

Please cite appropriately.

- Drum, C.E. (2014, May). *Disability and Public Health: Five Years Later*. Presented as the Key Note Address at the Pacific Rim International Conference on Disability and Diversity, Honolulu, HI.

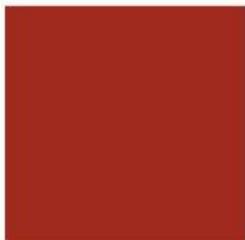
Available online at:

http://iod.unh.edu/Projects/health_disparities/other_materials.aspx



Disability and Public Health: Five Years Later

Charles E. Drum,
MPA, JD, PhD



INSTITUTE ON DISABILITY
UNIVERSITY of NEW HAMPSHIRE

7/24/2014

Acknowledgments

- Funded, in part, by the National Institute on Disability and Rehabilitation Research, Grants # H133A100031 & H133B110006, but contents do not reflect the formal position of NIDRR

Acknowledgments

- **Contributors include:**

Kimberly G. Phillips, PhD
(ABD)

Jana J. Peterson-Besse,
MPH, PhD

Megan S. O'Brien, PhD,
MPH

Emily S. Walsh, MPH

Amalia Monroe-Gulick,
LS

Glen White, PhD

Maya Rowland, MPH

Konrad Dobbertin, MPH
and

Michael Fox, PhD, CDC

Acknowledgments

- **Contributors include:**

Willi Horner-Johnson,
PhD

Amanda Reichard, PhD

Glenn Fujiura, PhD

Gloria Krahn, MPH, PhD

Lisa Iezzoni, MD, MSc

Monica McClain, PhD

Eric Lauer

Andrew Houtenville,
PhD, and

Elena M. Andresen, PhD

Session Overview

- Overview of Public Health & Disability and *Disability and Public Health* (2009)
- State of the State of Health Disparity Research
- State Disability and Public Health Programs
- Continuing and Emerging Challenges for Disability and Public Health

In The Beginning



In The Beginning- Public Health & Disability



In The Beginning- Public Health & Disability



In The Beginning- Public Health & Disability

- Historically, disability was suspicion of public health due to its link to state institutions
- “The principle that sustains compulsory vaccination is broad enough to cover cutting the Fallopian tubes. Three generations of imbeciles is enough.” - Justice Oliver Wendell Holmes, Buck v. Bell (1927)

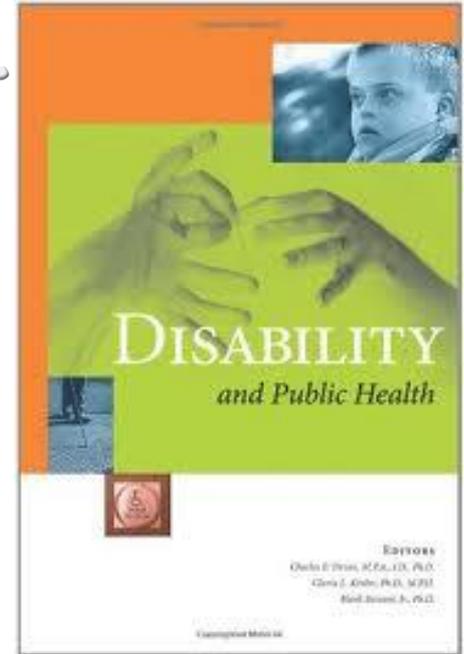
A New Beginning- Disability & Public Health

- In the late 1990s, the CDC's Disability and Health program focuses on increasing the health and wellness of person's already living with disabilities
- In 2000s, Healthy People 2010 and two US Surgeon General Reports acknowledge the historical exclusion of people with disabilities and the need for action

A New Beginning- Disability & Public Health

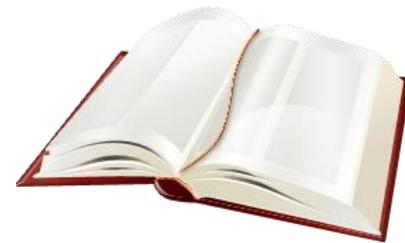
- In 2009, Disability and Public Health published by APHA & AAIDD
- The purpose: introduce disability issues to students and professionals in public health and related fields

Please cite appropriately.



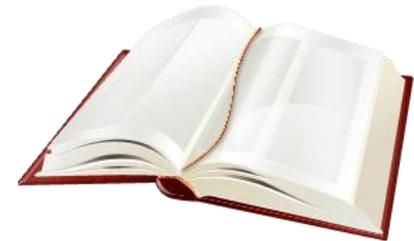
Disability and Public Health Chapters

1. Intro to Disability & Public Health
2. Brief History of Public Health
3. Models and Approaches to Disability
4. Personal Perspective on Historical Views of Disability
5. Culture and Disabilities



Disability and Public Health Chapters

6. Governmental Policies and Programs
7. Disability Epidemiology
8. Social Determinants & Health Disparities
9. Health Promotion & Disability
10. Emergency Preparedness
11. Public Health as Change Agents for Disability



please cite appropriately.

What is Public Health?

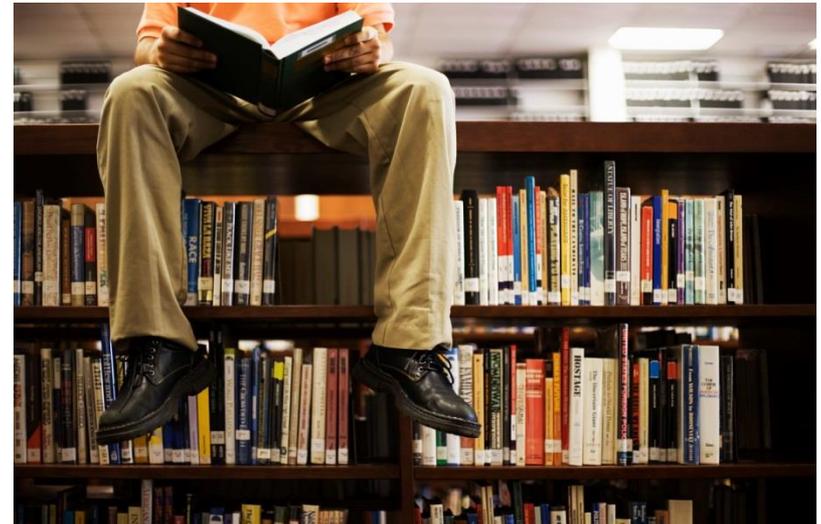
- Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, understanding and eliminating health disparities, research for disease and injury prevention and detection, and control of infectious diseases



Please cite appropriately

State of the State of Disability & Health Research

- How much have we learned about Disability and Health?
 - Health Outcomes?
 - Use of Clinical Preventive Services?



Systematic Scoping Reviews

Six Main Phases:

- Topic refinement & search term development
- Literature search, including branching
- Review of abstracts & full texts
- Data extraction & evidence assessment
- Data analysis & synthesis
- Report production

Health Outcomes Scoping Review

- What peer-reviewed, English-language, studies have been published from 2000 to 2009 that examine **disparities in health outcomes** [top ten leading causes of death] among people with disabilities ages 18-64?

