Disability

Background Information: Disability (CDC)

American Community Survey (ACS)

Disability Type	Question	Responses
Hearing	Are you deaf, or do you have serious difficulty hearing?	1. Yes 2. No
Vision	Are you blind, or do you have serious difficulty seeing, even when wearing glasses?	
Cognition	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
Ambulatory	Do you have serious difficulty walking or climbing stairs?	
Self-care	Do you have difficulty dressing or bathing?	
Independent Living	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping?	

Washington Group on Disability Statistics

CSTE

Disability Type	Question	Responses
Vision	Do you have difficulty seeing, even if wearing glasses? Would you say…	1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all 7. Refused 9. Don't know
Hearing	Do you have difficulty hearing, even if using a hearing aid(s)? Would you say…	
Mobility	Do you have difficulty walking or climbing steps? Would you say…	
Cognition (Remembering)	Do you have difficulty remembering or concentrating? Would you say…	
Self-care	Do you have difficulty with self-care, such as washing all over or dressing? Would you say…	
Communication	Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say…	

Disability Status (Versions 3-5)

Assessment of a patient's physical, cognitive, intellectual, or psychiatric disabilities.

- Value set: LOINC
- Applicable standard: FHIR Disability Status Profile

Electronic Case Reporting

CDA

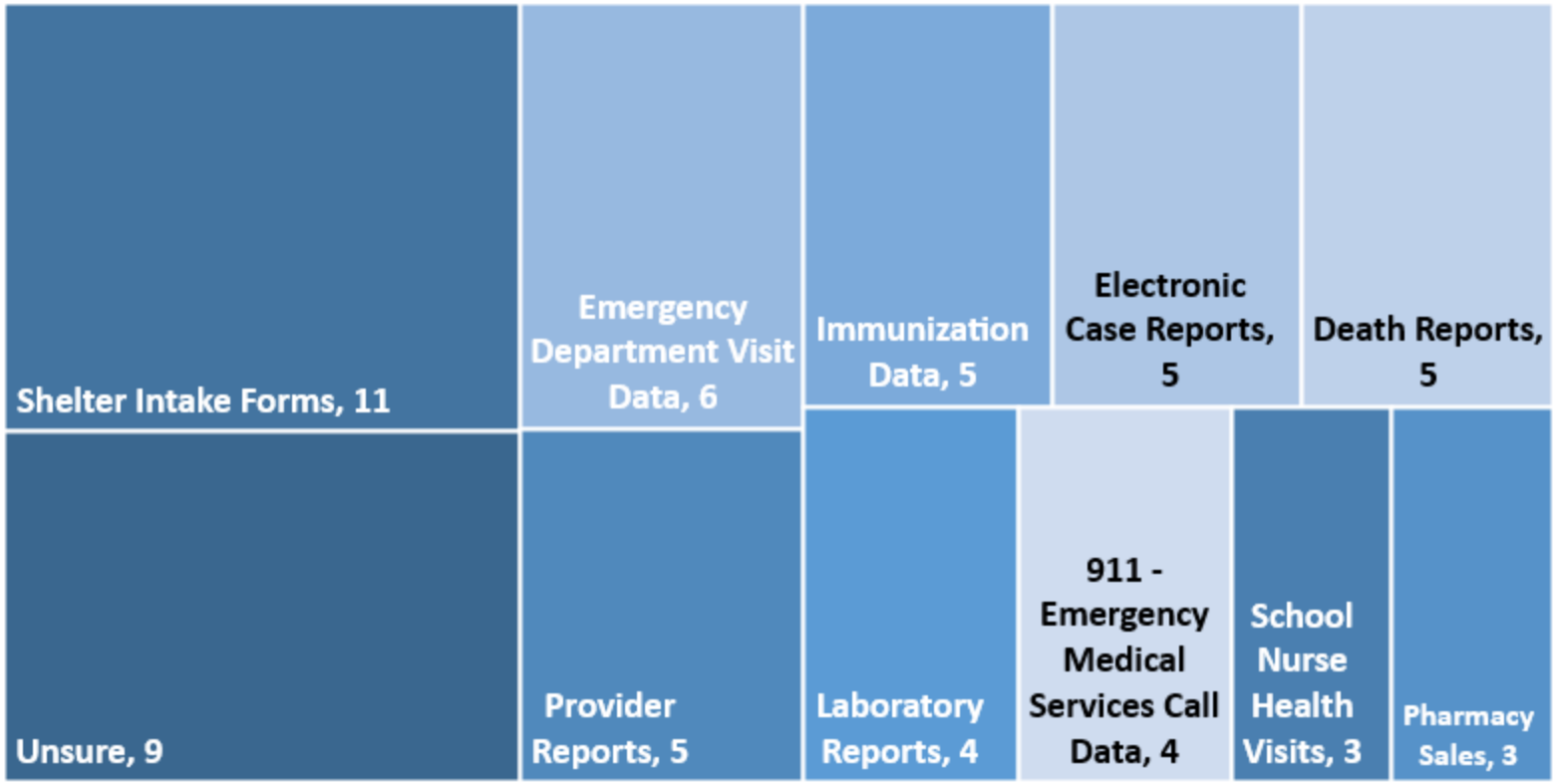
- Disability Status Observation Template
  - Included in social history
  - Represents Disability as defined by the six-item question set used on ACS

