

Episode 3: Differences in Health Status for People with Disabilities

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Webinar Series Sponsored by AAIDD and AAHD:

**The Unique Role of CDC's Division of Human Development and Disability,
Centers for Disease Control and Prevention**



Webinar Series Overview

- ❑ **Hosted by AAIDD and AAHD**
- ❑ **Four-part webinar series**
 1. CDC's Public Health Approach to Disability
 2. CDC's Life Course Model for Children and Young Adults with Complex Conditions
 3. **Differences in Health Status for People with Disabilities**
 4. CDC's Roadmap for Improving the Health of People with Disabilities
- ❑ **Series archived at http://aaid.org/content_7633.cfm**

Key Points You Will Hear Today

- ❑ Major health gaps exist between people with and without disabilities on leading indicators of health, illustrating poorer health among people with disabilities**
- ❑ CDC-funded programs show promise of helping to reduce these gaps and improve the health of people with disabilities**
- ❑ CDC looks to build upon these promising practices to further reduce health disparities and improve the overall health of people with disabilities**

Division of Human Development and Disability Priorities

- ❑ **Reduce disparities in key health indicators, including obesity, in children, youth and adults with disabilities.**
- ❑ **Identify and reduce disparities in health care access for persons with disabilities.**
- ❑ **Improve developmental outcomes of all children.**
- ❑ **Ensure that all newborns are screened and assessed for hearing loss and receive appropriate intervention according to established guidelines.**
- ❑ **Incorporate disability status as a demographic variable into all relevant CDC surveys.**

What do we mean by key health indicators? The HP2020 Leading Health Indicators



**WHAT IS THE RELATIONSHIP
BETWEEN HEALTH INDICATORS AND
HEALTH STATUS?**

Health Indicators Measure Health Status

- ❑ **Health indicators contribute to a person's current state of health, defined as a state of complete physical, mental, and social well-being and not just the absence of sickness or frailty. They may be biological, socioeconomic, psychosocial, behavioral, or social in nature.**

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, N.Y., 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

WHAT ARE HEALTH DISPARITIES?

Health Disparities

- ❑ Health **differences** closely linked with **social, economic, and/or environmental disadvantage**
- ❑ Health disparities adversely affect groups of people who have **systematically experienced greater obstacles to health** based on their:
 - 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 historically linked to discrimination or exclusion.**

What Causes Health Disparities?

- ❑ **Social, economic, and/or environmental disadvantage**
 - Inadequate policies and standards
 - Inadequate funding
- ❑ **Systematically experiencing greater obstacles to health**
 - Problems with service delivery
 - Lack of accessibility
- ❑ **Characteristics historically linked to discrimination or exclusion**
 - Negative attitudes
 - Lack of consultation and involvement
 - Lack of data and evidence

Health Disparities & Disability

What Current Research Tells Us

- ❑ **“...adults with disabilities and chronic conditions receive fewer preventive services and have poorer health status ...”** (Reichard, Stolzle, Fox, 2011 Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States, Disability & Health Journal)
- ❑ **“...disability is similar to racial groups because of discrimination and limitations in resources, power, and social standing...”** (Drum, McClain, Horner-Johnson, Taitano, 2011 Health Disparities Chart Book on Disability and Racial and Ethnic Status in the United States, http://www.iod.unh.edu/pdf/Health%20Disparities%20Chart%20Book_080411.pdf)
- ❑ **“Entrenched socioeconomic disadvantages are now widely recognized as determinants of health and health care disparities among people with disabilities...eliminating health and health care disparities among this population should be a critical national priority.”** (Lezzoni, 2011 Eliminating Health And Health Care Disparities Among The Growing Population Of People With Disabilities. Health Affairs)

EXAMPLES OF DIFFERENCES IN HEALTH STATUS (“HEALTH DISPARITIES”) FOR PEOPLE WITH DISABILITIES

Behavior Risk Factor Surveillance System data (BRFSS, <http://www.cdc.gov/brfss/>) /

by Disability Status and Year (2006 & 2010; 2005 & 2009) for states/territories (n= 54) states funded by CDC for Disability & Health Programs (n=16) and states/territories that were not during this time (n= 38)

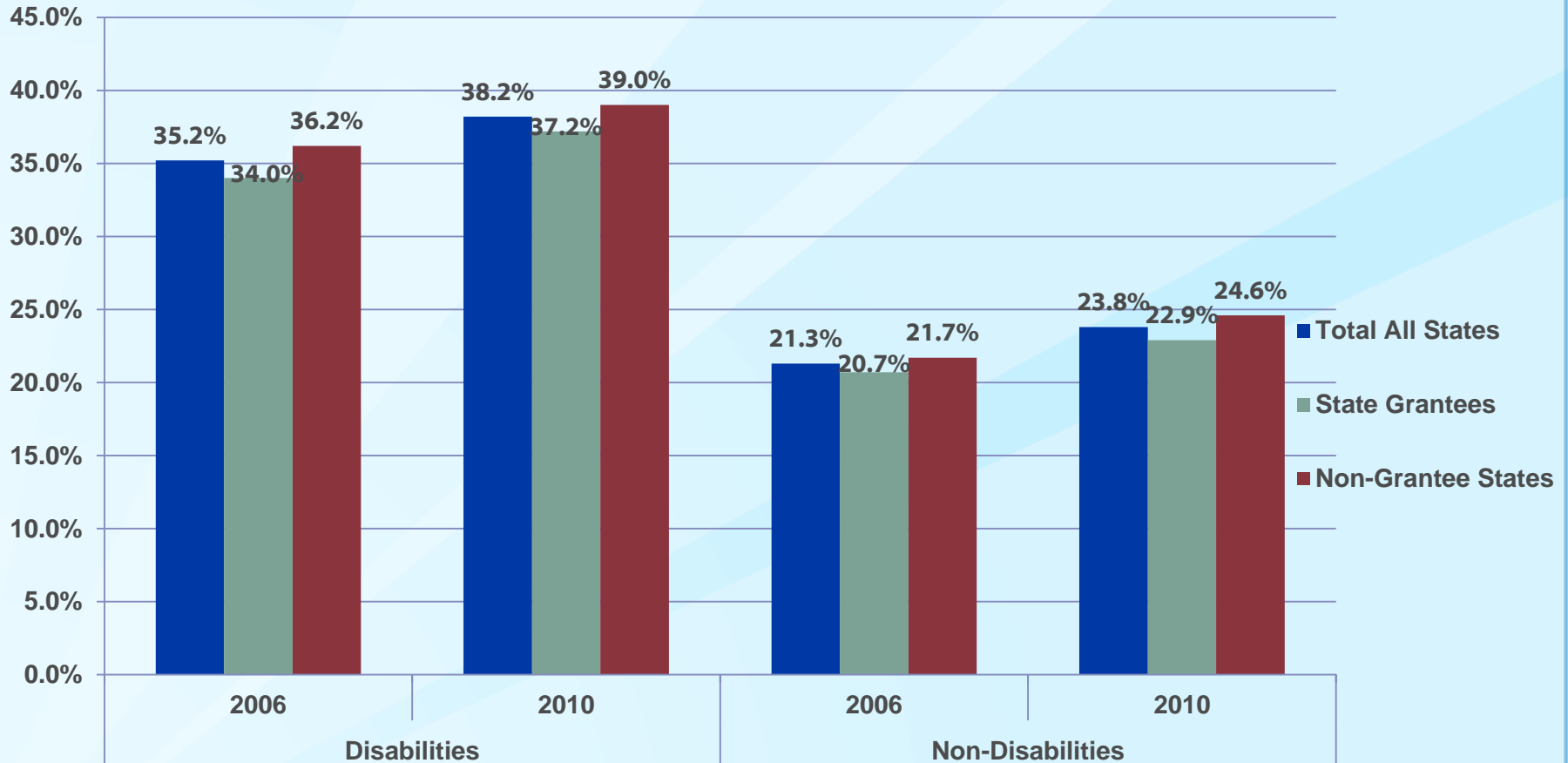
Examples of Differences in Health Status (“Health Disparities”) for People with Disabilities

