

# **Eliminating Health Disparities among The Disability Community**

## **Opportunities for Partnership and Coordination**

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# Overview

- Overview of Disparities and Disabilities
- Challenges and Opportunities
- Plans, Strategies, and Potential Opportunities for Coordination and Collaboration

# What is a Health Disparity?

Difference in health outcomes across subgroups of the population and closely linked to social or economic disadvantage.

Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.



# Racial and Ethnic (R/E) Health Disparities in the US: The Challenge

- R/E minorities experience higher morbidity and mortality and reduced access to clinical services and community-based prevention programs.
- R/E minorities account for over half of the 47 million people who are uninsured.
- Regardless of insurance status, an estimated 56 million Americans, a large majority of whom are R/E minorities, have inadequate access to a primary care physician.
- Significant disparities exist in the racial and ethnic composition of the health care workforce compared to the U.S. population.

# What is a disability?

- Disabilities are characteristics of the body, mind, or senses that, to a greater or lesser extent, affect a person's ability to engage independently in some or all aspects of day-to-day life (HP2010).
- Interactions between individuals with a health condition and barriers in their environment; persons having an activity limitation, or who use assistance, or who perceive themselves as having a disability? (HHS, Office on Disability)

# Disabilities in the US: The Challenge

- Significant disabilities exist within racial and ethnic minority population groups
- In addition to minority status, persons with disabilities face reduced access to clinical services and community-based prevention programs resulting in higher morbidity and mortality.
  - Ex: **47.5 Million U.S. Adults Report a Disability; Arthritis Remains Most Common Cause**
- Chronic conditions account for a large proportion of inequality in life expectancy between persons with disabilities and persons without disabilities.

# Other Contributors to Disparities in Disability Populations

- Unmet health care needs of persons with disability
- Inadequate planning for special needs
- Increased risk for injury and abuse
- Lack of needed clinical services, as well as devices and assisted living technology

# Perception of Health Status Among U.S. Adults with and Without Disabilities

<b>Self Reported Health Status</b>	<b>With Disability</b>	<b>Without Disability</b>
<b>Excellent Health</b>	<b>27.6</b>	<b>60.2</b>
<b>Good health</b>	<b>32.5</b>	<b>29.9</b>
<b>Fair health</b>	<b>40.3</b>	<b>9.9</b>

# Disabilities and Health Experience by Race and Ethnicity

- Reports of fair or poor health among adults with a disability:
  - Hispanic, 55.2%
  - American Indian or Alaska Native, 50.5%
  - Non-Hispanic Black or African American, 46.6%
  - Non-Hispanic White, 36.9%
  - Native Hawaiian or Other Pacific Islander, 36.5%
  - Asian, 24.9%

# Social Determinants of Health: Disparities and Disabilities

## Disabilities

- Poverty
- Employment
- Education
- Housing

## Disparities

- Poverty
- Employment
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# Conditions Contributing to Disparities and Disabilities

## Disabilities

- Stroke
- Diseases of the Heart
- Arthritis
- Diabetes
- Other Chronic conditions
- Injury
- Obesity

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# Cross Agency Collaboration Opportunities and Initiatives: Health Disparities and Disabilities

## Opportunities

- Focus on areas of concern that overlap federal department and agency missions and priorities
- Target multiple chronic conditions and multiple factors
- Address intersection between disparities and disabilities that provide greatest potential to impact overall health



# Cross Agency Collaboration Opportunities and Initiatives: Health Disparities and Disabilities

- **Federal Efforts and Initiatives**
  - National Stakeholder Strategy
  - HHS Action Plan to Reduce Racial and Ethnic Health Disparities
  - Federal Collaboration on Health Disparities Research
  - Patient Affordable Care Act



# National Stakeholder Strategy for Achieving Health Equity

- Intended to stimulate a comprehensive, community-driven approach to achieving health equity through collaborations
- Provides a common set of goals and strategies for initiatives and partnerships that can help racial and ethnic minorities reach their health potential
- Incorporates ideas and comments from thousands of individuals and organizations through focused stakeholder meetings and public comment period
- Stakeholders can identify which goals are most important for their communities, and adopt the most effective strategies to help reach them.

