Disability, Public Health, Surveillance and Inclusion

2012 Annual Disability Statistics Compendium: Improving Disability Statistics: Recent and Future Developments

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November 28, 2012



Outline and Key Points

Outline

- Disability as a public health issue
- Recent and Relevant Developments
 - Disability and Health Data System (DHDS) Update
 - Inclusion of PWDs in CDC health surveillance
 - BRFSS and the 'ACS' disability questions
- Issues that need to be addressed

Key Points

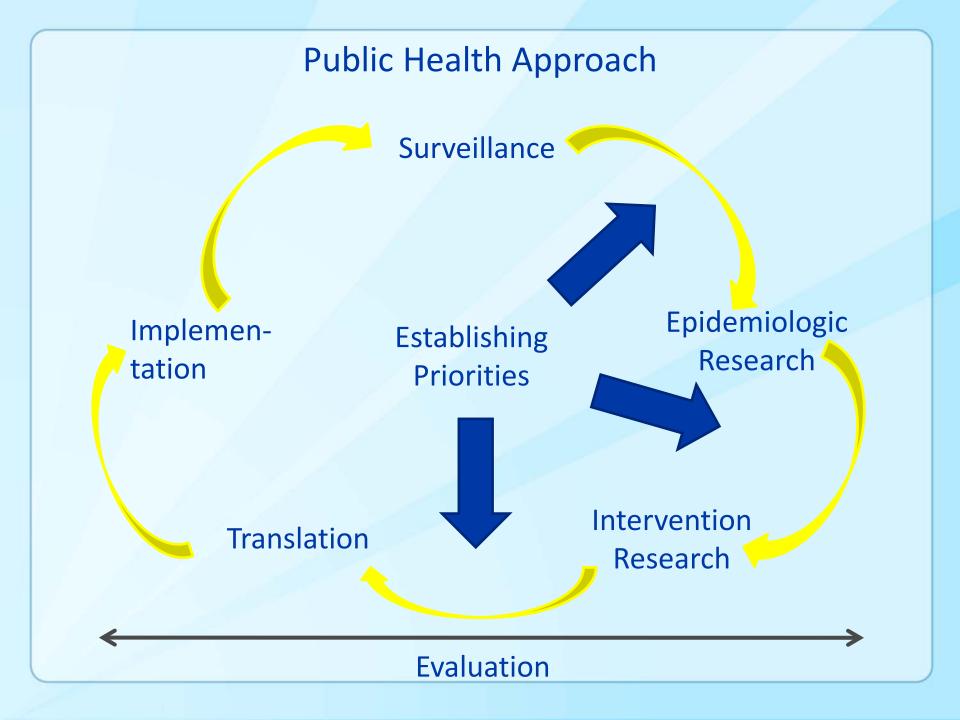
- People with disabilities (PWDs) have not been well-served by the public health system
- Only recently has there been a systematic effort to undertake health surveillance on PWDs
- Health of PWDs may be affected by their underlying health condition but also preventable secondary conditions and inaccessible health and public health programs

Evolution of Disability in Public Health

 Disability traditionally viewed as a terminal health outcome – to be approached from a primary prevention perspective

Disability as a dimension of health disparity –
 health conditions, behaviors, health care service utilization varies by disability status

Disability is a public health issue



Disability and Health Data System (DHDS)

- First source for standardized state-based data on health PWDs
 - Developed using Behavioral Risk Factor Surveillance System data
 - State level disability surveillance tool
 - Open and accessible online (http://dhds.cdc.gov/)
 - Provides reliable, standard, and timely information
 - Ability to track health of PWDs over time
 - Approximately 80 health and demographic indicators
 - Stratified by Disability (2004 to 2010)
 - Approximately 50 health and demographic indicators
 - Stratified by Psychological Distress (2007)
 - Disability Associated Health Care Expenditures
 - Public Payer (Medicare and Medicaid), Private Payer, Total

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CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.

SEARCH

A-Z Index ABCDEFGHIJKLMNOPQRSTUVWXYZ#

Disability and Health Data System (DHDS)

DHDS Home

Maps & Data Tables

DHDS Methods

Health Topic Data Guide

Demographic Data Guide

About DHDS

DHDS News

DHDS Accessibility

Help



New to DHDS?

View our Getting Started Guide for an overview of how to use DHDS.

