HEALTH CHALLENGES IN THE DISABILITY COMMUNITY

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"Health and wellness are not the same as the presence or absence of a disability; they are broader concepts that directly affect the quality of a person's life experience. Research and clinical experience have shown that persons with disabilities can be both healthy and well... And good health opens the door to employment and education for persons with disabilities, just as it does for persons who do not have disabilities."

- 2005 Surgeon General's Call to Action to Improve Health & Wellness of Persons with Disabilities

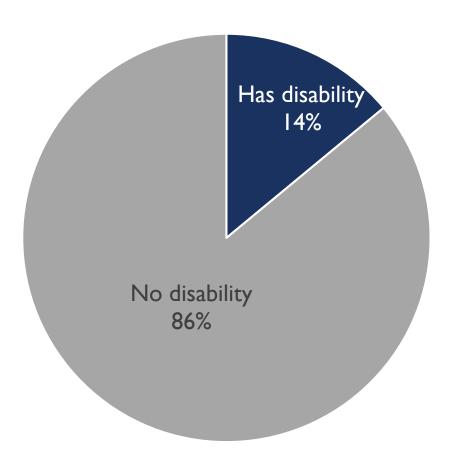
KEY MESSAGE

People with disabilities are more likely to have worse health care access, health behavior, and health outcomes than people without disabilities. Many of these differences are not caused directly by the disability itself, but instead are preventable.

IN THIS PRESENTATION

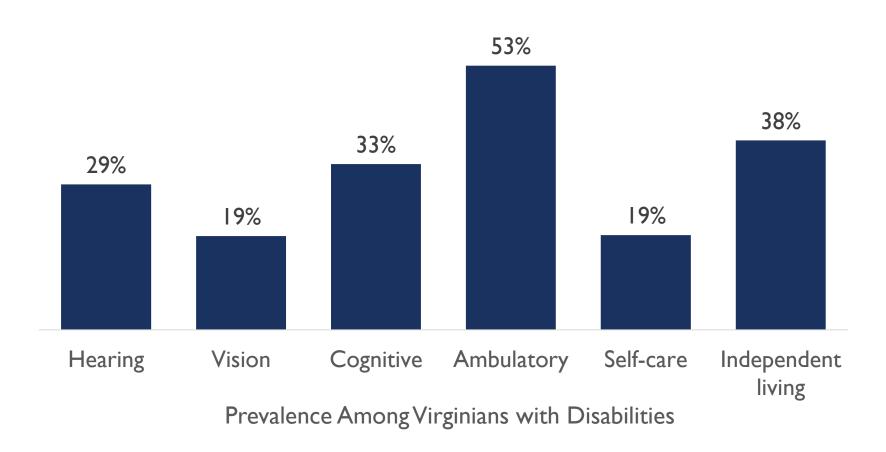
- Who are people with disabilities?
- How does health differ between people with and without disabilities?
- What health barriers do people with disabilities face?
- What opportunities are there for improvement?

PREVALENCE OF DISABILITIES



Source: 5-year estimates of noninstitutionalized Virginians ages 18+ in 2020 from the American Community Survey

TYPES OF DISABILITIES



Source: 5-year estimates of noninstitutionalized Virginians ages 18+ in 2020 from the American Community Survey

CULTURAL CONSIDERATIONS

- Disability is just one aspect of a person's identity
- Culture may influence individual's views on
 - cause of the disability
 - whether to seek help
 - which treatments to undertake
 - the expectations parents have of, and for, their child
 - relationships between people with disabilities and care professionals

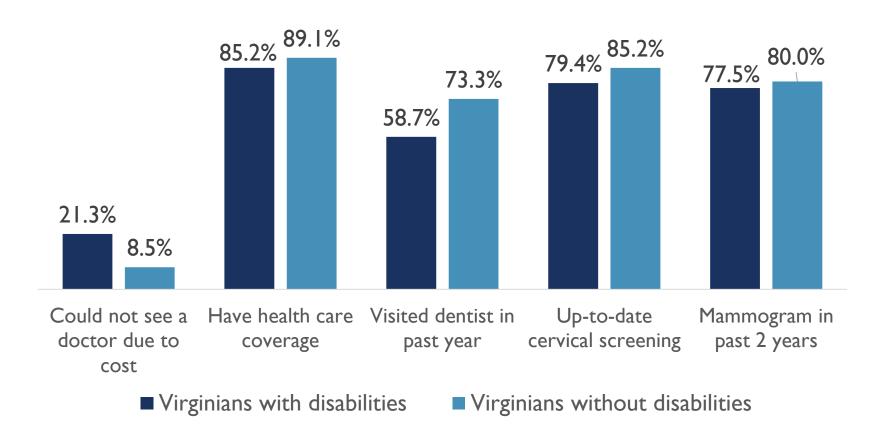
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DISABILITY AS A RECOGNIZED HEALTH DISPARITY

