

Transcript of the Webinar

“Disabilities and Health Data Systems – Beyond the Basics”

Thursday, June 26, 2018

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MS. HARRIS:

...On behalf of the National Association of Chronic Disease Directors, our CEO John Robitscher, our Board of Directors, and our amazing team of staff and consultants, my name is Karma Harris, and I want to welcome you to the second deeper dive into the Disability and Health Data System with our partners from the CDC Disability and Health branch from the Division of Human Development and Disability.

Many of you may have participated on our “101” or the beginner's session describing the update to the Disability and Health Data System website last Thursday, where that session focused on walking through the DHDS and learning how you can find data based on the types of disability you might be interested in, chronic conditions, and age.

We hope that if you did join the first session, that you left that session with a better understanding of the DHDS system. We hope that you left knowing how to find your way on the site, and we hope that you left understanding how the State Disability Health Data can inform your disability inclusion efforts in the future.

Today's session will consist of a deeper dive into the DHDS, and you'll be hearing from people who have been able to use the site and provide their personal experience. Similar to last week, we will hold off on all questions until the end. At any time during the session, you might want to go ahead and enter your question into the question box, and when I start facilitating the questions with the speakers, we'll start with those questions in the order that they come in. During that question-answer portion, you may also ask your question verbally, you can use the "raise hand" feature in your control panel, and I can unmute your line so that you can verbally ask your question.

We may not be able to unmute all participants at once as we are expecting a large number of people to join today's session. And if you look in the handouts section of your control panel, you will be able to access today's PowerPoint slides, so that you can do a direct download there. And then similar to last week, today we have Dr. NaTasha Hollis back with us and also Ms. Alissa Stevens back with us. We also have Mr. David Ellsworth from the Ohio Disability and Health Program to provide some of his feedback on using the DHDS site.

And before we get started, I'm going to just read through their bios right now, but you are in for a treat if you heard NaTasha and Alissa last week and knowing David over the last couple of years you're in for a treat with him as well. So first, for Dr. NaTasha Hollis, Dr. Hollis joined PDC in 2010 as an epidemic intelligence service officer in the Division of Community Health.

KARMA HARRIS:

She simultaneously commissioned into nine State Public Health Services. Dr. Hollis hailed from Emory University where she obtained her PhD in genetics, specializing in genetic epidemiology. She has a B.S. in biology from the 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 joined the Global Violence Against Children Survey team.

Currently, she works in the Division of Human Development 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're really excited to have Dr. Hollis back with us.

And then, we also have Ms. Alissa Stevens. Alissa Stevens MPH, CCH is a health scientist with CDC's National Center on Birth Defects and Developmental Disabilities. Ms. Stevens received her master's degree in epidemiology from Emory University in 2007, and in 2009 after completing a one and a half year of ORISE fellowship at CDC. She joined the Disability and Health branch for to focus on improving the health of adults with disability. She has offered 10 scientific publications on disability topics and overseas development and maintenance of the Disability and Health Data System, which you'll hear us all referred to as DHDS. We're excited to have Alissa back with us.

And now, to describe Mr. David Ellsworth, David received his master's in public health degree from the Ohio State University College of Public Health, where he specialized in environmental public health and health behavior and health promotion. David is a former LEND trainee with a total of five years working with the Ohio Disability and Health Program. He currently serves as the health policy specialist for the Ohio Disability and Health Program and works very closely with the Ohio Department of Health to ensure that health promotion efforts are inclusive and accessible to all Ohio.

Many of you may know or not know that NHDCD is just finishing a national pilot project with the CDC Disability and Health branch, and David is one of our state experts with this project. So, you are in for a big treat to hear him speak today. So, with that said, I am now going to turn it over to Dr. Hollis. She's going to get us started with our 201-level session, our deeper dive into the DHDS. Dr. Hollis, can you hear me?

DR. HOLLIS:

Yes. Thank you, Karma. Good afternoon. Welcome to those that are joining us for the first time, and welcome back to those who are returning. Thanks to NACDD for hosting us. We're excited to share information about the new and improved features of DHDS with you, with the second part, "DHDS: Beyond the Basics" of the two-part webinar series. Before we get started, let's cover some logistics. We often refer to Disability and Health Data System by its acronym DHDS, so throughout today's presentation, we'll be using both of these terms interchangeably.

DR. HOLLIS:

Today's seminar, "DHDS: Beyond the Basics," follows last week's webinar, where we covered basics of the DHDS. I hope some of you were able to join us for that webinar. We're going to cover a lot of ground in today's webinar. For those of you who joined us last week, we'll start with a quick recap. For those of you who are joining us for the first time, it will be a brief introduction. Then we'll demonstrate some of the more advanced features of DHDS and walk through different ways you might use DHDS to answer different questions you may have, providing tips for using DHDS along the way.

