



Disability in the United States

The Importance of Disability

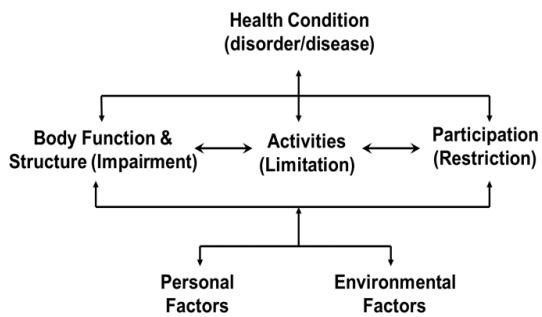
Disability is both a multidimensional concept and experience. Disability can affect anyone at any time – from birth through childhood, adolescence, adulthood, and old age.

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 contexts¹. 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



The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization², 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

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 Functioning (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 that capture the full spectrum of difficulty functioning, 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 Functioning

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?

Response categories: No difficulty / Some difficulty / A lot of difficulty / Cannot do at all

U.S. Data on Disability and Methods

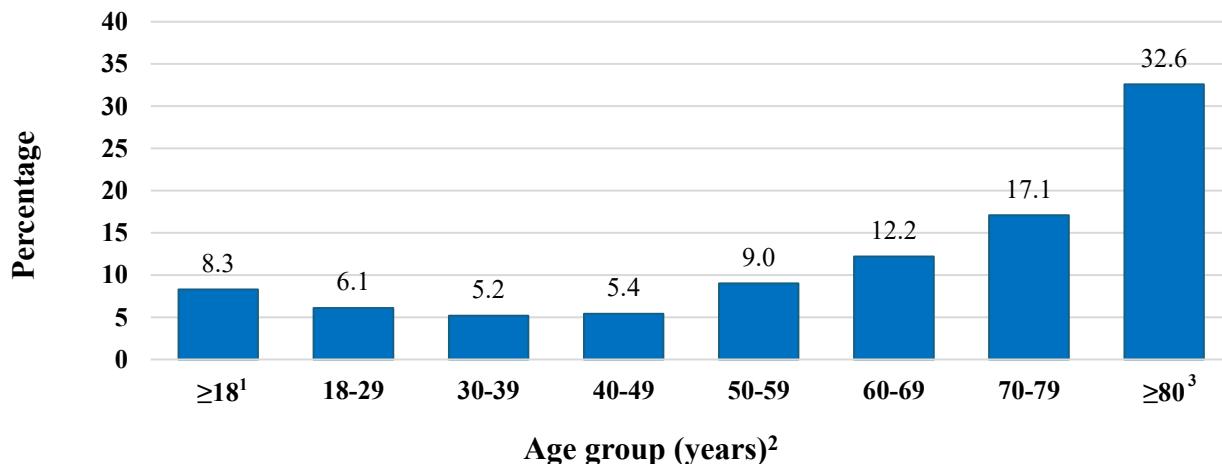
The National Health Interview Survey (NHIS) monitors the health of the United States population through the annual collection and analysis of data on a broad range of health topics. The NHIS is nationally-representative, cross-sectional household interview survey of the civilian, noninstitutionalized population. This report uses 2024 NHIS data. The final sample for 2024 included 33,917 households and 32,629 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 proportions³. 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 population⁴ to facilitate cross-country comparisons.

Prevalence of Disability

- The age-adjusted percentage of persons aged 18 and over with disabilities is 8.3%.
- The prevalence of disability increases with age, from 6.1% among those 18-29 years to 32.6% among those aged 80 and over.

Figure 1. Prevalence of disability: age-adjusted and age-specific percentage of the population 18 years and over and by age group, United States, 2024