- ❑ **Our purpose is to clearly demonstrate differences between people with and without disabilities on selected health measures by showing estimates:**
 - for all states;
 - those currently funded by CDC for a Disability & Health program;
 - and those which are not similarly funded.
- ❑ **These estimates are not intended to evaluate or infer program effectiveness**

Defining disability in the BRFSS

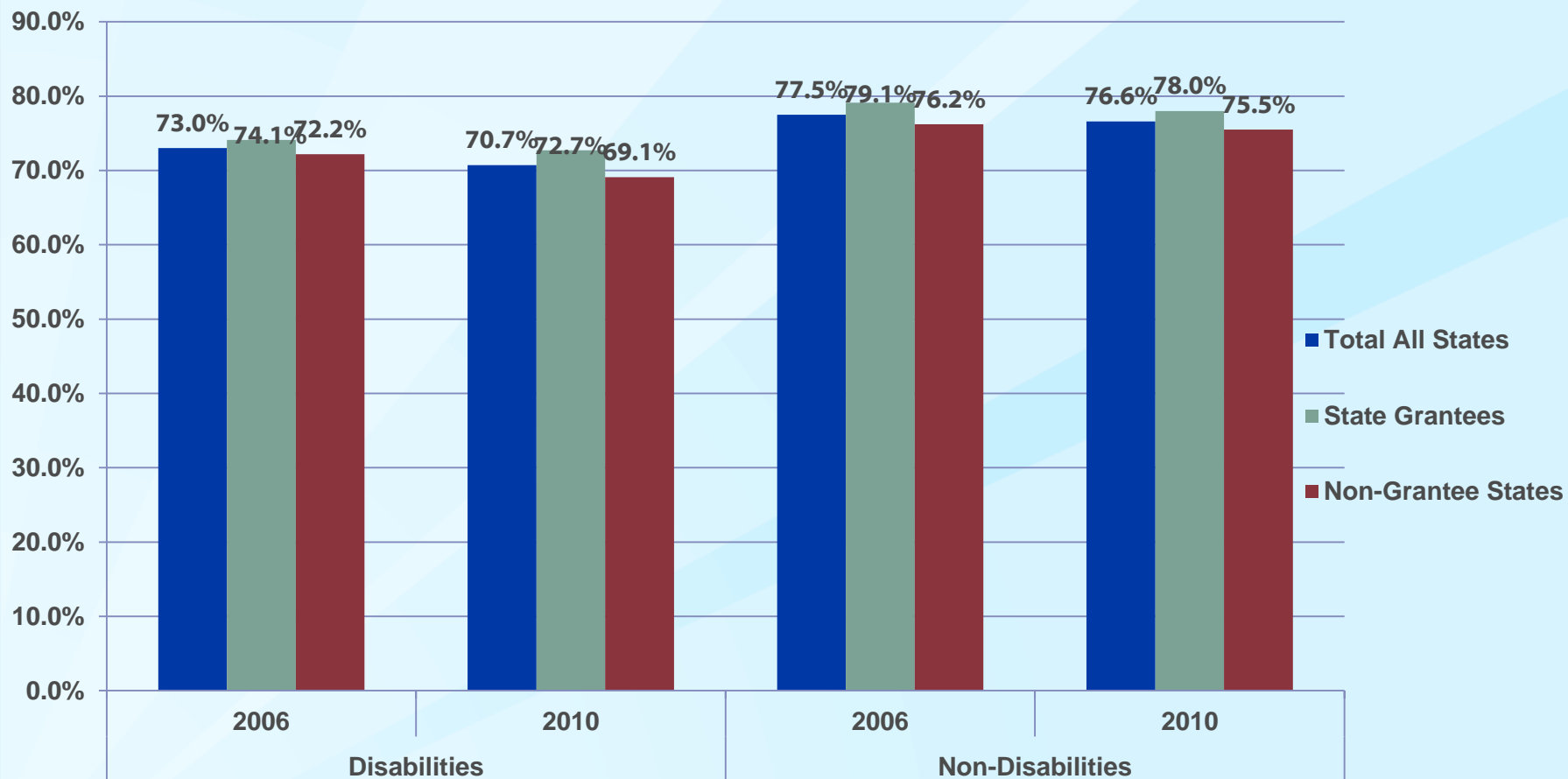
- ❑ **Disability is defined as a “yes” response to either of the following survey questions:**
 - Are you limited in any way in any activities because of physical, mental, or emotional problems?
 - Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?
- ❑ **Only adults 18 and older participated in the survey**