Screening

Abstracts after
duplicates removed
n = 4248



Abstracts excluded
n = 4003

Eligibility

Full-text articles
excluded
n = 210



Full-text articles
n = 239



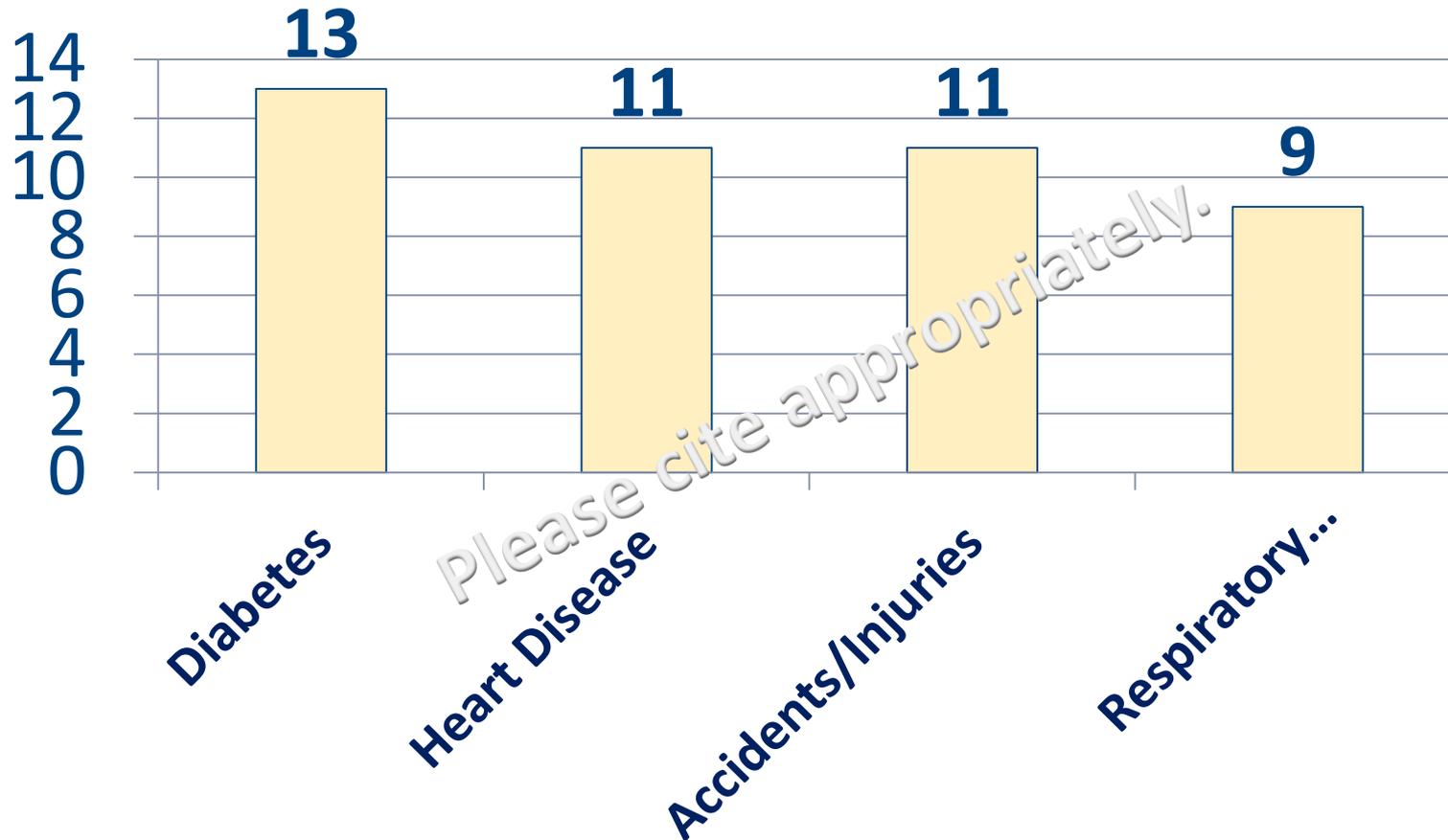
Included

Articles included
n = 29

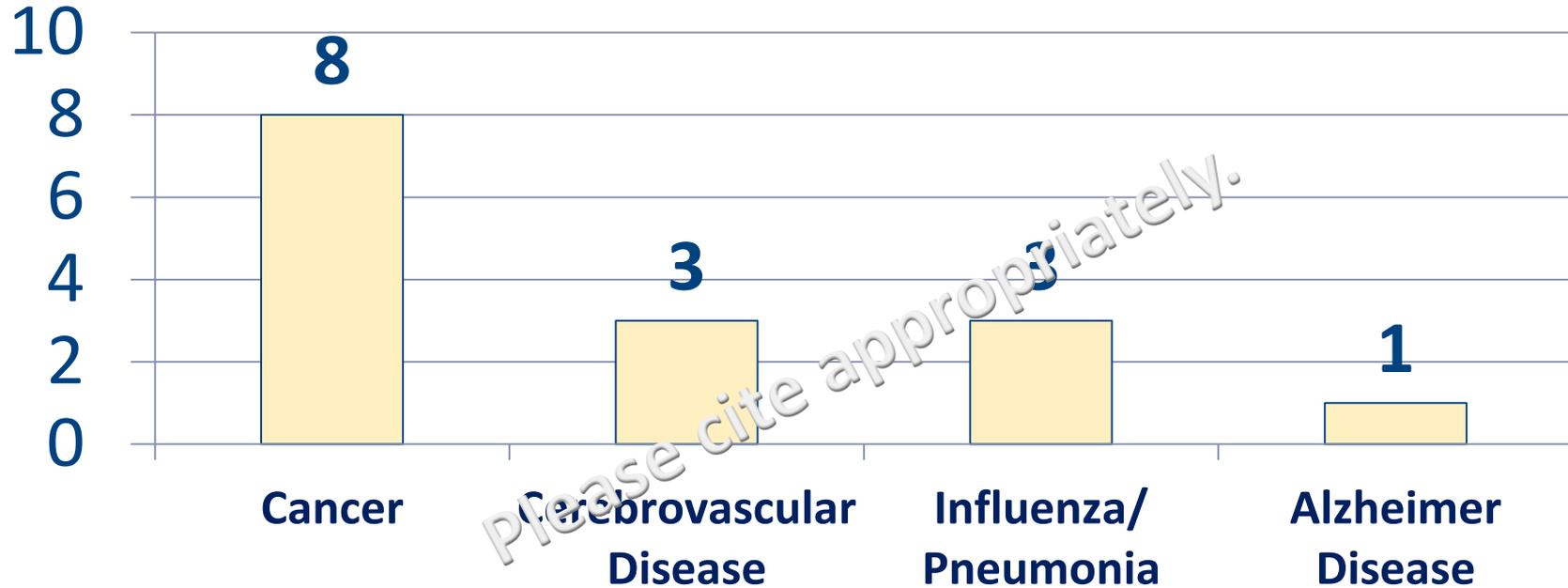


Please cite appropriately.

Health Outcomes



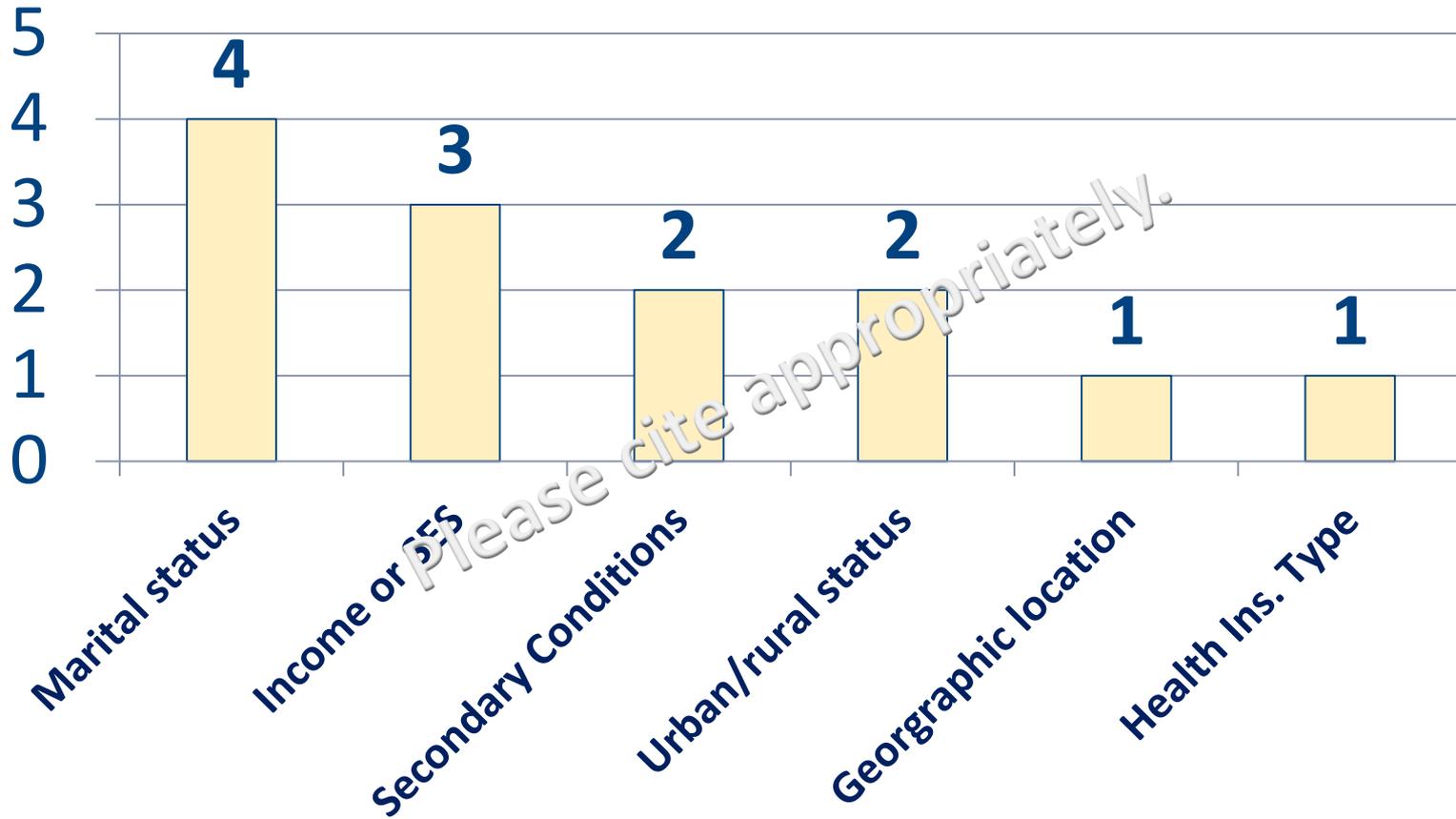
Health Outcomes



Disparity Factors



Disparity Factors



Summary of Findings

- Studies are clustered in a few areas, leaving major gaps
- Varied definitions of disability, e.g., 3 out of 4 mobility definitions differed
- Many traditional disparity factors excluded in research

Scoping Review

Research Question

- What peer-reviewed, English-language, studies have been published from 2000 to 2011 that examine **receipt of clinical preventive services (CPS)** among people with disabilities ages 18-64?



Screening

Abstracts after
duplicates removed
n = 4160



Abstracts excluded
n = 4053

Eligibility

Full-text articles
excluded
n = 80



Full-text articles
n = 107



Included

Articles included
n = 27



Please cite appropriately.

CPS Results

	Mammogram	CBE	Cervical Cancer Screening	Colorectal Cancer Screening	Prostate Cancer Screening
# of Studies	13	5	14	6	6
	Cholesterol Testing	STI Screening	Blood Pressure	Weight Checks	Diabetes Screening
# of Studies	10	3	5	1	1

