

MS. HARRIS:

Good afternoon. This webinar will begin in another minute. We're going to give people a few more seconds to dial in. It looks like people are still coming in. So, hang tight, and we'll join and start in one minute. Good afternoon, everyone. Welcome to today's webinar, where NACDD is thrilled to host the CDC Disability and Health Branch's discussion on the Disability and Health Data System. On behalf of John Robitscher, our CEO, our Board of Directors, and our fabulous team of staff and consultants throughout the country, my name is Karma Harris, and I welcome you to this webinar session. NACDD is pleased to partner with the CDC Disability and Health Branch on a national pilot project that we have been working with them on for the last two and a half years. That project is titled "Reaching People with Disabilities through Healthy Communities." And as part of our growth in that project over the last couple of years, we are really excited to continue to learn more about how we, as an organization, can embrace disability inclusion and other projects that we do, and work with our friends and national partners in the disability and health world. And we look at this opportunity, today, to host this platform in this session for the CDC Disability Health Branch, one of those activities that we can push and really talk about disability inclusion into chronic disease work with our members and across the country. So, we are really excited to be here and grateful to the CDC for this opportunity. Just a little bit of housekeeping as we get started, you all are entered into the system muted. Because we have a good number of folks on the line, we will not be able to unmute everyone at once. With that said, we're going to hold our questions until the end of the presentation, and we're going to ask you to enter questions that you might have as the speakers are presenting into the question pane of the control panel. In doing so, once we get to the question and answer section, I will be facilitating those questions with our speakers, and at that time you will also be able to raise your hand and ask a question, and then I can even unmute you and you can ask it verbally.

MS. HARRIS:

If you look at the handout section of your control panel, you will see that the slides have been uploaded so that you can do a direct download there for that. With that said, we are going to move forward and introduce our speakers. Today, we have Dr. NaTasha Hollis with us and Alissa Stevens. Dr. NaTasha Hollis joined CDC in 2010 as an epidemic intelligence service officer in the division of community health. She simultaneously commissioned into the United States Public Health Service. Dr. Hollis hails from Emory University, where she obtained her PhD in genetics, specializing in genetic epidemiology. She has a BS in biology from Xavier University of Louisiana. Upon completion of EIS, Dr. Hollis joined the Division of HIV/AIDS Prevention for approximately three and a half years. She obtained a certification in public health during this time. Lieutenant Commander Hollis then joined the global Violence Against Children Survey team. Currently, she works in the Division of Human Development and Disability to decrease health disparities of persons with disabilities to improve health and quality of life. Lieutenant Commander Hollis has a plethora of domestic and global experience, with an emphasis on reduction of health disparities and optimal quality of life for all. We welcome Dr. Hollis to our conversation today. And along with Dr. Hollis is Ms. Alissa Stevens, MPH and CPH, a health scientist with CDC's National Center on Birth Defects and Developmental Disabilities. Her work focuses primarily on using national and state-level data sets to identify and document key health disparities between adults with and without disabilities. She has authored 10 scientific publications on disability topics and led the first publication documenting a disparity in measured hypertension among adults with certain disability types compared with those without a disability. Ms. Stevens also oversees the development and maintenance of the Disability Health Data System, which is the interactive

web-based data tool that you will learn about today, that provides state-level data on the health of adults with disabilities. She has received three CDC honor awards for her contributions to CDC's mission. Ms. Stevens received her master's degree in epidemiology from Emory University, and then completed a one and a half year ORISE Fellowship at CDC. In 2009, upon completion of the fellowship, Ms. Stevens joined the Disability and Health Branch, where her efforts have focused on improving the health of adults with disabilities. So, we welcome Ms. Stevens to this. I believe Dr. Hollis is going to start us out. NaTasha, can you hear me?

DR. HOLLIS:

Yes. Can you hear me?

MS. HARRIS:

I can hear you perfectly. It is all yours.

DR. HOLLIS:

Awesome. Good afternoon. First of all, we would like to say thanks to NACDD for hosting us today. We're excited to share information about the new and improved features of DHDS with you. Before we get started, let's cover some logistics. We often refer to Disability and Health Data System by this acronym DHDS. So, throughout today's presentation, we'll be using both of these terms interchangeably. Today's webinar, a Beginner's Guide to DHDS is the first of a two-part webinar series about DHDS. Today, we're going to cover the basics of the system for those of you who are new to DHDS or as a refresher for those who are already familiar with it. We'll start with a crash course in disability. Then, talk a little bit about what DHDS is, what it does, and what data it contains. Then, we'll pull up the site and do a live demo of DHDS so you can start to get a feel for it. Then, hopefully, we'll have plenty of time for questions at the end. Next week on Tuesday the 26th, we'll hold the second webinar, "