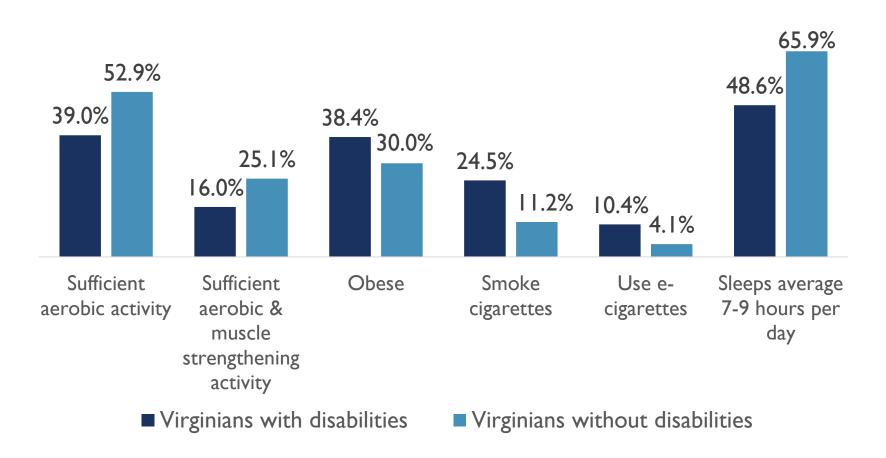
- Surgeon General's Call to Action in 2005
- Healthy People 2010, 2020, and 2030
- Affordable Care Act in 2010

DISPARITIES IN HEALTH CARE ACCESS/UTILIZATION



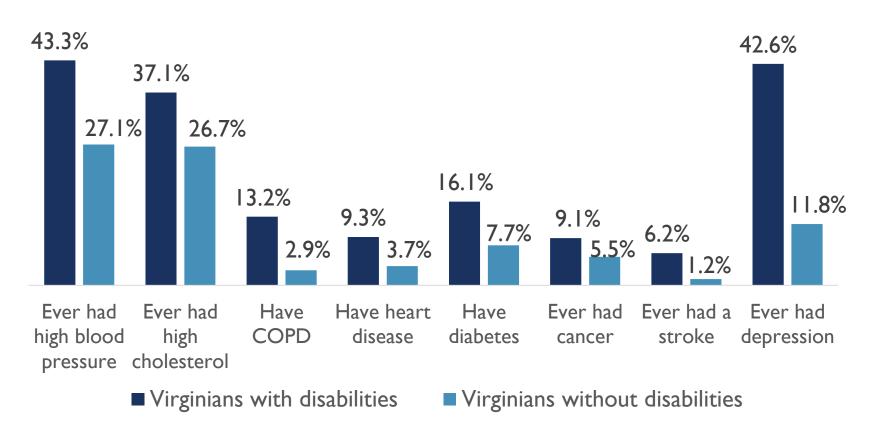
Note: Data on Virginians ages 18+ in 2020 from the Disability and Health Data System, which is based on the BRFSS

DISPARITIES IN HEALTH BEHAVIOR



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DIFFERENCES IN HEALTH OUTCOMES

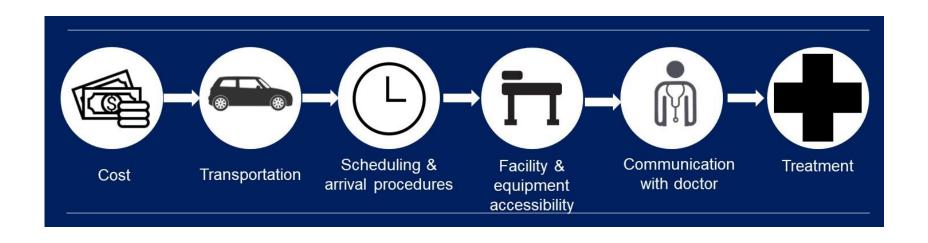


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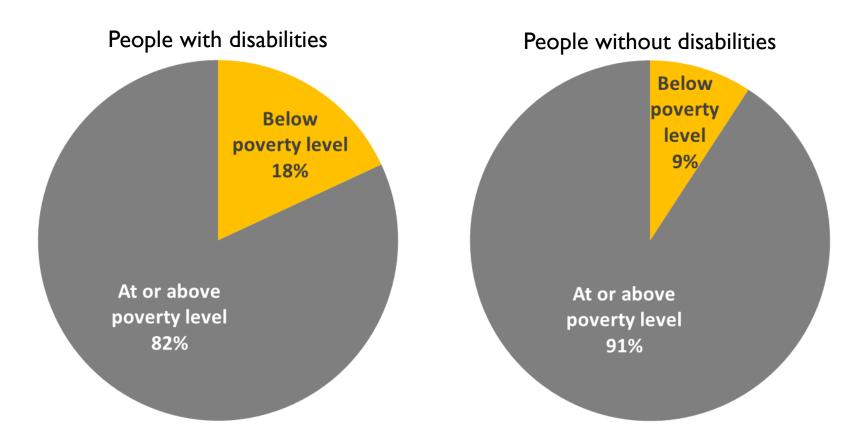
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HEALTH BARRIERS FOR PEOPLE WITH DISABILITIES



