definition. A work group was formed under the auspices of the Office of Management and Budget and led by the National Center for Health Statistics (NCHS). That work group researched the theoretical approach to the definitions based on the latest national and international ideas about disability, analyzed available data to test their conceptualizations, identified and examined agency mandates for collecting disability data, discussed question content and wording, and sponsored cognitive testing of a new question set. The modified disability questions were subsequently tested in the ACS Content Test of 2006, along with other question additions and modifications (Brault et al., 2007).

The underlying concept behind the choice of questions was to identify the subpopulation that is at a greater risk than the general population of experiencing restrictions in social participation, for example, restrictions in employment, education, or civic life. The objective was thus to measure equalization of opportunities. Four basic domains of functioning (vision, hearing, mobility, and cognitive functioning) were identified that would define the largest component of the population of people with disabilities. These four domains could be used individually or combined in order to assess equalization of opportunities for people with disabilities. Also, two more domains were identified that could be used for monitoring independent living and the need for services: the ability to take care of oneself (self care, in particular, the ability to bathe and dress oneself), and the ability to move around the community (independent living, in particular, the ability to visit a doctor’s office or go shopping). The new set included separate questions for vision and hearing, refined the mobility question,

expanded the cognitive functioning question, continued the inclusion of a self-care question, and improved the question on independent living. The question about work, which had been included in earlier censuses, was not retained.

The 2006 ACS Content Test was a test of the modified questions, with the results of that testing used to inform the content for the 2008 ACS. The Content Test compared two sets of disability questions: the then current ACS set (called the “control questions”), and a set recommended by the work group (called the “test questions”). A formal evaluation of those two versions of the disability questions was completed and the results used to make the decision to adopt the modified questions for the 2008 ACS. See Brault et al. (2007) for a report on the 2006 Content Test.

Over the past decade, the Bureau of Labor Statistics had also been developing a set of disability questions for its Current Population Survey (CPS). Although that research initially resulted in a question set that was different from the ACS questions, it was decided starting in early 2008 to add a slightly modified version of the ACS disability question set to the CPS. The intention was to use the data to publish employment rates for people with disabilities.

Analysis, Merging with Health Data Files, and Weights

A separate, stand-alone public use data file was created for the FDB variables, rather than appending these variables to the 2013 Person File. This file is called the Family Disability Questions File. A random sample of approximately one-half of the respondents from the 2013 Person File was selected for the FDB questions. Therefore, a different weight (WTFA_FDB) was generated for persons in the FDB File. This weight was designed to produce annual-level estimates calculated based on data included in the files.

Analysts wishing to perform analyses of the NHIS disability questions data (e.g., cross-survey comparisons of disability prevalence rates to gain insight into possible survey context effects on estimates of disability; or produce estimates and perform comparisons within key subgroups such as age, sex, and race/ethnicity) will need to merge the FDB file with one or more health data files. Information on merging data files and combining multiple years of data can be found in Appendix IV.

Reference

Brault M, Stern S, Raglin D. Evaluation Report Covering Disability. 2006 American Community Survey Content Test Report P.4. U.S. Census Bureau. Available at http://www.census.gov/acs/www/Downloads/methodology/content_test/P4_Disability.pdf.