DHDS: Beyond the Basics." In this webinar, we'll cover a few of the more advanced features of DHDS, provide a few tips for using DHDS, and walk throughout different scenarios showing how to use DHDS to answer questions that you may have. We'll also be joined by a guest speaker from Ohio who will talk about how they've been able to use DHDS at the state level. We hope you're able to join us next Tuesday as well. Now that we've covered the logistics, let us now begin. Here you'll see an organizational map of the National Center for Birth Defects and Developmental Disabilities. Within the center houses several different divisions. We currently reside in the Division of Human Development and Disability, and as previously stated, we are members of the Disability and Health Branch. Our branch mission is to promote the health and full participation in society by people with disabilities across the lifespan. We have five core principles listed here, including:

Inclusion and Accessibility for People with Disabilities; Research to Practice Model; Evidence-based and Innovative Interventions; Diverse and Integrated Network of Partners; and Multi-level Approach to Address Health Disparities. So, just as a background, what exactly is disability? Some of you in the audience are familiar with the concept of disability, but for those who may be a little less familiar, we'll quickly cover a little bit about disability in general. We typically consider disability from a functional perspective, so when we talk about disability, we mean any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them. According to the World Health Organization, it's really centered around three dimensions, impairment in a person's body structure or function, or mental functioning.

DR. HOLLIS:

For example, impairments include the loss of a limb, loss of vision, or memory loss. For activity limitations, such as difficulty seeing, hearing, walking, or problem-solving. And participation restrictions in normal daily activities such as working, engaging in social and recreational activities, and obtaining healthcare and preventive services. Some disabilities may be noticeable while others may be hidden or not easy to see. We also refer to people with disabilities as a single population. However, in reality, this is a diverse group of people with a wide range of needs. Not only are there many types of disabilities, but even two people with the same type of disability can be affected in very different ways. Just as important as what disability is, it's what disability is not. Having a disability does not mean a person is not healthy or that he or she cannot be healthy. Health means the same thing for all of us. Getting and staying well so we can live full active lives. For all of us, this means having the tools and information to make healthy choices and knowing how to prevent illness. So, why is this important? It's important because disability impacts all of us. Many of us are either living with a disability or will develop a disability at some point during our lifetime. While estimates can vary depending on a variety of factors, such as children versus adults, entire -- versus entire populations, different measures of disability, as well as data collection methods, according to the U.S. Census Bureau, there are approximately 57 million people in the United States who have a disability. Now, I know I said on the previous slide that the concept of health is the same for everyone. In reality, though, we find there are many different health disparities between people with and without disabilities. Some examples as shown in recent studies like the one seen here to your right are in cigarette smoking, physical inactivity, and hypertension. There are many others. Despite representing such a large subpopulation of the US and one that experiences large disparities in many health indicators, disability is often not considered as a unique demographic group in public health efforts. Knowing what we currently know about health for people with disabilities in the US, how can we monitor and track health and health disparities among this group at the state and national level in order to determine what efforts are still needed to help improve -- to help with health improvement? DHDS is here to help. So, what is DHDS? Disability and Health Data System or DHDS is an online, interactive tool presenting state-level data on measures of health for adults with disabilities. Launched in 2002 and updated mostly annually thereafter, it is the first system of its kind dedicated to disability and health. The purpose of DHDS is to be a one-stop shop for timely, consistent, and reliable disability-specific health data that can be viewed by state, HHS region, or nationally making it easier for you all to consider disability as a demographic group and include disability in your public health data, program, or policy activities.

DR. HOLLIS:

Currently, DHDS includes 2016 data analyzed from the Behavioral Risk Factor Surveillance System, also known as BRFSS, on disability status, meaning any disability or no disability, and disability types, which here are cognitive, hearing, mobility, vision, self-care, and independent living disabilities, overall as well as by age, sex, race/ethnicity, and veteran status on four demographics, income level, education level, marital status, and veteran preference -- I mean and employment status, by disability status and disability types on about 30 measures of health including smoking, obesity, heart disease, and diabetes by disability status, by disability types, as well as by disability status and demographic groups. We talked in the earlier slide about generally what we mean by disability. Specifically this is what we mean by disability status and types for DHDS and BRFSS. BRFSS now includes the six disability questions first included on the American Community Survey, ACS, and recommended by HHS for inclusion in federal health surveys. The disability questions are included in the demographic section of BRFSS. And the leading sentence states, "the following questions are about health problems or impairments you may have." Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone. Then, the six questions I've got listed up on the slide are asked of respondents. We consider respondents to have any disability if they answered yes to one or more of the six questions. We consider them to not have a disability if they answered no to all six questions. Respondents were considered as having a specific disability type if they answered yes to that corresponding question. We'll get into this more later on in the presentation. But basically, there are three main ways we'd like to think about viewing data in DHDS. The first is what we call "explore by indicator," which allows you to view data on one indicator for all locations. As seen here, you can view selected data in a map, a chart, or a table. The second way is what we call "explore by location," which allows you to view data on multiple indicators for one location. Here, you can view your selected data in either a chart or a table. And finally, the third way the DHDS Data Portal allows you to create your own DHDS data set, customize data visualizations, and download data. For the demo today, we're going to focus on the first two ways, explore by indicator and explore by location. We're going to cover the DHDS Data Portal in more detail on the next webinar. I will now turn it over to Alissa to demonstrate.

