


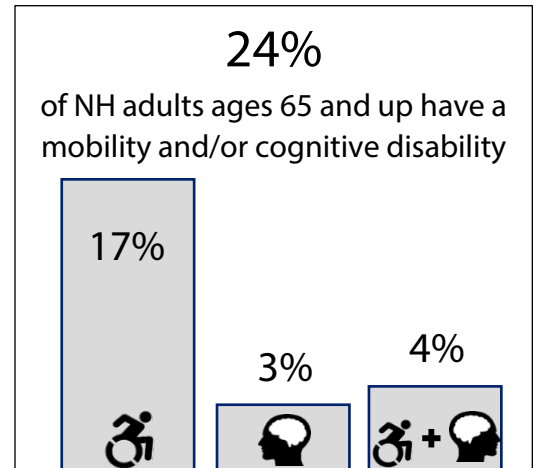
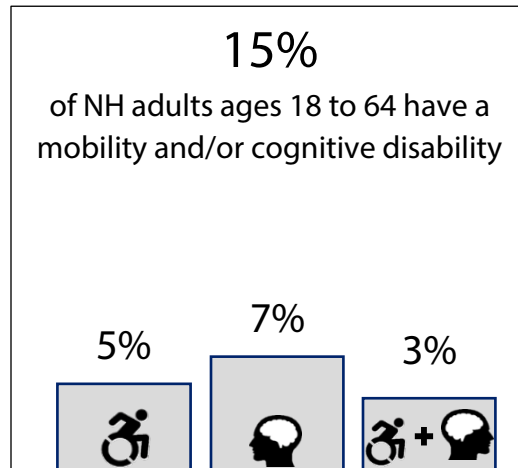


#### Prevalence of Mobility and/or Cognitive Disabilities among NH Adults 18 and Older

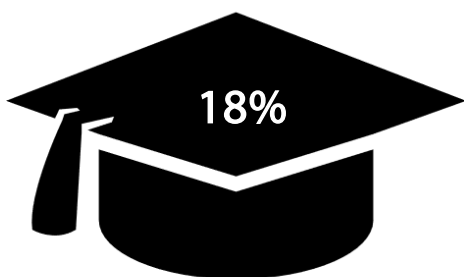
-  Has mobility but not cognitive disability
-  Has cognitive but not mobility disability
-  Has cognitive and mobility disabilities



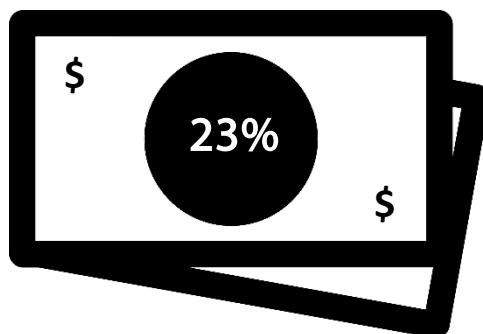
- Mobility and cognitive disabilities affect about 125,000 adults ages 18 to 64 and about 55,000 older adults (ages 65 and up) in NH.
- To avoid missing a large part of the NH population, public health programs can work to be inclusive, visible, and accessible to people with disabilities. Use the strategies shared on this page.

#### Social Determinants of Health

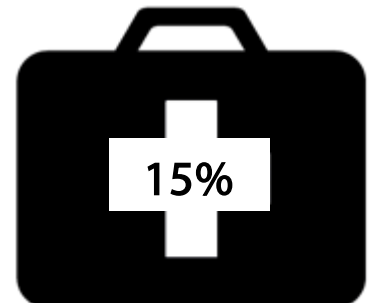
NH adults with disabilities have fewer opportunities for education, lower household incomes, and less health insurance coverage than adults without disabilities.



