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What in the Health is Disability Doing in Public Health? Re-Thinking Disability in Public Health

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Acknowledgments

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- Prepared with assistance from Kimberly Phillips, PhD (ABD)



Disclaimers/Reminders

- Emphasis is on descriptive statistics, but bibliography of favorite readings is provided for those who love regression analysis
- Disability 101 for Presentations- Expect lots of reading



Session Overview

- Overview of Disability
- Overview of Health Disparities
- Application of the Public Health Model of the Social Determinants of Health using the BRFSS
- Disability and Racial/Ethnic Group Comparisons
- Disability and Public Health Course



Definitions of Disability

- The Medical Model
- The Functional Model
- The Social Model
- Integrated Models



The Medical Model & Disability

- Disability derives from a disease, trauma, or health condition that can be cured or treated through intervention
- Disability is generally viewed in categorical terms (e.g., Multiple Sclerosis, Mental Retardation)



The Functional Model of Disability

- Disability is the inability to perform functional activities such as thinking, walking, or seeing (due to an underlying medical, physiological, or cognitive impairment or deficit)

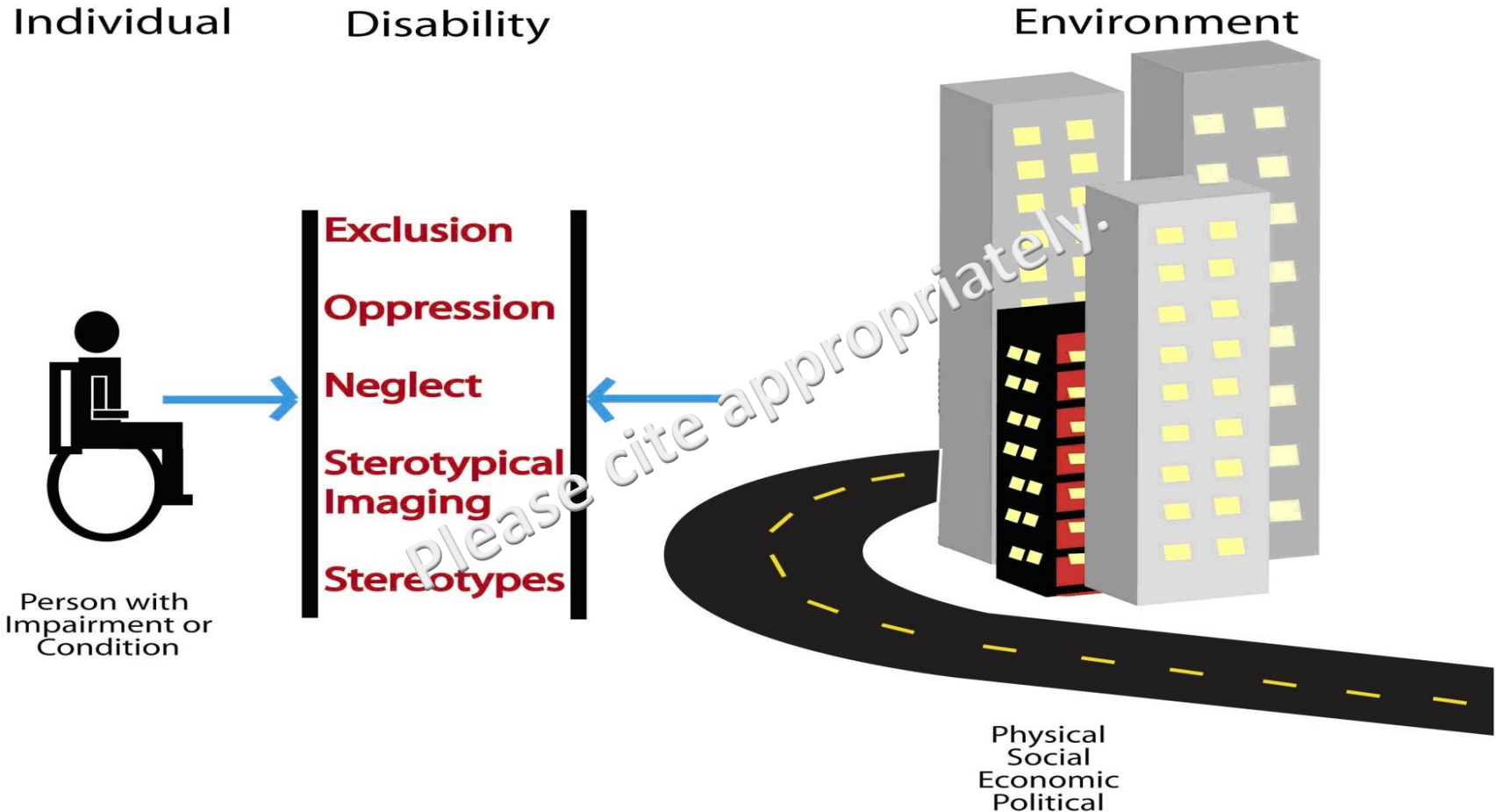


Social Models of Disability

- Disability lies in the barriers individuals [with an underlying condition or impairment] encounter in accessing the environment
- *Environment* includes social, physical, economic, and political dimensions



Social Model of Disability Illustrated



Integrated Approaches to Disability

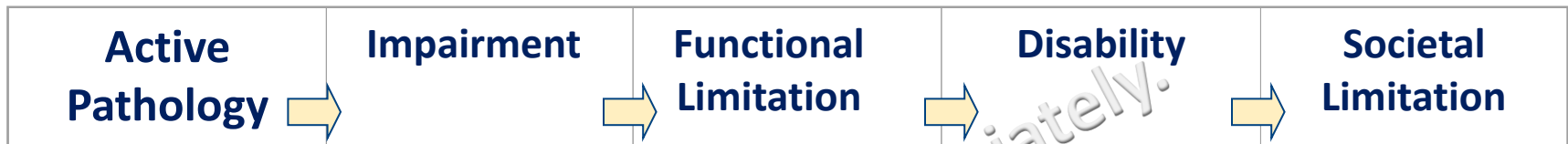
- In the mid-1960s, American sociologist Saad Nagi developed an integrated model to characterize the disabling process
- An expansion added a component to the disabling process model called *societal limitations* in 1993



Expanded Nagi Model

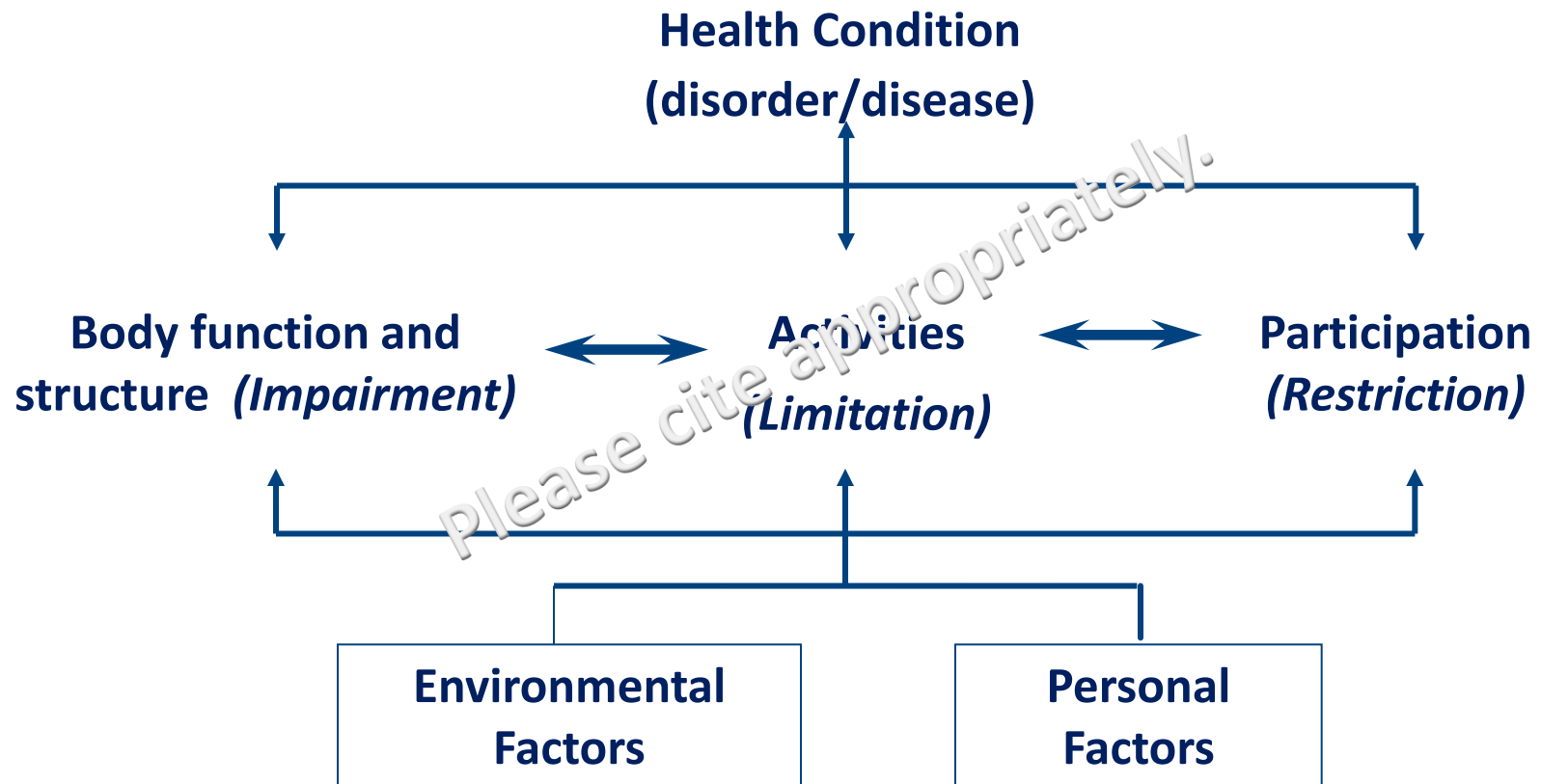
Nagi

NCMRR



- The disabling process is conceptualized as consisting of five major dimensions: active pathology, impairment, functional limitation, disability, and societal limitation

International Classification of Functioning, Disability and Health



Where's the “Health” in Health Disparities?