Then, we'll be joined by David Ellsworth from Ohio who will talk with you about how they've been able to leverage DHDS at the state level. Here is the organizational chart of the National Centers of Birth Defects and Developmental Disabilities into which the Disability and Health Branch falls under the Division of Human Development and Disability as highlighted by the blue circle. Here, in the Disability and Health Branch, where both Alissa and I work, our mission is to promote health and full participation in society by people with disabilities across the lifespan.

There are five core principles for the branch, which include inclusion and accessibility for people with disability, research to practice model, evidence-based and innovative interventions, diverse and integrated networks of partners, and multi-level approach to address health disparities. So, what is DHDS?

Disability and Health Data System is an online interactive tool presenting state-level data on measures of health for adults with disabilities. Launched in 2012 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 regions, or nationally, making it easier for you all to consider disability as a demographic group, and to include disability in your public health data, program, or policy activities.

We can use DHDS to answer some specific questions such as: What is the percentage of adults with disabilities in my state? What is the percentage of adults with specific disability types? What is the percentage of adults with disabilities in my state who currently smoke? And what is the percentage of adults without disabilities who currently smoke?

DR. HOLLIS:

As well as, how does that compare to my neighboring state into the U.S. in total? Using different ways at DHDS data can be viewed--we can observe a visual representation of the answers to these questions. We'll walk through how to answer these questions.

We'll get into this more later on in the presentation, but basically there are three main ways we like to think about viewing the data in DHDS. The first is what we call "explore by indicator." This allows you to view data one indicator at a time for our -- I mean, allows you to view data on one indicator for all locations.

You can view selected data in a map, a chart, or a table as shown here in this example. 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 selected data in either a chart or a table as shown.

And finally, the third way, DHDS Data Portal allows you to create your own DHDS dataset, customized data visualization, and download data. We've covered the first two in detail last week. So, for the demo today we're going to focus on the third way, the DHDS Data Portal. We're now going to jump to the site and do a live demo, so you can get a feel for what it is like in real time, because we are hosting the webinar in Georgia, we decided to once, again, use the data from Georgia to answer the previous questions in our live demo.

So, here you have the home page for DHDS, and the first question that we said that DHDS can answer is: "What is the percentage of adults with disabilities in my state?" and "What is the percentage of adults with specific disability types?"

So, we will start off by looking at the "explore data by location" panel. Here, we have two options for assessing the data for Georgia. One option is to select Georgia from the drop-down menu where it says, "Select a State". The other option is actually click on the Georgia tab here in the U.S. map.

For today's presentation we're going to click on the Georgia tab. Okay. So, here you see that the location selected is Georgia and the category there -- defaults to the "disability estimates." Given that our question focuses on disability estimates we're going to leave this particular category. For this category, you will see that there's several different indicators that fall under "disability estimates," including disability status and height, age, sex, race ethnicity, and veteran status. To answer our question, we need to focus on the disability status and types indicator. So, we will click on the link that says, "Select Indicators to View". We're going to clear all and just reselect disability status and types only, and press okay, so by doing that it limits us to just the disability status and types indicator. Here, we see the year's 2016, the default view is overall, and the default response category is all.

DR. HOLLIS:

If you click on that tab you will see that you have response options for any disability, no disability, as well as the six functional disability types on which DSDH -- DHDS can be used. So, we're going to leave it as the response option of all.

So, the first question's asking what is the percentage of adults with disabilities in my state, and a quick and easy way to find this out is just to hover over to the any disability's bar and you will see that 26.3% of individuals in Georgia reported having any disability. Along with that, you'll see the 95% confidence interval as well as the weighted number.

The second part of the question asks about the percentage or prevalence of individuals with specific types of disability in the state of Georgia. So, again, you can just scroll across or navigate across and it will give you the percentage -- the 95% confidence interval and the weighted number for each type of disability. And that's in the chart view.

We can also click on the table view, and in the table view, you see the same data that you saw on the previous slide but represented in a table -- table format.

And I also want to recap for those that participated on last week and to illustrate for those this week that you can save the data and the PDF as well as export to CSV if you want to use the data in Excel. And to scroll down a little further, at the bottom of each set of data, you'll see notes which are reflective of the data in which is being represented.

And then, there's also the box that has the related links will give you additional information should you have any questions as you are navigating through DHDS. So, now that we've looked at the state of Georgia and determined what is the percentage of adults with disabilities in the state as well as the percentage of adults with specific disability types, we will now go on to the second question which is: "what is the percentage of adults with disabilities in my state who currently smoke," or -- I mean, also, "and of the percentage of adults without disabilities who currently smoke."

So, there are multiple ways for doing that, but since we're on this page, we're just going to change the category from disability estimate to health risk and behaviors and then you will select go. So once you select go, you're going to see six indicators that fall into this category as seen here as I'm scrolling through. Since we're only interested in currently smoking, we're going to do the same as before and select the select indicators to view tab, clear all, and then just reselect for smoking status only. Now, we see only the smoker status for the state of Georgia.