MS. STEVENS:

Thanks, NaTasha. So, now that we've gone over a little bit of the background, I'm going to go ahead and click into the site. And we'll just walk through some of what is available here and through the features that NaTasha has pointed out. So, I'm going to start with just kind of an overview of the homepage which we're looking at right now. Up in this upper left corner, we have a couple of links which I'll click into in a minute.

MS. STEVENS:

One is for the overview, which sort of just gives a little bit of information about the system, similar to what NaTasha has covered already. And then there is a link to what we call the getting started guide, which will be a useful tool after the webinar as you're, kind of, poking around the site, if you want a quick reminder about a couple of the steps to follow in order to use some of the features. So, I'll click into that in a minute. Over on the left -- or on the right side, I'm sorry. Over here, we have a link to an evaluation survey. So, we would love to hear feedback after you get on the site and play around with it a little bit. So, if you want to provide us any feedback

or anything like that, click into this take survey link. So, the meat of the site, as NaTasha mentioned, we have a couple of different features, so explore data by location is one of them. As you can see, there's a map here of the US, and we'll click into that in a minute, but you can essentially pick a state you're interested in and then look at all of the indicators available for that state. Over on the right side, there is our explore data by indicator section. In this section, you can look at data for one indicator for all of the locations, and you do that by first selecting a category. So, again, I'll come back to that in a minute. And then down below that also on the right side is the customized DHDS data or the data portal. We're not going to cover that today, but it is available here. We'll cover that more next week. Then, down at the bottom of the page, we have a what's new section. In this section, we just put important updates about the site. So, at the moment, it's talking about including the 2016 data. So, now I'm going to go back up to the top and click into some of the supporting static content that we have available as you're navigating through the system. So, as I mentioned, this is our overview page. It has similar information to what we've covered already on this presentation, so if you want to come back and refresh your memory that is available to do so here. It talks a little bit just about what's in the system, what you can do with it, what sorts of questions you can answer with it. And then, down on the bottom, we have a web button for anyone who may want to put that on their own website. So, I'm just going to, kind of, walk down over here at the left navigation. I'm just going to, kind of, walk down the content we have here. So, next is the getting started guide. So, I'm going to click into that. And this is our, kind of, brief help guide that gives a few steps for how to use the different features of the site. So again, the same three features, explore data by location, explore data by indicator, and the DHDS data portal. So, I'm not going to go through them all in a lot of detail because I'm going to show you how to do this. But, here, under explore data by location, for example, there are four steps here to help you, kind of, get through how to select and show data in that section of the site. So, then, scrolling back up to the top, I'm just going to click into methods here.

MS. STEVENS:

This is for those of you who are more interested in learning more about what the data source was, how we analyzed the data, how we produced the estimates, things like that. So, if you're interested in estimates say, you can click one of these links for estimates in -- on this page box and it'll take you down there, and it'll tell you a little bit more about the disability estimates, the demographics, and the health topics, and how we have those set up in the system. So, for now, I'm going to go back up to the top. For people who are interested in learning more about the indicators that we have available in the system, how we analyze those -- the questions they're based on, those are actually going to be in the data guide. So, there's a link to it in the left navigation over here. There's also a link to it directly from this methods section. We have -- we have various links throughout the site. I'll try to point those out as we go, but there are multiple ways you can get to that. So, I'm going to click into the data guide, and you'll see we have it organized into three sections. We typically, throughout the site, have kind of the same three breakouts, so we're sticking with that for this section as well. So, we have disability status and types, demographics, and health topics. And I'll click into each one briefly to just show you what it looks like. So, if we click into disability status and types, you'll see we have a section up here for disability status and then we've got the types down below, but, essentially, what each of these sections will do will outline the questions that were used. And then as NaTasha was mentioning earlier, we define having any disability as a "yes" response to one or more of these questions. So, this is, kind of, the typical set up for the data guide. So, demographics -- I'm going to go back over to the left navigation and click into that. So, we have the demographics listed here. So, if you want to see the ones that we have available -- so we have age, sex, race/ethnicity, veteran status, and then scrolling down, income level, education level, marital status, and employment status. So, again, you can see what the questions were and how we, kind of, grouped those together to form the indicators. The health topics

section -- I'm going to, again, click into the left navigation. We have this organized into six different categories. Again, this is going to be consistent with the categories you'll see once we get into the data in the site. So, just to show what these looks like. So, for - health risks and behaviors, there's also prevention and screenings, barriers and cost of healthcare, general health conditions, chronic conditions, and mental and emotional health. So, I'm just going to click into health risks and behaviors. And then at the top of the page, you'll see the indicators that are included within that category.