Traditionally:

- Rate of disease incidence, prevalence, morbidity, mortality, or survival rates
- “Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions” (*NIH*, 1999)



Where's the “Health” in Health Disparities?

- Health status and access/utilization/ quality of health care
- “...health outcomes, or access to health care” (*Health Resources and Services Administration, 2000*)
- “differences in health outcomes or health care use” (Kilbourne, et al., 2006)



Health Disparity Populations

- Differences...among *specific population groups* (NIH, 1999)
- Traditionally: minorities, women, rural populations
- Recently: socially distinct vulnerable and less vulnerable populations (Kilbourne, et al., 2006)



Health Disparity Populations

- “Health difference...based on racial or ethnic group; religion; socioeconomic status; gender; age; *mental health; cognitive, sensory, or physical disability;* sexual orientation or gender identity; geographic location; or other characteristics” (*Healthy People 2020*)



Mere Difference or Disparity?

- Observed clinically and statistically significant differences...that are not explained by the effects of selection bias (Kilbourne, et al., 2006)



Mere Difference or Disparity?

“Outcomes for which it can be determined quantitatively --- rather than merely anecdotally or associatively --- that the fact of pre-existing disability status serves as a dominating independent variable from which adverse or disparate outcomes directly and attributably arise, as opposed to merely one of many independent variables of varying epidemiologic force.” *The CDC Traditionalist*



Health Disparities & Disability

- Why include people with disabilities as a health disparity population?
- Are people with disabilities more or less similar to racial/ethnic minorities in their experience of health disparities?



Behavioral Risk Factor Surveillance System (BRFSS)

- State-based, random digit dialed telephone health survey conducted in all 50 states, DC, and U.S. Virgin Islands, Guam, American Samoa, and Palau
- Demographics and information on health, health behaviors, and prevention activities
- Iterative Proportional Fitting used to weight data to be nationally representative



BRFSS

- Analysis based on 2011 data (N = 506,000 before weighting)
- Limited to ages 18 – 64 (N = 321,456)
- BRFSS Limitations

Please cite appropriately.

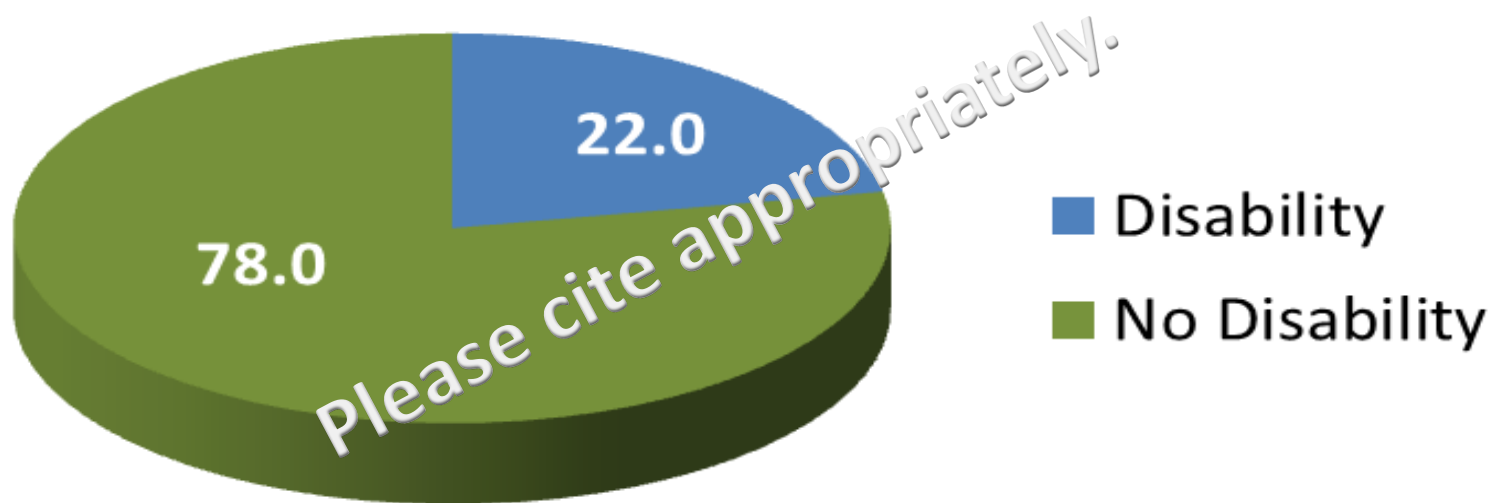


BRFSS Disability Definition

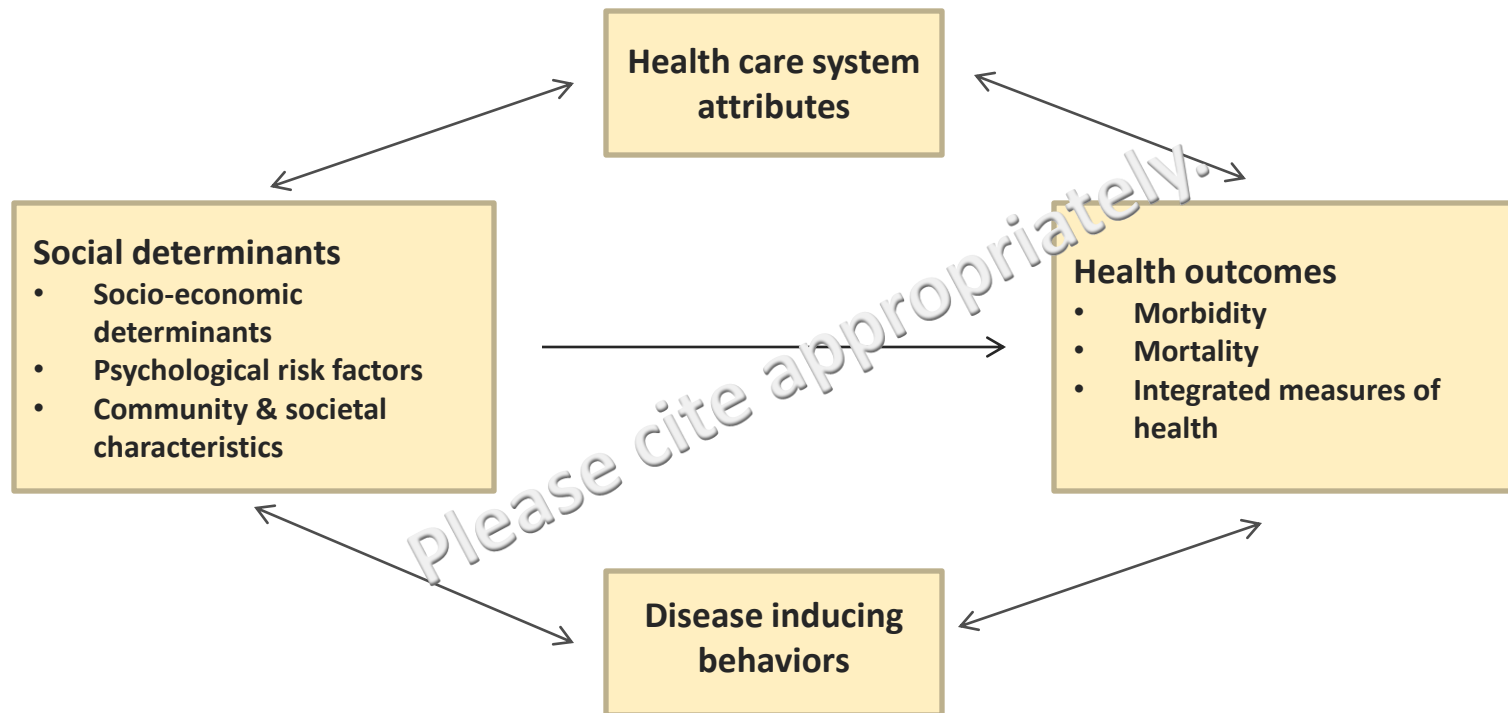
1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
 2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
- Disability group includes all races and ethnicities, unless otherwise indicated