Again, default year is 2016. The first view by option gives us disability status with the default as all disability. The second view by filter is for if we want it to select the specific demographic, but here, we're not going to do that for this demonstration but the options are there.

DR. HOLLIS:

And the default response is for all, meaning all different smoking statuses, but we're only interested in current smokers so we will scroll down to current smoker. And by doing so, we see that the blue bar represents among those with any disability, the percentage or prevalence of adults 18 years or older that currently smoke and that's 30.8% in Georgia.

And the red bar represents the prevalence among those with no disability that currently smoke and that's 14% in the state of Georgia. And again, you'll see that with each, pop-ups with the data you get the prevalence, the 95% confidence interval, as well as the weighted number. And here, also, you have the option to also view as a table the data that's presented in the chart, and you can also save as a PDF or export to CSV as before.

And I also want to note here that if you're looking at the category of health risk and behaviors and you're unsure of the actual definition of the different response options for smoking there's the link here at the bottom that has indicator definitions. If you click that it will give you the definition for the indicator in which you are currently looking at as well as ability to search for others.

So, lastly, the question that we will demonstrate here is, "How does that compare to my neighboring state?" With that meaning, what is the prevalence of smoking or currently smokers in neighboring states to Georgia, as well as to the US?

So, we have a couple of ways in which we can figure this out. One is to click the home button to go back to the home page of the Disability and Health Data System or we can just explore -- by -- click the explore by indicator link here which is what we're going to do. Okay. And the category of interest is health risk and behaviors as before. And then, we will select go.

So, by default the indicator that is being shown is binge drinking in the past 30 days, and that is because by default, the first indicator in that list of indicators for that particular health category is what shows. So, we're going to click there and scroll down to smoking status. Once we do that we see a map of the US shown. And, again, the default view by is by disability status. And we see that it's by any disability. The second view by filter again is for demographics if there's a specific demographic that you're interested in. And then, the response category that we chose was current smoker. So, here, you can see again, for the state of Georgia if we were to click it there's a pop-up that will come and let us know what is the prevalence and the information for the state of Georgia for those with any disability.

And if we want to pick a neighboring state such as Florida, we do the same here, we click Florida and it shows us that the prevalence among those with any disability that currently smoke is 25.7%. And if you were to look over here at the legend on the right-hand side, you will see that the prevalence of the US, in general, the USDC and territories is 28.2%.

DR. HOLLIS:

And this is for any disability. Likewise, we can click and go to the no disability and get the prevalence for that.

So, the next option we have for explore by indicator to look at the same data is to look at the chart view. So, for the chart view, I would like to know that the filters are the same except when you look at the second filter for disability status, you now have the option to look at all which means you can look at those with no disability and any disability at the same time making it visually easier to see.

So here, we see here's the prevalence for the United States DC and territories for any disability as reflected in the blue bar. And then, for no disability in the same area for the entire state -- United States DC and territory 13.4%, as reflected by the red bar for those that currently smoke among those with no disability. And if we scroll down we'll see our good old Georgia here and our neighboring state of Florida right above there.

These are listed alphabetically and followed by the HHS regions. As described previously, there's also a table format for each of the charts. It's a rather extensive table, but all of the data that's presented in the chart is also here in the table, if you shall decide to view the table instead and once again, you'll have all the same filters at the bottom of the table where you can -- I mean, I'm sorry, options at the bottom of the table where you can save to PDF or export to CSV. So, these are just a few of the things that DHDS can use in terms of answering questions.

And a brief intro to how you can work through the system. I'll now turn it over to Alissa who's going to continue with the demonstration.

MS. STEVENS:

Thanks, NaTasha. So, I'm going to take a little bit of a different approach here and talk a little bit about the DHDS Data Portal. So, in order to do that, I'm going to go back to the home page here by clicking the link up at the top, and I'm going to scroll down to this box here at the bottom it says customize DHDS data. At that point, I'm going to click DHDS Data Portal link. Okay. And this is going to take us to the Disability and Health Section of data.cdc.gov.

So, there's a whole bunch of other data here as well if you're interested in that, but for now, since we're talking about DHDS, we're just going to focus on this. So, on this page you're going to see three different things right now. So, just to point out this first one up at the top is just called Disability Health Data System, and if we go over here to the right, it'll say dataset. So, this one right here is the full DHDS dataset. The two views underneath have similar titles, but shows slightly different information.

MS. STEVENS:

One is prevalence of disability status and types, and one is prevalence of disability status and types by demographic groups. And if we look over here, on the right, these both are called filtered views, so I'll talk about that a little bit more in a minute. I'm not going to click into these two for the sake of time, but essentially, this is just sort of a smaller dataset that we've created from the large one as a way to kind of make it a little bit easier to navigate on topics we think might be of interest to people.

So, for today, I'm just going to click into the full dataset. And what this is going to do is first bring us to a page that just kind of talk a little bit more about the dataset. So, I'm not going to read everything on here, but there's a little bit of a description at the top. There's information about when it was updated, how many times it's been viewed and downloaded, email information if you want to email about anything, and the URL for the site that NaTasha was demonstrating earlier.