Percentage Adult Obesity* By Disability and Grantee Status BRFSS 2006, 2010

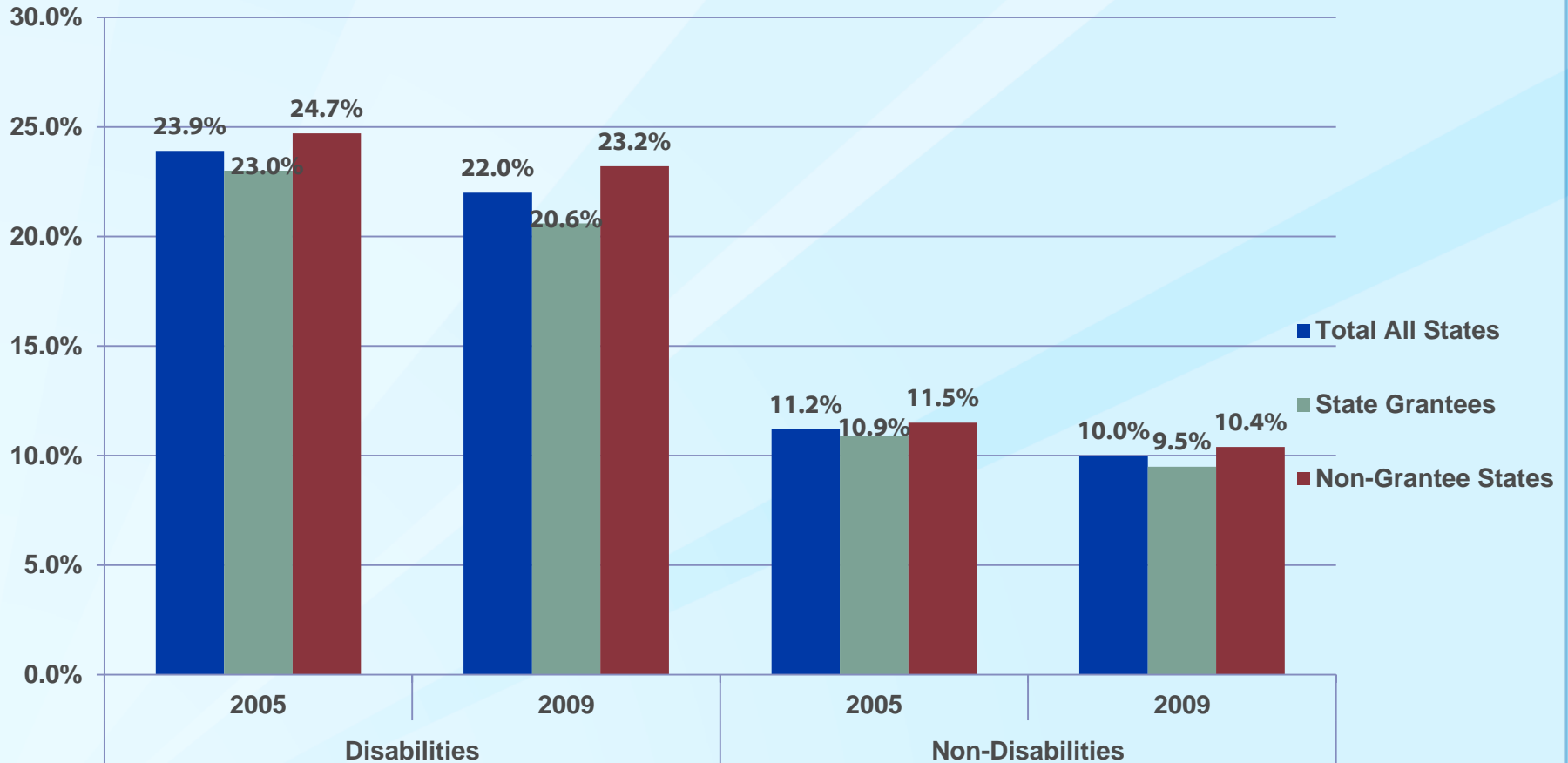


* Body Mass Index (BMI) is calculated as weight in Kilograms/height² in Meters.
For adults, BMI of 18.5-24.9 is considered “normal or healthy weight.”
BMI \geq 30 kg/m² is considered “obese.”