FHIR

- US Public Health Disability Status Profile
  - Based on Observation Resource
  - Represents Disability as defined by the six-item question set used on ACS

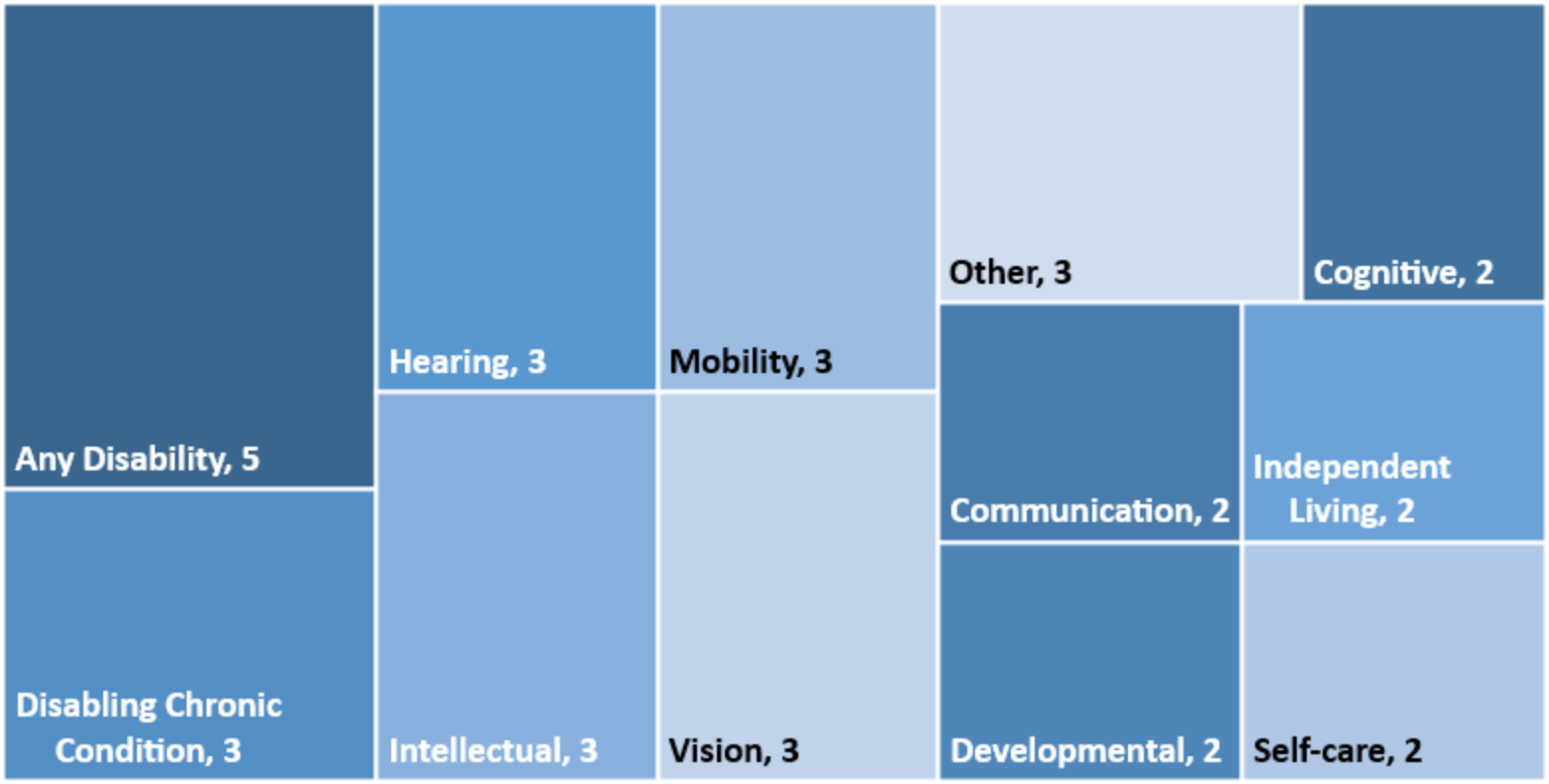
CSTE Assessment of Jurisdictional Disability Data Collection Practices