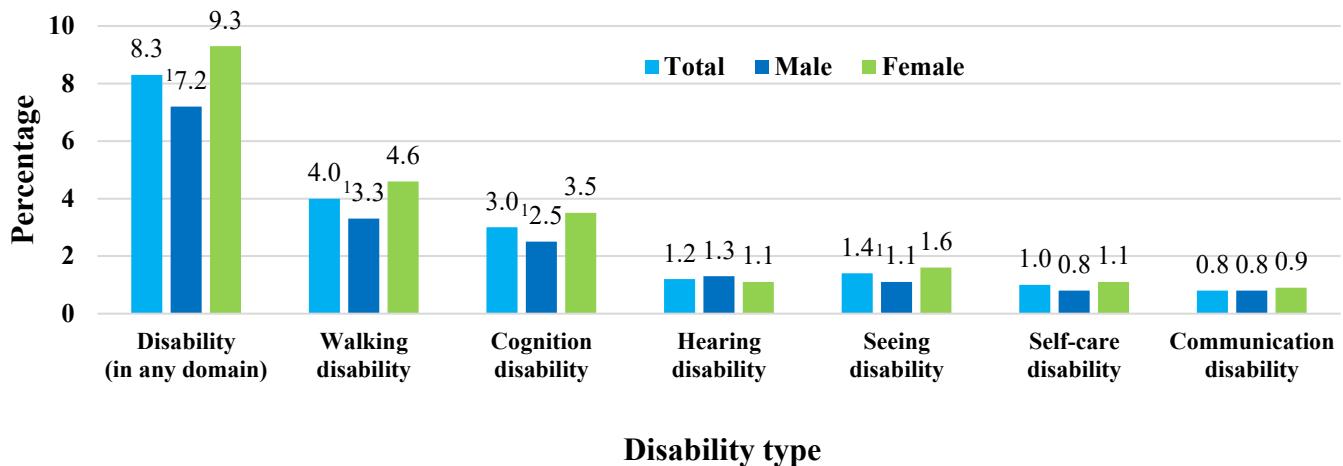
¹Total for ≥18 is age-adjusted using the 2020 world population (available at: [World Population Prospects - Population Division - United Nations](https://www.un.org/development/desa/population/prospects/)) using the following age groups: 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, and ≥80 years. ² Significant quadratic trend by age ($p < 0.05$). ³Age 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 steps, 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 disabilities.

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, 2024.

- Females (9.3%) are more likely than males (7.2%) to have disability (in any domain).
- Females are more likely to have walking, cognition, and seeing disabilities.
- The most common type of disability reported is walking.

Figure 2. Prevalence of disability in any domain and disability in each domain: age-adjusted percentage of the population 18 years and over, by sex, United States, 2024



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 steps, 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 having disability (in any domain). Disability in each domain is defined by a response of “a lot of difficulty” or “cannot do at all” in that domain.

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, 2024.

Outcomes Disaggregated by Disability

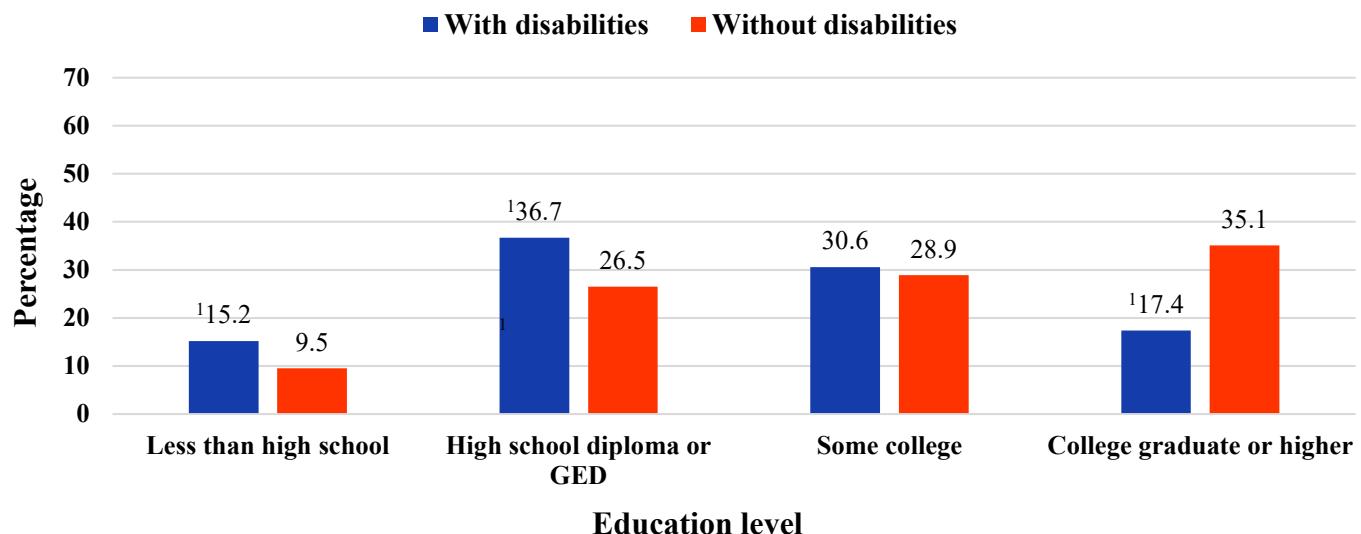
Disaggregating data by disability status allows for the comparison of outcomes for people with and without disabilities and is a necessary first step towards addressing disparities. Outcome indicators, such as educational attainment and employment, any of the 2030 Agenda for Sustainable Development Goals⁵, 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 (15.2%) were more likely to have less than a high school education compared with those without disabilities (9.5%).
- Adults with disabilities (17.4%) were less likely to have completed a college degree or higher compared with those without disabilities (35.1%).