# National Stakeholder Strategy

**20 Strategies within the following 5 goals:**

- **Awareness**
- **Leadership**
- **Health System and Life Experience**
- **Cultural and Linguistic Competency**
- **Data, Research and Evaluation**

# NPA Goals and Strategies

Goal	Description	Strategies
5	<b>RESEARCH AND EVALUATION—</b> Improve data availability, and coordination, utilization, and diffusion of research and evaluation outcomes	<b>17. Data.</b> Ensure the availability of health data on all racial, ethnic, and underserved populations.
		<b>18. Community-Based Research and Action, and Community Originated Intervention Strategies.</b> Invest in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities.
		<b>19. Coordination of Research.</b> Support and improve coordination of research that enhances understanding about, and proposes methodology for, ending health and healthcare disparities.
		<b>20. Knowledge Transfer.</b> Expand and enhance transfer of knowledge generated by research and evaluation for decisionmaking about policies, programs, and grantmaking related to health disparities and health equity.

# HHS Action Plan to Reduce Racial and Ethnic Health Disparities

***Vision - “A Nation free of disparities  
in health and health care”***

# The HHS Action Plan to Reduce Racial and Ethnic Health Disparities Goals

- Responds to and complements the National Stakeholder Strategy for Achieving Health Equity
- First ever HHS Action Plan to reduce health disparities
- Aligns resources and actions to reduce disparities in support of HHS Strategic Plan for 2010-2015
- Builds on the Affordable Care Act to address health disparities
- Includes key role for agency offices of minority health
- Includes new actions starting in Fiscal Year 2011 and beyond
- Progress reviewed and strategies refocused on biannual basis; monitors progress to reduce health disparities annually

# The HHS Action Plan to Reduce Racial and Ethnic Health Disparities Goals

- Goal 1: Transform Health Care
- Goal II: Strengthen the Nation's Health and Human Services Infrastructure
- Goal III: Advance the Health, Safety, and Well-Being of the America People
- Goal IV: Responds to and complements the National Stakeholder Strategy for Achieving Health Equity
- Goal V: Increase Efficiency, Transparency, and Accountability of HHS Programs

# Goal I - Transform Health Care

## C. Reduce disparities in the quality of health care

- **Improve the quality of care provided to minorities in the Health Exchanges**
  - **Ex: CMS will implement a quality improvement strategy using financial and non-financial activities to reduce health disparities. Those activities may include language services, community outreach, cultural competency training, and wellness promotion.**
- **Develop and implement interventions to prevent cardiovascular disease and its risk factors.**
  - **Ex: HHS will implement interventions that may include reimbursement incentives for policy and health system changes to prevent cardiovascular disease.**

# Patient Affordable Care Act and Disabilities

- **Accessible, Quality, and Affordable Health Care for People with Disabilities**
- **Preventive Care for Better Health**
- **Accessible Examination Equipment**
- **Improve data collection on health disparities for persons with disabilities, as well as training and cultural competency of health providers.**
- **Improve Care for Chronic Disease (opportunity to focus on persons with disabilities)**

# NSS and HHS Action Plan

- National Stakeholder Strategy provides common goals and strategies for partnerships and initiatives that can help racial and ethnic minorities reach their health potential and can also be used to identify strategies for working across federal agencies and departments on disparities in disabilities
- HHS Action Plan complements and responds to the National Stakeholder Strategy for Achieving Health Equity, and also can be applied to efforts to respond to disparities within disabilities community
- The Affordable Care Act provides the regulatory support that can help collaborating partners achieve some of the proposed actions in these plans as well as others developed specifically for persons with disabilities

**More information about OMH  
programs and activities  
available at:**

**[www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov)**