Prevalence of Disability



Public Health Model of Social Determinants of Health

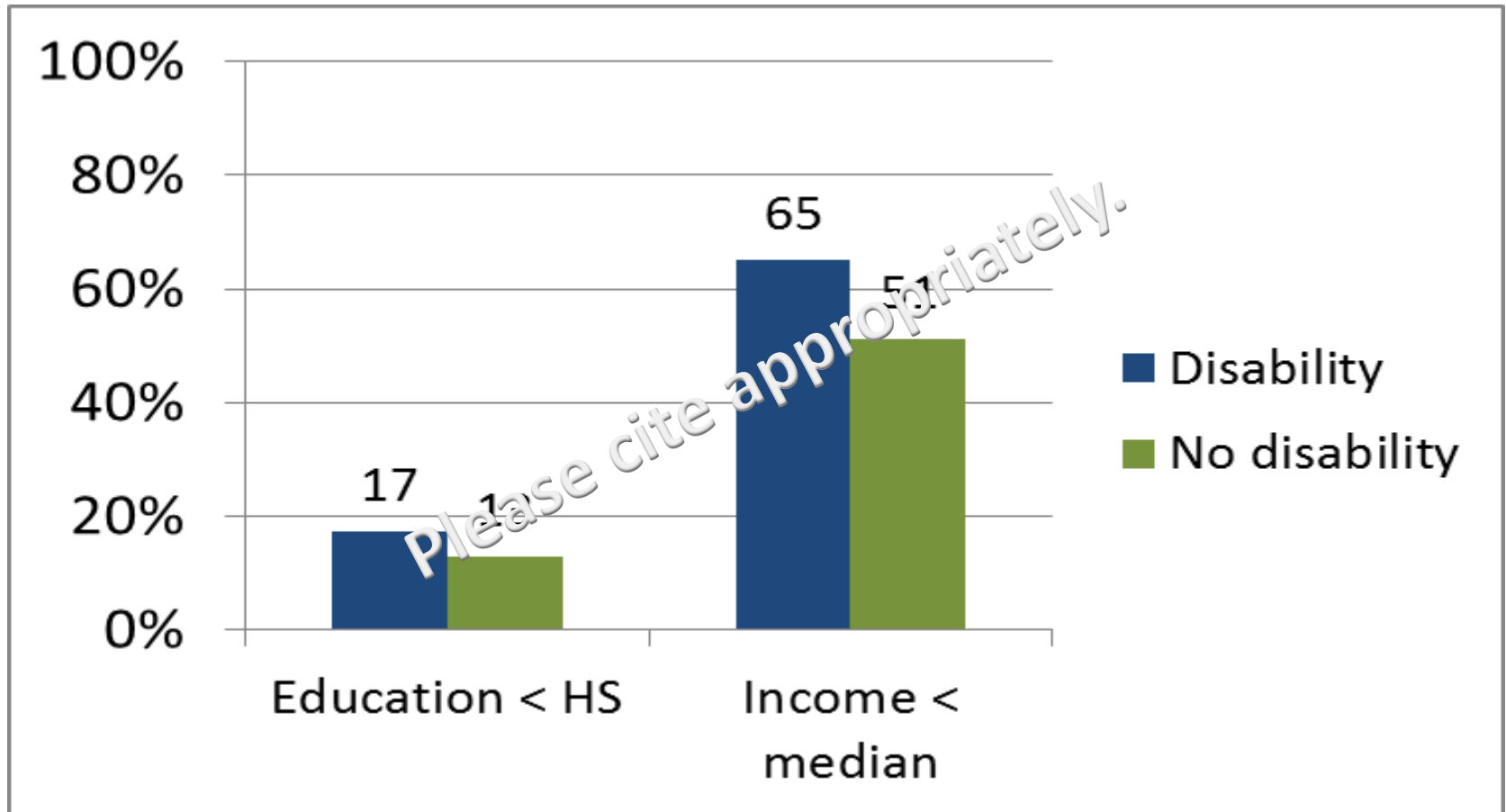


(Ansari et al., 2003)