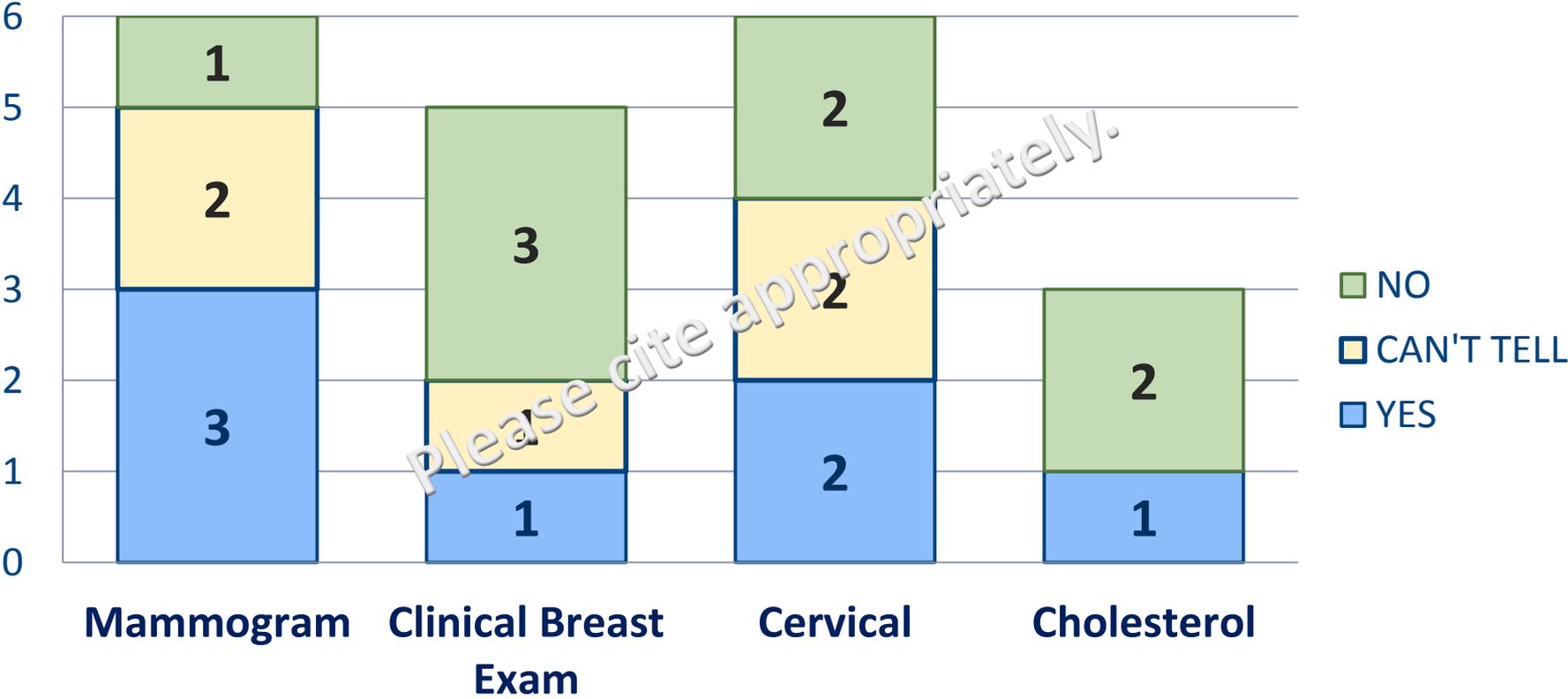
Please cite appropriately.

CPS Results

	Immunizations	Tobacco Screening / Counseling	Alcohol Screening	Preventive Dental Care
# of Studies	8	4	3	7
	MD Counseling-Exercise	MD Counseling-Nutrition	Physical Exam	CPS in General
# of Studies	4	3	4	2

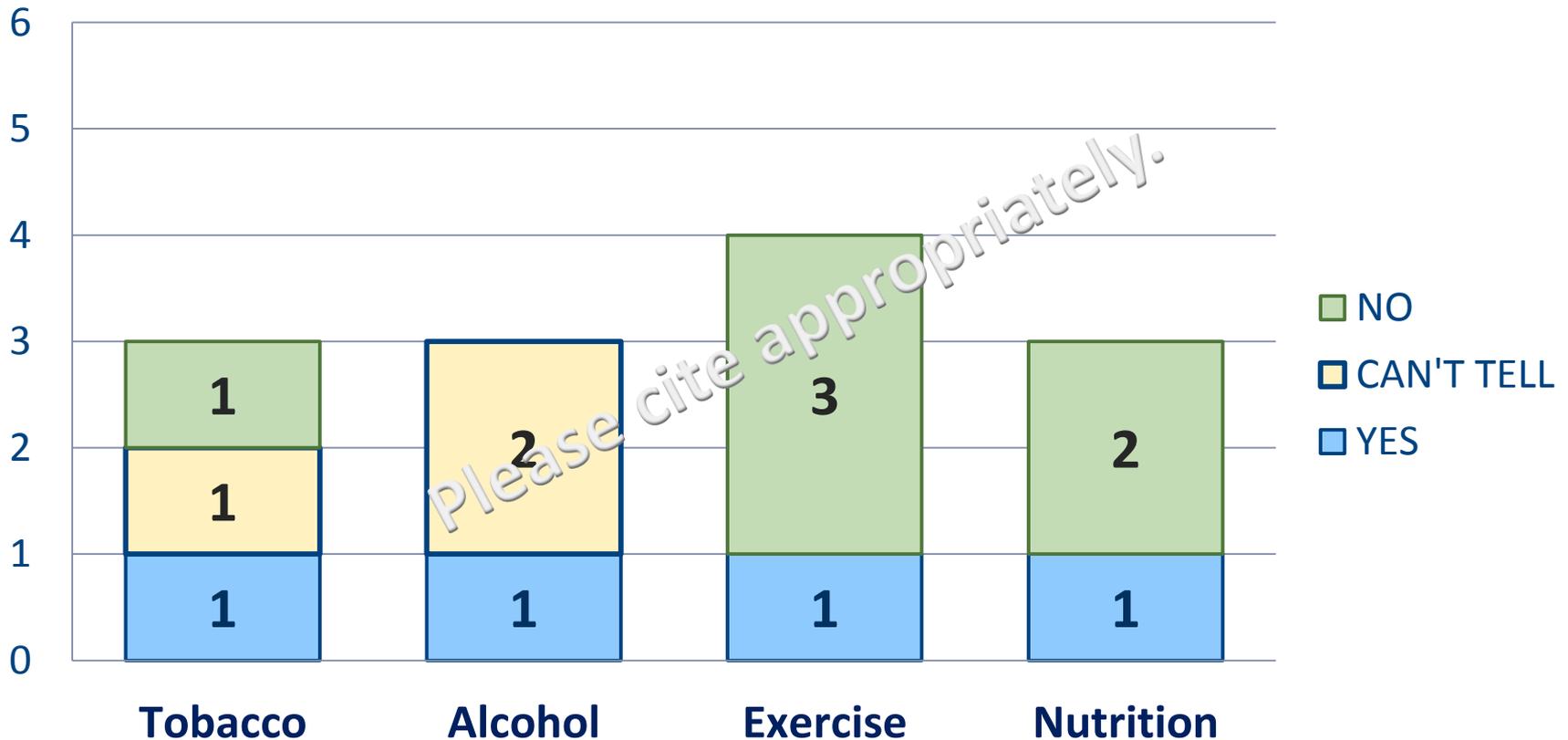
Please cite appropriately.

Does Disability Severity Matter?



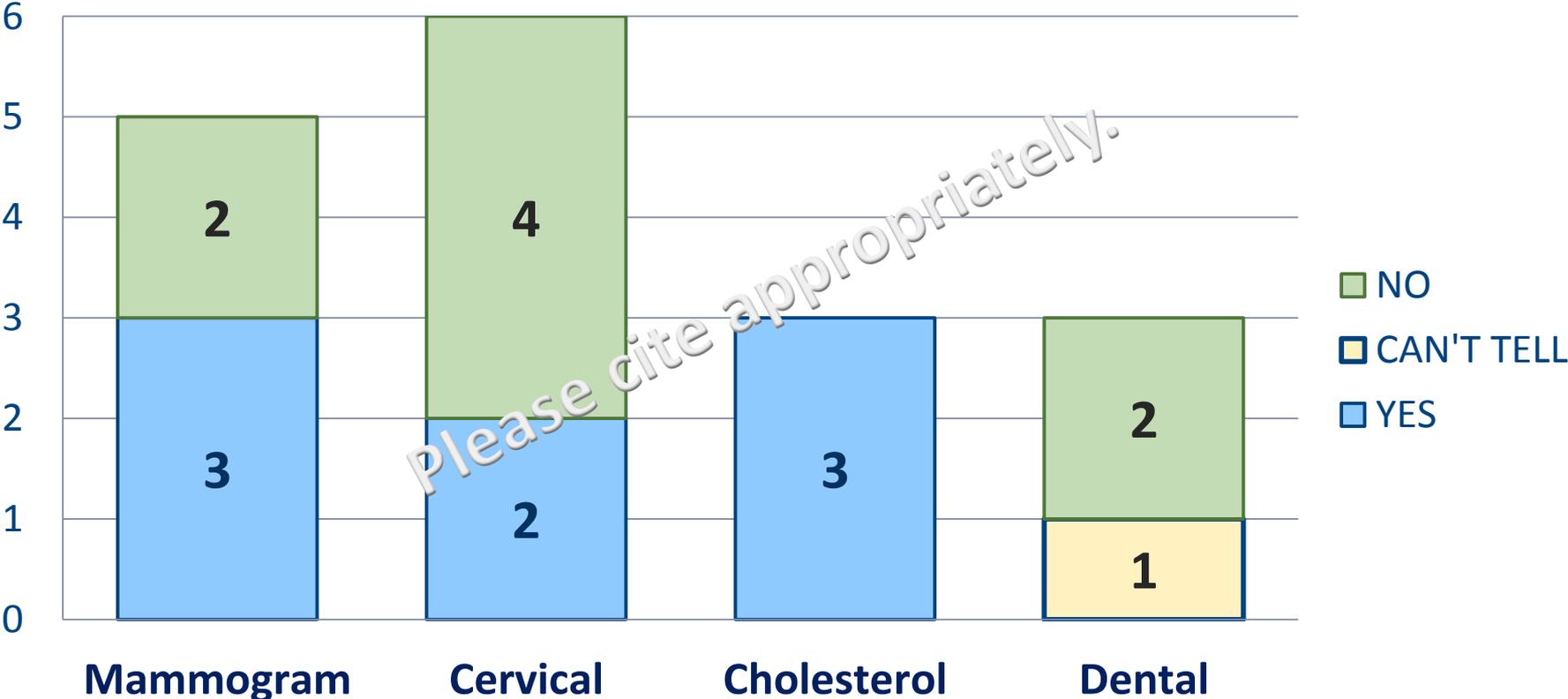
Please cite appropriately.

Does Disability Severity Matter?