- Adults with disabilities (36.7%) were most likely to have a high school diploma or GED, whereas those without disabilities (35.1%) were most likely to 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 level by disability status: age-adjusted percentage of the population 18 years and over, United States, 2024



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 ($p < 0.05$).

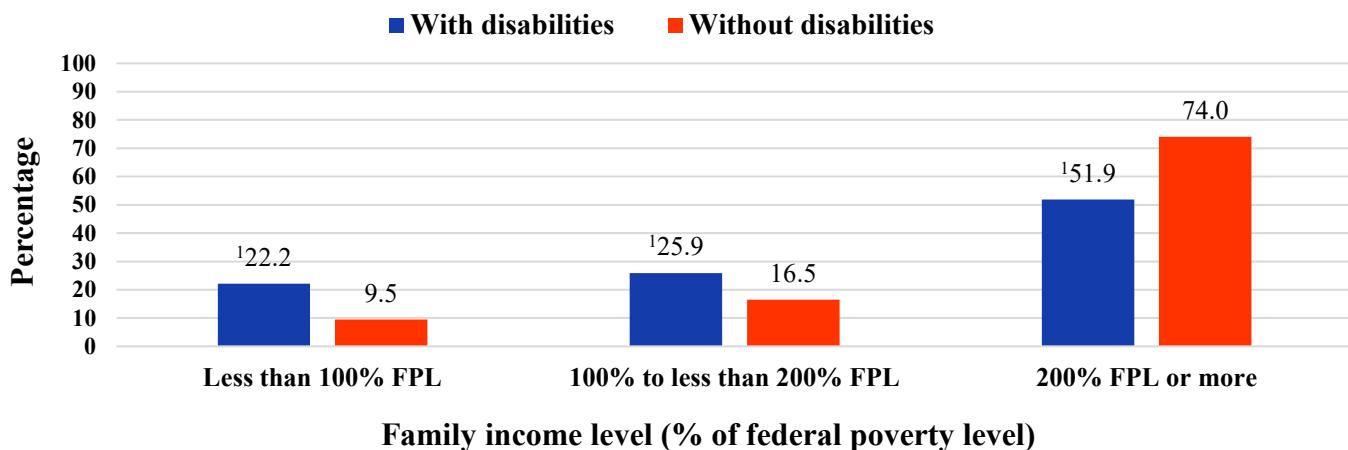
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated “a lot of difficulty” or “cannot do at all” to at least one of the six functioning domains were classified as with disabilities. 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, 2024.

Family Income

- In 2024, 22.2% of adults aged 18 and over with disabilities had family incomes less than 100% of the federal poverty level compared with 9.5% of those without disabilities.
- 51.9% of adults with disabilities had family incomes of 200% or more of the federal poverty level compared to 74.0% of those without disabilities.
- Adults with disabilities were more likely to have family incomes less than the federal poverty level.

Figure 4. Family income level by disability status: age-adjusted percentage of the population 18 years and over, United States, 2024



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 ($p < 0.05$).