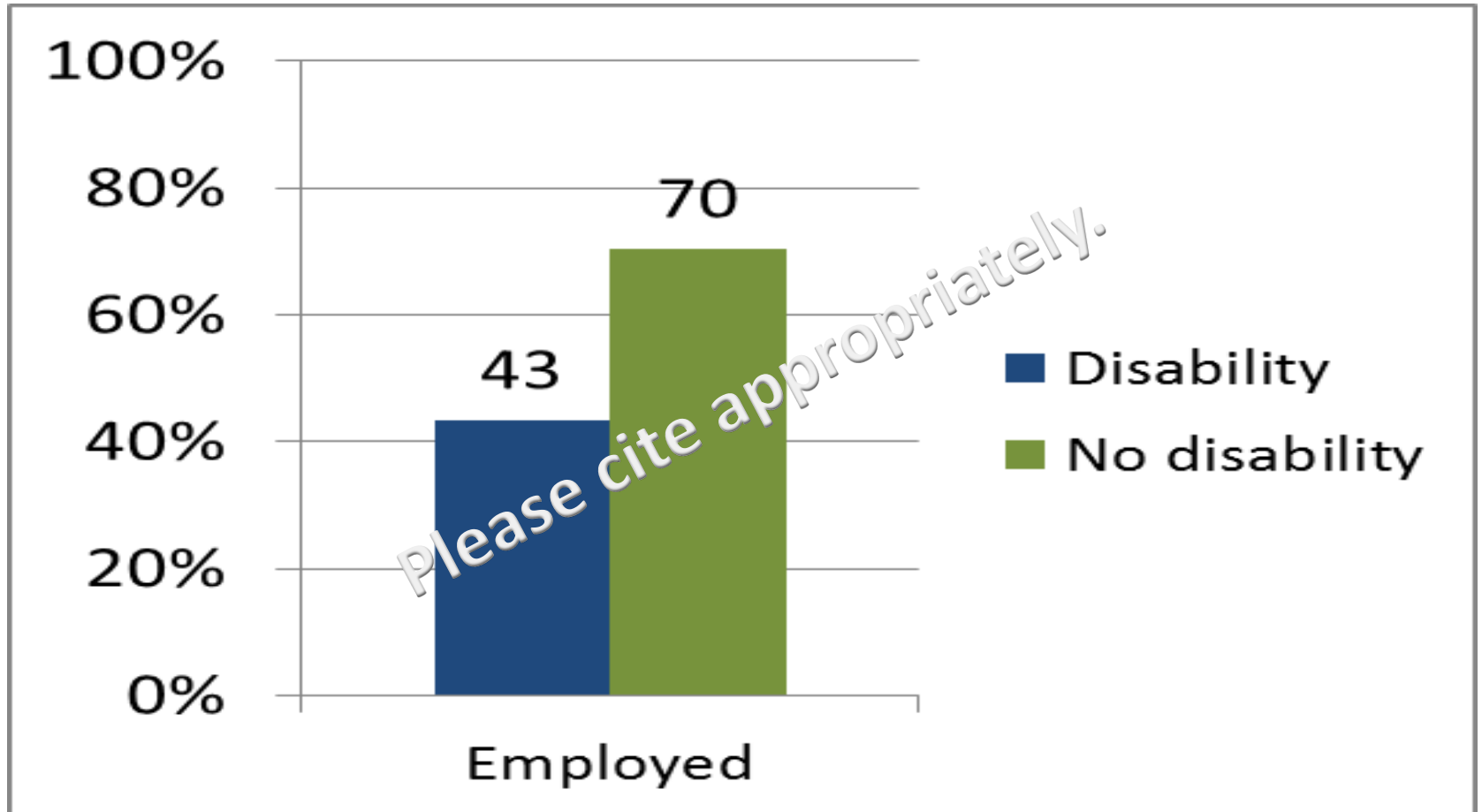
SOCIAL DETERMINANTS



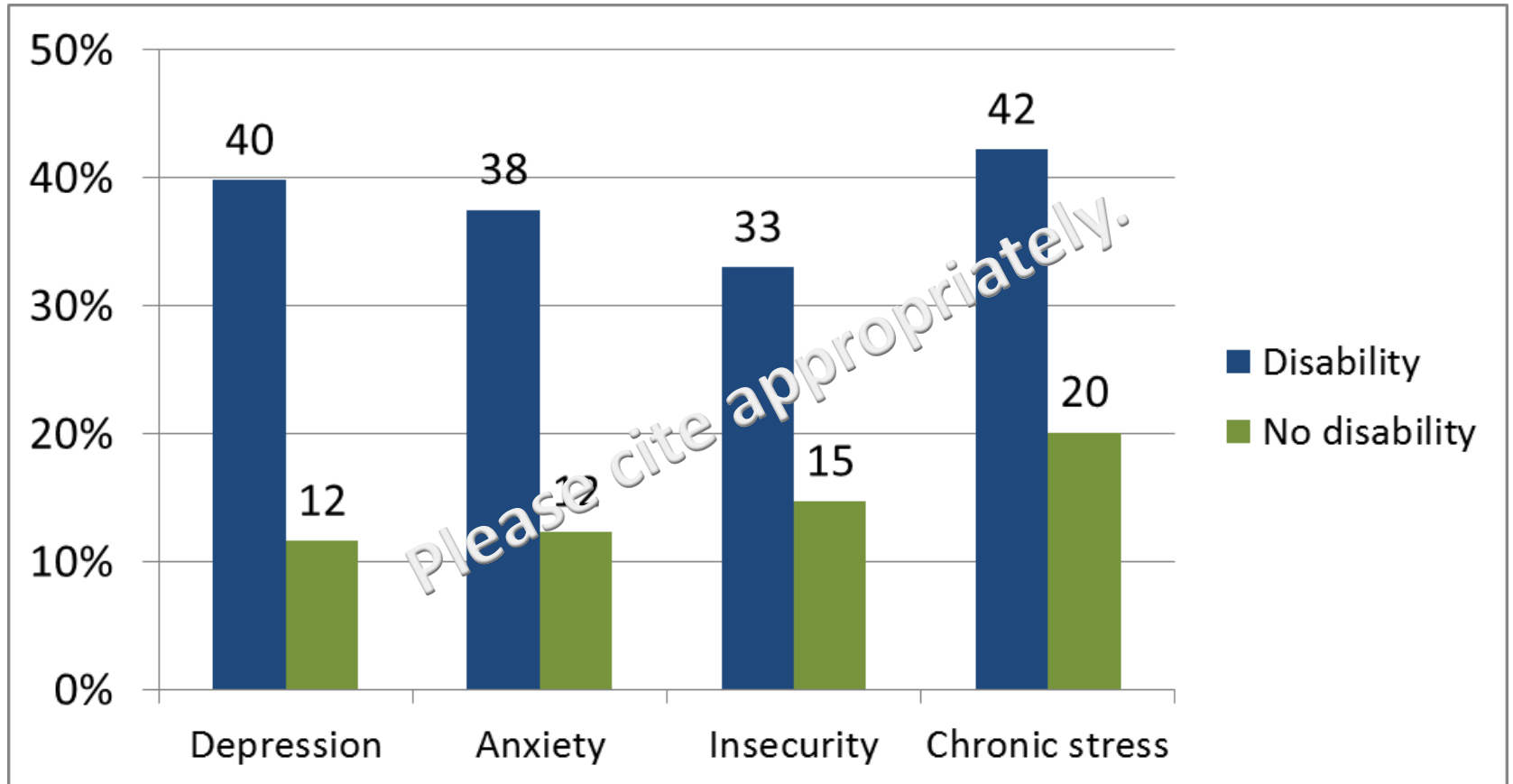
Socio-economic



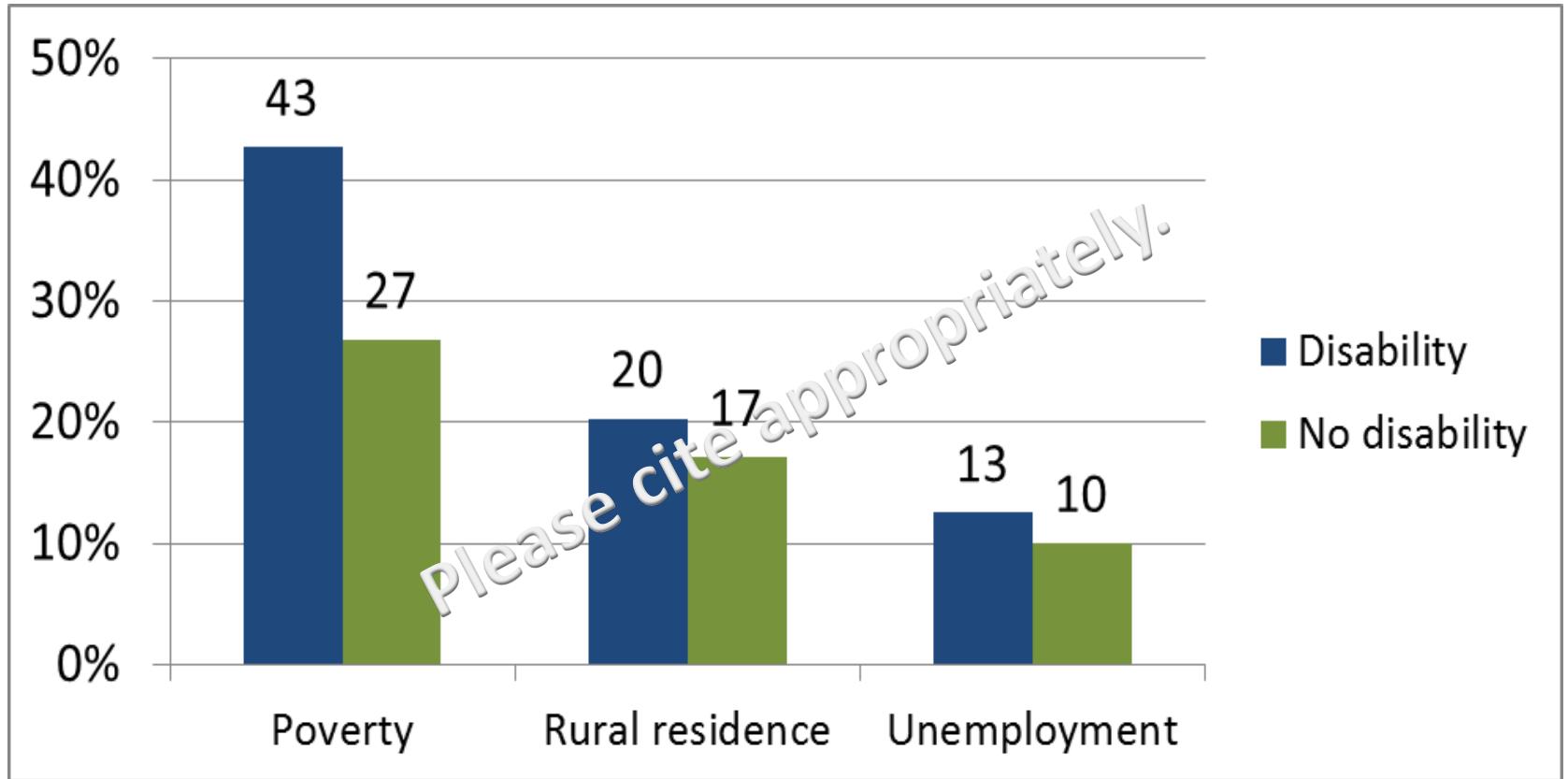
Socio-economic



Psychosocial



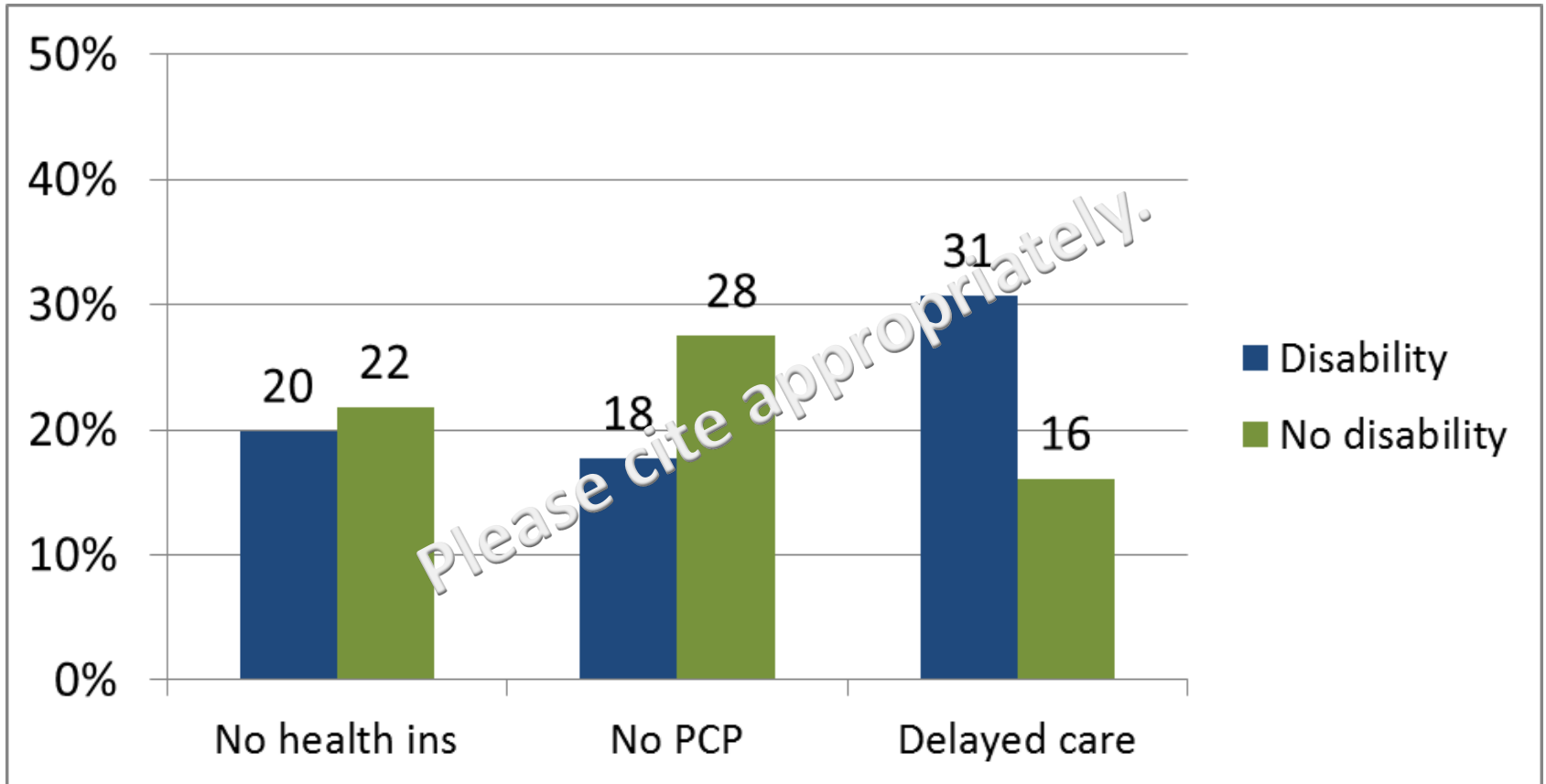
Community & Societal



SYSTEM ATTRIBUTES



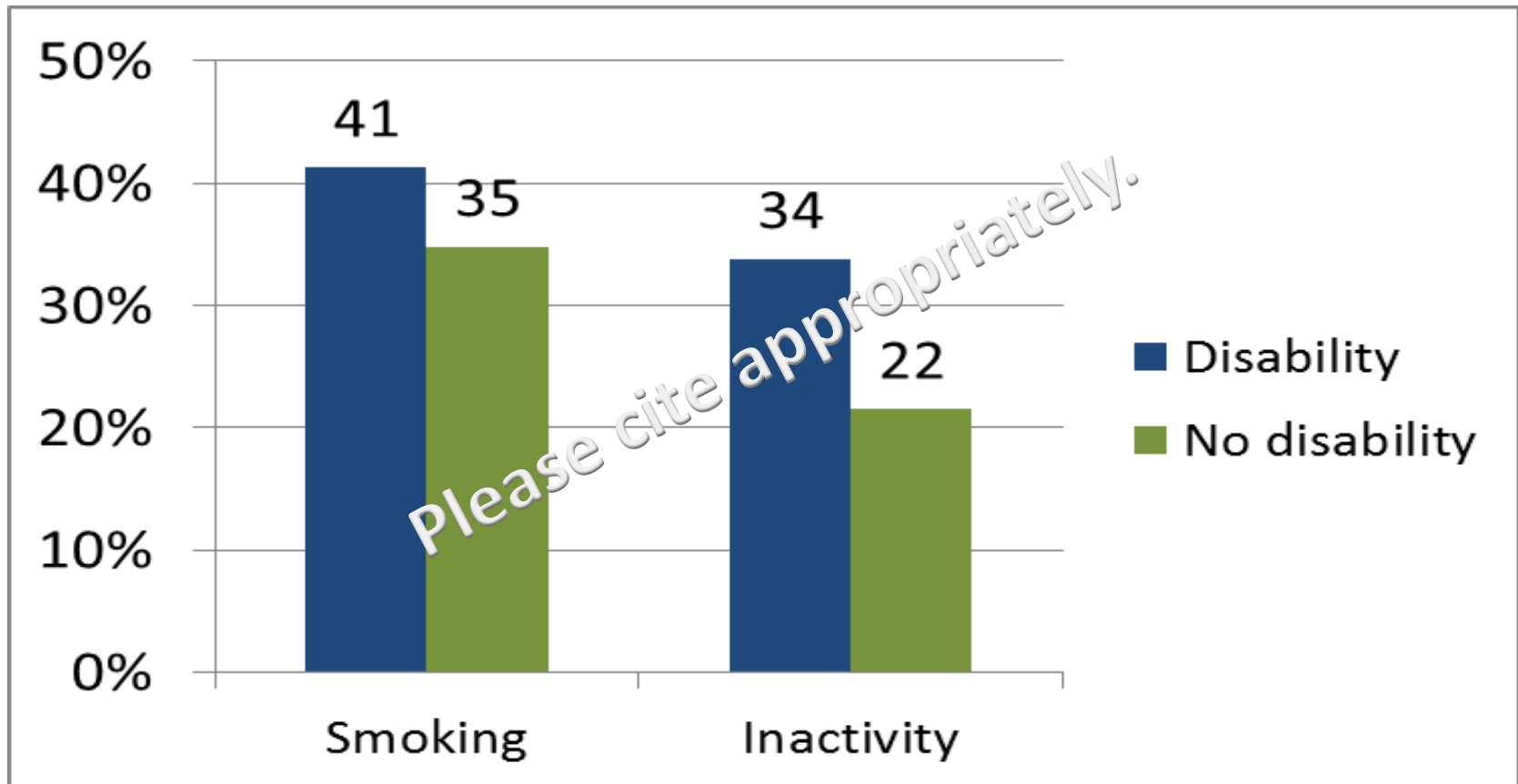
Access to Health Care



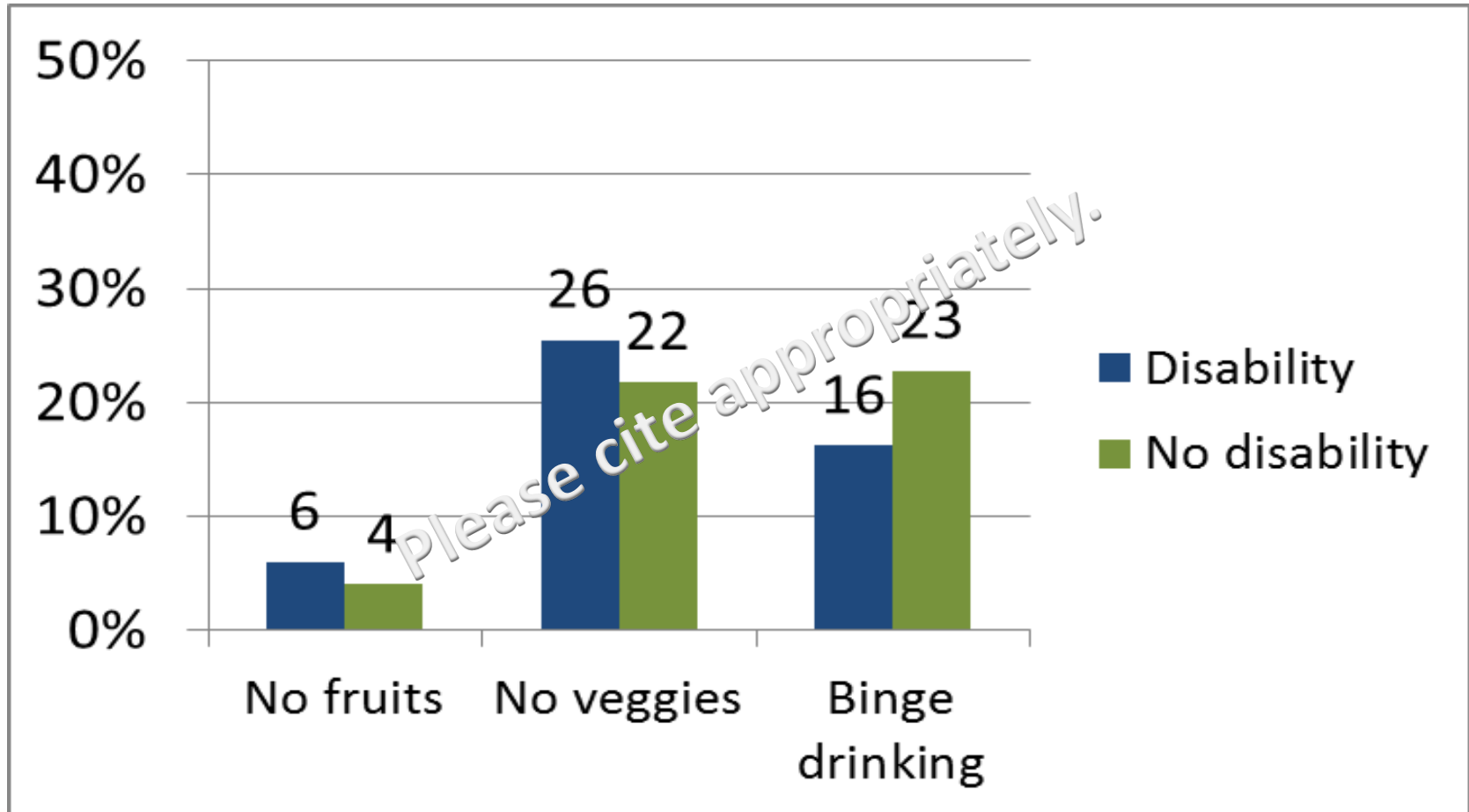
DISEASE INDUCING BEHAVIORS



Smoking & Inactivity



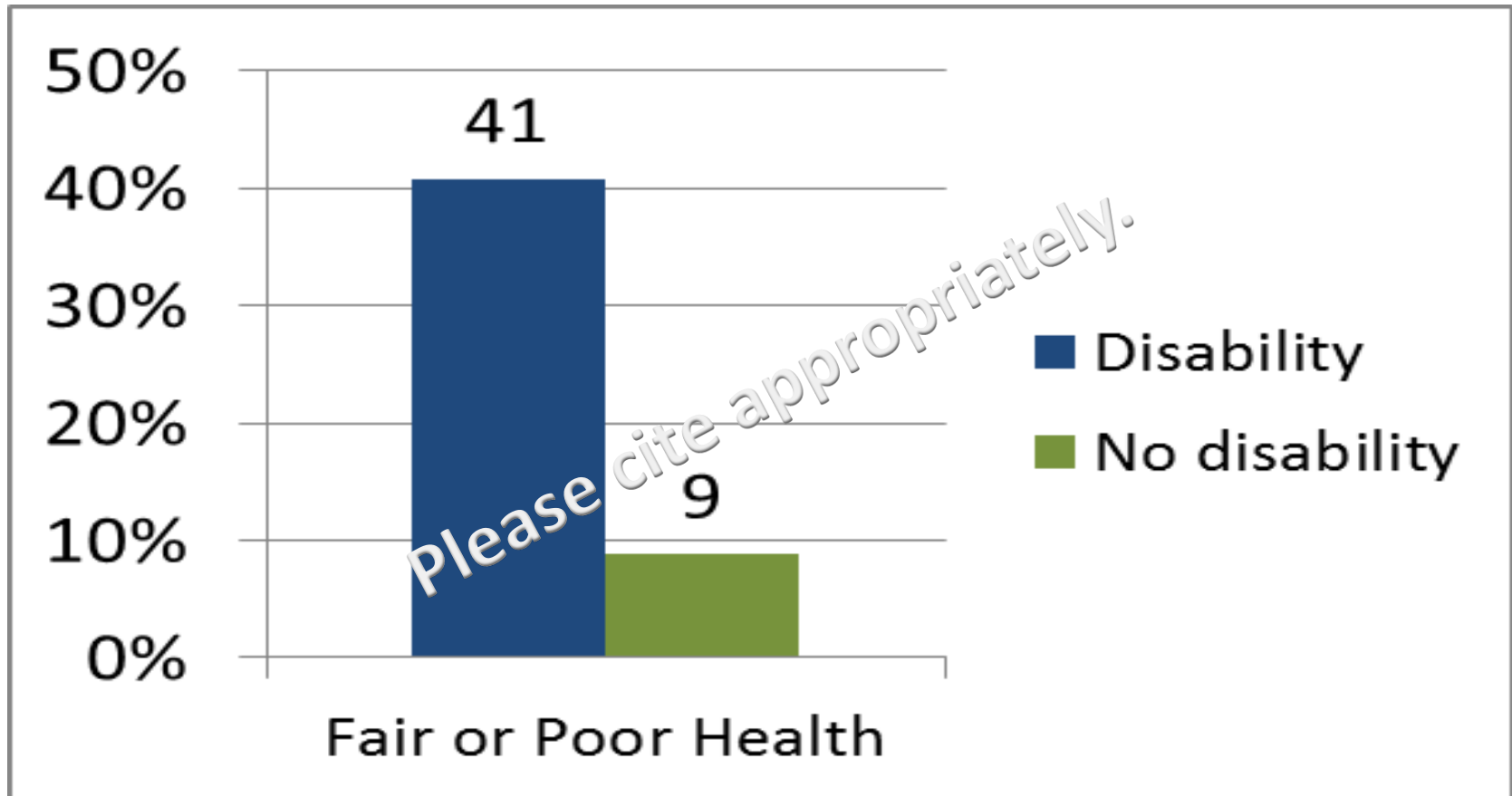
Diet & Alcohol



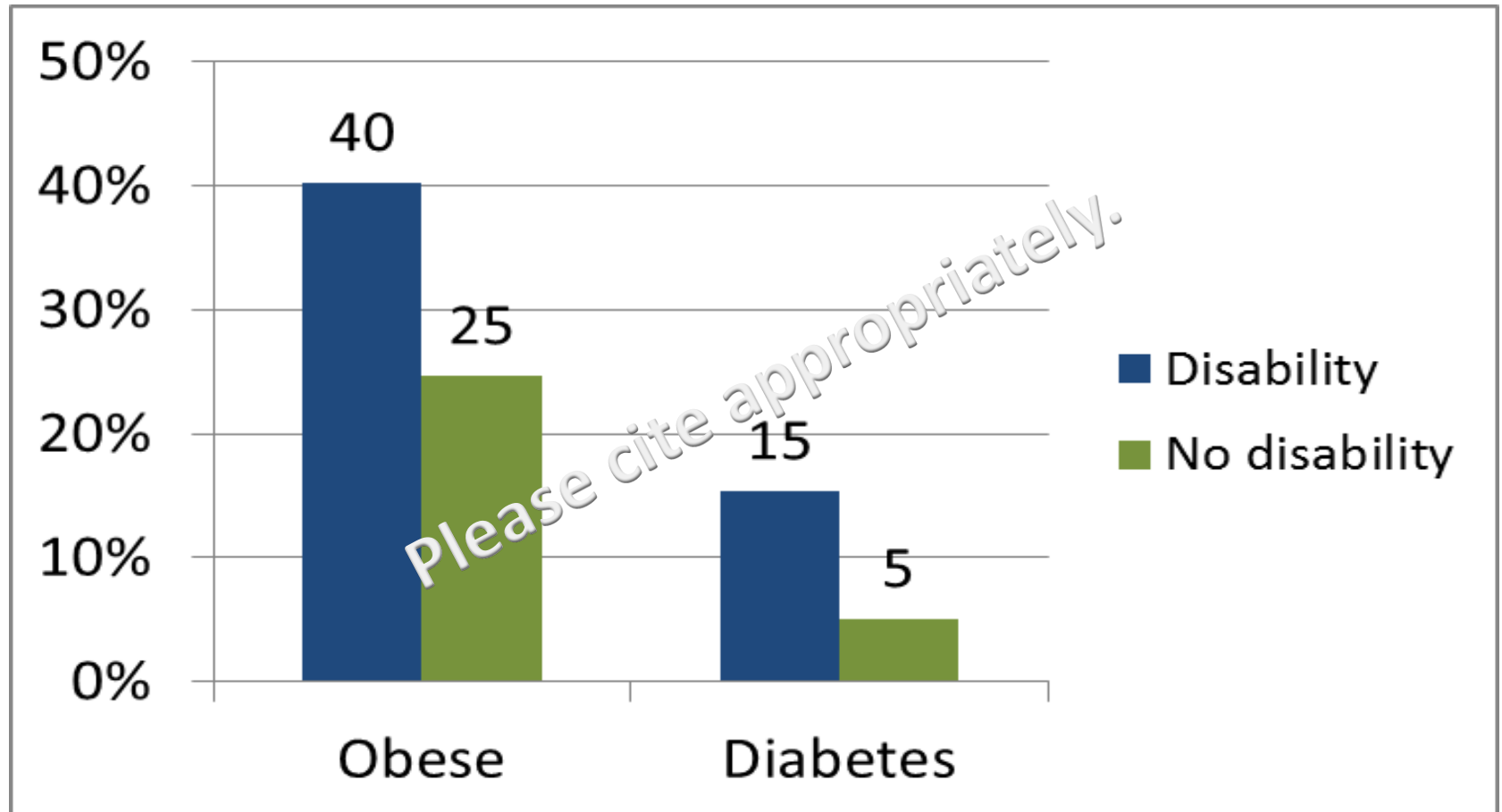
HEALTH OUTCOMES



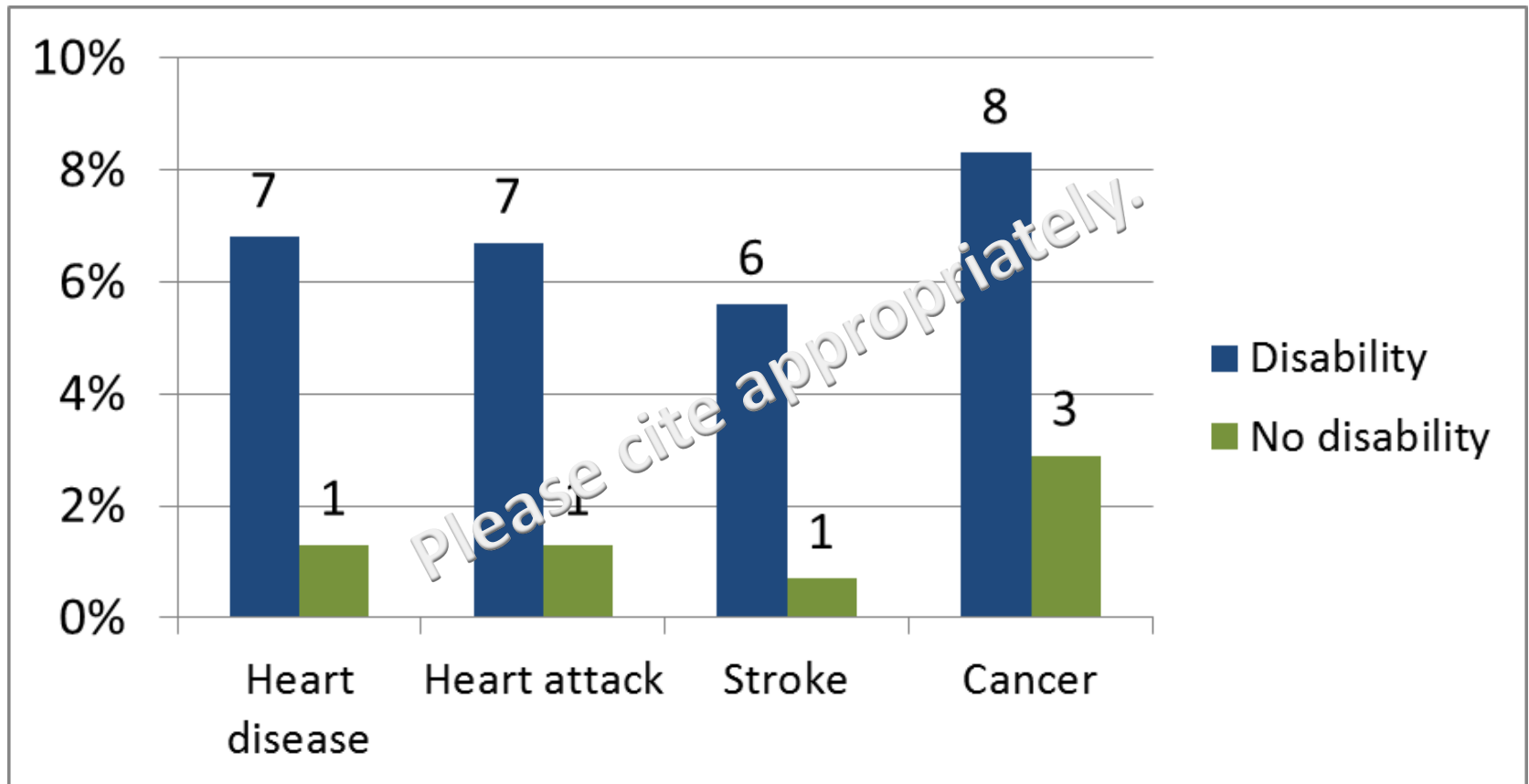
Self-Reported Health



Obesity & Diabetes



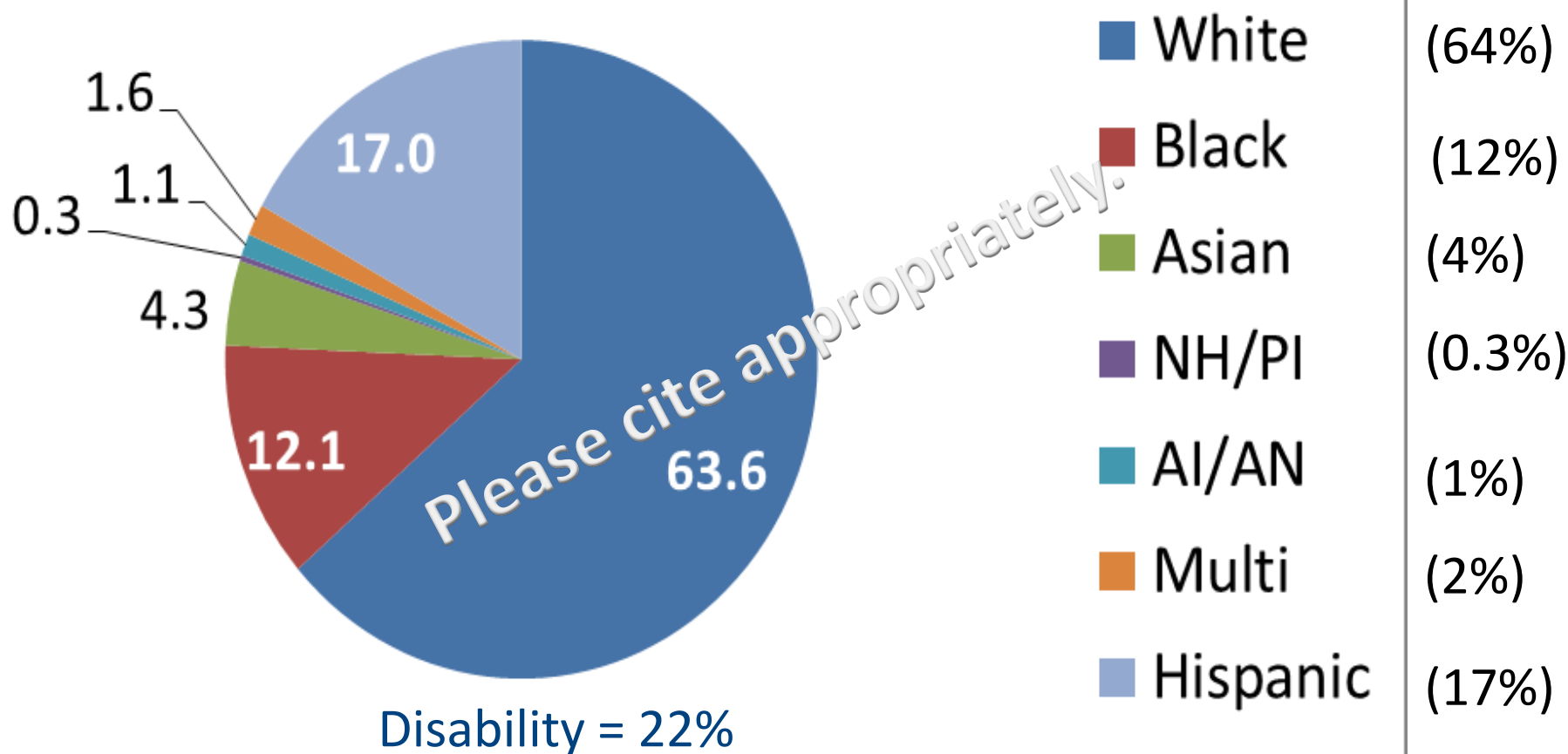
Cardiovascular Disease & Cancer



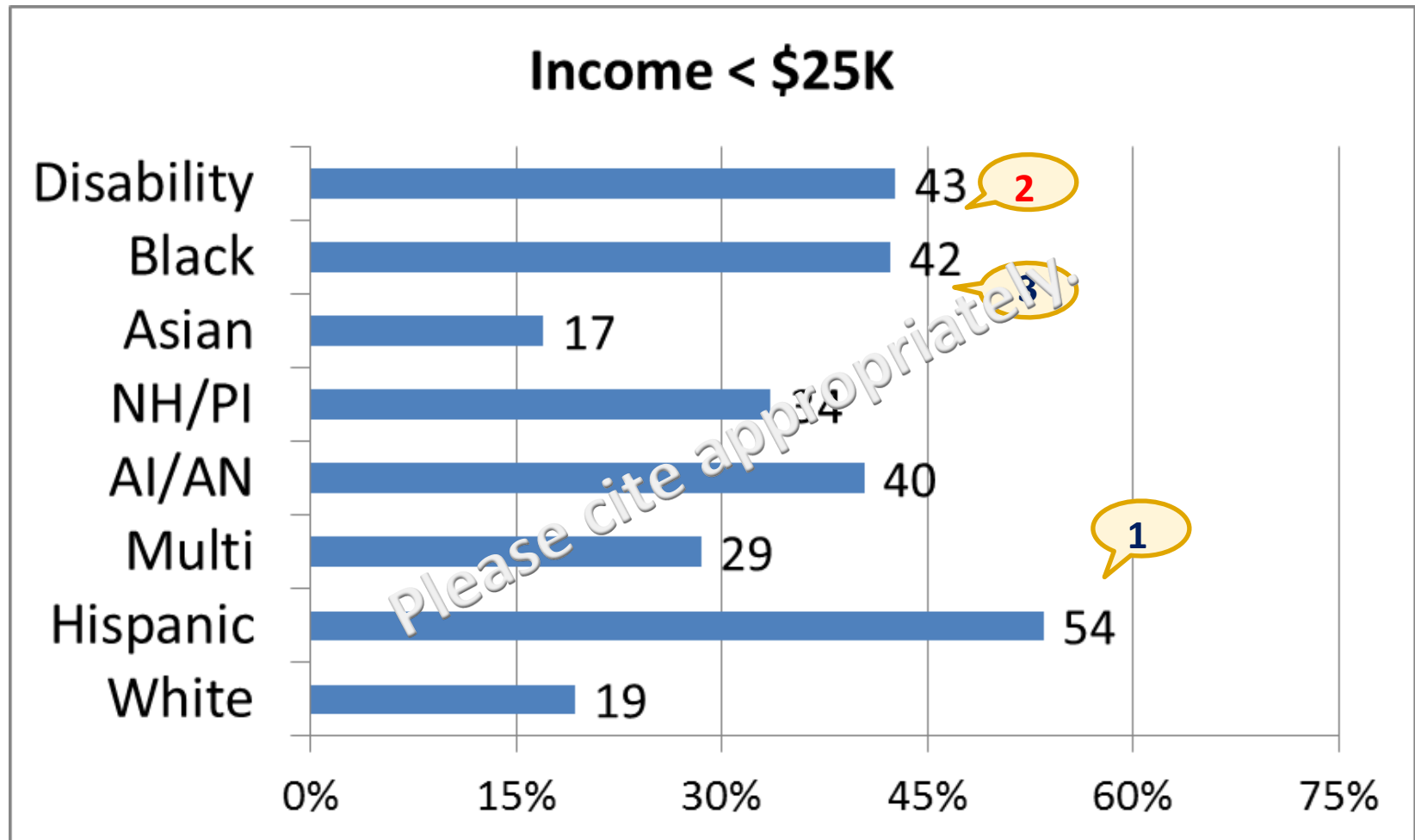
DISABILITY & RACE / ETHNICITY: COMPARING THE GROUPS



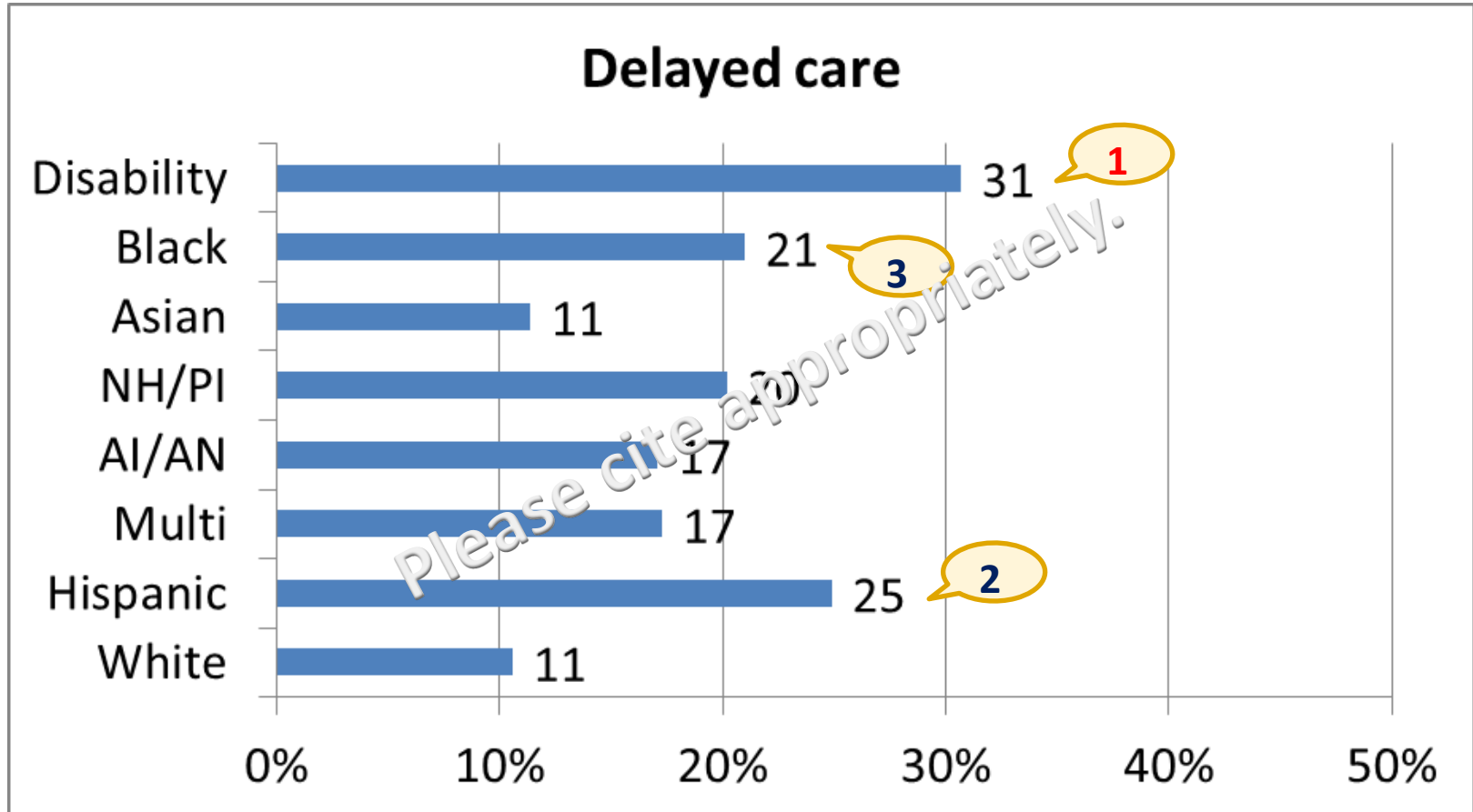