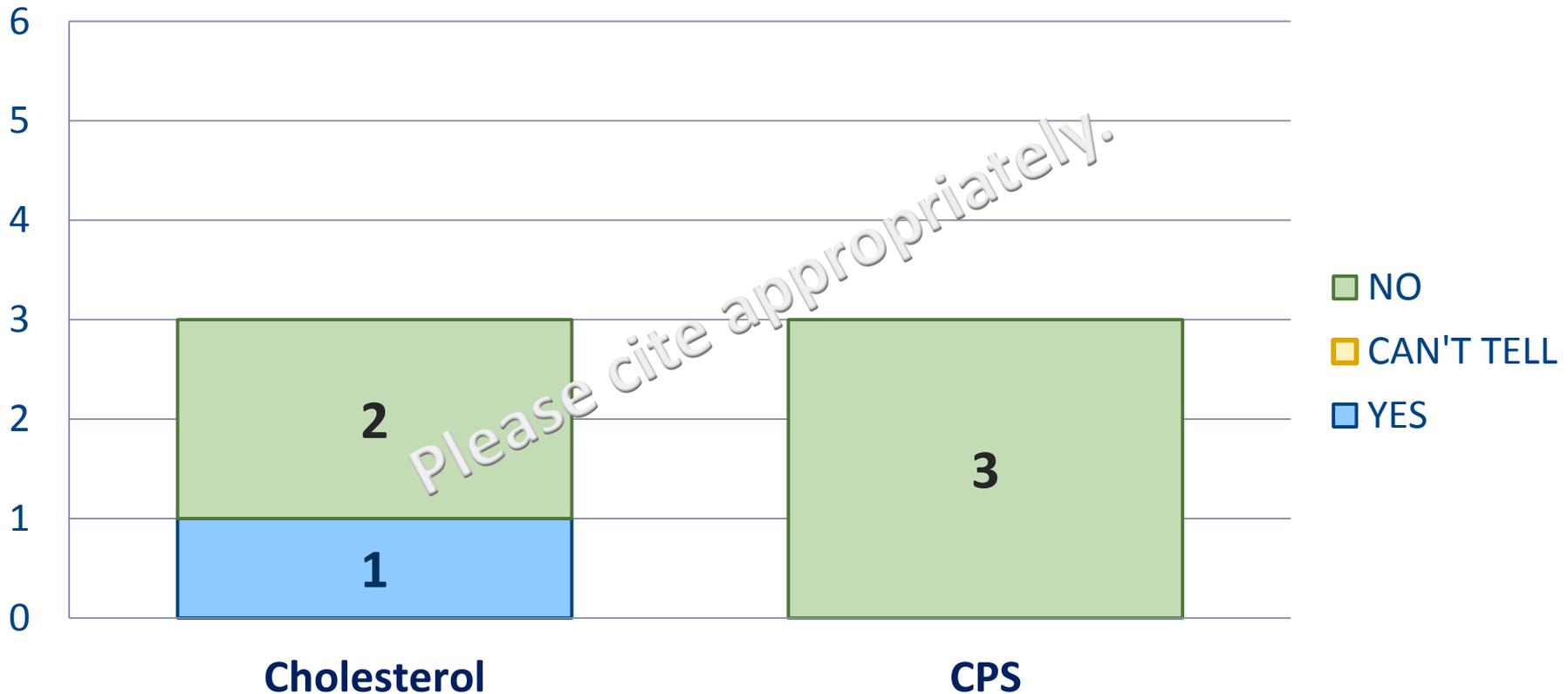


Please cite appropriately.

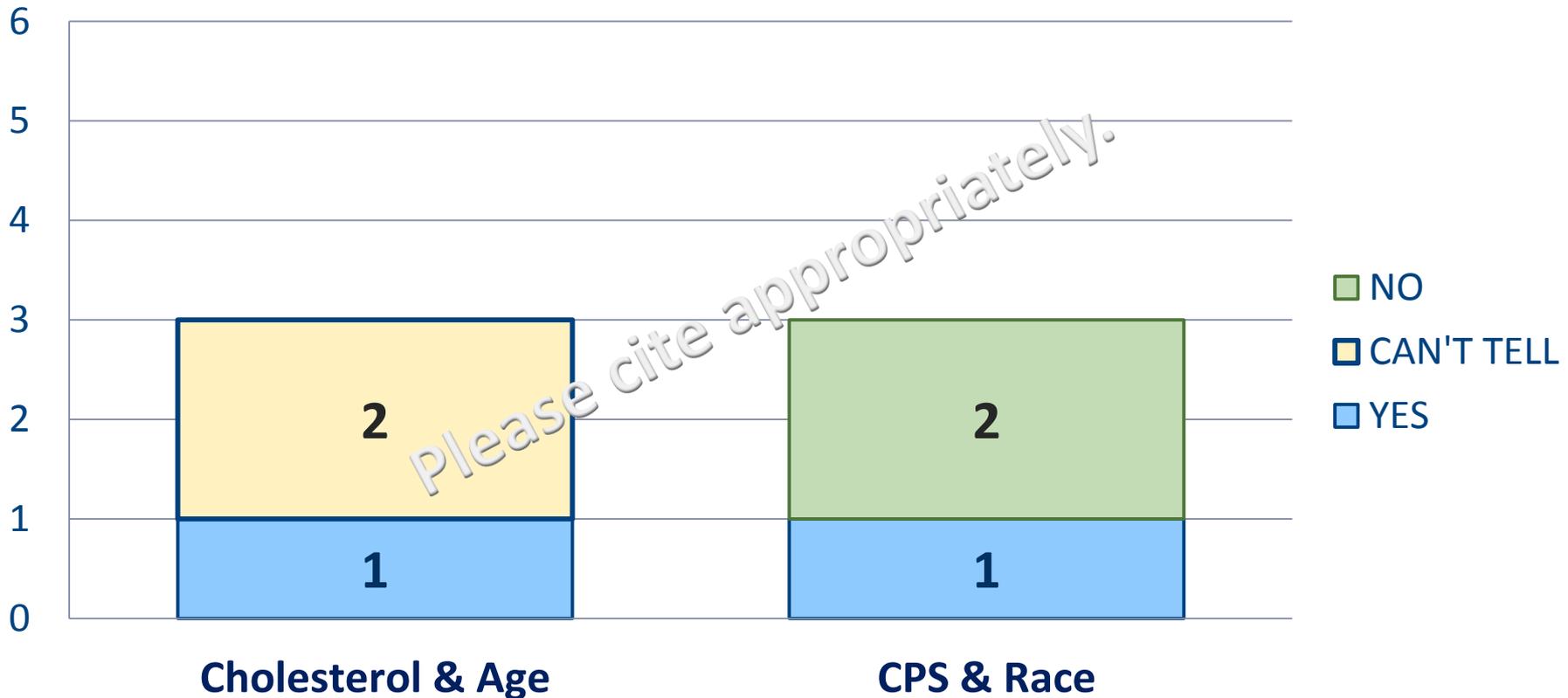
Does Disability Severity Matter?



Does Insurance Matter?



Does Age / Race Matter?



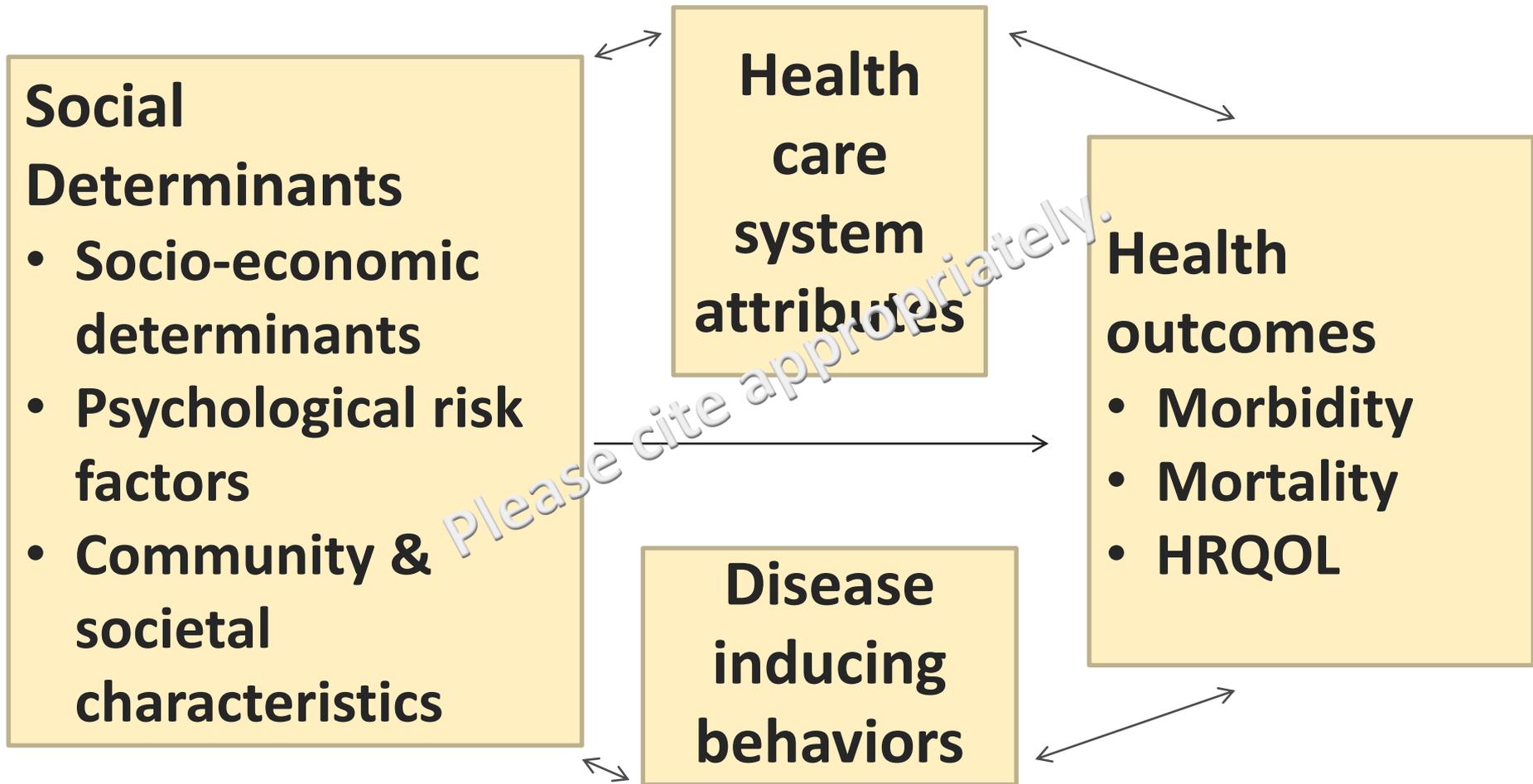
Summary of Findings

- Studies are clustered in areas, leaving major gaps
- Varied definitions of disability
- Small sample sizes, convenience or service samples
- Direction of findings not uniform, evidence mixed

How Much Evidence Is Needed for Action?