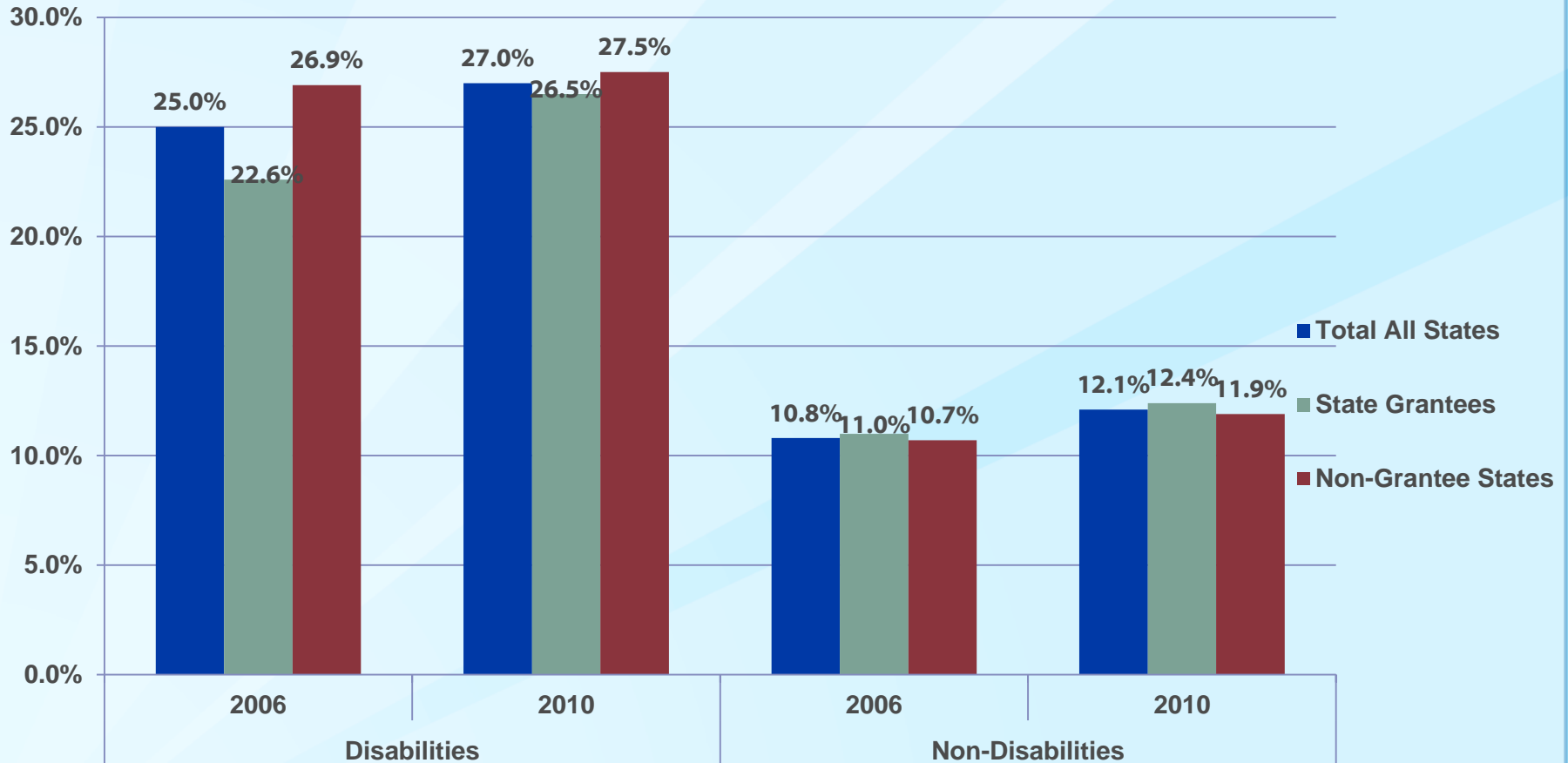
Percentage Women 40+ with Mammography in Past Two Years By Disability and Grantee Status BRFSS 2006, 2010



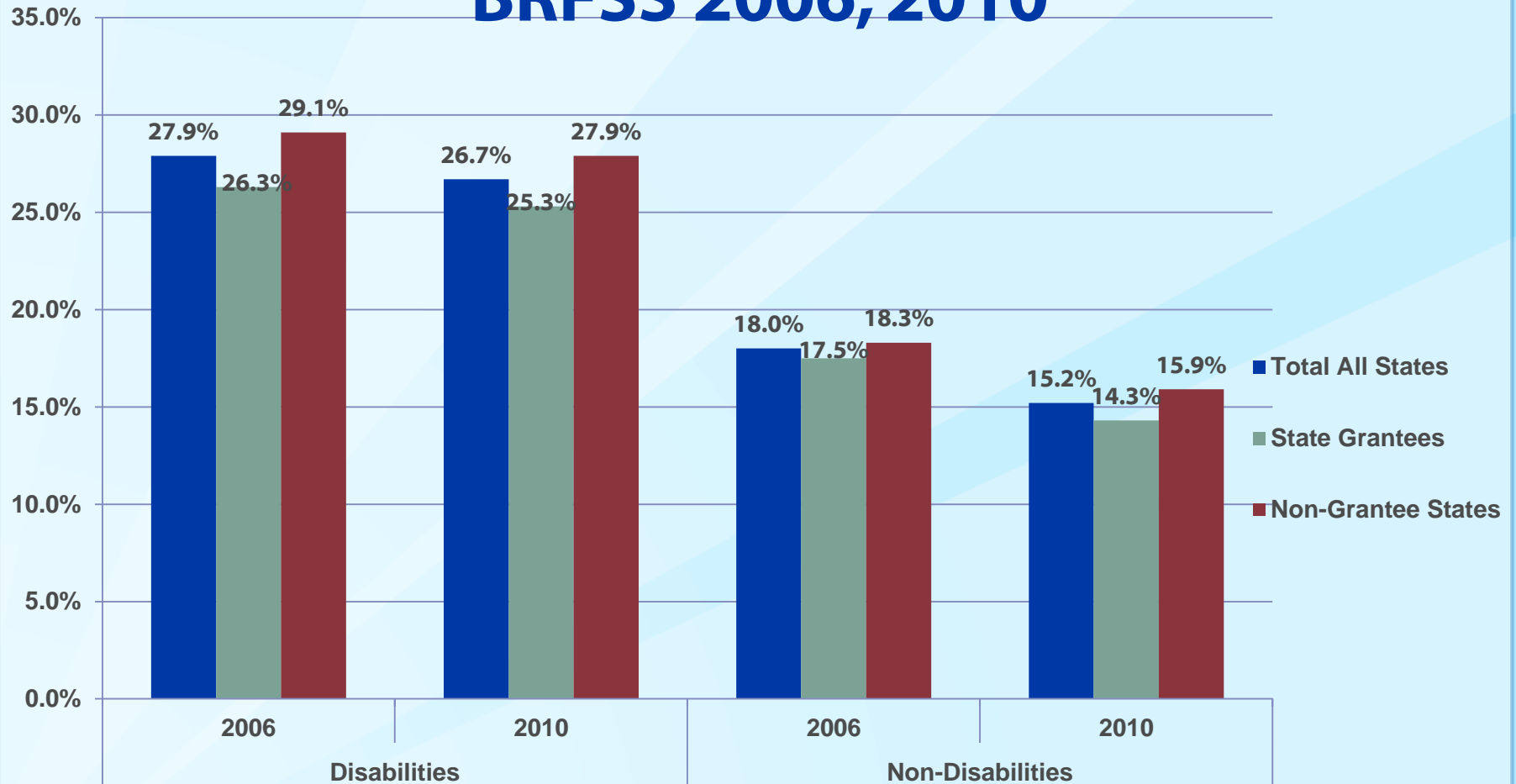
Percentage with Physical Inactivity By Disability and Grantee Status BRFSS 2005, 2009