Prevalence of Race / Ethnicity



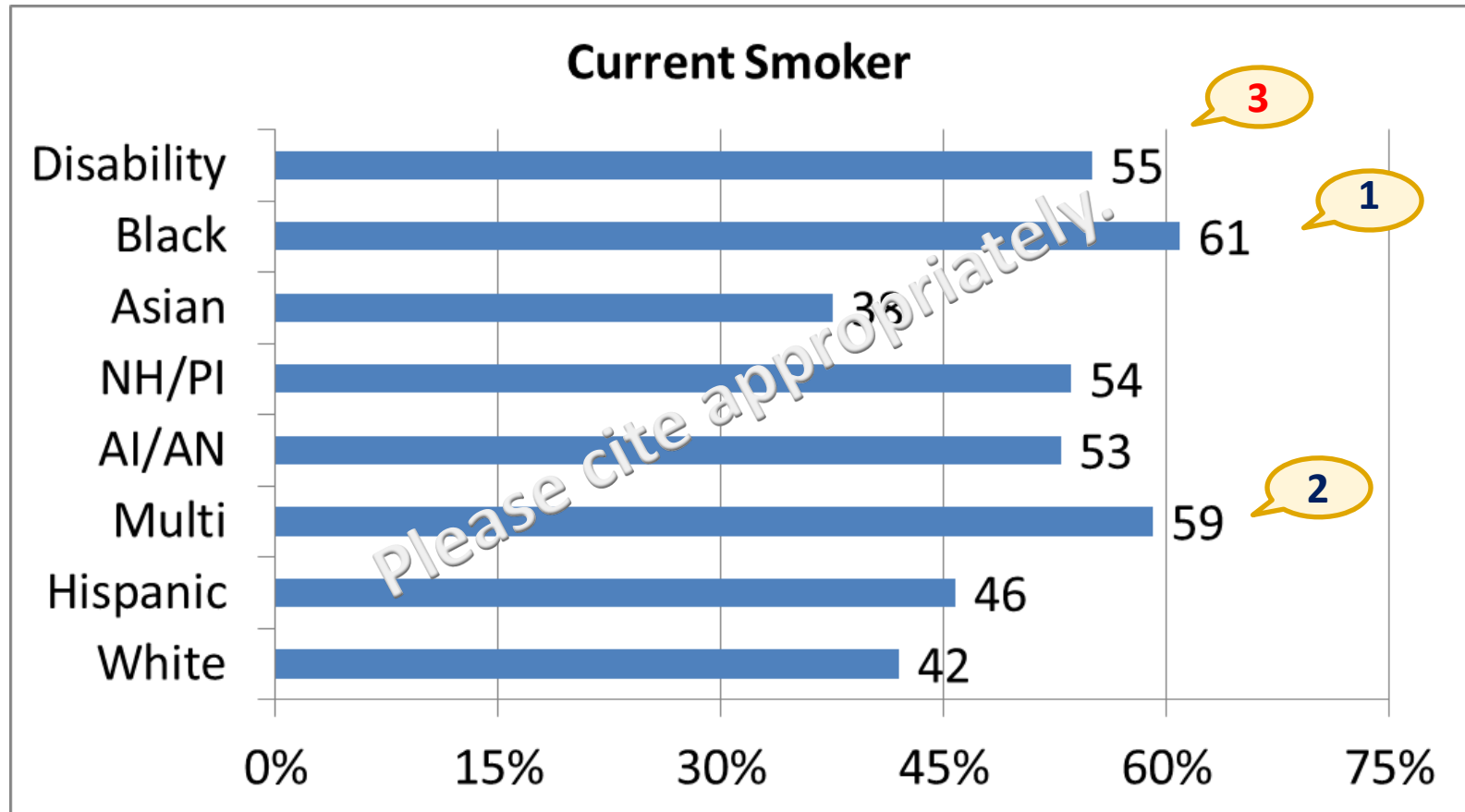
Social Determinant



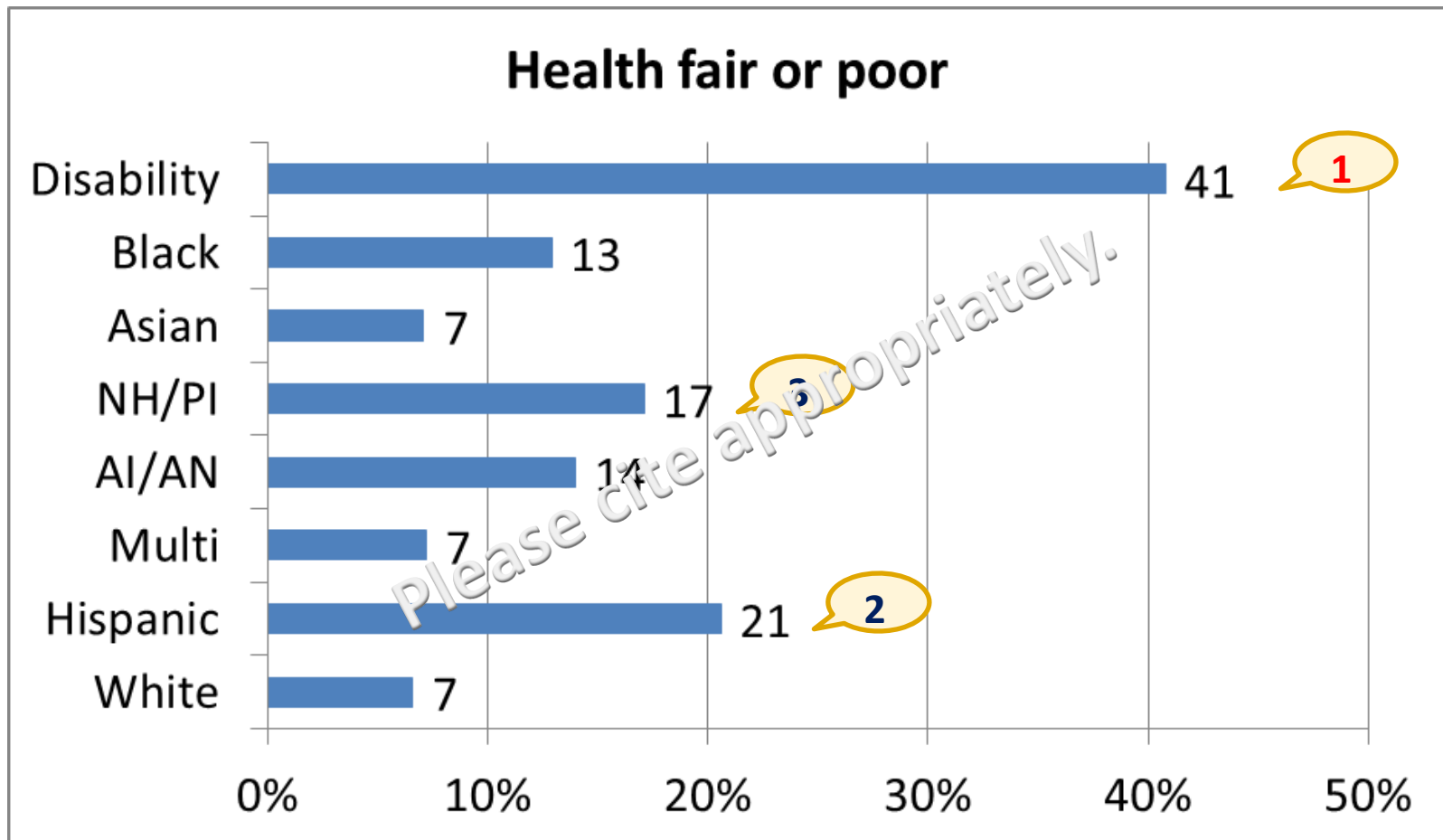
System Attribute



Disease Inducing Behavior



Health Outcome



Summary

- People with disabilities experience substantial health disparities compared to non-disabled population, with similarities to racial/ethnic minorities
- Yet, historically, disability issues not included in public health training



Disability and Public Health Curriculum Project

Goal:

Promote an increased understanding and inclusion of disabilities in public health

How:

Develop, field test, and evaluate a curriculum that teaches contemporary perspectives and issues of disability to public health students



Disability and Public Health Curriculum Project

- 1999- grant funding from the CDC
