

Understanding Disability

**Health Care Barriers and
Disparities**

Disability and Health

Key Facts

- **Over a billion people, about 15% of the world's population, have some form of disability.**
- **Between 110 million and 190 million adults have significant difficulties in functioning.**
- **Rates of disability are increasing due to population ageing and increases in chronic health conditions, among other causes.**
- **One in five Americans is a person with a disability.**

WHO 16 January 2018

Disability is a part of human existence

- **“Disability is a natural part of the human experience.”**
- **Disability can occur at any point in life, and range from mild to severe**
- **The World Health Organization (WHO) recognizes that what defines individuals with disabilities, their abilities, and their health outcomes more often depends on their community, including social and environmental circumstances.**

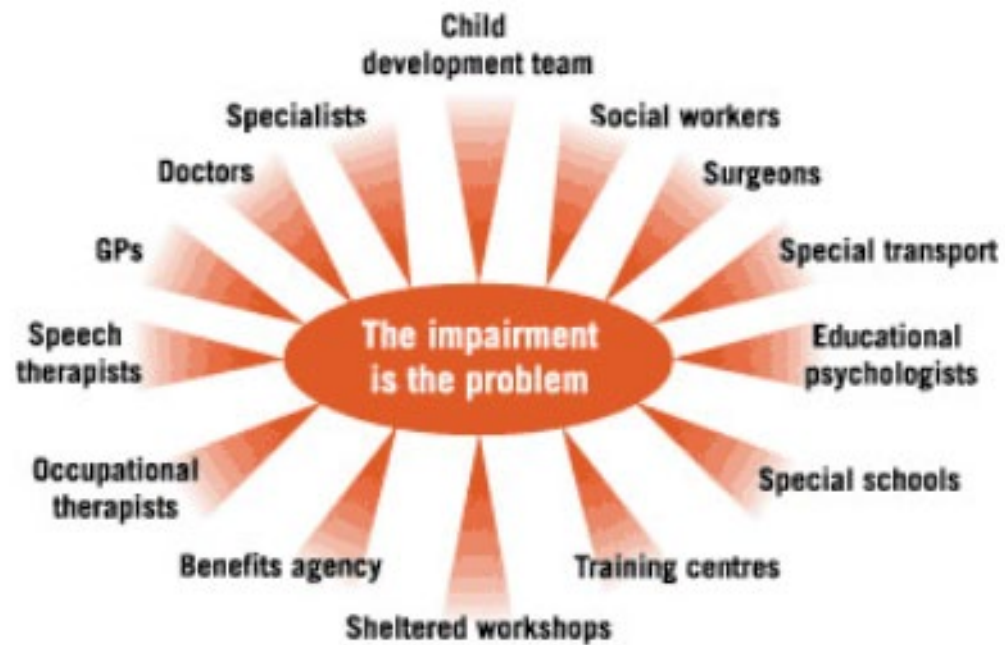
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The World Health Organization (WHO) defines disability as a functional concept; disability is any long-term limitation in activity resulting from a condition or health problem. This is the recommended international standard for data collection on disability.

People with disabilities are a diverse group who share the experience of living with significant limitations in functioning and, as a result, often experience exclusion from full participation in their communities.

A diagnosis of a disability should not define us, our talents and abilities, or health behaviors and health status

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Disabled people as passive receivers of services aimed at cure or management



Disabled people as active fighters for equality working in partnership with allies.

Medical Model of Disability

- **Focus on the lack of capacity to function**
- **Emphasis on impairment in physiological and psychological body functions**
- **Impairment on anatomical or biological structures**
- **Any intervention is approached from an individualized medical perspective, with outcomes focused on health and illness**

Critical Social Thinking: Policy and Practice, Vol. 2, 2010

Social Model of Disability

- **What makes someone "disabled" is not their medical condition, but the attitudes and structures of society.**
- **Takes a civil rights approach to disability**
- **Society disables people with impairments or medical conditions**
- **Focuses on improving quality of life for people with disabilities**
- **People with disability have less access to health care services and therefore experience unmet health care needs.**

Specific Healthcare Needs of People with Disabilities

The healthcare needs of people with disabilities include many of the same needs as people without disabilities:

- **Preventive Medicine and Screenings**
- **Physical Fitness**

In addition, people with disabilities usually require specialized care for their specific type of disability and they may have additional medical conditions that require attention.