MS. STEVENS:

So, for health risks and behaviors, we have binge drinking, BMI category, smoking status, attempted to quit smoking, currently -current use of e-cigarettes, and tested for HIV. So, for example, if we're interested in seeing how we categorize smoking status, we can just click that link for smoking status, it'll take us to that section, and then we'd read which questions were used and how we categorized those. We've also got where it applies some related indicators. So, in this case, "attempted to quit smoking in the past 12 months" and "currently using e-cigarettes" may also be interested -- may also be of interest to you if you're -- if you're looking at something like smoking status. So, then I'm just going to click to go back up to the top of the page and minimize this data guide section. So, continuing down the list here, we have the section for additional resources. This section, we just have included additional data systems and tools that may have information that you may also find of interest or relevant. They have different things in them. Some have disabilities, some don't. Some have health, some don't. But, just depending on your purpose, they may -- they may be something you might also want to check out. So again, to the left navigation, the references section, we have a long list here of references. Three different types, general references, data source references, and indicator references. This is essentially a list of all of the articles, and software, and data sources that we've used to develop the site. So, if you're ever interested in any of that, that's available here. I'm just going to click indicator references. So, you can see, these are all the articles that we looked at as we were developing the different measures and indicators we have in the -- in the system. So again, I'm just going to click to go back up to the top. And then really the last section of the static content I wanted to highlight is FAQs, so I'm going to click that from the left navigation as well. So, this is just -- I'd like to point this out. If you're going through the site, and you have a question about something and it's not answered in some of this other static content, this is a good place to check. We've tried to answer some of the more common questions that we get here. Again, it's broken into four sections, data source and methodology questions, availability of data, about using DHDS, and then, we've got a couple just in a more general catch-all category as well. So, down here at the bottom of the left navigation, if you want to go back to our Disability and Health homepage, you can click that. I don't want to do that today, so I'm going to go back to the homepage, here, up at the top and get into the data portion. So, I'm going to start with the explore by location. Since I'm in Georgia, I'm going to click on Georgia. And it is going to default to Georgia and then disability estimates is the first category, so it's going to default to that. I'm just going to click that drop-down menu though to show you that there are other categories in there as well. So, the ones I mentioned from the data guide, the demographics, health risks and behaviors, et cetera, are here as well.

MS. STEVENS:

For now, I'm going to leave it at disability estimates, but we'll come back to that in a minute. So, just to orient you to the page, it starts -- there are five indicators. To see how many are in this category, you can look at this section here, select indicators to view. So, right now, five of five are selected, so, I'm just going to scroll down. The first one is disability status and types. Then we have age, sex, race/ethnicity, and then, the last one is veteran status. So, it populates with all of those indicators in this category. So, for demonstration purposes I'm going to click these select indicators to view link. This is another quick way to see what all is available in this view. There's a panel for each. So, for example, I'm just going to be interested in age today, so I'm going to select just that one and click OK. And the page will refresh with just that panel that I've selected. So, again, it's going to default -- it's showing 2016. It's going to default to disability status and it's going to default showing all of them, so any and no. And then because we selected age, it's going to default to the response of all, which in this case is the three different age categories 18-44, 45-64, and 65+. So, just to show a little bit about what you can do, you can customize this a little bit to what you want to see. So, let's say you're interested in disability types, we can go to this view by drop-down menu and instead of disability status, we'll select disability type. And you'll see the chart switch, and now, you can see that there are different bars here for each of the six disability types. So, in this case, you can also see that it's interactive. So, as you scroll over it, you'll get a little pop-up window that says what you're looking at. So, in this case what we're looking at is among 18 to 44-year-olds in Georgia in 2016, the prevalence of cognitive disability was -- excuse me -- 11.9%. So, right now, it's showing all disability types. So, for example, I'm only interested in mobility disability, I can click this next drop-down menu and it will show me some other options. So, if I only want mobility disability, I can select that, and it will, again, update the charts, and now, I'm looking only at the prevalence of mobility disability among these three different age groups. So, I'm going to go back to all types. And this time, I'm going to change my response. So, I'm only interested in 18 to 44-year-olds. So, I'm going to click this response drop-down menu and select 18 to 44. So, now, I can see the prevalence of each of the types of disability among 18 to 44-year-olds. So, with these drop-down menus you can kind of customize your view on this specific panel. So, the default here was a chart view, but I do want to point out that there's also a table view. So, up in this upper right corner, if I want to see this in table form, I'm just going to click table and it will toggle over to the table view. So, if you'd rather see a table of that that's an option for you as well. So, now, I just want to point out some of the other things that are available on this page. So, we have a way for if you want to create something, say for a presentation or a fact sheet or something like that, there are these buttons down at the bottom.