Disability & Health



DHDS News

- 2010 BRFSS data were added to CHDS for launch!
- AZ and DC data for 2010 and 2006-2010 are suppressed.

More News >>

Maps & Data Tables

DHDS allows you to browse for data about disability, psychological distress, and disability-associated health care expenditures. Data can be viewed in interactive maps and in data tables that can be customized or downloaded.

Browse Maps & Data Tables

Key Topics

For a selected disability health indicator, view an interactive map or a data table that can be customized.



Body Mass Index

Interactive Map or Data Table



Mammograms

Interactive Map or Data Table



Smoking Status

About DHDS

The Disability and Health Data System (DHDS) is a state-level disability surveillance tool designed to assist partners, researchers, advocates, and the general public in the assessment of the health and wellness of people with disabilities.

More About DHDS »

Fast Fact

Disability Among Adults: In 2010, 22.0%

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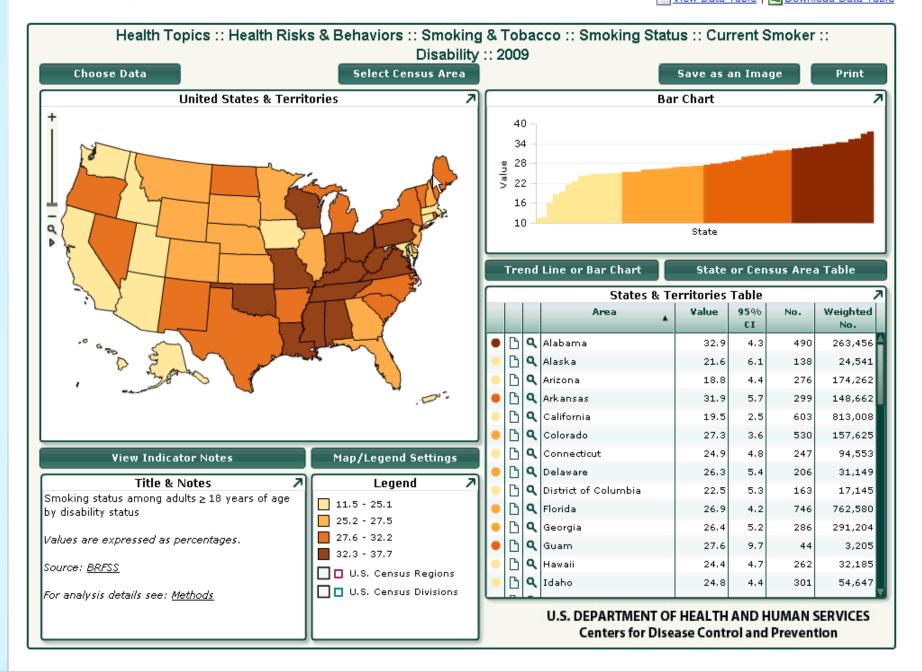
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1600 Clifton Road Atlanta, GA 30333



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Disability and Health Data System (DHDS)

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Maps & Data Tables State Profiles **DHDS Methods** Health Topic Data Guide Demographic Data Guide About DHDS **DHDS News DHDS Accessibility** Help



View our Getting Started Guide for an overview of how to use DHDS.

DHDS Overview



Welcome to Disability and Health Data System (DHDS)

This tool provides instant access to state-level health and demographic data about people with disabilities.

Learn more »





Ouick Profiles

View a demographic or health overview for your state.

Demographic Overview

Health Overview

Fast Fact

Disability Among Adults: In 2010, 22.0% of adults reported having a disability.

View Interactive Map »

DHDS News

2010 data for Arizona and District of Columbia have been updated.

State Profiles have been added to DHDS!