If we continue down the page we'll see a little bit more specific information about the data, so how many rows are contained in it, how many columns, and then, more specifically, about what the column titles, the description, and then the type of data that's in there, so whether it's numeric or if it's -- if it's a text field. And then, going down a little bit further, there's a table preview. So, this will show you a little bit about what the full dataset looks like, I'll click into that in a minute. And then down here at the bottom, there's some related content. So right now, it got those two additional filtered views that I pointed out on the previous page. So, for today, what I'm going to do is scroll back up to the top and I'm going to click this blue view data button. And when this loads, it'll look similar to that table preview and it will show us -- essentially what we're looking at here is the full DHDS dataset as it -- as it currently is.

So, it's going to show 50 rows at a time, and if we look down here at the bottom, there's 111,540 rows, so there's quite a bit in here, but it'll show 40 at a time. It'll take a while to click through all that, but you're welcome to do it if you want to. And scrolling over, there are 31 columns, so I'm just going to scroll over, so you can see all the sorts of columns that are in here. I'm not going to spend too much time on that right now, but just to point that out.

So, some of the things you can do are kind of similar to what you'd be able to do in Excel. So, if you click these three dots here you can sort by different columns, you can also kind of resize these columns to fit if you want to see more or less, that sort of thing. Up here at the top, just a couple of other things to point out. There are different ways to view this, so right now we're doing it as a table. You can also view it as a rich list or just a single row at a time. For the sake of time, I'm not going to talk through all of these things, but I do want to point out this search bar here as well. So just for example, if I'm only interested in things that have to do -- have diabetes somewhere in there, I can click diabetes and hit enter, and it will reload.

MS. STEVENS:

And as you can see down here, we went from 111,000 some rows down to 3,000. So, we've essentially kind of limited just to the indicators that have diabetes in the title. So, you can kind of see that in this indicator row, they all start with diabetes. So that's an option if you -- if you know specifically what you're looking for and you just want to search for it.

So, I'm going to close that, and we'll go back to full dataset. So, here's a couple of the other ways that you can kind of customize what you're looking at. I'm not going to click into all of them, again, for the sake of time, but I do want to point out a couple of things that, at least, I have found to be useful. So, one of those is the filter option, so I'm going to click that. And you'll see a little window over here on the left-hand side. So, essentially what we're going to do is filter it down to what we're interested in. So, I'm going to click this add a new filter condition, and for the purpose of today since we've been focusing on Georgia I'm just going to filter my dataset to only include data for Georgia.

So, I'm going to click to filter by location abbreviation and then I'm just going to click or type in GA and select that box. And what it's going to do then, is limit my dataset here down to the data for Georgia. So, you can see down here now we're down to much fewer rows. So, we're looking just at Georgia now. So that's a really -- a really quick example on how to do that. You can do multiple ones if you want. So, let's say I also want to see Florida, I can add that. Oops. Click too many times. I want to see them both. So, it's reloading.

So, now we've got around 3,500, so we can see it's added -- it's added information for both Florida and Georgia is in there now. So, another thing we could do, we could add at a whole another condition. So, if we want to add any one of these other column headings, we can do that, so we can limit it down to whatever we're interested in. So, that's the filter option. There's also -- I'm going to go up back to the top and click visualize, and for the sake of time I'm not going to actually create this, but from here you can create either a map or a chart from the data that we're seeing over here on the right. I'm going to go back up and there's an export option I wanted to point out.

So, if I click that, again, we're going to get another window over here on the left where you can do things like print or download so you can see different options for how to download the data, different formats. So, then the other thing I wanted to point out over here on the right, there's this about button, so I'm going to click that, and what that's going to do is take us back to that initial page about the dataset where it talks about for what is in here.

So, that's sort of a really quick view of the dataset itself. There's a whole lot you can do here. There's a couple other things I want to point out, and then I'll give some resources for how to get more familiar with that. So, for now, I just want to point out a little bit more about data.cdc.gov, so I'm going to click home.

MS. STEVENS:

And this is going to take us to the data.cdc.gov home page. And what I want to point out here is just that our “Disability and Health Data” is highlighted in a few different places.

So, up here at the top in this carousel we have disability status and types data, and that, if you click that will take you to one of those filtered views. And scrolling down to the middle there are several things highlighted here, different types of data. So, there's this box here for disability and health. So, clicking that will take you to the “Disability and Health Data System” data as well. Then, finally down here on the bottom, there's this this box down here, “Disability Status” and “Types by Demographic Groups,” clicking that will take you to that other filtered view that we have available.

So, scrolling back up to the top, I'm going to go back up here and click video guides, because I just want to point this out considering that there's probably enough you can do here for an hour in itself, but just to point out some resources that are these video guys here that they're quick -- you know one-, two-, three-, five-minute clips that teach you kind of how to do a little bit more with the dataset in here.