18% of NH adults with mobility and/or cognitive disabilities (ages 18 to 64) have not completed high school, compared to 6% of adults without disabilities



23% of NH adults with mobility and/or cognitive disabilities (ages 18 to 64) have household income less than \$15,000 per year, compared to 4% of adults without disabilities



15% of NH adults with mobility and/or cognitive disabilities (ages 18 to 64) have no health insurance, compared to 11% of adults without disabilities

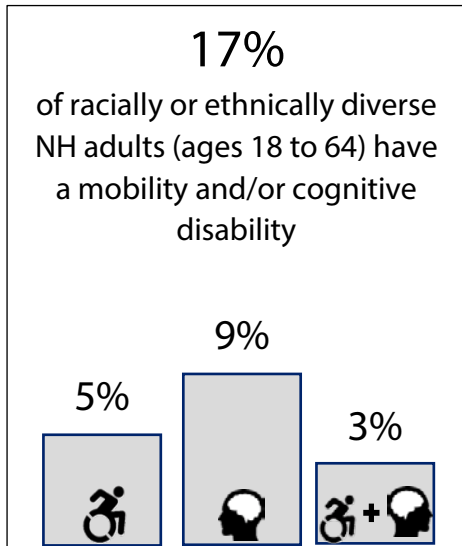
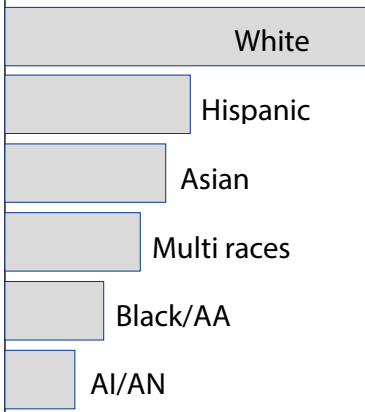
#### Strategies to Improve Public Health for NH Adults with Disabilities:

- **Promote** programs through organizations and locations known to reach disability communities.
- **Partner** with disability organizations to actively recruit and include people with disabilities.
- **Develop** health promotion materials that use plain language and easy-to-understand images.
- **Invest** in systems that can improve the social determinants of health for all NH residents.
- **Consider** the intersection of disability and other health equity populations. For example, the prevalence of disability is higher among racial and ethnic minorities in NH. (See the next page.)
- **Contact** the NH Disability & Public Health Program (DPH) with questions or for technical assistance.

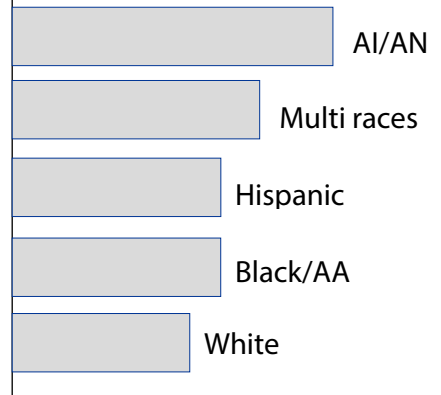


### Disability Prevalence in NH, by Race & Ethnicity

Most NH adults ages 18 to 64 say their race is White. The next largest race and ethnicity groups are Hispanic, Asian, multiple races, Black/African American, & American Indian/Alaska Native.



Among NH adults ages 18 to 64, American Indian/Alaska Natives have the highest prevalence of disability. The next highest are multiple races, Hispanic, Black/African American, & White.



- Because most people in NH are White, most people with disabilities in NH are also White. Still, the prevalence of disability is higher in other racial and ethnic groups, including NH adults who are American Indian or Alaska Native, multi-racial, Hispanic, Black, or African American.
- About 15,000 NH adults ages 18 to 64 from diverse racial or ethnic backgrounds experience a cognitive and/or mobility disability.
- Public health programs that are culturally competent regarding race, ethnicity, and disability may help to improve health equity in NH.

This report used pooled data from the 2013-2016 Behavioral Risk Factor Surveillance System (BRFSS). In the BRFSS, mobility and cognitive limitations are defined by two questions:

1. Do you have serious difficulty walking or climbing stairs? (“Mobility”); and
2. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (“Cognitive”)

BRFSS data is available on the CDC website via the Disability and Health Data System: <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>

The NH Disability & Public Health Project (DPH) is funded by the U.S. Centers for Disease Control and Prevention (CDC) cooperative agreement number 1NU27DD000007. DPH is a collaboration between the Institute on Disability at the University of New Hampshire and the NH Division of Public Health Services. The contents of this report are the responsibility of DPH staff and do not necessarily represent the views of the CDC or the U.S. Department of Health and Human Services.