MS. STEVENS:

So, if you want to save you can click the save with the PDF button, and it will generate a PDF for you, or if you want to just save the data as you've kind of created it, you can click this export CSV button, and it will generate. If you have Excel, it will generate an Excel file, if not, it will generate a CSV file. So, we also then have some notes and some related links that go along with this data. So, beneath these panels we have different definitions, so if you're looking to see what we mean by prevalence or 95% confidence interval, we have that information down below. We also have a suggested citation, if you need that. And then, we have related links down at the bottom. And these are links that will take you to those areas of the static content that I walked through a few minutes ago. One other thing I wanted to point out right underneath is at the table or the chart, there's this indicator definition link. And it may not apply so much with age because that one's fairly self-explanatory, but if you're on an indicator, you forget what we mean by it. You can click that, and it will take you to that section of the data guide, so you can refresh your memory or have a look at what we mean by what that indicator is. So, now, I'm going to go back up to the top. And we've been looking at Georgia and disability estimates, but I just want to show that from this page, then you can also change the state you're looking at in the category. So, I am going to

say we want to see how our neighbor Florida is doing. So, I'm going to go to the drop-down and choose Florida. And then, from the category, I'm going to choose chronic conditions from the drop-down. And then, just click go, and it will refresh all of the data on this page. So, again, it's going to -- it's going to default to the indicators that are included in this chronic conditions category. So, if I want to see what those are I'm going to click the select indicators to view. And it'll show me that we have six indicators. And there's a panel for each, so ever had arthritis, currently have asthma, ever had cancer, have COPD, have diabetes, and ever had a stroke. So, just for ease of viewing, I'm going to just select currently have asthma and have COPD. And then, I'll click okay. And it will show me just those two panels. So, I've got currently have asthma over on the left, and have COPD over on the right. So, with this I just kind of want to highlight that you can customize each one of these panels how you want to. So, for currently have asthma, similar to what we did before, instead of disability status, I'm going to choose in this view by drop-down, I'm going to choose disability type. And it will change the data down there to by type. And then, I'm going to actually leave that panel alone and move over to COPD. So, this one I'm going to leave at disability status, but I'm going to change the view by to race ethnicity. So, one of the things NaTasha mentioned earlier is we also have by certain demographic groups. So, this is where you can do that if you -- if you look under -- if you select disability status, you'll get a second view by menu, and you can choose either age, sex, or race/ethnicity so that's what I've done here. So, you can see that below on the chart here.

MS. STEVENS:

But, let's say this one instead I want to see in a table, so I can change that to a table. So, you can see I can -- I can look at multiple indicators, but I can customize each panel to sort of suit what I'm looking for. One of the other things I wanted to highlight on this panel, in particular, as you'll see down in this no disability, other multi-race, non-Hispanic box we have an asterisk there. There are certain estimates that we have suppressed due to unreliable estimates, so if you come across that, that's what that means. There's a footnote underneath to explain that a little bit more. But, if you run across that, that was something that was suppressed because the estimate was unreliable. So that's kind of a whirlwind tour of explore by location. So, for the next couple of minutes I'm going to take us through explore by indicator, so you can get a sense of what that looks like. So, there are a few different ways you can get there from here. Up here in the upper right section there's this link for view all locations, so if you click that that will take you there. You can also go back using the breadcrumbs up here, I could go back to the homepage here and select it from there. Or we have some links up here as well, so I could click explore by indicator here as well. So, for demonstration today I'm going to go back to the homepage. And then, from the homepage, I'm going to select a category from the drop-down menu here. So, I'm going to select chronic conditions and then click go. And I'm going to scroll down a little bit, so you can see up here in the green box that shows I had selected chronic conditions, so that shows up there. It's going to default to the first indicator for that particular category so in this case it's ever had arthritis. I'm going to click that drop-down just to show you there are other ones in there. But, that's the first one in the list, so that's the one that's going to show up. So, for example, let's just say we want -- we're interested in diabetes, so we can click diabetes. And the map will change to show us that data instead. So, it also defaults to the map with this view. And similar to the explore by location we've got drop-down menus here where we can kind of customize what we're looking at. So, it defaults to disability status and any disability. So, again, I'm going to say I'm interested in disability type just to show that switching, so it'll quickly repopulate. Because it's a map, you can only really choose one at a time in this case. So, it defaulted to cognitive disability. But if you wanted to switch, it you could change it to something like mobility disability here. It just depends what you're -- what you're interested in. And then it's going to default to the "yes" response. But, if you're interested in how many and the prevalence of not having diabetes, you can also look at that, we're going to leave it as yes. And then, the year is 2016. So, I'm going to scroll down a

little bit. So, we see the map here of all of the states and the territories here. Again, if I'm interested in Georgia, and I want to see that specific estimate, I can click on Georgia. And it will populate and show me that the prevalence of having diabetes in Georgia for -- among people with mobility disability is 23.6%.