So, if you need a refresher on how to sort it or how to filter it, or you want to learn how to do things like create a map or a chart, there are these resources available here. So, with that, I'm going to go back to the presentation, and just kind of transition a little bit into talking more about how states have used and are using DHDS data. So, some examples that we've heard from states is that they have done things like use DHDS to develop materials so that could be reports, presentations, newsletters, other program materials, things like that. They also use it to disseminate and share information from the system in order to either educate partners or to help create new partnerships. So, those are kind of some broad examples, but at this point what we're going to do is turn it over to David from Ohio to talk a little bit more specifically about how they've been able to use DHDS in Ohio.

MR. ELLSWORTH:

Hi, everyone, my name is David Ellsworth. I'm a Health Services Policy Specialist for the Ohio Disability and Health Program, and I currently work at the Ohio Department of Health, which is our state department of health. And my job is to help all of our program areas become more inclusive of people with disabilities and address the health needs of this population. And in those regards, the DSD -- DHDS is incredibly powerful, and it's a very useful tool, so I'm excited to share how we have used this and how we implement it in our work here in Ohio. Next slide, please.

So, the learning objective for this is just how to utilize the Disability and Health Data System to effect change. I'll start out by saying that I am definitively not a statistics guy, that is not my forte, it is not why I was hired on, it's not my thing. But, luckily for you and I, that's not what we're talking about.

MR. ELLSWORTH:

I am a big data guy. I really like utilizing data to shine light on problems, and our friends at the CDC really made it easy for us to do this in state and local public health work.

From a public health perspective, it's incredibly empowering to shine light on health problems or use data to find and prevent these problems from occurring in the first place. And that's what makes DHDS such an important tool. So next slide, please.

So, why does this data -- why does this type of data matter? Good public health data is needed to raise awareness of a problem or an alarming statistic. One that we often cite is one in three Americans or American children are overweight. I'm sure you've heard that. Another one is one in four people in Ohio have some form of a disability. So, it can really kind of shine light on various issues. It supports quality planning at the state and local public health level. You can use it to implement population-based health interventions or even if you're in a clinic, clinical intervention, and it can be used to improve community health overall. In addition, it really -- good data allows you to target resources where they're needed most. In a clinical setting it might allow you to advocate that additional resources are needed in your area to address a specific health concern or just to better serve the population that you see. Next slide, please.

Good data makes the invisible visible. I love this saying, "You don't know what you don't know." And the DHDS really sheds a light on some of these unknowns. So, including disability indicators such as the one that we have on the BRFSS and the DHDS, allows us to document the health needs of people with disabilities.

It allows us for -- to advocate for policies and programs to address these needs and it allows us to evaluate the impact of policies and programs on people with disabilities. And I'll say that disability -- considering disability as a demographic, as a population, is still a pretty new concept to people. It's the medical model versus a more social model of disability. And you can still see this in some of the public health work that we do. In medical circles and in public health circles you still sometimes hear about that the DALY or DALYS, the Disability Adjusted-Life Years, and that kind of implies that disability is solely to be avoided and it's not considered a demographic, and that the years that you live without disability are the ones that matter.

And the DHDS really contradicts all these arguments and explicitly says, "Disability is a population that is subject to health disparities and it's important to focus on those." Next slide, please. Okay. So, for example, suppose that you're a health policy specialist working in a local public health office, and you want them to consider with disabilities in their planning.

Sometimes local public health officials aren't aware that there are people with disabilities in their region or assume that they're not their responsibility.

MR. ELLSWORTH:

I still hear this, you know, “I don't see people with disability in the community,” or “I don't see that many people with disability in my community,” or, “You know, isn't that the Developmental Disabilities Board's responsibility? It's not my problem.”

So, you still hear this, but you can use data to reframe this argument and say, “You should care. This is the population you serve. If you don't include people with disability, you're missing out on a quarter of your population.”

So, in that regard, DHDS is incredibly important. Next slide, please. We've kind of been alluding to this, how do we affect change? And the answer is to share this data, the data that's available on the DHDS. Share relevant and actionable data with the people who manage budgets in your organization, that make policies, and do program planning. Show how this data can be used to improve population health and frame your argument, frame your discussion around the data that's in the DHDS. So for example, which of these arguments is more convincing, “I work in the tobacco cessation program in Ohio, and I think that we should include people with disabilities in our cessation efforts.” That's a good idea, but it's kind of lacking relevant details. So, here's another argument, “I work in the tobacco cessation program in Ohio where it is estimated that one in four people experience some form of disability. Furthermore, nearly 40% of people with disabilities in Ohio are current smokers, double the rate of people without disabilities. Furthermore, people with disabilities attempt to quit smoking at the same rate as people without disabilities. Therefore, our tobacco cessation program efforts need to be inclusive of people with disabilities at minimum and should target this population to reduce the tobacco disparity burden.”