- What is the health of people with disabilities compared to the non-disabled population?
- What about the intersection of race / ethnicity and disability?

Public Health Model of Social Determinants of Health



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
- Data is nationally representative

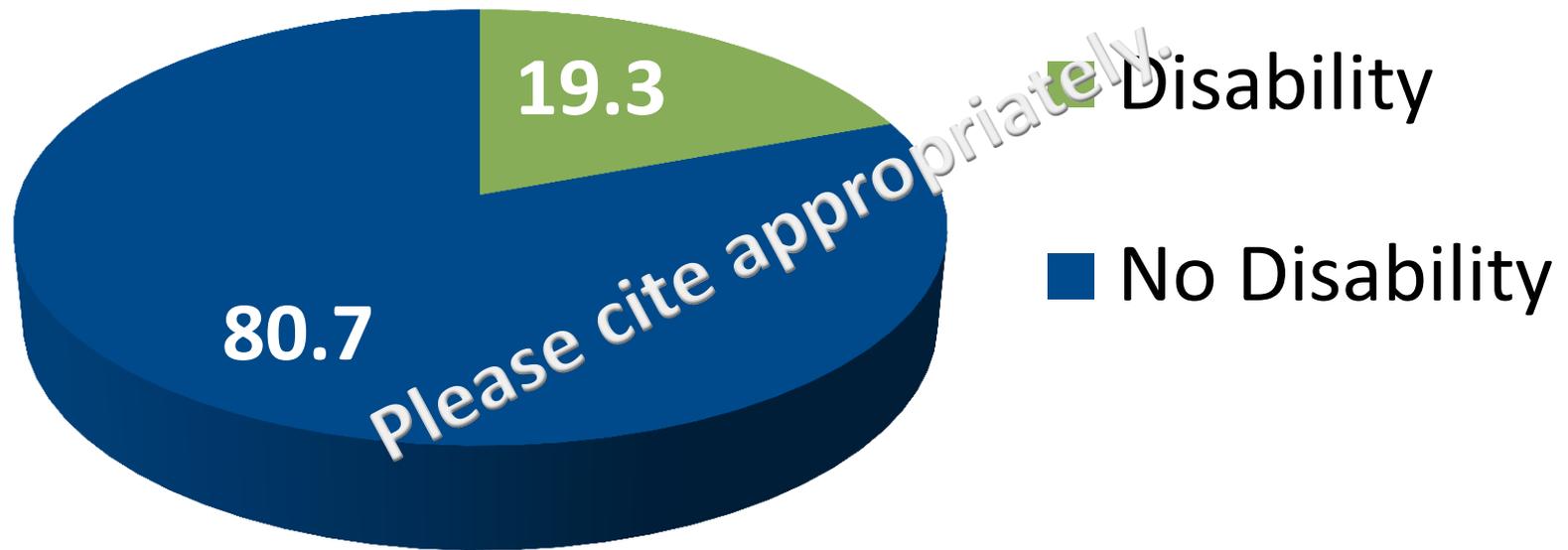
BRFSS

- Analysis based on 2012 data (N = 475,687 before weighting)
- Limited to ages 18 – 64 (N = 318,566)
 - BRFSS Limitations: Non-coverage (e.g., lower telephone coverage among populations of low socioeconomic status); Nonresponse (e.g., refusal to participate in the survey or to answer specific questions); or Measurement (e.g., social desirability or recall bias)

BRFSS Disability Definition

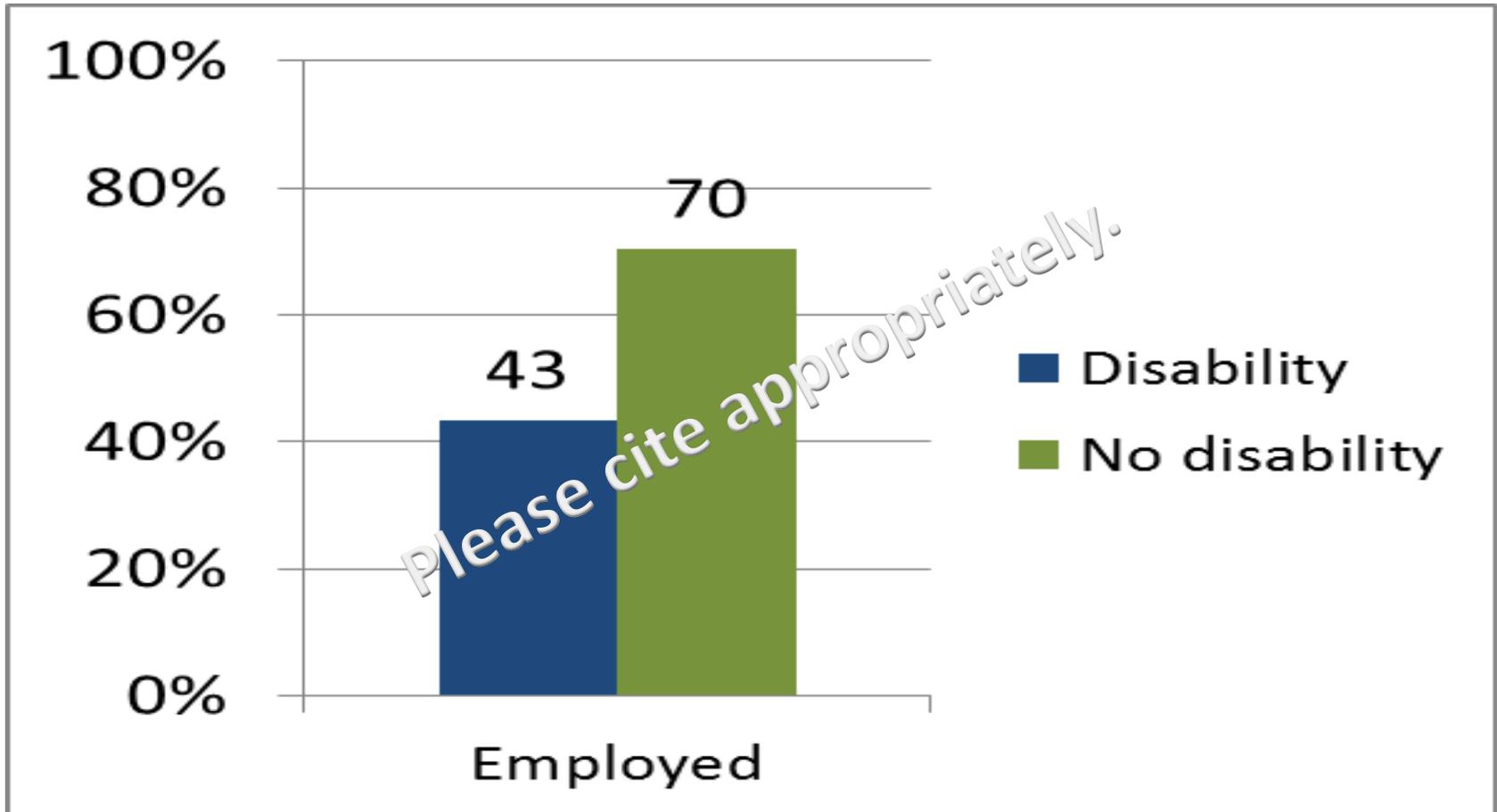
1. Are you limited in any way in any activities because of physical, mental, or emotional problems?
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Prevalence of Disability