MS. STEVENS:

If I'm interested in seeing how Florida's doing, I can click Florida, and it will show me a similar thing. So, I can click this X here to close out of that. I also just want to point out we've got a legend over here on the right. So, it'll show you up at the top that we're talking about age adjusted prevalence. And then, it's going to give the estimate here for the U.S. total, so 22% for the -- for the total U.S. So, as you're clicking on your state, you can kind of use that as a benchmark. So, it's going to default to these five categories. There's a legend setting link down at the bottom, if you want to change that. So, let's say, for example, you can change the classification type, or let's say you want to see four classes instead of five. You can change them in the drop-down and click okay and it will change that for you. So, scrolling down again similar to the other section we've got these notes, you can also save this as a PDF or export it. We've got still the definitions and suggested citation and then related links down here at the bottom. So, scrolling back up, it does default to the map, but we also have a chart and a table view available as well. So, I'm going to click chart, and it will flip to the chart view. So, this is going to show the same thing that was on the map but for this case, I'm going to go back up instead of showing just one disability type, I'm going to go back and click all. So, then it's going to show me all four types there. So, it's -- this is also interactive. So, you can see as I'm scrolling over it it'll change the little pop up and show me what those numbers are. So, this is a good quick way if you're trying to look across disability types or across states to do that. So, you can scroll down it does get a little bit long. All of the states are included here, but they are available in that format if that's something that's of interest to you. And then we also have the table format, so I'm going to click that button in the upper right. And it will flip to the table, so again the same information that we selected just in a different format. So, depending what your needs are you can choose which a format -- which format is most appropriate for what you're looking for. So, again, gets a little long with all the states in there, but it is available in that format. So, I think that is kind of a really quick tour of the main two features that we have. So, at this point I am going to turn it back over to NaTasha.

DR. HOLLIS:

Thanks, Alissa. Having this system is a wonderful tool. And then, there is what we often say, "based on what?" So, why use DHDS; to identify differences in health for adults with disabilities, compare it with adults without disabilities; to identify opportunities; to include the needs of adults with disabilities in programs and policies; and also, to generate research questions to investigate factors that contribute to differences in health experience by adults with disability. So, how do we translate from data to action?

DR. HOLLIS:

We know that from the experience of our partners, collaborators, and from how we use the tool, that it can be used and form great proposals and other reports helping to shape community health, needs assessments, help -- helping to justify support in the community for needing to focus on a certain health topic and helping with program priorities. And it's also helpful for our partners and us who educate in various levels of decision-makers at the local, state, and national levels. DHDS can be particularly helpful when deadlines are tight, individuals have limited access to epidemiologists and statisticians, a lot of information is needed, or for needs to compare states and health indicators. A variety of audiences can use the system including health departments; local, state, and national partners aiming to make the case within their organizations for change; researchers writing the reports; individuals; self and family advocates; or organizations educating policy or other decision-maker. So, what three things can you do next? One is explore DHDS to get familiar with its data and features. And Alissa has just given you a overview of the system. Secondly, complete the online survey that Alissa pointed out to provide us feedback on your experience. And thirdly, send us additional questions or tell us how you would use this, the DHDS system in your programming at disabilityandhealthbranch@cdc.gov. Please tune in next week to explore questions that DHDS can be used to provide answers for your needs about disability and health data. Next Tuesday's session will be held from 3:00 to 4:00 PM. And the registration link is shown here. Thank you for your attention. And again, we would like to thank NACDD, specifically Karma Harris and Paige Rohe, for their help and support in hosting this webinar. We'll take some questions now. But, if you have any questions after our time is up here today you can still email us at disabilityandhealthbranch@cdc.gov. Thank you.

MS. HARRIS:

All right. Thank you, NaTasha and Alissa. This was a lot of information and that's just in a short period of time. So, it's got me itching for Tuesday's session. So, I'm hoping folks on the call will kind of have the same desire to tune back in on Tuesday and learn more. We do have a couple of questions in the question box. The first one is coming from Sara Henry. And Sarah is asking, "Can you also view disability status about multiple demographics? For example, only women ages 18 to 44."

MS. STEVENS:

That's a great question. So, we have it currently stratified by disability status and one of those three groups, but not -- you can't do it by multiple groups. So, you could look at it by disability status and women, but not that additional step of women who are 18 to 44. Once we get into state level among people with disabilities and those demographic groups stratifying further, we tend to have sample size issues.

MS. STEVENS:

So, a lot of those are suppressed. So, we stick with just that one additional demographic stratification but good question.

MS. HARRIS:

All right. And the next question comes from Diane Evans. This is actually a question that I have, as well, for people that are working on local active living or healthy community efforts:

sometimes it's really hard to find local-level data for people with disabilities or disability data in general. So, her question is, "is county-level data available in addition to state? And if it's not -- do you guys ever plan to include county-level data?"

MS. STEVENS:

That's a great question, too, and it's this one we get fairly frequently. The system now is state level, and it does not have county-level data. At this time, we don't have plans to add county-level data. We do, in our related links or additional resources section, have links to like American FactFinder has some -- or has some county-level data that's more prevalence estimates, not necessarily getting at health. But again, similar to what I was saying about the additional stratifications, we tend to run into sample size issues, and we start getting down to that level of granularity. So, right now, we're sticking -- we're sticking with state level, and that's what we currently have planned for the moment is state level.

MS. HARRIS:

Okay. Next question comes from Christian Fennel Jansen. And Christian is saying, "Thank you for showing us how to navigate this website. Is there a way to include disability costs when educating the decision-makers?"