It's going to be your second one, right? I mean, mic drop, everything is there, so the next several slides include how I got that data in Ohio and that's just one example of how you can use this data to inform public health efforts. Next slide, please. So, I really think the DHDS does a great job of showing this data, and I think that seeing it really drives that point home. Seeing is believing. So here's the statistic that I said that about one in four people in Ohio have some form of disability, and you can see that arranged by disability types. Next slide, please. And I think that the data is really intuitive and easy to use. On the left here, again, you see kind of the second part of my argument, it's smoking status by disability type. You can see the error bars at a glance. You can see the confidence intervals if you switch to that table view, you can do that seamlessly. It doesn't take a whole lot of time. You don't have to load a new search. It'll provide you with the weighted estimate if you think that that's going to make your argument more convincing.

MR. ELLSWORTH:

And this is available at a moment's notice. If one of the people in my program area says I want data on falls among people with disability. I don't have to carve out an afternoon. I can do that in the next eight minutes. So, I think that it's incredibly easy to use. Next slide, please. On this data, like I was just saying, is at your fingertips. It's all right there. This is the third part of my smoking argument that I just used. You can see that people with disability are just as likely in Ohio to have made a quit attempt in the past year. Actually, a little more according to this. So, if you think that more than anything else using DHDS and -- at the Ohio Department of Health, at the state or local level has really helped me frame people with disabilities as a demographic that are subjected to health disparities, and that we, as a state health organization, should be doing something to address those. So again, that -- I'm I -- use this tool every week, I'm really glad to talk about it today.

Next slide, please. This has been shared, I'll just go over it quickly. The DHDS is an online resource for state-level data on adults with disabilities, it now includes six functional disability types including hearing difficulties for the first time, there are more than 30 health topics, everything is customizable. If you want to generate a customized report, you can easily compare the health outcomes among people with disabilities to people without disabilities, which is useful in framing arguments, and it has data on health behaviors, so unlike the American Community Survey that just tells you kind of population level data statistics, this has health behaviors so it's incredibly useful from a health perspective. Next slide, please.

So, here are some ways that we've used this in Ohio. I have used this to give a presentation on data to our LEND trainees, and our LEND trainees are students that are being trained to be leaders in the -- in the developmental disability world. And this is the part that they love because it's all right there, they don't have to click around, they can answer just about any research question that they have for people with disabilities. It's a great resource to share with trainees and interns.

We've also used this in Ohio to quickly update our disability and health fact sheets. Most recently, we did an updated version of one of our tobacco fact sheets as it pertains to people with disabilities, and we were able to do this very quickly. We could -- we just had the updated data at our fingertips, we plugged it right in, and we were able to make a current version of a fact sheet that we already had without doing an expansive search or reinventing the wheel. Perhaps, most notably, I use this just about weekly at the state-level RFP review process to reduce health disparities. So, I sit in the Office of Health Equity, and me and my colleague looked at every single outgoing state-level RFP to make sure that we're not widening disparities and that we're adequately addressing health equity.

And I used the data from the DHDS in just about every meeting.

MR. ELLSWORTH:

To point out disparities if they exist, so we can begin to address those here in Ohio, and it's been incredibly successful so far. And lastly, we used this data to inform our state health improvement plan which is really the roadmap for state health in Ohio. So, we were able to advocate people with disabilities and certain health outcomes using the DHDS data. Next slide, please. So we'll do this really quickly. This is just some data to explore in Ohio. Next slide. So here -- this is just how I always begin. I always go to the health risks and behavior or those categories and look at the drop-down menu to see if there's a research question that I'm interested in.

Here, I selected health risks and behaviors. Next slide, please. And that'll automatically take you to a map. So here, I selected -- again, we're looking at current smoker, and this is interesting, just from a map perspective, if you hover your cursor over your state, it'll show the estimated prevalence of people with disability who smoked in this case, and you can compare that to other states. It's also interesting to look at this regionally. You can see that kind of middle of America, Midwest seems to have a higher smoking prevalence.

So, if you're looking at regional or multi-state opportunities it gives you a place to start. You can look at this data from a couple different ways. You can explore all areas or states by one indicator, like we have above smoking or you can explore one state by all indicators and you can seamlessly switch back and forth. Next slide, please. So, this is looking at all health indicators by state, and this is just the health indicator one, we don't have to get into this very much, but you can see in Ohio, it gives you binge drinking, you can see that there's not too much of a disparity there or at least it doesn't look like, but when you look at the next category, body mass index category, you can see that people with disability are much more likely to be obese. Not even more likely to be overweight, they're much more likely to be obese compared to people without disability.

So, I think that it's worth looking at your state, just scrolling through this because you're able to pick up a lot of information just at a glance. So I would really encourage you to do that. Next slide, please. This is just an overview of the health indicators that are included in the DHDS, so if you're going to do this with your state, and I hope you will, you can quickly look at disability estimates, the demographics of people with disabilities, health risks and behaviors, prevention and screenings, barriers and cost of care, general health conditions, chronic conditions, and mental and emotional health.