Structured Disability Data in Surveillance Sources and Systems (n = 24)



CSTE Assessment of Jurisdictional Disability Data Collection Practices

Disability Types Collected in Case Investigation Forms (n = 17)



Case Notifications to CDC
Message Mapping Guides (MMGs)

CSTE

COVID-19 MMG

Data Element (DE) Name	DE Identifier Sent in HL7 Message	Data Element Description	Data Type	Value Set Name (VADS Hyperlink)
START: Risk Factor Repeating Group				
Patient Epidemiological Risk Factors	INV1117	Underlying medical conditions or risk behaviors for the case patient. Please provide a response for each underlying medical condition and risk.	Coded	Risk Factor (COVID-19)
Patient Epidemiological Risk Factors Indicator	INV1118	Provide a response for each value in the risk factors value set	Coded	Yes No Unknown (YNU)
END: Risk Factor Repeating Group				
Type of Disability	95377-8	If disability indicated as a risk factor, indicate type of disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment)	Text	N/A
Type of Mental Condition	91391-3	If psychological/psychiatric condition indicated as a risk factor, indicate type of psychological/psychiatric condition	Text	N/A

Proposed Data Element (with codes) (Page 1)

Disability Type: LOINC 95377-8
Description: Type of disability (vision, hearing, mobility, cognition, self-care, independent living, communication, or intellectual or developmental). Indicate all that apply

Value Description	Code	Value Label
Cognitive (serious difficulties such as concentrating, remembering, or making decisions due to a physical, mental, or emotional condition)	386806002	Impaired cognition (finding)
Hearing (serious difficulty hearing or deafness)	103276001	Decreased hearing (finding)
Mobility (serious difficulty walking or climbing stairs)	82971005	Impaired mobility (finding)
Vision (serious difficulty seeing or blindness, even when wearing glasses)	7973008	Abnormal vision (finding)
Self-care (difficulty dressing or bathing)	284778005	Difficulty performing personal care activity (finding)

Proposed Data Element (with codes) (Page 2)

Disability Type: LOINC 95377-8
Description: Type of disability (vision, hearing, mobility, cognition, self-care, independent living, communication, or intellectual or developmental). Indicate all that apply

Value Description	Code	Value Label
Independent Living (difficulty doing errands alone)	718705001	Functionally dependent (finding)
Communication (difficulty communicating, understanding others, or being understood, using your usual language)	288579009	Difficulty communicating (finding)
Intellectual or developmental disability (any intellectual disability or developmental delay)	110359009	Intellectual disability (disorder) | synonym: Intellectual developmental disorder
Disability evaluation, normal, no disability, no impairment (finding)	66557003	No known disability
Unknown	UNK	Unknown