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Disability and Health *cont.*

- **Health promotion and prevention activities seldom target people with disability**
- **Women with disabilities receive less screening for breast and cervical cancer than women without disabilities because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand**
- **People with intellectual impairments and diabetes are less likely to have their weight checked.**
- **Adolescents and adults with disabilities are more likely to be excluded from sex education programs.**

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Barriers to Health Care

Prohibitive costs

- **Affordability of Health Services**
- **Transportation**
- **Lack of Appropriate Services**
- **51-53% of people with disability compared to**
- **32-33% of people without disability are unable to afford health care**

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Barriers to Health Care *cont.*

Physical barriers

- **Access to buildings: hospitals, health centers, clinics, etc.**
- **Inaccessible Medical Equipment**
- **Inaccessible Exam Rooms**
- **Poor Signage**
- **Narrow Hallways / Doorways**
- **Inadequate Bathroom Facilities**

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Specific Healthcare Needs of People with Disabilities *cont.*

Barriers to meeting the healthcare needs of people with disabilities include, but are not limited to:

- **Getting to the appointment**
- **Getting into the clinic building**
- **Checking-in for their appointment**
- **Completing Paperwork**
- **Maneuvering through the clinic to their exam room**
- **Appropriate Communication Accommodations**

Specific Healthcare Needs of People with Disabilities *cont.*

Factors that become important once the patient is in the exam room include, but are not limited to, being able to:

- Communicate their health needs effectively with their care provider
- Receive an appropriate and thorough examination with appropriate equipment for screening, preventive, and diagnostic appointments
- Spend sufficient time with their care provider to understand the steps they will take to maintain health

Barriers to Health Maintenance

After the patient leaves their healthcare appointment, there are still needs that should be met to maintain health:

- **Obtaining prescriptions**
- **Getting to therapy or specialty care appointments**
- **Making and keeping follow-up appointments with the same care provider, which is important to continuity of care**
- **Accessing groceries and maintaining proper nutrition**
- **Participating in physical, social, or other community activities**

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Health care access barriers for working-age adults include

- **1 in 3 adults with disabilities 18 to 44 years do not have a usual health care provider**
- **1 in 3 adults with disabilities 18 to 44 years have an unmet health care need because of cost in the past year**
- **1 in 4 adults with disabilities 45 to 64 years did not have a routine check-up in the past year**

CDC September 2019

Disability by race/ethnicity, older adults, women and minorities

- **2 in 5 adults age 65 years and older have a disability**
- **1 in 4 women have a disability.**

At the national level:

- **Native Americans have the highest disability rate among working-age adults (16 percent)**
- **African Americans (11 percent)**
- **Caucasians (9 percent)**
- **Hispanics (7 percent)**
- **Asians (4 percent)**
- **More than one third of LGBTQ adults identify as having a disability**

Disability is a part of human existence *continued*

To be healthy, all individuals with or without disabilities must have opportunities to take part in meaningful daily activities that add to their growth, development, fulfillment, and community contribution.

Meeting the Disability and Health objectives over the decade will require that all public health programs develop and implement ways to include individuals with disabilities in program activities and planning.

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Disability is a part of human existence

continued

Until recently, people with disabilities have been overlooked in public health surveys, data analyses, and health reports, making it difficult to raise awareness about their health status and existing disparities.

Emerging data indicate that individuals with disabilities, as a group, experience health disparities in routine public health arenas such as health behaviors, clinical preventive services, and chronic conditions

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What Can We Do?

Physicians:

- Provide a broad range of modifications and adjustments (reasonable accommodation) to facilitate access to health care services.
- Change the physical layout of clinics to provide access for people with mobility difficulties
- Offer accommodations for communicating health information in accessible formats such as braille and large print.
- Offer interpreter services.
- Offer in home accommodations for x-ray, ultrasound, labs – for individuals who cannot physical access equipment in medical offices.
- Promote community-based rehabilitation (CBR) to facilitate access for people with disability to existing services.
- Empower people with disability to maximize their health by providing information, training, and peer support.