MS. STEVENS:

Disability costs, you said?

MS. HARRIS:

Yes. I'll repeat it. "Is there a way to include disability cost when educating decision-makers?"

MS. STEVENS:

So, in DHDS, we don't have that information. It's on the Disability and Health website, so if you just Google "CDC Disability and Health" on that section of the website, which DHDS is a part of, there is some information on disability-associated healthcare expenditures. So, it can be found in that section. That section of the site also has state profiles, one for each state that includes some of that expenditures information as well as some data that was taken from DHDS. So, in DHDS, itself, no, but in the broader Disability and Health website, yes, that information is available.

MS. HARRIS:

All right. Next question comes from Mia Ravalez. Mia is asking, "What will be covered in the 'Beyond the Basics' session?" I believe she's asking about Tuesday. She says she can't make it and she's intrigued enough to know, "I wonder what is going to be covered on that session?"

MS. STEVENS:

Well, I'm glad to hear that. So, on Tuesday, we're going to cover a little bit we mentioned, there were the three features. And we really only talked about two today, so we're going to cover a little bit about the DHDS data portal, where you can kind of go in and create your own visualizations, download data things like that. So, we're going to cover that. We're also going to just kind of walk through a couple different scenarios. We've got some questions that we're going to walk through how you would answer them using the DHDS. And then we're going to talk a little bit more -- I have a speaker from Ohio who will be joining us to talk about how they've used DHDS in their state. So, give a little bit more concrete examples of how it can be used at that level.

MS. HARRIS:

Perfect. And we have two more questions in the queue. So, I will encourage folks to continue to submit their questions. This next question comes from Naoman Kayani. And we may end up muting Naoman in case this needs to be further explained. But the question in the queues from Naoman says, "How about underestimation of this type of data, the responses by persons with disability?" Would you guys prefer me to have...

MS. STEVENS:

So the question is about whether it is...

MS. HARRIS:

Yes. [Overlapping conversation.]

MS. STEVENS:

...are underestimates, am I understanding that right?

MS. HARRIS:

I think so based on how it's written. So, what I'm going to do is I'm actually going to unmute Naoman, so that you can ask this verbally. Naoman, you are unmuted. Can you hear me? This is Karma with NACDD. Would you like to further explain your question? MR. KAYANI:

Yes. Yes. Thank you. I was wondering that this data is that relies on BRFSS and people are called, and they answer questions. And those people who are answering may not all the -- I mean they may be self-selected to be people without disability. So, in other words, we may not be getting responses, but they may not have the phone the people with disability. Did I make it clear? No?

DR. HOLLIS:

Yes. So just to paraphrase your question, you're basically saying giving that versus its random digit dial telephone survey, we may not be reaching everyone with disability, thus underestimating the number or the prevalence of disability. So, that, in and of itself, is true. And then, also the other thing to consider is the fact that BRFSS is a survey of non-institutionalized adults in the US, so if you have community dwellings that include like nursing homes and group homes those aren't reached by BRFSS, so, we know that individuals with disabilities tend to live in those settings. So, as a result of that they're also not included in the survey, further underestimating the potential prevalence of disability.

MS. STEVENS:

I will add to just a little bit when we look across different surveys, the estimates vary a little bit depending which survey you're looking at. But, when we compare to some of the other national surveys out there, National Interview for Interview Survey for example, the estimates we're seeing out of BRFSS are actually a little bit higher than that. So, we may be missing some people whether they don't have a telephone, or they live in in a group home or something like that. But we're not seeing estimates from this that are, you know, for example, a lot lower than we're seeing with other surveys. MR. KAYANI:

Oh, that's interesting. Well, thank you. Talking about this... [UNIDENTIFIED FEMALE]:

Thank you.

MS. HARRIS:

All right. Next question, this comes from NACDD's Paige Rohe. She said, "Great webinar. I'm so glad to see this data getting out there. What are some areas of data that you'd like to add in the future?"

MS. STEVENS:

The data that we'd like to add to the system?

MS. HARRIS:

Yes. Just what are...

MS. STEVENS:

I think... [Overlapping]

MS. HARRIS:

...Some areas of data that you'd like to add to this set in the future? I'm sorry for interrupting.

MS. STEVENS:

Okay. No, no. I think typically we kind of have a try to cover several of the different areas of the questions that are asked in BRFSS. So, typically, each year, we'll kind of go through a process where we look at what's been asked and what is kind of being viewed the most in the system things like that. And reassessed a little bit what's included and what's not. At the moment BRFSS asks, there are questions on the court every year, and some they're on the court every other year, so for the -- for the near future, the plan is just to make sure that we've

incorporated then for the 2017 data those questions that are asked in odd years. So, it'll be things like hypertension, cholesterol, things like that. So, for the near future we'll be planning to add those types of indicators.

MS. HARRIS:

Perfect. We have the next question comes from Lanny Monson. And Lanny is asking this, "Is the ability to sort by state disability type and health indicator new? I know before I could do health indicators and compared to disability versus no disability, but I don't recall being able to drill down to disability type at the state level."