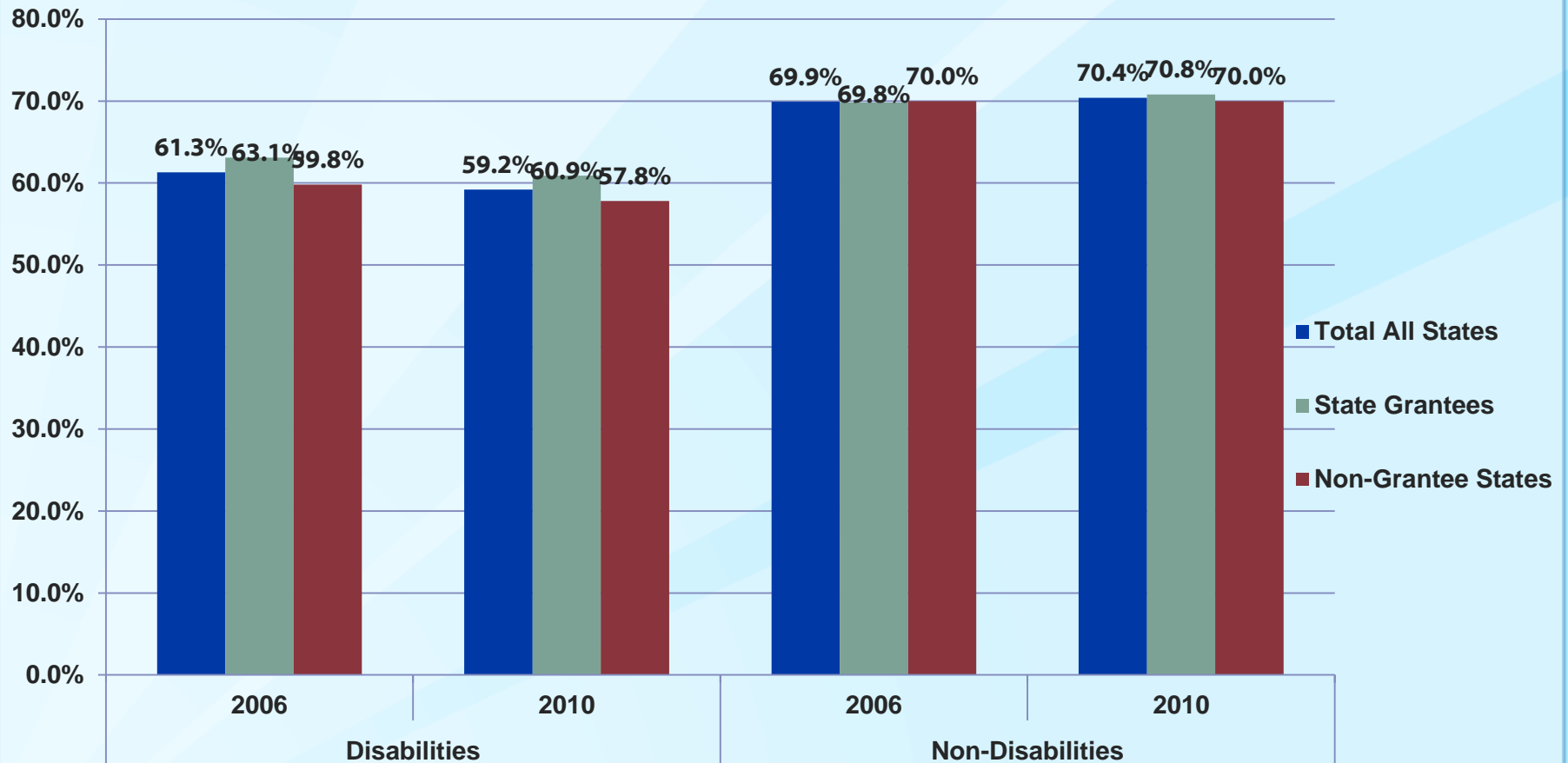
Percentage with Unmet Medical Need Due to Cost By Disability and Grantee Status BRFSS 2006, 2010



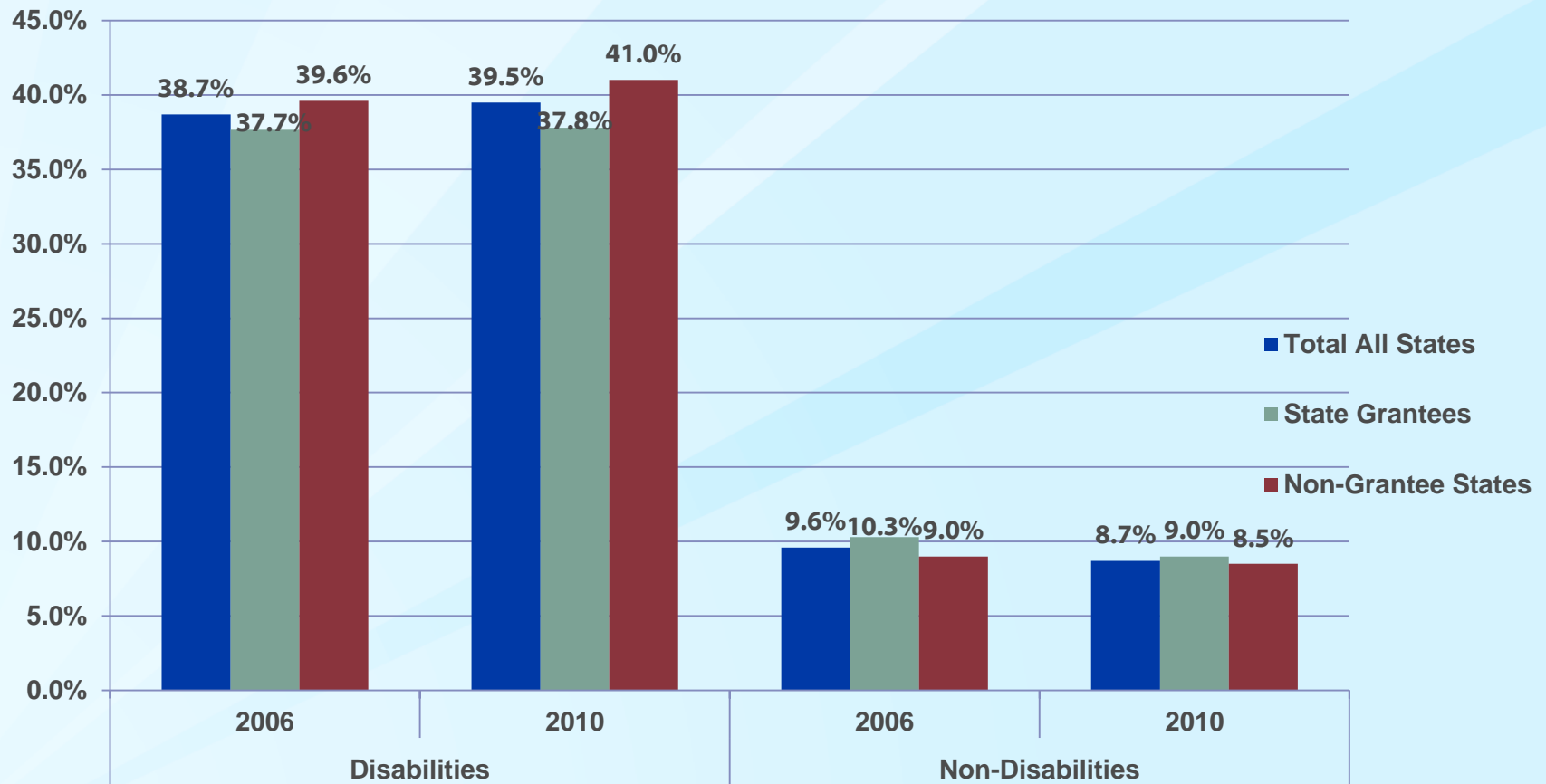
Smoking Rates By Disability and Grantee Status BRFSS 2006, 2010



