



# Approaches Used to Measure Disability: The Cayman Islands



**United Nations Regional Meeting on  
Disability Measurement and Statistics  
Bridgetown, Barbados, 05-06 September 2016**

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# The Cayman Islands 2010 Census of Population and Housing

- Conducted in October to December 2010
- Reference date: October 10, 2010 (10-10-10)
- *De jure* basis, covering residents with at least 6 months stay on the Islands
- Questions were formulated by the Census Advisory Committee which includes departments (users of Census data)
- Disability questions were previously asked in the *1999 Census*
- Draft questionnaire was tested in October 2009



**CAYMAN ISLANDS**  
**Population and Housing Census**  
 October 10, 2010



For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

**IMPORTANT!!!** Shade the circle where applicable. Like This-->  Not Like This-->    **USE ONLY 2B PENCIL**

**CONFIDENTIAL** Admin. No.

District	EA Number	Block <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Parcel	Building Number	Dwelling Unit Number	Household Number
<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

Address of Household: \_\_\_\_\_ Telephone number  -   
 \_\_\_\_\_  
 \_\_\_\_\_

Is this Household on your assigned list? <input type="radio"/> 1 Yes <input type="radio"/> 2 No	Number of Persons in this Household:	Male <input type="text" value=""/> <input type="text" value=""/>	Female <input type="text" value=""/> <input type="text" value=""/>	Total <input type="text" value=""/> <input type="text" value=""/>
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*I hereby certify that the information contained on this form has been honestly completed to the best of my ability.*

ENUMERATOR'S SIGNATURE: \_\_\_\_\_ Enumerator No.   
 FIELD SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Field Supervisor No.   
 EDITOR/CODER'S NAME: \_\_\_\_\_ Editor/Coder No.

**RESULT CODES**

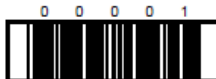
<input type="radio"/> 1 Fully completed	<input type="radio"/> 4 Unable to find address	<input type="radio"/> 7 Demolished	<input type="radio"/> 10 No contact
<input type="radio"/> 2 Partially completed	<input type="radio"/> 5 Vacant - not occupied	<input type="radio"/> 8 Temporary second home	<input type="radio"/> 11 Out of scope
<input type="radio"/> 3 Refusal	<input type="radio"/> 6 Under construction/Derelict	<input type="radio"/> 9 Temporary short-term rental	



## SECTION 2: DISABILITY & ILLNESS

To be answered for ALL.

P E R S O N #	2.1	2.2	2.3
	<p>Does ... have any of the following disabilities or impairment that limits his/her activities compared with most people of the same age?</p> <p style="text-align: center;"><b>READ CHOICES</b></p> <p>1.....Sight 2.....Hearing 3.....Speech 4.....Upper limb (arm) 5.....Lower limb (legs) 6.....Neck and spine 7.....Learning disability 8.....Mental illness 9.....Other 10...None 99...DK/NS</p> <p style="text-align: center;"><i>Multiple responses accepted.</i></p>	<p>Was ... medically diagnosed with any of the following?</p> <p style="text-align: center;"><b>READ CHOICES</b></p> <p>1....Diabetes 2....High Blood Pressure 3....Heart Condition 4....Cancer 5....HIV/AIDS 6....Asthma 7....Other 8....None 99...DK/NS</p> <p style="text-align: center;"><i>Multiple responses accepted.</i></p>	<p>Is ... covered by Health Insurance?</p> <p>1.....Yes, by a provider in the Cayman Islands 2.....Yes, covered by C.I. Government (e.g. Govt. employees &amp; dependents, seamen, veterans, indigent, etc) 3.....Yes, by some other provider 4.....Uninsurable 5....No 99...DK/NS</p> <p style="text-align: center; background-color: yellow;"><b>IF LESS THAN 5 YEARS, END INTERVIEW.</b></p>
1	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
2	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
3	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
4	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
5	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99
6	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99