Service Delivery

Human Resources: ODM, MyCare Managers, Case Managers, Places of Higher Education, Medical Directors, etc.

- **Integrate disability education into undergraduate and continuing education for all health-care professionals.**
- **Train community workers so that they can play a role in preventive health care services.**
- **Provide evidence-based guidelines for assessment and treatment.**
- **Identify groups that require alternative service delivery models, for example, targeted services or care coordination to improve access to health care.**

Data and Research: ODM, Places of Higher Education, Medical Directors, etc.

- **Include people with disability in health care surveillance.**
- **Conduct more research on the needs, barriers, and health outcomes for people with disability.**

Disability-related Public Policy Transition

From segregation

to

rehabilitation, charity, and medical models

to

a civil rights and social justice model.

INDEPENDENT LIVING AND TRADITIONAL PARADIGMS

	MEDICAL MODEL & REHABILITATION PARADIGM	INDEPENDENT LIVING PARADIGM
Definition of problem	physical or mental impairment; lack of vocational skill (in the VR system)	dependence upon professionals, family members and others; hostile attitudes and environments
Locus of problem	in the individual (individual needs to be "fixed")	in the environment; in the medical and/or rehabilitation process itself
Solution to the problem	professional intervention; treatment	<ol style="list-style-type: none">1. barrier removal2. advocacy3. self-help4. peer role models and counseling5. consumer control over options and service

	MEDICAL MODEL & REHABILITATION PARADIGM	INDEPENDENT LIVING PARADIGM
Social role	individual with a disability is a "patient" or "client"	individual with a disability is a "consumer" or "user" of services and products
Who controls	professional	"consumer" or "citizen"
Desired outcomes	maximum self-care (or "ADL"); gainful employment in the VR system	independence through control over ACCEPTABLE options for every day living in an integrated community

RESOURCES:

Disability and Health

<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

Disability and Health

<https://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health>

More Than One-Third of LGBTQ Adults Identify as Having a Disability

<https://www.prnewswire.com/news-releases/more-than-one-third-of-lgbtq-adults-identify-as-having-a-disability-300674869.html>

Health Disparities at the Intersection of Disability and Gender Identity:

<https://dredf.org/health-disparities-at-the-intersection-of-disability-and-gender-identity/>

Social versus Medical Models of Disability

<https://disabilityandimmigrationpolicy.wordpress.com/2016/04/04/social-verses-medical-models-of-disability/>

Independent Living in the Community: Are people with intellectual disabilities reaching their full potential? <https://www.ucc.ie/en/media/academic/appliedsocialstudies/docs/JohnFitzgerald.pdf>

Social Model of Disability

<https://www.mentalhealth.org.uk/learning-disabilities/a-to-z/s/social-model-disability#:~:text=The%20social%20model%20of%20disability,civil%20rights%20approach%20to%20disability.&text=The%20social%20model%20of%20disability%20says%20that,society%20which%20disables%20impaired%20people.>

Specific Healthcare Needs of People with Disabilities

<https://www.ruralhealthinfo.org/toolkits/disabilities/1/specific-needs>

Disability rates among working-age adults are shaped by race, place, and education

<https://www.brookings.edu/blog/the-avenue/2018/05/15/disability-rates-among-working-age-adults-are-shaped-by-race-place-and-education>

Disability Impacts All of Us

<https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

References:

Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. *MMWR Morb Mortal Wkly Rep* 2018;67:882–887. DOI: [http://dx.doi.org/10.15585/mmwr.mm6732a3external icon](http://dx.doi.org/10.15585/mmwr.mm6732a3external_icon).

Centers for Disease Control and Prevention. Disability and Health Data System (DHDS) [Internet]. [updated 2018 May 24; cited 2018 August 27]. Available from: <http://dhds.cdc.gov>

Independent Living Research Utilization

<https://www.ilru.org/>



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