MS. STEVENS:

I would say it's -- so the -- a lot of the things you can do are similar in this version than the last version. But it's -- the functionality is a little bit different. So, this way is a little bit more user-friendly. So, it's probably a little bit easier to find how to do that. In this version, we added the ability to look by disability type probably a couple of years ago. So, it was not available in the first -- like the very first iteration of the system. But, we introduced that a couple of years ago. So -- but, yeah, I would say it's probably just with this version a little bit easier to navigate and to get to.

MS. HARRIS:

Perfect. And our next set of questions comes from Kevin Horn. Kevin is an epidemiologist with the state in Nebraska. And he says, "This call has been really helpful," and he says, "Thank you." He has three separate questions.

MS. HARRIS:

So, what I'm going to do is I'm going to go one at a time. And he says these questions are beyond the basics, so feel free to put him off until next week. So, first question is number one, "I'm sure it is in the methods section, but since the respondent could fall into multiple disability types, I assume the total percent disabled would sum to more than a hundred percent that's adding all the types together. But, then, I assume if you were just doing overall by sex for example it would add to a hundred since they respond that can only fall into one sex category." Let me know if you want me to repeat that.

MS. STEVENS:

I think I got it. And that's correct. So, it is -- it is covered in it's either the methods or the data guide, one of those about disability. Because yes, you -- there are six separate questions and so people can answer yes to one or more of those questions. So, yes, for disability, it would -- if you added those all up it would add to more than a hundred. But yes, for things like sex and age, that does just add to a hundred.

MS. HARRIS:

Okay. Perfect. And his second question, he's saying, "In BRFSS, it's all self-categorized right, like there is no measure of people who are on SSI disability or VA disability or other medical classification." So, he's asking if in BRFSS this all self-categorized.

MS. STEVENS:

Yes, it is self-report. Yes.

MS. HARRIS:

All right. And then his third and final question or statement says, "There is no length of disability, correct? How long they have been disabled?" So, I guess that's a statement saying there's no list of disability in the system, and he's asking if that's correct.

MS. STEVENS:

That is correct. Yep. Yep. The questions are yes or no questions, so we don't have things like duration of the disability age of onset that sort of thing, so correct.

MS. HARRIS:

All right. And I think there's one more question. This is one that I've kind of jotted down, but I realized you may have answered it, and it may fall into the same answer as with the county-level data. But, do you ever think that the DHDS will include people with disabilities under the age of 18 in the future?

MS. STEVENS:

So, currently, we're just using BRFSS data, which is that's only of adults, so that where, at the moment, it's really all adults and that's currently what we are planning to stick with. So, yeah. We don't have plans to include children at this time.

MS. HARRIS:

Okay. Perfect. So, I'm going to -- we are at the top of our hour showing 4:01. But, we are able to stay a few minutes. There's no other questions in the question queue. If anybody wants to ask a question at the moment, you can use the raise your hand feature, and I can unmute your line and you can ask. So, I'm just going to scroll down, and see if anyone wants to raise their hand and verbally ask the question. We have Lanny Monson, again, who says, "thanks," and maybe that's a really good segue into closing our session. So, I've got a couple of challenges I want to issue to folks on behalf of NACDD. And I'll kind of start by saying that I just really want to personally thank Dr. Hollis and Ms. Stevens for their time, energy, and expertise for teaching us more about the DHDS system today. We, at NACDD, applaud the CDC Division of Human Development and Disabilities efforts to make this tool available so that many of us can incorporate disability specific data in our chronic disease prevention or overall public health improvement efforts. I also want to thank some other folks, who have helped to make this session possible. These individuals include, but are not limited to CDC's Dr. Shannon Griffin-Blake and Ms. Claudia Gaffney as well as NACDD'S Ms. Paige Rohe and Ms. Gillan Ritchie. And then, this is my challenge that I'm issuing to everybody is: I highly encourage all of you to do two things when you leave this session today. First, we want you to register for the 201 session that's going to take place on Tuesday at 3:00 PM Eastern time. To me, this session was so great, it's kind of making me itch and wanting more. And I think that's a really good mark of a great intro one-on-one session, so kudos to you guys for that. And second, we really encourage you guys to visit the DHDS website and take the online survey and provide feedback to CDC. So, they can ensure that this is meeting the needs of those of us who really need this data. And then, finally, I kind of want to issue a challenge to all of you to use today's session and the DHDS as a building block for integrating disability specific data and inclusion into your efforts. Remember that one of the things we're tasked with is improving the health of all people, and that that weren't all it must include people with disabilities. So, we -- with that we'll end today's session. We hope you enjoyed today's session. And we hope you're planning to join us on Tuesday at 3:00 PM Eastern Time. Thank you, again, to our speakers. Thanks, again, for everybody's time and being part of this great session. Have a great afternoon. And we will reconvene on Tuesday. Have a great day. Thanks, everyone.