So, if you look -- working with different agencies, perhaps mental health, that would be relevant to share with them. Next, please. So, this is, again, just another example, and this actually happened to me very recently. We were working with our Injury Prevention Program. I'm looking at their RFPs, and there was a little bit of money aside to focus on falls prevention. And this -- I can pull this up within two minutes. So, you can see, the little illustration is BAM, that people with disabilities in Ohio are more likely to have experienced falls in the past year. So, it's able to advocate that this should really be a priority population in your grant opportunities and that we should focus on this.

MR. ELLSWORTH:

And that was received very well, and they were able to include that in their RFPs, and that was added as a priority population. So, I hope that a -- next slide. I hope that you, guys, are empowered and is excited to use this as I am. I really like the updated version compared to the last iteration of the DHDS. I hope that you, guys, go forth and explore the -- how to use the DHDS in your state or your municipality and I look forward to answering your questions.

MS. STEVENS:

Thanks so much, David. To...

MR. ELLSWORTH:

Thank you.

MS. STEVENS:

To piggyback on that a little bit, kind of in closing, so we have a few minutes for questions. You know, we -- in terms of kind of next things to do with DHDS, you know, we -- we'd encourage you to use it, to include disability in public health data research program or policy activities. And then, we'd also love to hear how you're using DHDS, so we've got a link here as well as on the site, itself, so you can provide us feedback through an online survey or, you know, if you have -- if you have examples similar to what David has talked about, you can send those to us or any additional questions you may have if we don't get time to answer those or if you kind of have questions as you're -- as you're kind of navigating through the site afterwards send those to us at a disabilityandhealthbranch@cdc.gov.

And with that, we'd like to thank everyone for your attention. We'd specifically like to thank NACDD, Karma Harris and Paige Rohe, for their help supporting and hosting this webinar. And again, we'd like to thank David as well for all of his examples and insight into how they've been able to use DHDS. So, I think with that, we'll turn it over to Karma and take some questions.

MS. HARRIS:

Alright. This is a great session. In fact, I've taken a lot of notes myself. So, it's hard to really -- it really just makes me want to dive in and play with the site a little bit. So, I give you, guys, kudos because this seems to be very comprehensive. In terms of some questions, we do have a couple questions in the question box. So, we have about eight minutes left on our time today. So, I thought that I would just start from the top and work my way down.

MS. HARRIS:

We've got two questions and one comment, and I would encourage the rest of you, guys, if you have a question, feel free to go ahead and submit those or use the raise hand feature and we can get into some verbal discussion. The first question in the question box comes from Rachel Moscato and she says, "Hi. I was wondering if there is a way to filter the data by rural or urban populations. If not, is there a plan to include that indicator at some point?"

MS. STEVENS:

So, in the system we do not have rural, urban as a stratification. What we -- what we do have that we have -- we didn't get into too much on here, we've mentioned it a couple of times, we do have data by HHS region, so not rural, urban but a little bit more regional data. At this time, you know, we don't have plans for that stratification, but we kind of discuss updates annually, so we can -- we can kind of think about that. It'll just kind of depend on what that data looks like and whether it's something that can be easily incorporated, but at this time, no, we don't have that stratification.

MS. HARRIS:

All right. In the next question, I think we answered on the 101-session last week. I'm going to go ahead and ask it and then, Alissa, I'll let you and NaTasha decide if you want to re-answer that, but it comes from Edward Clark and Edward said, "How deep can this tool drill down? For example, county level." And I don't think that it goes -- and I know it doesn't go to county level and I don't know at this time if you have plans for that, but I didn't know if you want to offer any other comments to Edward about that.

MS. STEVENS:

Sure. Yeah. So, it's a state-level data system, we don't have plans to go to a county level with all of the stratifications that we do by disability status, by state, by type. Getting too much lower than that we run into a lot of sample size issues typically. So, it's state level. If there are needs for county level, as David mentioned, I believe, American FactFinder does have county level data, the caveat to that is that there aren't health behaviors to it. But no, we're -- DHDS is a state-level system.

MS. HARRIS:

Okay. And Edward wrote back and he said, "Thank you." We have one comment, I think this is directed at David, but I'd love for David, if you want to comment back on this and or our colleagues at CDC to comment on this. This comes from Susan Vaum, V-A-U-M, and I hope I'm saying that right, Susan. She said, "Please be cautious in suggesting that surveillance data can be used to evaluate policies and programs."

MS. HARRIS:

I don't know if you, guys, want to comment on that statement at all or just want to take it as a statement. I mean, I'll toss it to you and see what you think.