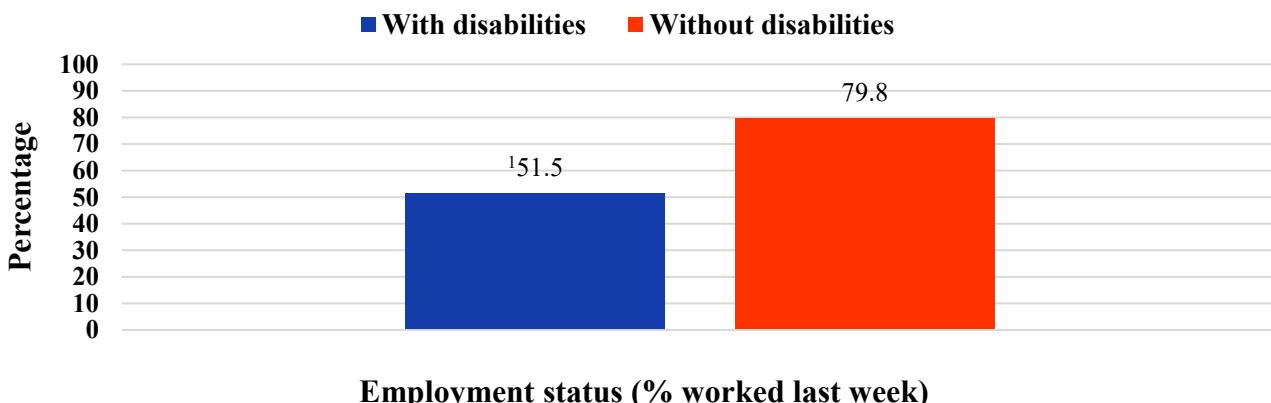
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated “a lot of difficulty” or “cannot do at all” to at least one of the six functioning domains were classified as with disabilities. 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, 2024.

Employment Status

- In 2024, adults aged 18–64 with disabilities (51.5%) were less likely to be employed in the last week compared with adults without disabilities (79.8%).

Figure 5. Employment status by disability status: age-adjusted percentage of the population 18–64 years, United States, 2024



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, 60–64 years. ¹Significantly different from adults without disabilities ($p < 0.05$).

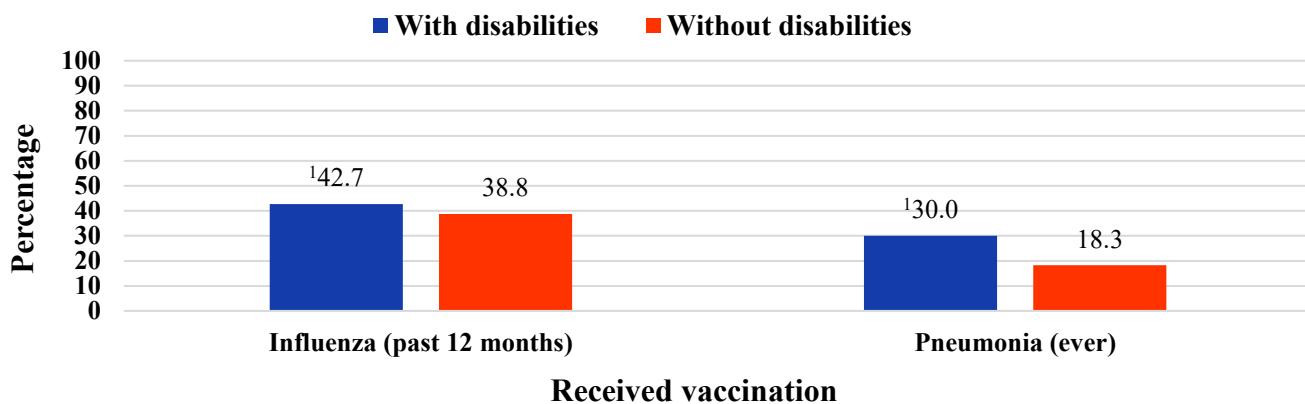
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated “a lot of difficulty” or “cannot do at all” to at least one of the six functioning domains were classified as with disabilities. 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, 2024.

Vaccination Status

- In 2024, adults aged 18 and over with disabilities (42.7%) were more likely to have received an influenza vaccination in the last year compared with adults without disabilities (38.8%).
- Adults with disabilities (30.0%) were more likely to have ever received a pneumonia vaccination compared with adults without disabilities (18.3%).

Figure 6. Vaccination status by disability status: age-adjusted percentage of the population 18 years and over, United States, 2024



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 ($p < 0.05$).