BARRIER: COST



Note: Data on Virginians ages 18+ in 2016 from the American Community Survey

BARRIER: TRANSPORTATION

- Difficulty owning a car given limited income
- Difficulty operating a car given physical or cognitive limitations
- Difficulty using public/private transportation options given previous limitations and limited routes

BARRIER: TRANSPORTATION



BARRIER: SCHEDULING & ARRIVAL

- Flexible arrival due to transit issues
- Allowance of service animals
- Reduced wait times
 - Anxiety
 - Limited waiting room space
- Longer appointment times
 - Changing clothes
 - Transfers
 - Communication

- Of 2400 primary care facilities serving CA Medicaid,
 - < 50% architecturally accessible</p>
 - 8.4% had accessible examination tables
 - <4% had accessible weight scales ^a
- 22% of subspecialty practices in four cities reported inability to accommodate patients in wheelchairs b
- Need staff trained to assess patient needs & assist in using the equipment

^a Mudrick NR, Breslin ML, Mengke Liang M, Yee S. (2012). Physical accessibility in primary health care settings: results from California on-site reviews.

^b Lagu et al. (2013). Access to subspecialty care for patients.











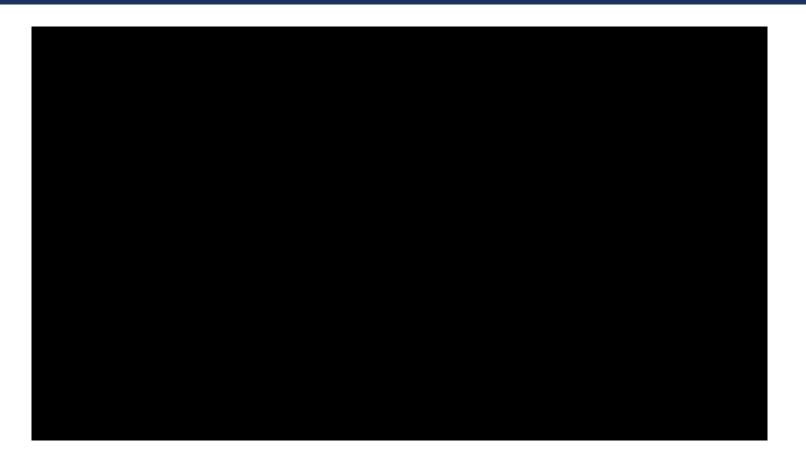


Note: "Part One: Tables and Scales" video from Disability Rights Education & Defense Fund at https://dredf.org/healthcare-stories/2014/02/05/barriers-solutions//

BARRIER: COMMUNICATION

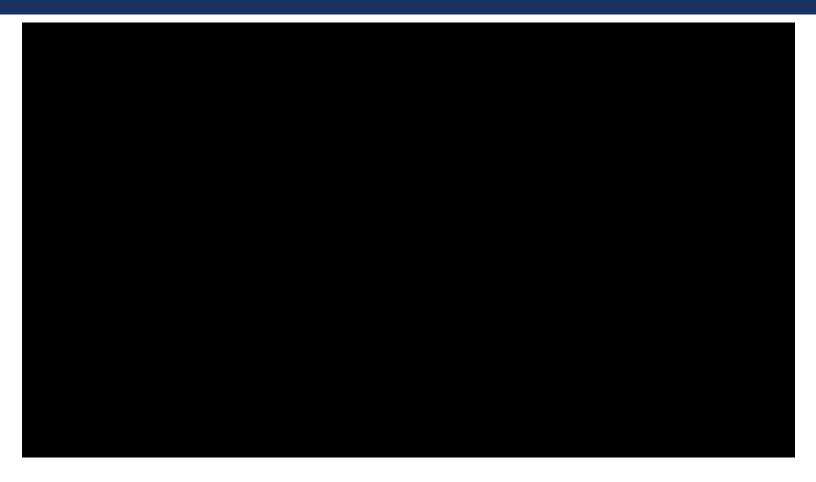
- Accessibility
 - Interpreters
 - Plain language and/or large print
 - Slow speech
- Respect
 - People-first language (if preferred)
 - Direct eye contact
 - Sensory preferences e.g., physical touch, noise, etc.

