

BRIEF REPORT: Health-Related Social Needs Among Adults with Disabilities (2022-2023)



Alaska Behavioral Risk Factor Surveillance System

December 2025

Health inequities are preventable differences in health across the population. They occur when groups of people do not have equal access to opportunities and resources that promote optimal health.

A person's exposure to conditions that negatively impact their health is influenced by their income, how many years of education they've completed, where they live, and their surroundings. Additional characteristics such as a person's age, race, gender, and disabilities also play important roles in contributing to differences in their lived experience, access to resources, and to health inequities.¹ These non-medical factors are often referred to more broadly as social determinants of health and can be measured at the individual level by assessing health-related social needs.^{2,3}

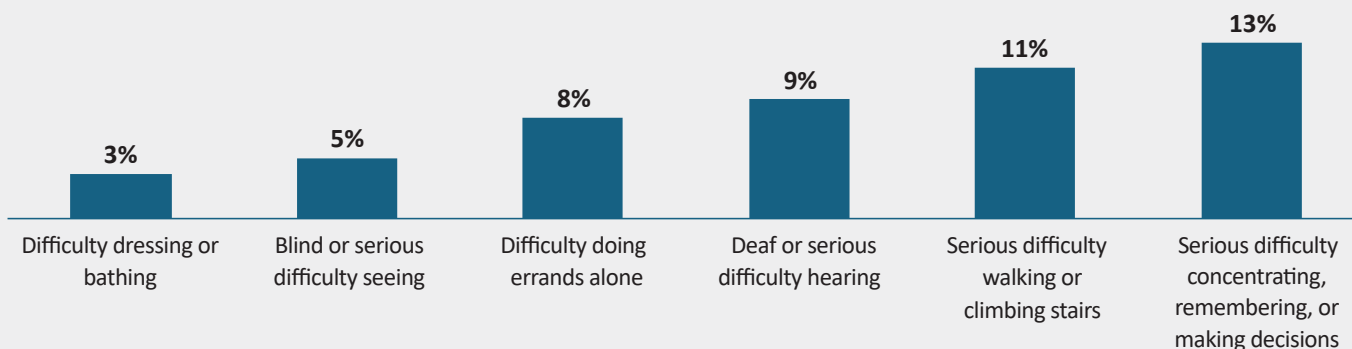
With support from the Centers for Disease Control and Prevention (CDC), the Alaska Behavioral Risk Factor Surveillance System (BRFSS) included questions in 2022 and 2023 to measure the prevalence of 10 health-related social needs that may negatively impact health. These 10 social needs, along with two existing measures of health care access, were combined. Cumulative scores ranged from 0 to 12 health-related social needs based on guidance by the CDC.³

This report explores the burden of health-related social needs among Alaska adults with disabilities.

Nearly one in three Alaska adults report at least one of six disabilities.

BRFSS includes six questions that address disabilities. These are standard questions found in many federal surveys and focus on functional limitations rather than a specific medical diagnosis. More than one disability can be experienced.

Percentage of Alaska adults who report each disability type



Adults with disabilities make up 30% of the adult population in Alaska.

They are more likely than adults without disabilities to;

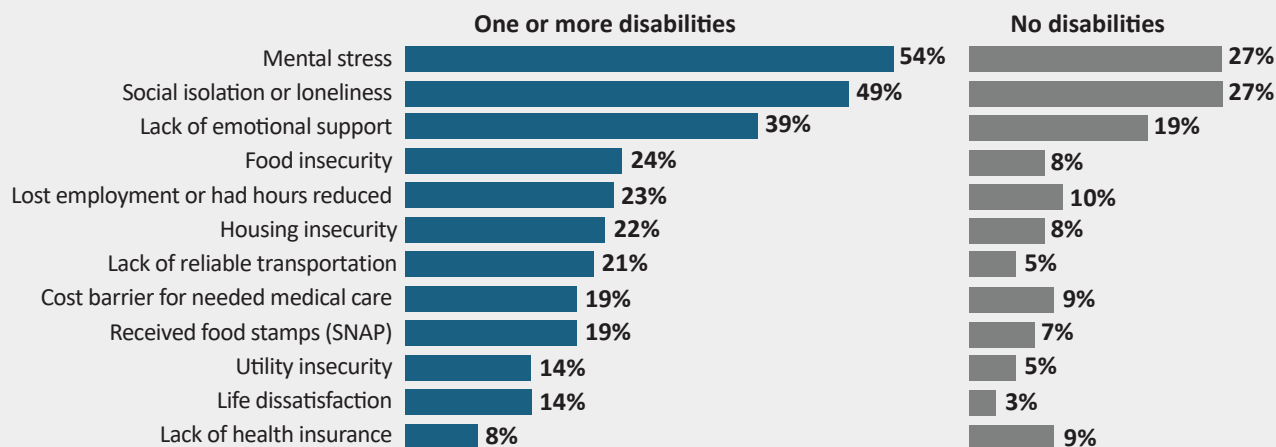
- have household incomes less than 185% of poverty guidelines (43% versus 22%)
- be 50 years or older (55% versus 39%);
- report their health to be fair or poor (38% versus 9%);
- have no college education (42% versus 30%); and
- be out of the workforce or not employed (44% versus 21%).

