Disability, Public Health, Surveillance and Inclusion

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

Brian S. Armour, Ph.D.

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
Public Health Approach

Surveillance

Establishing Priorities

Epidemiologic Research

Intervention Research

Translation

Implementation

Evaluation
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
Disability and Health Data System (DHDS)

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

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
    - Interactive Map or Data Table

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%
### Introduction

### Health Risks & Behaviors

**Table 1. Health risks and behaviors by disability status**

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>People with disabilities</th>
<th>People without disabilities</th>
<th>Disparity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently smoke</td>
<td>27.2%</td>
<td>15.4%</td>
<td>11.8</td>
</tr>
<tr>
<td>Smokers who attempted to quit</td>
<td>65.8%</td>
<td>48.1%</td>
<td>17.7</td>
</tr>
<tr>
<td>Use smokeless tobacco</td>
<td>4.1%</td>
<td>3.8%</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Cigarette Smoking

In Georgia in 2010, 27.2% of people with disabilities reported they currently smoked cigarettes every day or some days, compared with 15.4% of
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

Establishing Priorities

Epidemiologic Research

Intervention Research

Translation

Implementation

Evaluation
Contact Information

Brian Armour
Centers for Disease Control and Prevention
1600 Clifton Road NE,
Mail Stop E-88
Atlanta, GA 30333
Tel. 404 – 498-3014
Email. barmour@cdc.gov

For more information please contact Centers for Disease Control and Prevention
1600 Clifton Road NE, Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: http://www.cdc.gov

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.