Percentage Adults with Dental Visit By Disability and Grantee Status BRFSS 2006, 2010



Percentage Adults Indicating Fair/Poor Health Status By Disability and Grantee Status BRFSS 2006, 2010



Summary

- ❑ **For 6 out of 7 health indicators, the disparity has increased over a recent five year period**
- ❑ **Of these 7 indicators of health, the only one that significantly worsened over five years among all states for people with and without disabilities was obesity**
- ❑ **For people with disabilities, funded states showed relative progress in physical activity, health status and mammography screening**

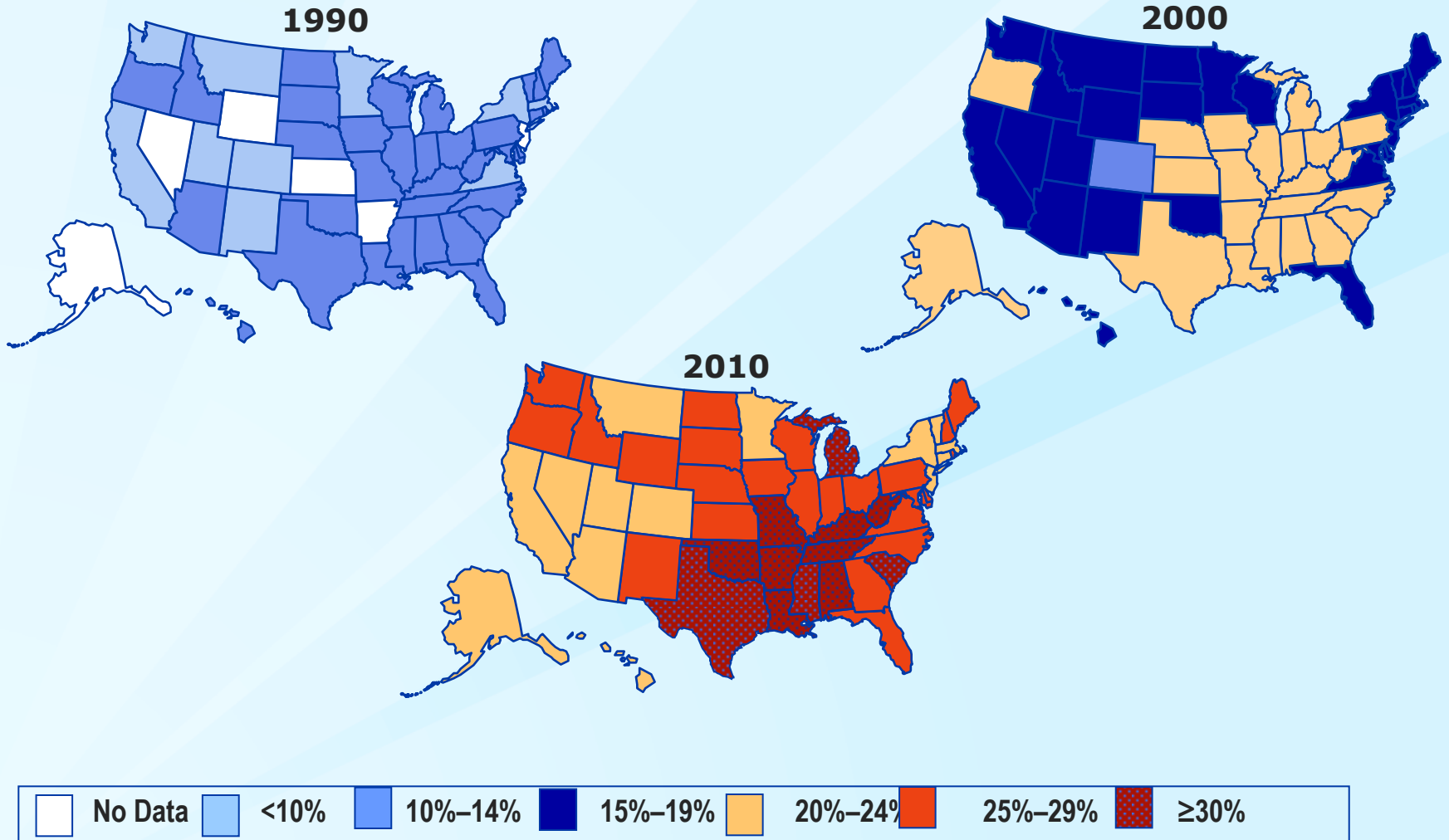
For additional information

- **Fact sheets showing estimates at a state level can be found:**
 - **CDC's Disability and Health website at:**
<http://www.cdc.gov/ncbddd/disabilityandhealth/healthstatus.html>
 - **Or go to www.CDC.gov and search on "disability health status"**

