



# Data Activity Updates from NCBDDD's Disability and Health Branch

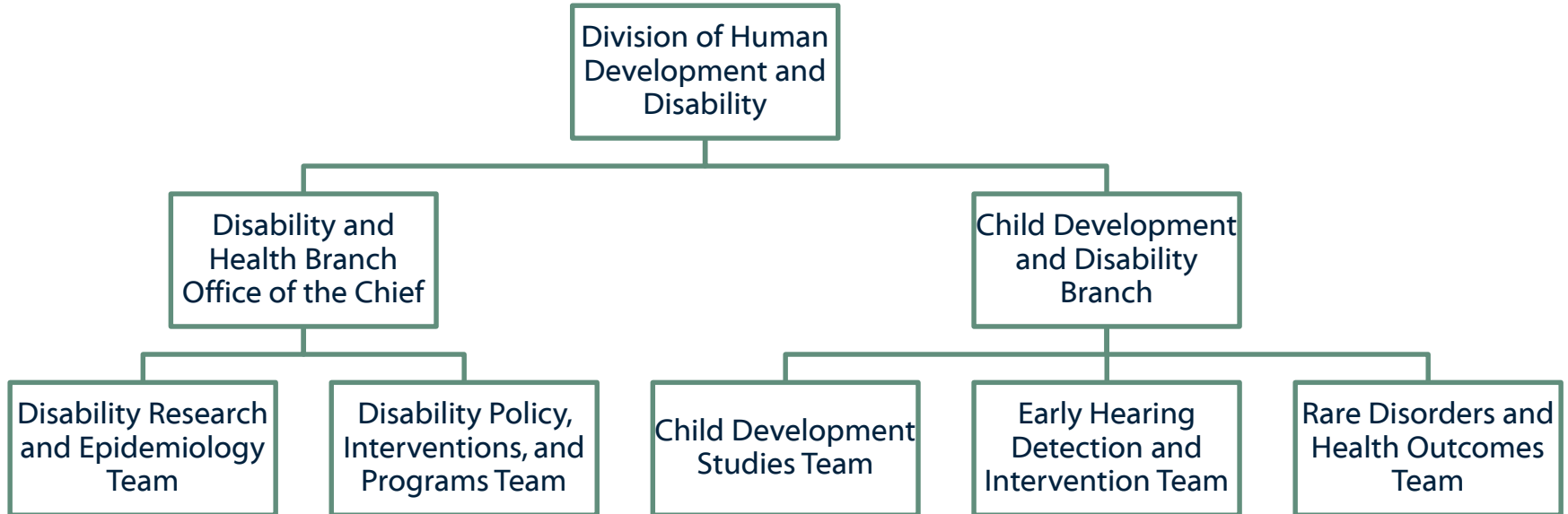
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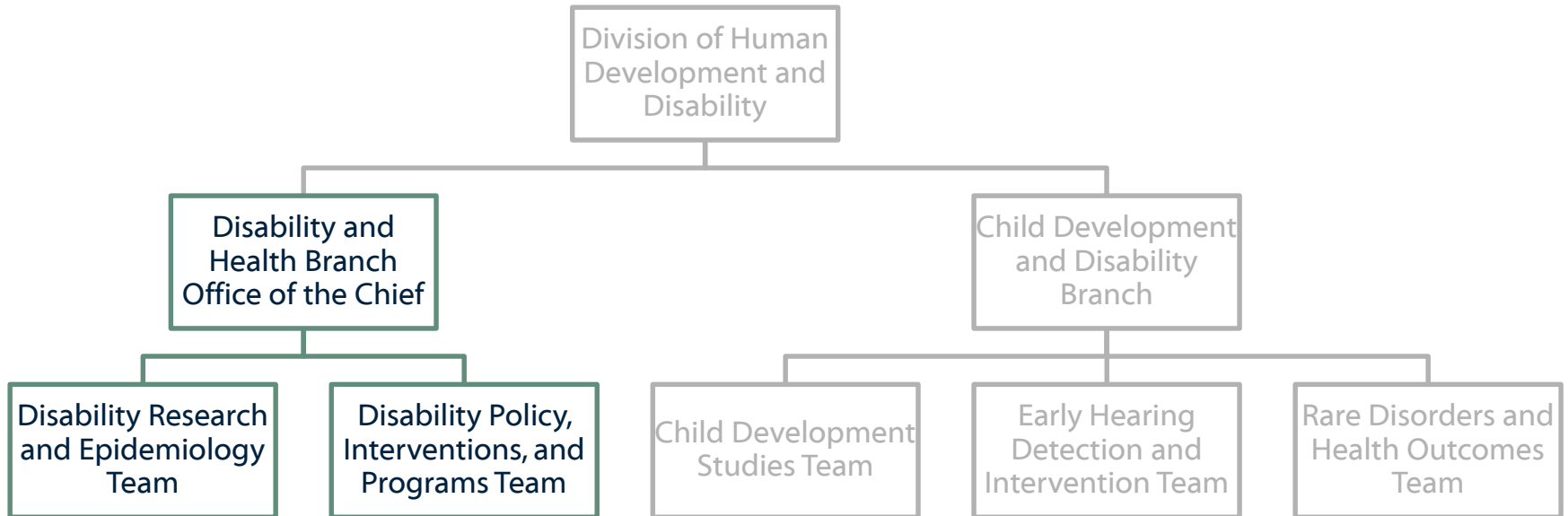
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February 13, 2018