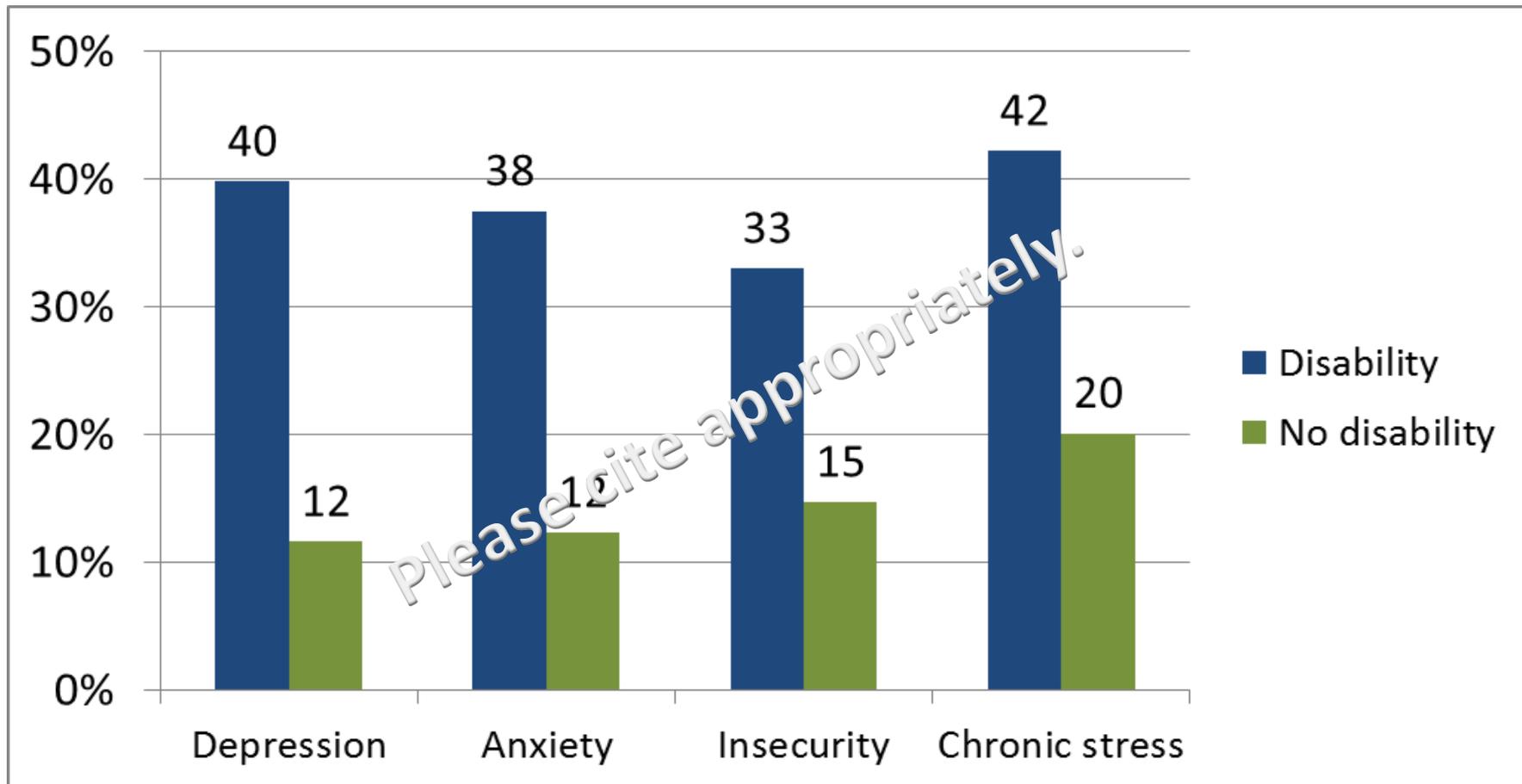


SOCIAL DETERMINANTS

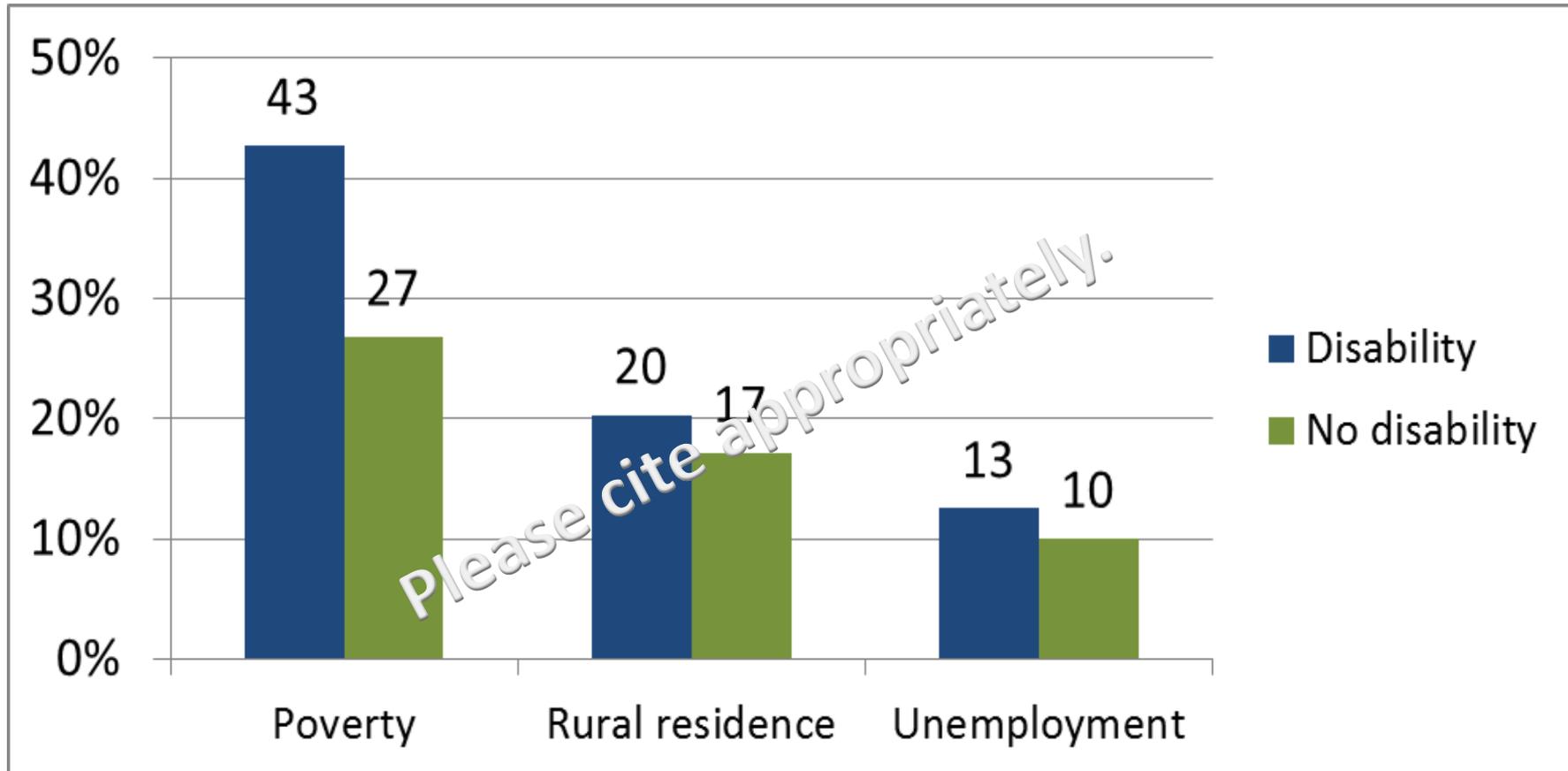
Socio-Economic



Psychosocial

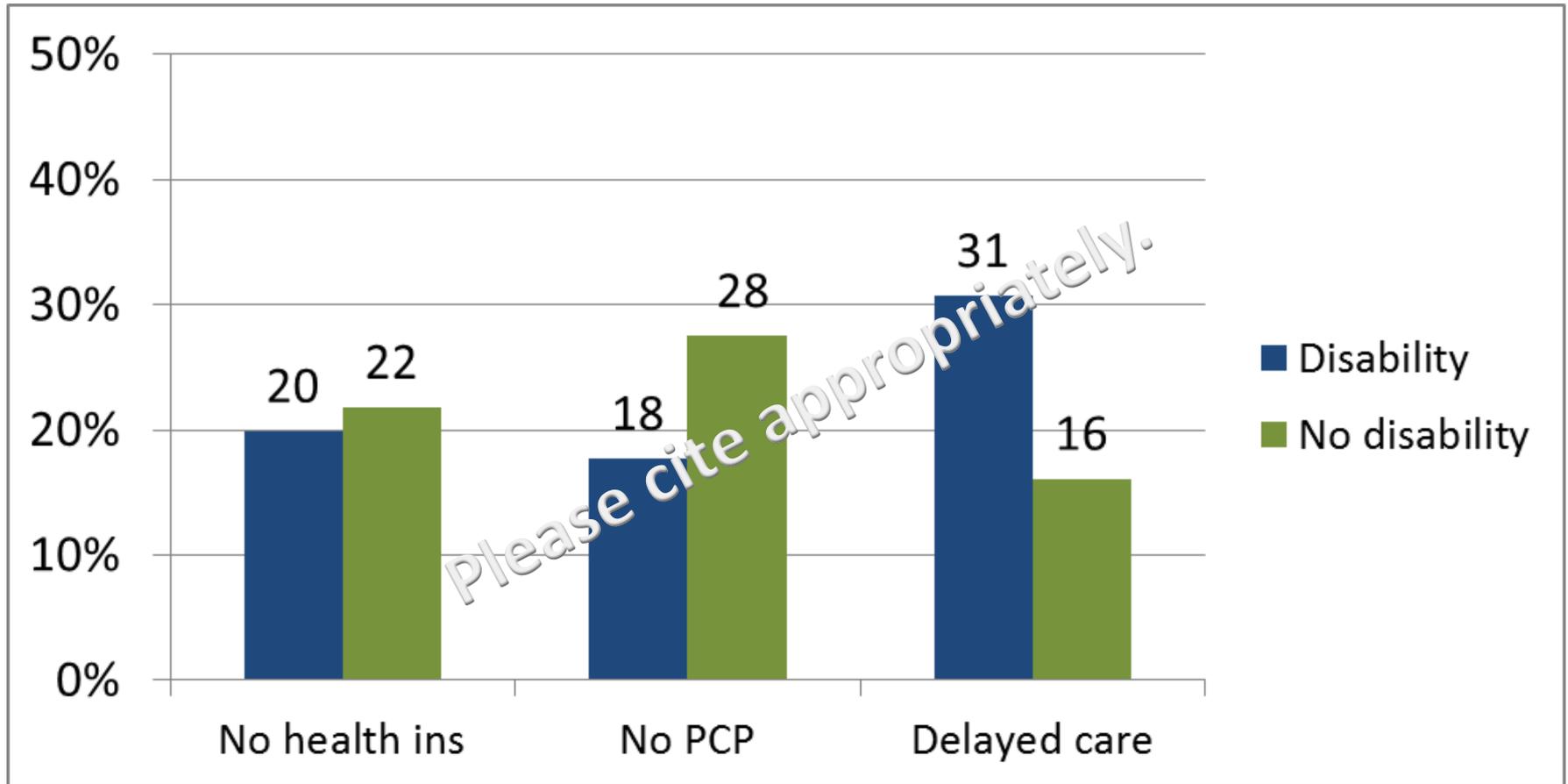


Community & Societal



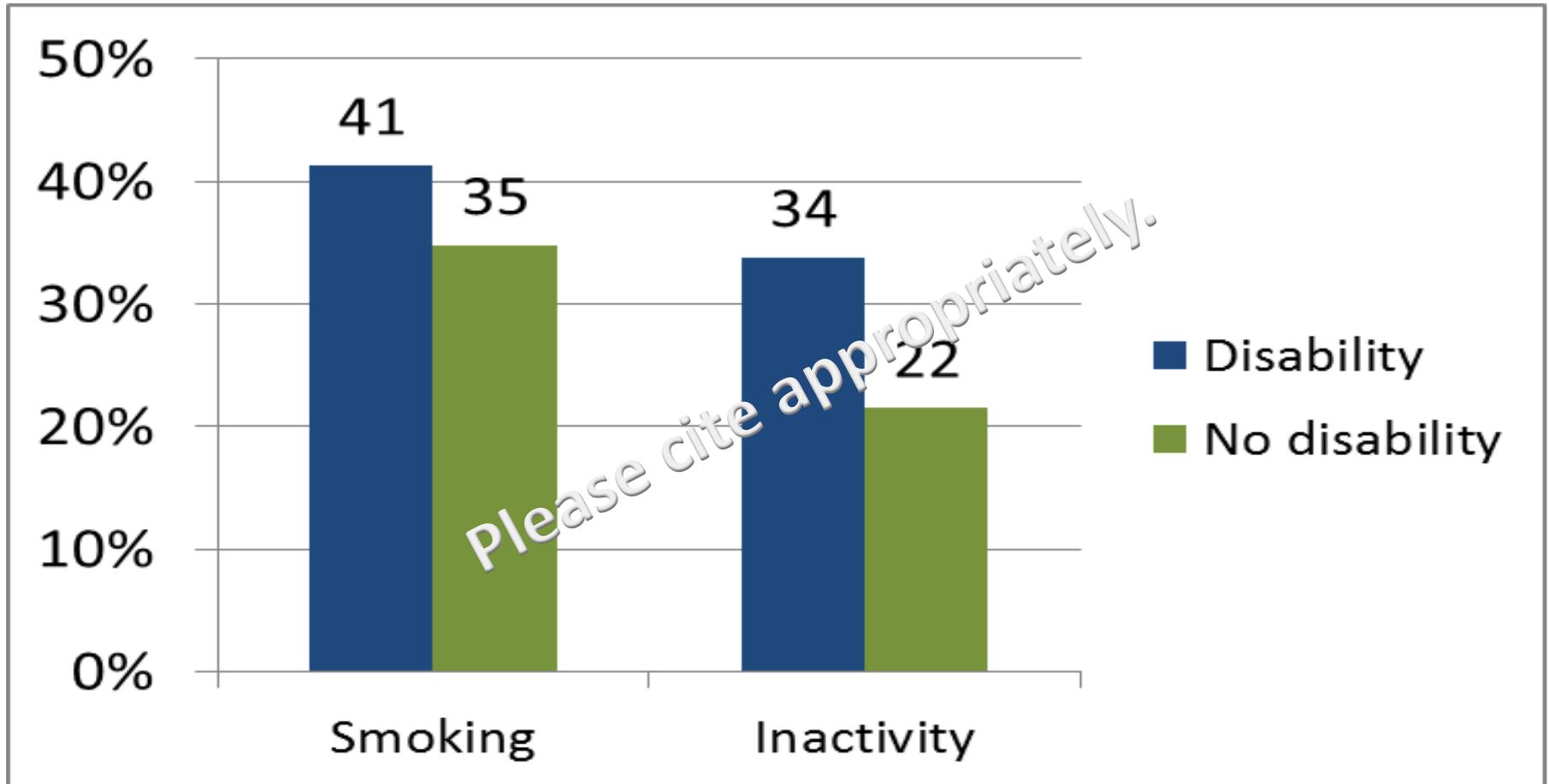
SYSTEM ATTRIBUTES

Access to Health Care

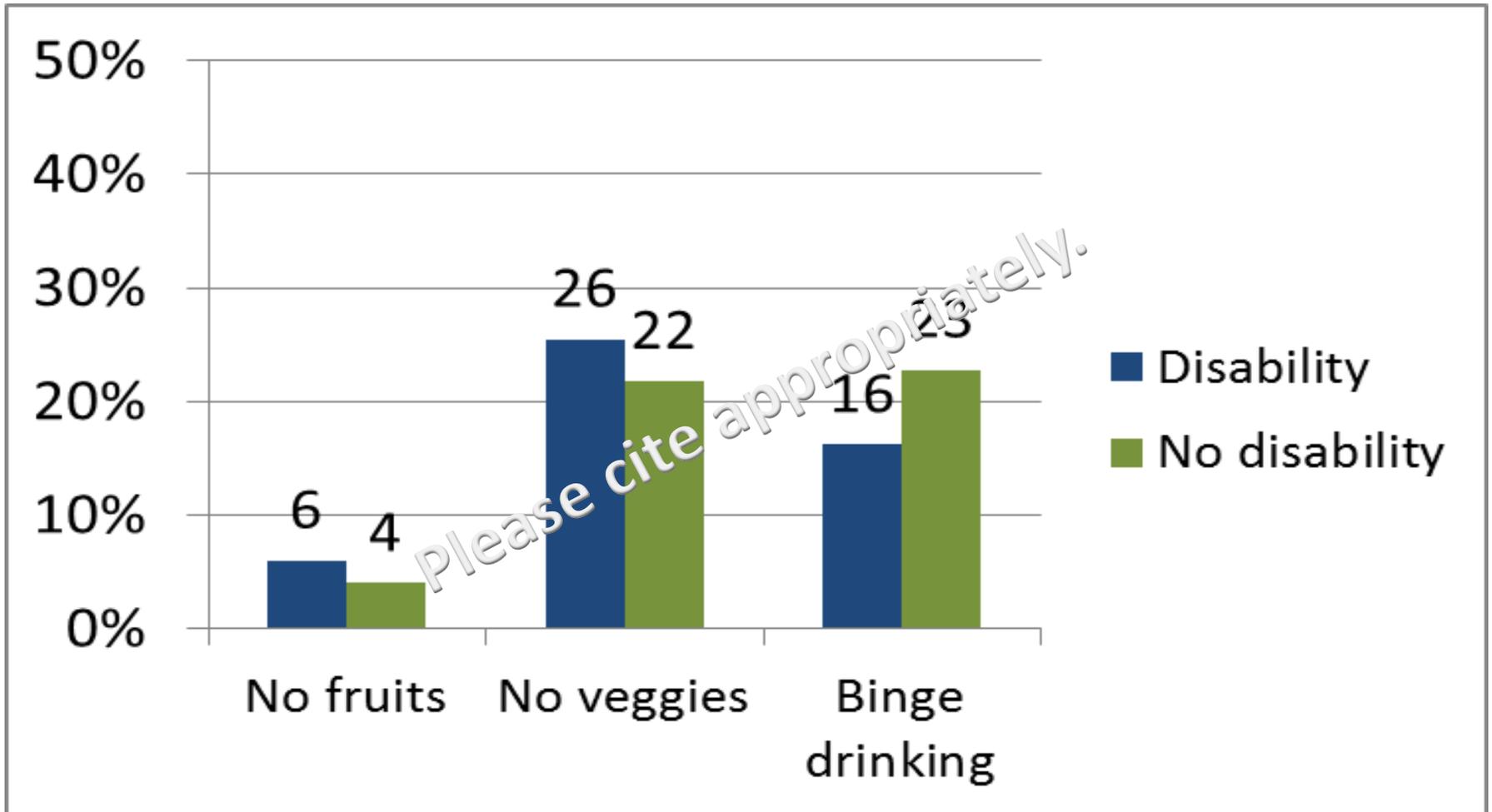


DISEASE INDUCING BEHAVIORS