Obesity Trends* Among U.S. Adults

BRFSS, 1990, 2000, 2010

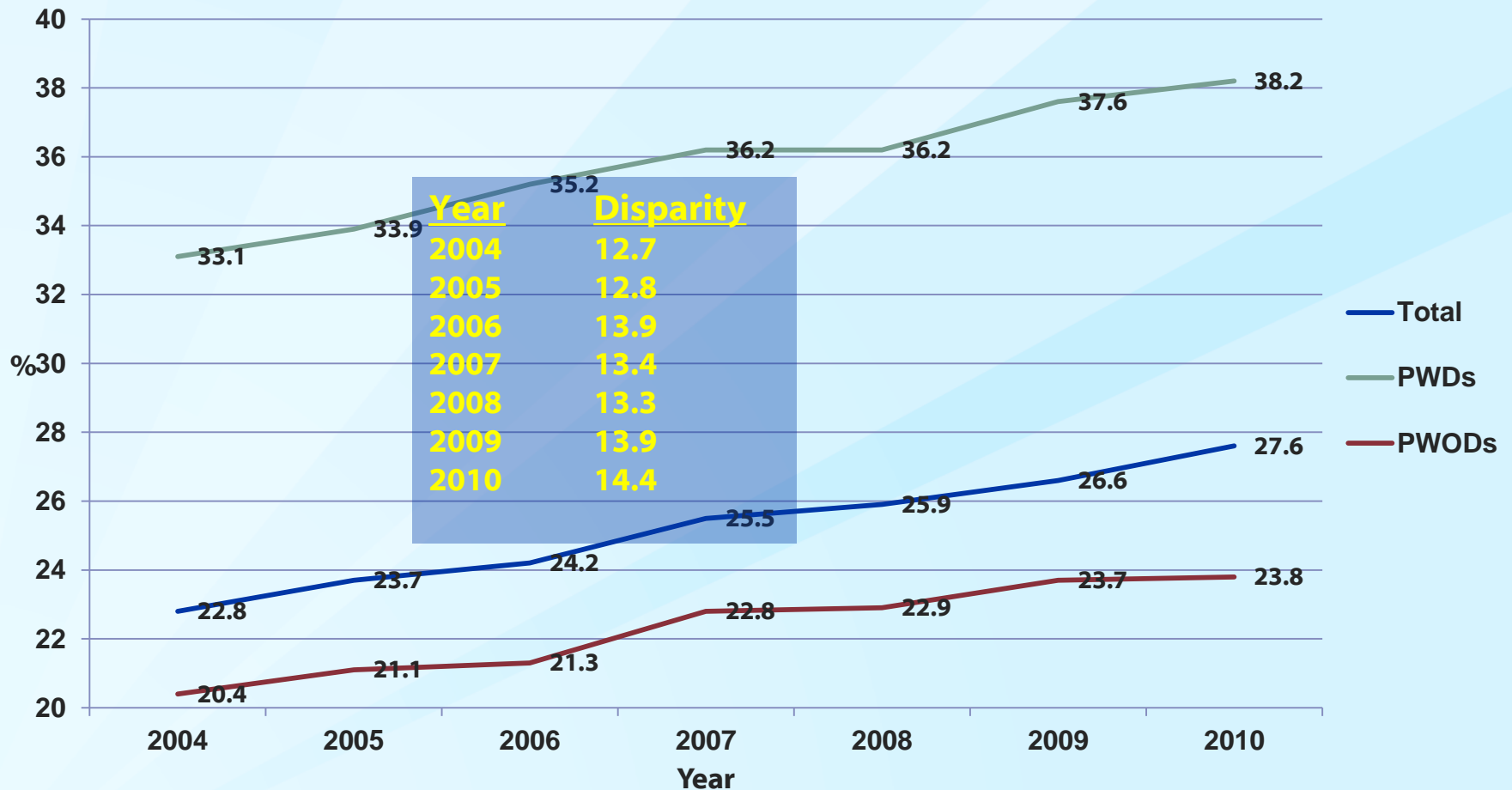
(*BMI ≥ 30 , or about 30 lbs. overweight for 5'4" person)



How have disability obesity disparities changed over time?

Adult Obesity Prevalence by Disability

BRFSS 2004-2010

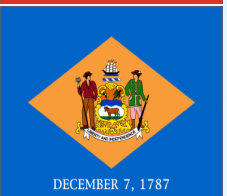


Examples of Promising Practices

<http://www.cdc.gov/ncbddd/disabilityandhealth/>

REDUCING DISPARITIES IN KEY HEALTH INDICATORS, INCLUDING OBESITY

Promising Practices



CDC's
Division of Human Development
and Disability

Funded
Disability and Health Programs

<http://www.cdc.gov/ncbddd/disabilityandhealth/programs.html>

Promising Practices: CDC-funded Disability and Health Programs

Physical Activity – North Carolina

<http://www.fpg.unc.edu/~ncodh/PhysicalActRec/index.cfm>

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



Promising Practices: CDC-funded Disability and Health Programs

Mammography –Montana

<http://everywomanmatters.ruralinstitute.umt.edu/EWM.html>

- *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 which provides information on accessible mammography facilities in Montana.



Promising Practices: CDC-funded Disability and Health Programs

Tobacco Use –California

<http://www.cdph.ca.gov/PROGRAMS/Pages/DisabilityandHealth.aspx>

- *Living Healthy with a Disability: Tobacco Cessation for People with Disabilities* began a collaboration to reach more people with disabilities
- Coordinating training for Helpline staff
- Revising Helpline materials
- Collaborating with disability organizations and health care insurers on how best to work with people with disabilities.



Promising Practices: CDC-funded Disability and Health Programs

Unmet Medical Care- South Carolina

<http://sciodh.com/>

- The Office of Disability and Health (SCIODH) partnered with the South Carolina breast and cervical cancer program to:

Survey patients about disability status.	Conduct an accessibility assessment of facility.
Educate facility staff on the need for equitable services.	Produce a list of modifications to increase accessibility and verify completion.
Review and approve funding requests, before distributing funds for items such as ramps, modified restrooms, wheelchair accessible scales, and adjustable height exam tables.	