<b>P E R S O N #</b>	2.1	2
	<p>Does . . . have any of the following disabilities or impairment that limits his/her activities compared with most people of the same age?</p> <p style="text-align: center;"><b>READ CHOICES</b></p> <p>1.....Sight  2.....Hearing  3.....Speech  4.....Upper limb (arm)  5.....Lower limb (legs)  6.....Neck and spine  7.....Learning disability  8.....Mental illness  9.....Other  10...None  99...DK/NS</p> <p style="text-align: center;"><i>Multiple responses accepted.</i></p>	V fi
1	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	



## 2.1 DISABILITY

- Q. Does.... have any of the following disabilities or impairment that limits his/her activities compared with most people of the same age?
- C. Generally, a disability is inability or great difficulty in performing one or more major life activities in the person's current social environment because of impairment, e.g., missing, damaged or weakened body part or function.

Disability is not a specific medical diagnosis such as spinal cord injury, cerebral palsy, or intellectual difficulties. While this information is often important in a medical context, it is normally not what arises when you come into contact with someone with a disability. It is also important to recognise that, by changing the environment the person can be facilitated to increase their performance or, on the contrary, impeded from activities that they could perform in a more enabling environment.

Read the choices. Multiple responses are acceptable. Shade as many as are applicable. Note not everyone that wears spectacles (glasses) has sight impairment. Those who have a limb in a cast due to a broken bone should not be classified as having upper or lower limb impairment if the injury would not leave them disabled. Those with chronic depression and other forms of mental disorder should be classified as having a mental illness, choice 8.



Prevalence of Disabilities by Type of Disability, Sex and Status									
Type of Disability	Total			Caymanian			Non-Caymanian		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
<b>Total</b>	<b>2,993</b>	<b>1,396</b>	<b>1,597</b>	<b>2,515</b>	<b>1,165</b>	<b>1,350</b>	<b>478</b>	<b>231</b>	<b>247</b>
Sight	788	337	451	615	260	355	173	77	96
Hearing	268	128	140	243	117	126	25	11	14
Speech	131	79	52	118	72	46	13	7	6
Upper limb (arm)	191	92	99	175	82	93	16	10	6
Lower limb (leg)	516	202	314	471	185	286	45	17	28
Neck and spine	239	96	143	215	89	126	24	7	17
Learning disability	223	150	73	190	127	63	33	23	10
Mental illness	195	110	85	168	94	74	27	16	11
Other	442	202	240	320	139	181	122	63	59
<b>None</b>	<b>51,039</b>	<b>25,286</b>	<b>25,753</b>	<b>28,110</b>	<b>13,554</b>	<b>14,556</b>	<b>22,929</b>	<b>11,732</b>	<b>11,197</b>
DK/NS	87	46	41	38	17	21	49	29	20



Prevalence of Disabilities by Type of Disability per 1000 Population, Sex and Status									
Type of Disability	Total			Caymanian			Non-Caymanian		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total Population	53,834	26,623	27,211	30,313	14,588	15,725	23,521	12,035	11,486
Sight	14.6	12.7	16.6	20.3	17.8	22.6	7.4	6.4	8.4
Hearing	5.0	4.8	5.1	8.0	8.0	8.0	1.1	0.9	1.2
Speech	2.4	3.0	1.9	3.9	4.9	2.9	0.6	0.6	0.5
Upper limb (arm)	3.5	3.5	3.6	5.8	5.6	5.9	0.7	0.8	0.5
Lower limb (leg)	9.6	7.6	11.5	15.5	12.7	18.2	1.9	1.4	2.4
Neck and spine	4.4	3.6	5.3	7.1	6.1	8.0	1.0	0.6	1.5
Learning disability	4.1	5.6	2.7	6.3	8.7	4.0	1.4	1.9	0.9
Mental Illness	3.6	4.1	3.1	5.5	6.4	4.7	1.1	1.3	1.0
Other	8.2	7.6	8.8	10.6	9.5	11.5	5.2	5.2	5.1
None	948.1	949.8	946.4	927.3	929.1	925.7	974.8	974.8	974.8
DK/NS	1.6	1.7	1.5	1.3	1.2	1.3	2.1	2.4	1.7





Thank you!

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