# Disability and Health at CDC



# Disability and Health at CDC



# Disability and Health Branch

## MISSION:

Promote the health and full participation in society by people with disabilities across the lifespan.

## CORE PRINCIPLES:

Inclusion & Accessibility for People with Disabilities

Multi-Level Approach to Address Health Disparities

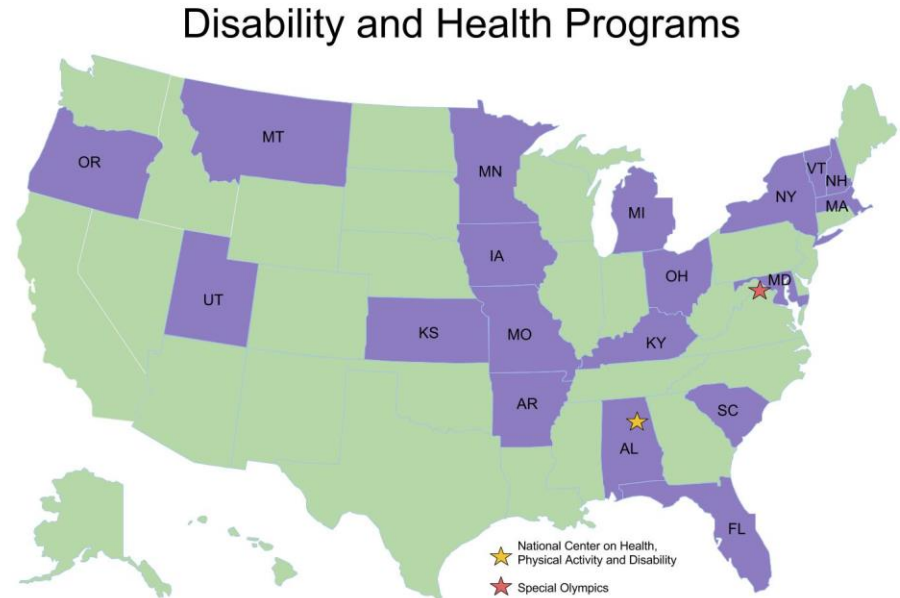
Evidence-based and Innovative Interventions

Research to Practice Model

Diverse and Integrated Network of Partners

# Disability and Health Programs

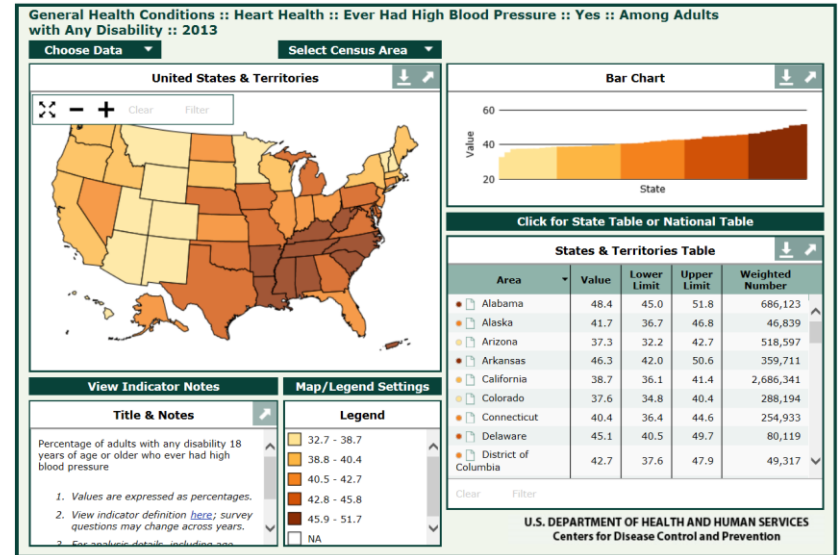
- 19 State Disability and Health Programs
- 2 National Centers on Disability
  - National Center on Health, Physical Activity and Disability (NCHPAD)
  - Special Olympics
- National Association of Chronic Disease Directors (NACDD)



<https://www.cdc.gov/ncbddd/disabilityandhealth/index.html>

# Disability and Health Data System (DHDS)

- State-level data system dedicated to disability and health
- 2013-2014 data analyzed from Behavioral Risk Factor Surveillance System (BRFSS)
  - Disability status and types
- Interactive maps, state profiles, and dual area profiles