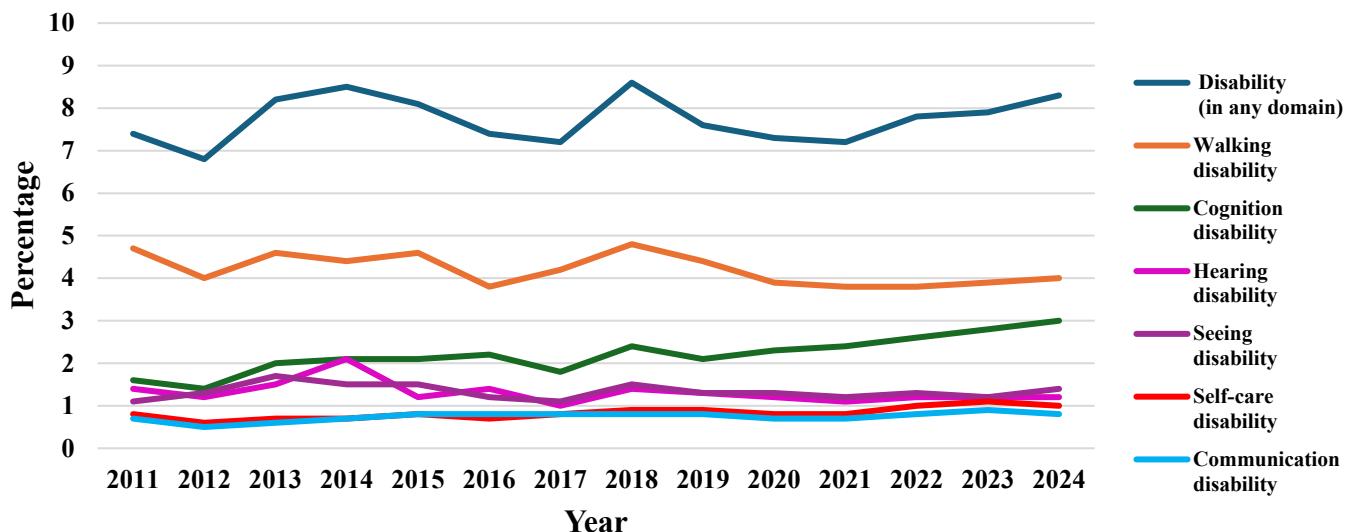
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated “a lot of difficulty” or “cannot do at all”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

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, 2024.

Trends in Disability

- In 2024, the prevalence of disability among adults aged 18 and over was highest for the domains of walking (4.0%) followed by cognition (3.0%), seeing (1.4%), hearing (1.2%), self-care (1.0%), and communication (0.8%).
- No clear trend was observed between 2010-2024 for disability (in any domain), or for the domains of seeing and hearing.
- The age-adjusted percentage of adults with disabilities in walking decreased from 4.9% in 2010 to 4.0% in 2024.
- The age-adjusted percentage of adults with disabilities in cognition increased from 1.5% in 2010 to 3.0% in 2024.
- The age-adjusted percentage of adults with disabilities in self-care increased from 0.7% in 2010 to 1.0% in 2024.
- The age-adjusted percentage of adults with disabilities in communication increased from 0.7% in 2010 to 0.8% in 2024.

Figure 7. Trends in disability in any domain and disability in each domain: age-adjusted percentage of the population 18 years and over, United States, 2010-2024



Age-adjusted percentages are based on the 2020 world population (available at: [World Population Prospects - Population Division - United Nations](https://population.un.org/wpp/)) 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 steps, 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 having disability (in any domain). Disability in each domain is defined by a response of “a lot of difficulty” or “cannot do at all” in that domain.

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, 2010-2024.

References

1. Altman, B. (2001). “Definitions of Disability and their Operationalization, and Measurement in Survey Data: An Update.” In Barnartt, S. and Altman, B. (Eds.) *Exploring Theories and Expanding Methodologies: Where We Are and Where We Need To Go* (Research in Social Science and Disability, Vol. 2, pp. 77-100). Emerald Group Publishing Limited.
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. (2017). National Center for Health Statistics Data Presentation Standards for Proportions. National Center for Health Statistics. *Vital Health Stat*, 2(175).
4. United Nations. 2019 Revision of World Population Prospects. Available at: <https://population.un.org/wpp/>.
5. United Nations General Assembly. (2015). *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>.