Promising Practices: CDC Partnerships targeting healthy weight

<http://www.cdc.gov/ncbddd/disabilityandhealth/partnerorganizations.html>



American Academy
of Pediatrics



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NCPAD

American Association on Health and Disability



Paralysis Resource Center



Promising Practices: Increasing Exercise and Good Eating Habits among People with Disabilities



**The National Center on
Physical Activity and Disability**

<http://www.ncpad.org/>

NCPAD is a public health practice and resource center dedicated to providing improved nutrition, physical activity and health promotion for people with disabilities.

14 Weeks to a Healthier You

<http://www.ncpad.org/14weeks/>



Promising Practices: Increasing Obesity Awareness among People with Limb Loss



❑ Implications of Amputees Being Overweight

- When weight increases, stresses are multiplied exponentially at joint surfaces.
- Excess weight compounds the orthopedic and cardiovascular effects of an amputee.
- The already overtaxed cardiovascular system of a person with leg amputation doesn't need the additional burdens associated with obesity



Promising Practices: Assessing Weight & Promoting Good Eating Habits among People with Intellectual Disabilities

- ❑ **Building communities of sports, joy & social change...**
 - Community participation through athlete leadership, unified sports, family empowerment, health programming, research, advocacy and volunteerism
 - <http://www.specialolympics.org>



BE A FAN OF ACCEPTANCE, DIGNITY, AND THE HUMAN RACE.



Promising Practices: Disseminating Information on Health through Public Health Practice and Resource Centers

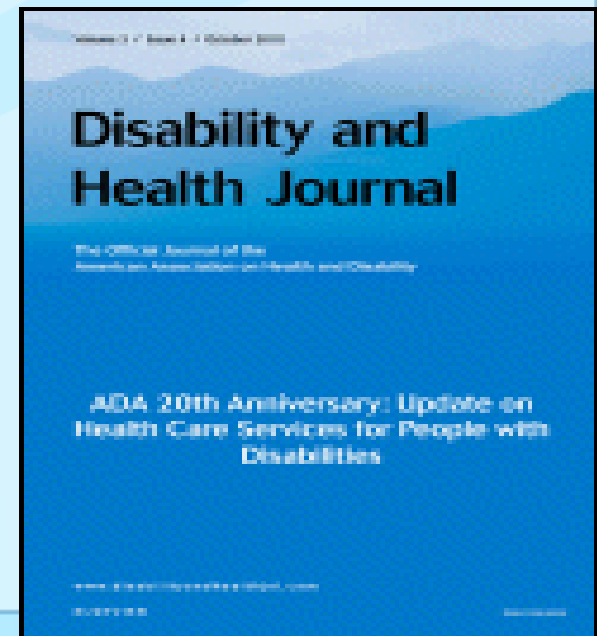


Paralysis Resource Center

- **There is an epidemic of obesity in the U.S. People with disabilities are even more prone to carrying excess weight due to a combination of changed metabolism and decreased muscle mass, along with a generally lower activity level. There are compelling reasons to shed the extra pounds.**
- **Research shows that people in wheelchairs are at risk for shoulder pain, joint deterioration, even rotator cuff tears, due to the amount of stress they place on their arms. The more weight to push, the more stress on the shoulder. Plus there's the risk the skin faces: as people gain weight, skin folds develop which trap moisture, greatly increasing the risk of skin sores.**



- **Research pertaining to obesity and people with disabilities**
- **Publications, organizations and programs pertaining to obesity and people with disabilities**





NCPAD

YouTube Channel

http://www.youtube.com/watch?v=eKse0sZP_h8

The epidemic of obesity in the United States and in many other countries throughout the developing

Moving Forward: Targeting a Reduction in Health Disparities



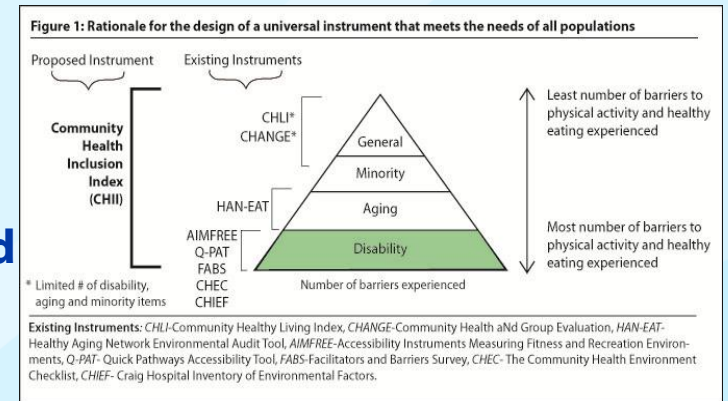
Building on Past Recommendations

Two Surgeons General reports (2002, 2005), one Institute of Medicine Report (2007), the National Council on Disability Report (2009), and the World Health Organization World Report on Disability (2011) have recommended several key actions, among them:

1. Improve public recognition that people with disabilities can live long, healthy and productive lives and reduce stigma and discrimination;
2. Improve knowledge, skills and attitudes of health care providers to improve care;
3. Improve accessibility of health care, including insurance, facilities, equipment, transportation;
4. Improve opportunities for health promotion, safety and wellbeing;
5. Improve data on disability populations, and research on disability-related health disparities and interventions.

Funding Efforts to Reduce Health Disparities

- **BAA 2011 N-13396 Creating a Healthy Community Index: Enabling Communities to Identify Barriers and Facilitators for Active Lifestyles and Healthy Food Access - Awarded 7/11 to NCPAD to develop The Community Health Inclusion Index (CHII)**



- **FOA: National Public Health Practice and Resource Centers on Health Promotion for People with Disabilities (CDC-RFA-DD12-1205, due 2/6/2012)**

Priorities:

- 1) **Physical activity and healthy weight management for people with disabilities**
- 2) **Improved health of persons with limb loss/limb difference**

- **FOA: Reducing Health Disparities among People with Intellectual Disabilities (CDC-RFA-DD 12-003, due 2/13/2012)**

Priorities:

- 1) **Examine and address (through data analysis) unmet need in health related areas for people with intellectual disabilities to better understand risk factors**
- 2) **Evaluate promising practices that have the potential to reduce health disparities in selected key health indicators for people with intellectual disabilities.**

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.