# Population-based Data

- Health surveys
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - National Health Interview Survey (NHIS)
  - National Health and Nutrition Examination Survey (NHANES)
- Other surveys
  - American Community Survey (ACS)
  - Survey of Income and Program Participation (SIPP)



Disability and Health	
Disability & Health Home	
Disability Overview	
Disability Inclusion	+
Healthy Living	+
Emergency Preparedness	+
Data & Statistics	-
Disability and Health Data System (DHDS)	
<b>Data Sets</b>	
Other Data	

<https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html>

# Administrative Data

- Fund 7 states to access and utilize Medicaid data within their state to identify patterns of health and health care utilization for people with IDD
- Anti-hypertensive medication adherence randomized intervention trial
- Seat at the CMS Virtual Research Data Center (VRDC)



# Other Data-Related Activities

- Porter Novelli *Styles* data
  - Hearing difficulty
  - Intellectual disability
  - Physical activity
  - Emergency preparedness
- 2017 & 2018 NHIS
  - Added a question to assess cause of cognitive difficulty

# Recent Publications

- Primary care providers' recommending physical activity to adults with disabilities
- Daily sugar-sweetened beverage consumption by disability status
- Contraceptive use at last intercourse among reproductive-aged women with disabilities
- Use of two disability measures to compare physical inactivity among adults with disabilities

ARTICLE IN PRESS

Contraception

Original research article

Contraceptive use at last intercourse among reproductive-aged women with disabilities: an analysis of population-based data from seven states  
Renee Monique Haynes<sup>1,2</sup>, Sheree L. Boulet<sup>3,4</sup>, Michael H. Fox<sup>5</sup>, Dianna D. Carroll<sup>6,1</sup>, Elizabeth Courtney-Long<sup>7</sup>, Lee Warner<sup>8</sup>

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**Abstract**

**Objective:** To assess patterns of contraceptive use at last intercourse among women with physical or cognitive disabilities compared to women without disabilities.

**Study design:** We analyzed responses to 12 reproductive health questions added by seven states to their 2013 Behavioral Risk Factor Surveillance System questionnaire. Using responses from female respondents 18–50 years of age, we performed multinomial regression to calculate estimates of contraceptive use among women at risk for unintended pregnancy by disability status and type, adjusted for age, race/ethnicity, marital status, education, health insurance status, and parity.

**Results:** Women with disabilities had similar rates of sexual activity as women without disabilities (90.0% vs. 90.6%,  $p=.76$ ). Of 5995 reproductive-aged women at risk for unintended pregnancy, 1025 (17.1%) reported use of permanent contraception. Contraceptive use at last intercourse was reported by 744 (70.1%) of women with disabilities compared with 3025 (74.3%) of those without disabilities ( $p=.2$ ). Among women using contraception, women with disabilities used male or female permanent contraception more often than women without disabilities (33 [29.6%] versus 137 [21.5%],  $p<.05$ ). Moderately effective contraceptive (injection, oral contraceptive, patch, or ring) use occurred less frequently among women with cognitive (13.1%,  $n=83$ ) or independent living (13.9%,  $n=40$ ) disabilities compared to women without disabilities (22.2%,  $n=946$ ,  $p<.05$ ).

**Conclusions:** The overall prevalence of sexual activity and contraceptive use was similar for women with and without physical or cognitive disabilities. Method use at last intercourse varied based on presence and type of disability, especially for use of permanent contraception.

**Implications:** Although women with disabilities were sexually active and used contraception at similar rates as women without disabilities, contraception use varied by disability type, suggesting the importance of this factor in reproductive health decision-making among patients and providers, and the value of further research to identify reasons why this occurs.

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**Keywords:** Contraception; Women; Disability; Reproductive Health; Behavioral Risk Factor Surveillance System

**1. Introduction**

Nearly one in five, or almost 57 million people in the US have a communicative, physical, or cognitive disability [1].

Two reports by the US Surgeon General [2,3] discuss the exclusion of persons with disabilities from public health programs, and subsequent work has reinforced the persistence of unmet health care needs in this population [4,5]. Poor health outcomes have been documented among persons with disabilities, due in part to the social stigma associated with disability [6,7]. Spurred by passage of the Americans with Disabilities Act (ADA) of 1990 and consequent increase in awareness of the health needs of people with

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# Upcoming...

- Publications
  - Characterizing Medicaid members with IDD (in press)
  - Anti-hypertensive medication use among adults with IDD (under review)
- 7 Medicaid states meeting
  - SC, AR, IA, MA, NH, NY, OR
  - February 27-28, 2018; Atlanta, GA
- DHDS update planned for spring 2018
  - Webinars

**Thank you!**  
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For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