Adults with disabilities experience more health-related social needs than those without disabilities.

Adults with disabilities are two to five times more likely to experience health-related social needs than adults without disabilities. This difference varies across the 12 health-related social needs. Only a lack of health insurance is experienced similarly. Social connectedness measures and mental stress are the most common types of health-related social needs experienced, followed by those related to material resources.



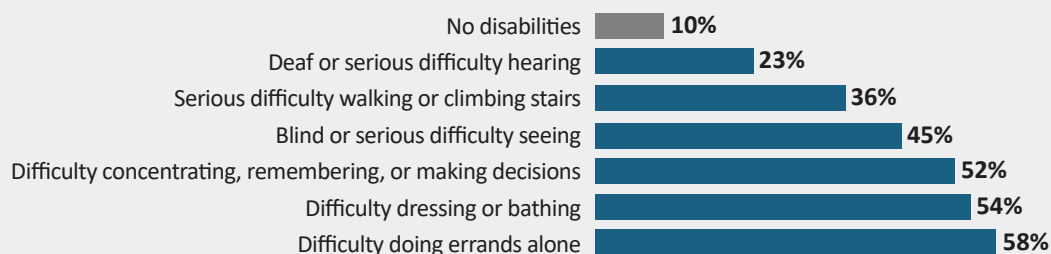
Percentage of Alaska adults who experience each health-related social need, by disability status



The burden of health-related social needs is associated with the type and number of disabilities experienced.

When exploring the percentage of adults experiencing four or more health-related social needs, those who are deaf or have serious hearing difficulties experience the lowest burden among adults with disabilities. Adults who have difficulty doing errands alone are nearly six times more likely to experience four or more health-related social needs than adults without disabilities. Further analysis of BRFSS data shows that as the number of disabilities increases, so does the burden of experiencing health-related social needs. Nearly 62% of adults with three to six disabilities report experiencing four or more health-related social needs compared with 26% of adults who have one disability.

Percentage of Alaska adults who experience four or more health-related social needs, by disability type



Recommendations

Adults with disabilities face additional barriers to accessing basic needs that can negatively affect their health and quality of life.^{4,5} Many could be addressed. Government agencies, non-profits, healthcare systems, families, community organizations and other stakeholders should consider collaborative engagement to find solutions. We hope that data in this report can be used to:

- 1 support the immediate health-related social needs of adults with disabilities, and
- 2 consider the social determinants of health inequities for adults with disabilities at the community, state, and policy level.

The goal is to enhance participation, inclusion and equal opportunities for adults with disabilities in Alaska.^{4,5}

References

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3. Town M, Eke P, Zhao G, Thomas CW, Hsia J, Pierannunzi C, Hacker K. All Racial and Ethnic Differences in Social Determinants of Health and Health-Related Social Needs Among Adults — Behavioral Risk Factor Surveillance System, United States, 2022. MMWR Morb Mortal Wkly Rep. 2024; Mar 7; 73(9):204-208.
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5. Mitra, M., Long-Bellil, L., Moura, I., Miles, A., Kay, S.H. (2022) Health Disparities for People with Disabilities in the United States. Health Affairs. 2022; Oct 41 (10). 1379-1386.

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