More DHDS News »

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Georgia Health Overview State Profile

Email Profile | Niew PDF

- Introduction
- · Health Risks & Behaviors
- · Health Care Services
- · Prevention & Screenings
- · Barriers & Costs of Health Care
- · General Health Conditions
- · Chronic Conditions
- Injuries
- Mental & Emotional Health
- Notes



□ Health Risks & Behaviors

Table 1. Health risks and behaviors by disability status

Indicator (year)	People with disabilities	People without disabilities	Disparity
Drink alcohol (2010)	38.0%	49.3%	-11.3
Binge drink (2010)	10.3%	13.0%	-2.7
Drove after drinking alcohol (2010)	DS%	0.8%	DS
Obese based on body mass index (2010)	40.3%	26.2%	14.1
Eat fruit 2+ times per day (2009)	32.7%	29.9%	2.8
Eat vegetables 3+ times per day (2009)	33.0%	29.4%	3.6
At risk for hepatitis B (2007)	10.0%	5.0%	5.0
Always use seatbelt (2010)	88.8%	88.1%	0.7
HIV test (age 18-64) (2010)	58.8%	46.7%	12.1
At risk for HIV (2010)	DS%	3.0%	DS
No physical activity (2009)	22.1%	10.5%	11.6



Georgia Tobacco Use State Profile

- Introduction
- Cigarette Smoking
- Attempt to Quit Smoking
- Smokeless Tobacco
- Notes



□ Introduction

This profile provides a snapshot of tobacco use in Georgia for people with disabilities.

In 2010, 21.8% of people in Georgia reported having a disability, compared with 22.0% in the United States and Territories. For selected demographic groups, the percentage of disability in Georgia in 2010 was:

- 13.6% among adults 18-44 years of age,
- 26.5% among adults 45-64 years of age,
- · 39.1% among adults 65 years of age and older,
- 20.3% among men, and
- 23.1% among women.

The following tables contain information for people with and people without disabilities on three indicators of tobacco use: cigarette smoking, attempting to quit smoking, and smokeless tobacco use. For each indicator, the disparity is the percentage point difference between people with and without disabilities. All data are from 2010.

Indicator	People with disabilities	People without disabilities	Disparity
Currently smoke	27.2%	15.4%	11.8
Smokers who attempted to quit	65.8%	48.1%	17.7
Use smokeless tobacco	4.1%	3.8%	0.3

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□ Cigarette Smoking

Affordable Care Act – Key Provisions for Public Health and Data Collection

- □ The purpose is to "detect and monitor trends in health disparities"
- □ Within 2 years of passage, data to be collected and reported for "applicants, recipients, or participants" on five demographic variables (to the extent practicable):
 - Race
 - Ethnicity
 - Sex
 - Primary language
 - Disability status

Recent Developments: Inclusion of PWDs in Health Surveillance

- Morbidity and Mortality Weekly Report (MMWR)
 - Physical Activity (August, 2012)
 - Walking as an effective strategy to increase P.A.
 - Included PWDs
 - Results
 - Overall, walking prevalence increased from 56% in '05 to 62% in '10
 - PWDs remained unchanged at ≈26%
 - Current Smoking (November, 2012)
 - Tobacco use is the single largest preventable cause of death and disease
 - Included PWDs
 - Results
 - 19% (43.8 mil.) of U.S. adults were current cigarette smokers in 2011.
 - PWDs 25.4%

BRFSS and Disability Questions

- Beginning 2013 BRFSS will include 5 of 6 'ACS' disability questions
 - Is this person deaf or does he/she have serious difficulty hearing?
 - Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
 - Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
 - Does this person have serious difficulty walking or climbing stairs?
 - Does this person have difficulty dressing or bathing?
 - Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

Issues: Health Risks for People with Disabilities

- □ In addition to underlying health conditions and secondary conditions health risks stem from
 - Attitudes and assumptions of society and health care providers
 - Inadequate health care coverage
 - Disproportionate experience of social determinants of POOR health (e.g., low employment, low rates of HS graduation)
 - Inaccessible health care
 - Many of the public health data sources are not available for disability populations and subpopulations
 - No National Vital Statistics System data (e.g. no information on leading causes of death by functional disability status)
 - Limited administrative data (e.g. hospital discharge data) by functional disability status
 - Administrative Issues
 - There is rarely a disability program in public health departments

Good News: ACA Provisions Address Some of the Aforementioned Issues

- Establishes people with disability as a population experiencing health disparities
- ACA directs disability data to be collected:
 - to detect and monitor health disparities
 - in clinical and public health programs
 - to assess the accessibility of health care facilities and equipment
 - regarding training of health care providers in awareness of disability and care of people with disabilities

Disability is a Public Health Issue – The Long Road Ahead **Surveillance** Epidemiologic Implemen-Establishing Research tation **Priorities** Intervention **Translation** Research **Evaluation**

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Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