- Used Facilitated Conversation Method with Transdisciplinary focus group to develop content
- SME included PH, Ed, Ethics, SW, Psych, SPED, Law/Policy, PWDs, Diversity) T
- Twice-monthly discussions of reading materials



Developing the Curriculum

Over a period of six months, focus group identified:

- Curriculum topics
- Competencies and experiential activities associated with the topics
- Primary and contributing authors
- Uniform outline for content



DPH Course 2001-2009

- Field tested and implemented as a 3 credit seminar-style MPH course approx. every other year
- Students used Curriculum Outline, draft chapters, and supplemental readings



Learning Opportunities for Students

- Authors as guest lecturers, including faculty with disabilities
- Students access to our projects
- Entrée to disability organizations and people with disabilities
- Disability data sets for student papers

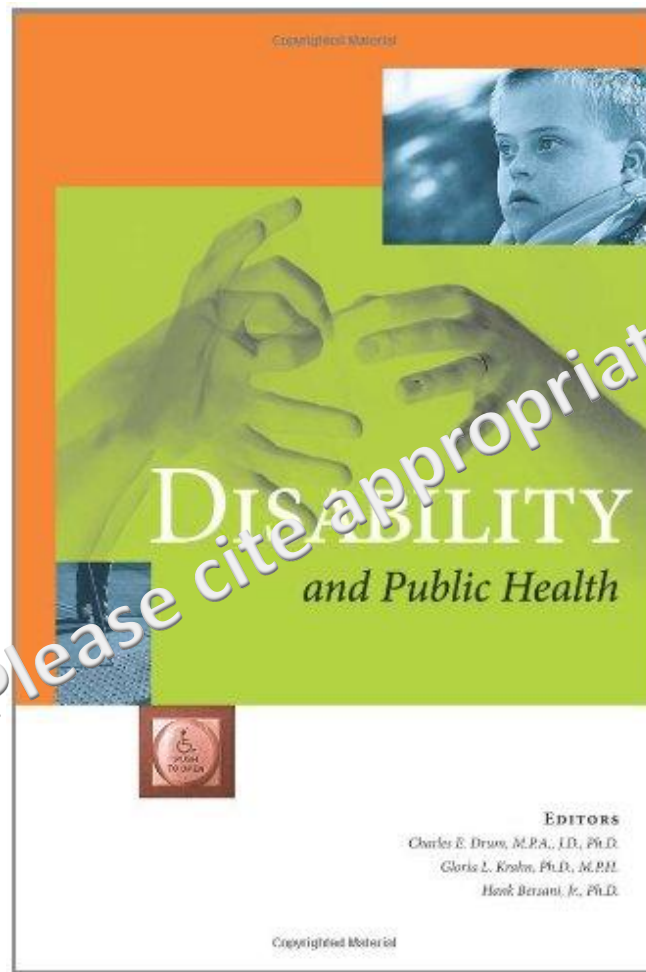


Preparing the Book

- Prospectus submitted to APHA
- Chapters updated, fully edited
- Topics added at suggestion of APHA



2009



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D & PH Content

- Introduction to D and PH
- A Brief History of PH
- Models and Approaches to Disability
- Personal Perspective on History of Disability
- Culture and Disabilities
- Governmental Policies and Programs for PWDs



D & PH Content

- Disability Epidemiology
- Health of People with Disabilities: Determinants and Disparities
- Health Promotion for PWDs
- Disaster Preparedness
- PH as a Change Agent for Disability



Course Evaluations



Overall Evaluation:

- I gained a great deal of knowledge / important skills (4.95)
- I would recommend this course to others (4.9)
- “Best course to teach critical thinking.”



Challenges & Opportunities

Challenges:

- Modest interest in Oregon
- “Draft” chapters, slow editing response
- Capacity of instructors

Opportunities

- Healthy People 2020



Healthy People 2020

- HP 2020, the Nation's road map for Public Health
- DSC HP2020-13: Increase the number of US master of public health programs that offer graduate-level courses in disability and health

Please cite appropriately.



Conclusion

- Individuals with disabilities experience significant health disparities compared to the non-disabled population
- Individuals with disabilities experience high rates of disparities compared to Racial / Ethnic minority groups
- Infusing disability issues into the PH curriculum important opportunity



Questions Later?

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