MR. ELLSWORTH:

Yeah, no. I think that that's very valid. I think that you always need to be cautious suggesting that prevalence data should be used to -- it certainly can't be used to evaluate policies or programs, that's not what the data is there for. I do think it is prudent to exercise some level of caution even when recommending that program planning be made around the data that we have available, but at least we have that data available and we can explore it further and see if it's -- if there is cause or it's warranted to act on that and alter our policies or specifically target people with disabilities in our interventions. And I think that it has been a useful tool just to point out that there are health disparities in some of these areas, and if we are in a capacity as a state or local public health agency to address some of those disparities simply by being more inclusive then we should do that. So I appreciate that word of caution and thanks for the opportunity to kind of clarify how I've been able to use that data.

MS. HARRIS:

All right. And we have -- we have somebody with their hand raised. I'm going to unmute them; this person is Katherine O'Corro. Katherine, I am unmuting you. Can you hear me now? you should be unmuted, I don't know if you want to make a comment or ask a question.

MS O'CORRO:

Oh, I'm sorry, I was -- I didn't even know I had my hand up, but I was going to mention that with the introduction of county level data, given some of the less prevalent disability types, a posit there may be PII concerns with that as far as a person be easily identifiable and we don't want to really have somebody be identified with these data.

MS. HARRIS:

So, for Alissa, NaTasha, you, guys, want to comment on that?

MS. STEVENS:

I'll just say that thanks, Katie, for pointing that out. I think that's another reason that that's not something that we've really incorporated into the site because we certainly wouldn't want to get down to that level where that information could potentially be used to identify people. So, thanks for that.

MS. HARRIS:

All right. And I have just a couple quick questions that I thought about. For our folks at CDC, I know that you, guys, have given an email for people to reach out because as I sat in on the last session, I was really excited, and then, I couldn't wait for this session. If you're not used to working with this database, especially if you're not on a state level, it seems overwhelming. So, like for me, I would want to go probably like a lot of other people in the call and play around with the site for a little bit. And in doing so, if I have questions, and I do email the Disability and Help Branch email address you guys have given, what is the response time that you all were trying to filter the inquiries by? You have kind of a goal of about two business days or what does that kind of look like?

MS. STEVENS:

So good, good question. I think like you mentioned probably it -- this was definitely a lot of information in a short amount of time so we kind of expect like you said people would kind of go play around with it, try to get a feel for it because certainly it's a lot of information. To point out, too, we didn't really cover it today because we covered it last week. I would encourage people also, we've got a section for frequently asked questions that you know you could -- you could check there if you do have a specific question and see if -- see if it's answered there. We also have a getting started guide which kind of outlines some of the steps that we've covered on both webinars for how to use kind of generally the different sections.

MS. STEVENS:

So, there's a couple places to kind of start, if there are questions. So, in terms of response time, I don't know that we have a specific time, but just from monitoring our email box in the past, usually, you know, we can get back to people within a couple of days.

MS. HARRIS:

Okay. Perfect. It does look like we're at the top of our hour. I don't see any questions in the question box. I don't see anybody's hand raised at the moment. So, I'm just going to toss it back to David and NaTasha and Alissa, did you guys have any final comments?

MR. ELLSWORTH:

Not for me, just thankful for the opportunity.

MS. STEVENS:

Yeah. I think we just like to thank everybody, and we hope that this was informative, and that people kind of go in, and check it out, and play around with it, and let us know what they think.

MS. HARRIS:

Absolutely. And I will tell you on the NACDD side, one of the things we've been committed to with some of our projects and our Members is really getting our focus of disability inclusion out there. We are in the process of having conversations that expand beyond the current projects, and this is becoming one of our equitable focus areas. And so, knowing that this now has links to at-risk behaviors and chronic conditions and chronic diseases, this is really a win-win, and so I just thank you guys for your hard work on that. It's very well done.

So, NACDD is super happy to support the use of the DHDS to assist people with incorporating disability, specific data, into our chronic disease prevention efforts, but, overall, general health improvement efforts. And we hope that those of you that are listening will also start prioritizing disability inclusion, and really, when you think of working to improve the health of all people, I think I said this the other day, last week, that people with disabilities and disability inclusion and advocates, they have to be part of that word "all," and so, I think this data system helps us get one step closer to making that a reality.

So, with that said, I want to thank our speakers today, NaTasha, and Alissa, and David for their time I also want to thank the CDC Disability Health branch for using NACDD to roll this out, particularly Dr. Shannon Griffin-Blake and also Claudia Gaffney. They have had immeasurable influences in these sessions and I also want to thank our Communications team, specifically Paige Rohe and Gillan Ritchie, for their help in making this available to our members. We really look forward to hearing from you guys, about how you're using this data. We're going to be a partner with CDC in this. We encourage you to go onto the site, play around with it.

MS. HARRIS:

They do have an online survey, they are checking those survey responses, they want to know if it's meeting your needs so be sure to do that. So, thanks, again, everyone you will get a recording, following the session here, probably the next hour or two, it will be generated by the GoToWebinar system, this concludes our session for the day. Hope you have a great afternoon and a happy surfing on the DHDS site, thanks again, guys.

- END OF TRANSCRIPT -