BARRIER: COMMUNICATION



Note: "The Healthcare Experience for People with Disabilities" video from Colorado Department of Health Care Policy & Financing at https://www.colorado.gov/pacific/hcpf/disability-competent-care

BARRIER: COMMUNICATION

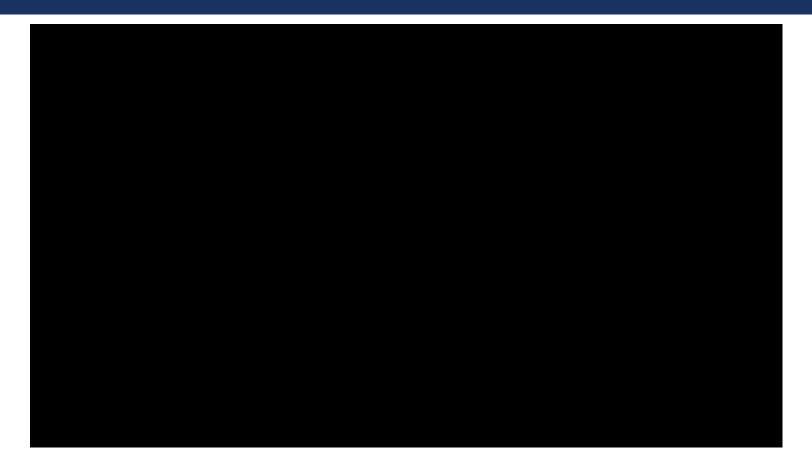


Note: "Part Two: Attitudes" video from Disability Rights Education & Defense Fund at https://dredf.org/healthcare-stories/2014/02/05/barriers-solutions/ (watch clip with timestamp 4:28-6:00)

BARRIER: TREATMENT

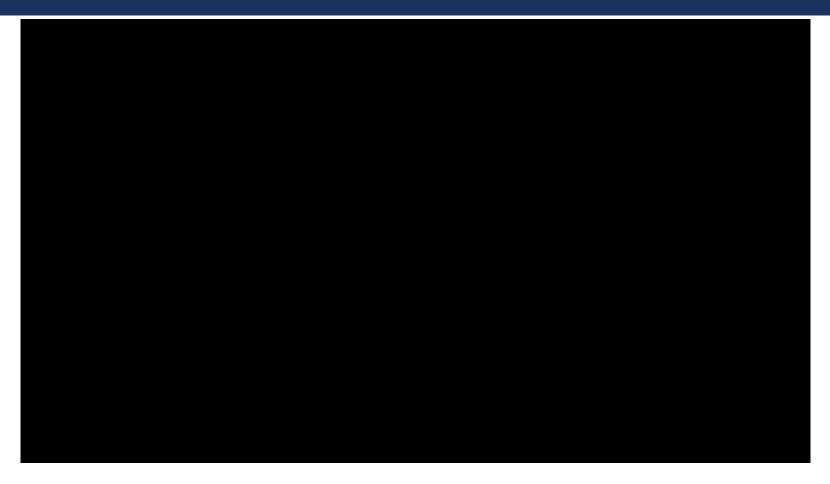
- Moving past stereotypes about people with disabilities' capabilities and desires
 - Institutionalization
 - Sexuality
 - Quality of life
- Treating the whole person, not just their disability
- Eligibility and referral criteria
- Patient-centered care

BARRIER: TREATMENT



Note: "Part Two: Attitudes" video from Disability Rights Education & Defense Fund at https://dredf.org/healthcare-stories/2014/02/05/barriers-solutions/ (watch clip with timestamp 3:48-4:28)

BARRIER: TREATMENT



Note: "Dianne Collins" video from Disability Rights Education & Defense Fund at https://dredf.org/healthcare-stories/2012/06/24/dianne-collins/ (watch clip with timestamp 9:11-10:09)

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LEGAL HEALTH CARE RIGHTS

- Americans with Disabilities Act
- Rehabilitation Act of 1973, Section 504
- Affordable Care Act
- Medicaid managed care requirements

VBPD EFFORTS

- Policy advocacy e.g., workgroups, GA, dental care assessment
- Grant awards e.g., dLCV, JMU, VCU
- Training people with disabilities & parents e.g., PIP,
 YLA, TAA

OPPORTUNITIES FOR VDH

- Staff training on people with disabilities (e.g., VDH, health workers)
- Increase collection, analysis, and reporting of health data regarding people with disabilities
- Inclusion of people with disabilities in VDH initiatives
 - National Association of County and City Health Officials' (NACCHO) Disability Technical Assistance Program
 - Centers for Disease Control and Prevention's (CDC)
 State Disability and Health Programs

QUESTIONS?



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