

People with disabilities experience unrecognized health disparities, new research shows

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People with disabilities have unmet medical needs and poorer overall health throughout their lives, and as a result should be recognized as a health disparity group so more attention can be directed to improving their quality of life, a team of policy researchers has found.

"Many of the health concerns of people with disabilities, including diabetes, heart disease and obesity, are largely preventive and unrelated to the disability," said Gloria Krahn of Oregon State University's College of Public Health and Human Sciences. Krahn is lead author on a new paper advocating the recognition.

"There's no overt reason, based on the diagnosed condition, that people with disabilities should have higher rates of these diseases," said Krahn, the Barbara E. Knudson Endowed Chair in Family Policy and a professor of practice in public health at OSU. "There may always be some disparity in health because of a person's disability, but people can have disabilities and also be healthy."

The researchers' findings were published this month in an article in the *American Journal of Public Health*. Co-authors are Deborah Klein Walker of Abt Associates and Rosaly Correa-de-Araujo of the National Institutes of Health. The article was based on research conducted primarily while Krahn was working at the Centers for Disease Control and Prevention.

People with significant disabilities - defined federally as functional limitations of movement, vision, hearing or problem-solving - make up about 12 percent of the U.S. population. Reducing the incidence of preventable diseases in this population could lead to improved quality of life as well as significant reductions in [health care costs](#), Krahn said.

Race and ethnicity are used to define health disparity populations by state and federal governments. Disability is not recognized as a disparity population, even though people with disabilities are, on average, in poorer health than the rest of the population. Adults with disabilities are 2.5 times more likely to report skipping or delaying health care because of costs and they have higher rates of chronic disease than the general population, for example.

Establishing disability as a health disparity group is a way of bringing attention to a group that clearly has unmet needs, Krahn said.

The researchers suggest that recognizing people with disabilities as a health disparity population could lead to:

- Improved access to health care and human services for the disabled;
- Increased data on the disabled population, aiding in policy-making;
- Added training for [health care providers](#), strengthening the workforce and improving care for the disabled;
- Improved public health programs that are designed to be inclusive of people with disabilities;
- Enhanced emergency-preparedness; people with disabilities can be especially vulnerable in emergency or disaster situations.

A focus on the health disparity could lead to creation of health promotion materials that are accessible to people with disabilities;

development of weight-loss or smoking cessation programs to serve the disabled; and emergency evacuation and shelter training for people with disabilities, Krahn suggested.

"To say that disability is a health disparity will mark a significant shift in approach toward [health care](#) of people with disabilities," Krahn said. "It would influence public health practice, research and policy."

Provided by Oregon State University

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