Measuring disability in Latin America and the Caribbean; and the Mexican experience: Achievements and Challenges

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Disability Statistics and Measurement: National Experiences and Opportunities for the 2030 Agenda for Sustainable Development
New York, 10 March 2016
Work of the Statistical Conference of the Americas (SCA-ECLAC)

• Principally from the 2000 census onward, including disabled people in information systems has become an issue of growing importance for Latin America and the Caribbean.

• Heterogeneity of measurement criteria to determine disability within countries in the region limits comparable data, suggesting a need to strengthen harmonization processes.

• At the seventh meeting of ECLAC’s Statistical Conference of the Americas, a working group was created and integrated by Belize, Brazil, Costa Rica and The Dominican Republic to develop a regional report on the statistical information available in Latin America and the Caribbean countries.

• In November 2015, ECLAC presented findings from the Regional Report on measuring disability. A glance at the procedures for measurement of disability in Latin America and the Caribbean.
Principal findings of Regional Report on Measuring Disability

• Incompatibility in definitions across countries

• Low level implementation of international recommendations for measuring disability.

• Lack of official sources of information to generate indicators.

• Limited availability of disaggregated data.

• Insufficient public access to and poor dissemination of data.

• An array of challenges for collecting data on people with disabilities.
Main results of Regional Report on Disability Measurement

LATIN AMERICA AND THE CARIBBEAN (38 COUNTRIES): PREVALENCE OF DISABILITY BY SEX, BETWEEN 2001 TO 2012
(Percentages, simple average)

Total 12.4
Women 13.4
Men 11.2

LATIN AMERICA AND THE CARIBBEAN (35 COUNTRIES): PREVALENCE OF DISABILITY BY SEX, BY AGE BETWEEN 2001 TO 2012
(Percentages, simple average)

0-4 1.6 1.6
5-19 4.9 4.7
20-39 6.8 7.5
40-59 17.5 20.3
60+ 24.2 27.1

LATIN AMERICA AND THE CARIBBEAN (14 COUNTRIES): CAUSES OF DISABILITY BY SEX, BETWEEN 2001 TO 2012
(Percentages, simple average)

Main results of Regional Report on Disability Measurement

- Hereditary
- Disease
- Accidents
- Violence
- Other
With the data, statistical profiles were created for each country.
During the thirteenth meeting in August of 2014, the Executive Committee of the SCA-ECLAC decided to reorganize the working group on disability measurement.

Members States of this reorganized group are: Costa Rica, Cuba, Ecuador, Mexico and the Dominican Republic.

Mexico was designated group coordinator, and as such INEGI assumed responsibility for planning activities to complete the following objectives:

• Encourage the creation of a regional information system on populations with disabilities for planning, implementation and evaluation of public policies
• Promote the adoption of homologous concepts and methodologies for measuring disability in the region, based on the International Classification of Functioning, Disability and Health (ICF), as well as the recommendations of the Washington Group (WG).
• Improve the technical capacity of countries in LAC region to collect and disseminate data on disability based on ICF
New Working Group on Disability Measurement

As of February 2016 work has been developed on the following:

• Data collection from agencies responsible for planning, generating and disseminate disability statistics in Latin America;

• Planning a seminar-workshop for 2016, to disseminate the latest international recommendations for collecting data on populations with disabilities through population census, administrative records, sampling surveys, or some other means of data collection.
Disability Measurement in Mexico
Participation of Mexico in the Washington Group

- Since 2001 Mexico, represented by INEGI, has been part of the Washington Group on disability statistics.
- We have attended 8 meetings, together with Argentina and Brazil, Mexico is one of the LAC countries with greater attendance of representatives at these meetings.
- After the meeting in Rio de Janeiro in 2005, Mexico agreed to implement the protocol of questions designed by the Washington Group.
- In 2006, Mexico conducted a pilot test for short set of questions, thereafter the set of questions was validated for application in Mexico.
- Since the 2000 census round, some questions on disability were included, and since 2010 INEGI has included questions in household surveys.
<table>
<thead>
<tr>
<th>Source</th>
<th>Year</th>
<th>Measured concept</th>
<th>Percentage of population with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population and Housing Census</td>
<td>2010</td>
<td>Disability / difficulty (ICF)</td>
<td>5.1</td>
</tr>
<tr>
<td>Household Income and Expenditure National Survey</td>
<td>2010</td>
<td>Disability / difficulty (ICF)</td>
<td>5.1</td>
</tr>
<tr>
<td>Household Income and Expenditure National Survey</td>
<td>2012</td>
<td>Disability / difficulty (ICF)</td>
<td>7.1</td>
</tr>
<tr>
<td>National Survey of Demographic Dynamic</td>
<td>2014</td>
<td>Disability / difficulty (ICF, WG)</td>
<td>6.0</td>
</tr>
<tr>
<td>Household Income and Expenditure National Survey</td>
<td>2014</td>
<td>Disability / difficulty (ICF)</td>
<td>6.8</td>
</tr>
<tr>
<td>Household National Survey</td>
<td>2014</td>
<td>Disability / difficulty (ICF)</td>
<td>5.4</td>
</tr>
</tbody>
</table>
There are a questionnaire for adults (18 and over) and one for children (0-17 years), both were approved by the Pan American Health Organization.

Questionnaires include all components of IFC that are needed to identify disability in a person.

In 2014, two pilot tests were conducted in urban areas.

<table>
<thead>
<tr>
<th>socio-demographic information</th>
<th>Medical Information and IFC components</th>
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<tbody>
<tr>
<td>Module Location</td>
<td>Body functions</td>
</tr>
<tr>
<td>Identification of persons with disabilities (including geo-reference addresses)</td>
<td>Body structures</td>
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<tr>
<td>Respondents information (if necessary)</td>
<td>Activity and participation</td>
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<tr>
<td>Health indicators</td>
<td>Environmental factors</td>
</tr>
<tr>
<td>Social programs (government)</td>
<td>Medical diagnosis</td>
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<tr>
<td>Education indicators</td>
<td>Referral to health services</td>
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<tr>
<td>Employment indicators</td>
<td>Doctors’ information (medical registries)</td>
</tr>
</tbody>
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Electronic Registration System

Paper format