Smoking & Inactivity

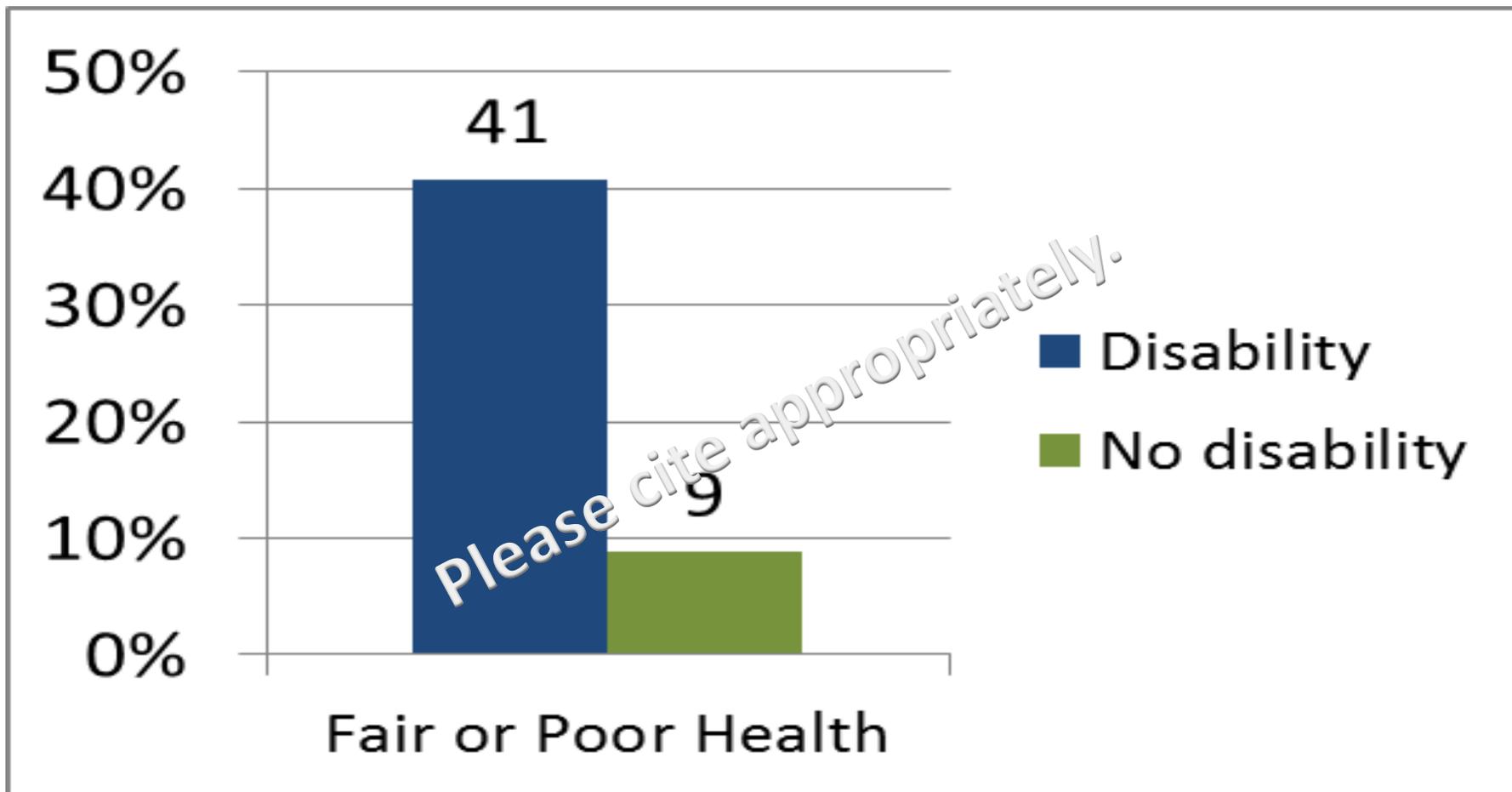


Diet & Alcohol



HEALTH OUTCOMES

Self-Reported Health



INTERSECTION OF RACE / ETHNICITY & DISABILITY

Prevalence of Disability in Racial / Ethnic Groups

Race / Ethnicity	Disability Prevalence
Black/ AA	21.4
Asian	9.2
AI/ AN	15.3
NH/ PI	31.8
Multi	28.7
Hispanic	14.4

Please cite appropriately

Education < HS

Race / Ethnicity	No Disability	Disability	Difference
Black / AA	12	25	13
Asian	4	7	3
NH / PI	9	17	8
AI / AN	16	30	14
Multi	8	20	12
Hispanic	35	42	7

Please cite appropriately.

Household Income < \$25,000

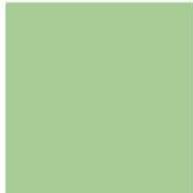
Race / Ethnicity	No Disability	Disability	Difference
Black / AA	40	66	26
Asian	19	29	10
NH / PI	24	50	26
AI / AN	39	69	30
Multi	29	51	22
Hispanic	51	64	13

Please cite appropriately.

Employed

Race / Ethnicity	No Disability	Disability	Difference
Black / AA	68	26	42
Asian	68	50	18
NH / PI	66	32	34
AI / AN	65	26	39
Multi	68	38	30
Hispanic	65	34	31

Please cite appropriately.



Delayed or Non-Receipt of Care

Race / Ethnicity	No Disability	Disability	Difference
Black / AA	21	36	15
Asian	13	28	15
NH / PI	17	27	10
AI / AN	16	39	23
Multi	17	40	23
Hispanic	26	41	15

Please cite appropriately.

No Physical Activity Last 30 Days

Race / Ethnicity	No Disability	Disability	Difference
Black / AA	22	42	20
Asian	20	24	4
NH / PI	16	35	19
AI / AN	21	43	22
Multi	13	38	25
Hispanic	27	43	23

Please cite appropriately.

Obesity

Race / Ethnicity	No Disability	Disability	Difference
Black / AA	35	51	16
Asian	10	18	8
NH / PI	24	45	21
AI / AN	32	40	8
Multi	25	40	15
Hispanic	29	42	13

Please cite appropriately.

Self-Rated Health Fair or Poor

Race / Ethnicity	No Disability	Disability	Difference
Black / AA	11	52	41
Asian	6	33	27
NH / PI	11	42	31
AI / AN	12	58	46
Multi	7	50	43
Hispanic	19	56	37

Please cite appropriately.

Summary

- Individuals with disabilities experience significant health disparities compared to the non-disabled population
- Minorities with disabilities experience especially high rates of health disparities compared to non-disabled racial/ethnic peers
- What is public health doing?

Contemporary Role of Public Health

- The CDC's Disability and Health program works to promote the health, well-being, independence, productivity, and full societal participation of people with disabilities
- Through surveillance, research, and health promotion, reduces health disparities and the incidence and severity of secondary conditions

Source: Fox, 2014

CDC Strategy: Make the Broadest Impact

- Include people with disabilities in mainstream programs and services wherever possible
- Use cross-disability approaches where necessary to address unique health needs of people with disabilities
- Use condition-specific focus where essential

Source: Fox, 2014

CDC Strategy: Specific Actions

- Fund a network of Public Health Practice and Resource Centers to reach key populations
- Fund a network of state Disability and Health Programs

➔ Health care access

➔ Health promotion

➔ Emergency preparedness

Source: Fox, 2014

DPH Promising Practices



Adaptive Physical Education (PE) Training-Alabama

- Provide state-wide training in adapted PE methodology to PE teachers.
- Conduct baseline and follow-up assessments of all students K-12.

Source: Fox, 2014

DPH Promising Practices

Physical Activity – North Carolina



- *Removing Barriers to Health Clubs & Fitness Facilities: A Guide for Accommodating All Members, Including People with Disabilities and Older Adults*
- The goal is to create fitness environments that are accessible, safe, and supportive

Source: Fox, 2014

DPH Promising Practices

Physical Activity – North Carolina



- Training involves onsite workshops at community fitness facilities, an accessibility survey and development of a plan of action to remove identified barriers

Source: Fox, 2014

DPH Promising Practices

Mammography–Montana



- *Right to Know & Every Woman Matters* are public awareness campaigns to encourage women 40+ years with mobility impairments to have screening mammograms
- Includes updating the Montana Mammography On-Line Directory

Source: Fox, 2014

DPH Promising Practices

Tobacco Cessation–Illinois



- *Illinois Tobacco Quitline: Provides Tobacco Cessation materials for People with Disabilities*
- Coordinating training for Helpline staff
- Revised Quitline materials specifically for People with Disabilities

Source: Fox, 2014

DPH Promising Practices

Improve Access to Preventive Screenings-New Hampshire

- Implementing the Outpatient Health Care Usability Profile (OHCUP) and Mammogram Outpatient Health Care Usability Profile (MOHCUP)
- Provide technical assistance to facilities on how to make improvements



Source: Fox, 2014

Continuing & Emerging Challenges

- Funding for disability and public health programs present in only 18 states
- Disability and Health Disparities Report drafted but ????
- HHS Advisory Committee on Minority Health issued report in 2011 (“Assuring Health Equity for Minority Persons with Disabilities”) but \$\$\$?

Continuing & Emerging Challenges

- Social Determinants of Health can be Upstream (social inequities, institutional power, living conditions) and Downstream (risk behaviors, chronic conditions and disease):
- What is the responsibility of Public Health?
- What is the responsibility of society?

Continuing & Emerging Challenges- ACS Definitions

- Deaf or have serious difficulty hearing?
- Blind or does he/she have serious difficulty seeing even when wearing glasses?
- Because of a physical, mental, or emotional condition, serious difficulty concentrating, remembering, or making decisions?

please cite appropriately.

Continuing & Emerging Challenges- ACS Definitions

- Serious difficulty walking or climbing stairs?
- Difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, difficulty doing errands alone such as visiting a doctor's office or shopping?

Continuing & Emerging Challenges

- BRFSS and other surveys using functional definitions provide no information on nature, duration, permanence, or underlying cause of the limitation
- How to estimate the actual size of the population without this information?
- How to allocate resources?

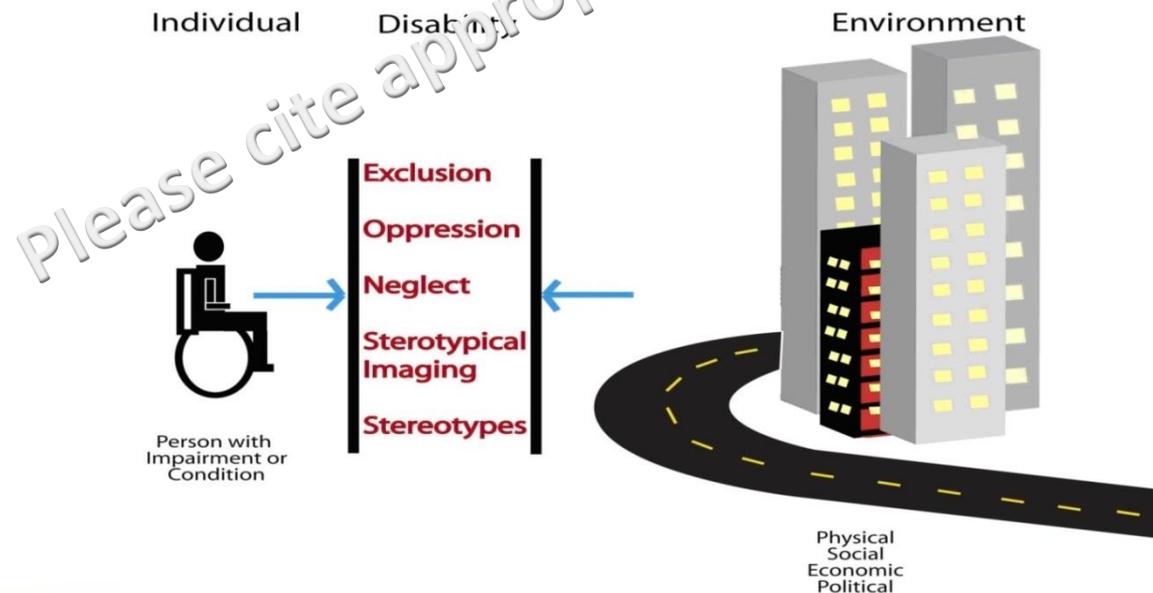
Continuing & Emerging Challenges

- Focusing on negative health outcomes of people with disabilities reinforces disability as “sick” or “ill health”
- How to make Public Health understand that you can have a disability and still be in good health?
- How to make Public Health focus on three populations: Congenital, Acquired, Consequent?

please cite appropriately.

Continuing & Emerging Challenges

- Models and approaches to disability (Categorical, Functional, Social, & Integrated) are confusing to Public Health but reflect the complexity of disability



More Questions Later?

Charles.Drum@unh.edu

603-862-4320

Twitter: @UNHIOD

Web: <http://iod.unh.edu/>