

Navigating Health Equity: Addressing Social Determinants of Health for People with Disabilities

Health Disparities in the Medical Record and Disability Determinations
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Health Disparities & Disability



People with disabilities are more likely to experience

- Fair to poor health
- Poor oral health
- Depression/Anxiety
- Risky health behaviors (less likely to engage in physical activity, more likely to smoke)
- Chronic health conditions
- Premature mortality

Health Disparity Indicators: Self-Reported Health & Intersectionality

Among disabled people, self-reported health status varies by race, ethnicity, sexual orientation, and gender identity.

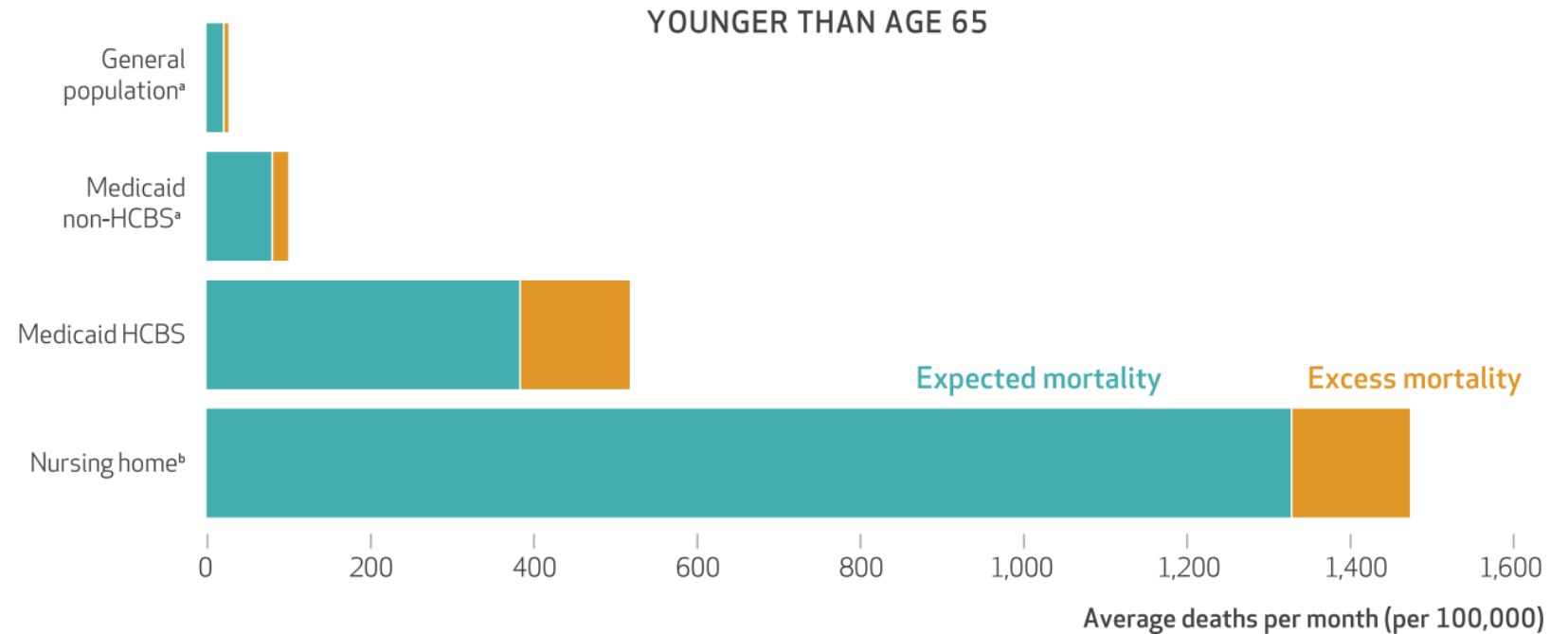
- LGBTQI+ people with disabilities are more likely to report poor physical and mental health.
- Disabled members of minoritized racial and ethnic groups also consistently report poorer health; this is true of people with IDD as well as mobility limitations.

Health Disparity Indicators: COVID-19 Excess Mortality

Between March and December 2020, the excess mortality of Medicaid HCBS recipients under the age of 65 was **26.6 times** that of the general population.

EXHIBIT 1

Expected and excess average monthly mortality among people younger than age 65, by long-term services and supports receipt and setting, March–December 2020



Health Disparity Indicators: Severe Maternal Morbidity

- After adjusting for relevant covariates, women with intellectual and developmental disabilities (IDD) have a **75%** higher risk for severe maternal morbidity and an **186%** higher risk for maternal mortality than peers without IDD.
- Deaf and/or hard of hearing (DHH) women have a **54%** higher risk for severe maternal morbidity.

Source: Mitra, M., Akobirshoev, I., Valentine, A., Brown, H. K., & Simas, T. A. M. (2021). Severe maternal morbidity and maternal mortality in women with intellectual and developmental disabilities. *American journal of preventive medicine*, 61(6), 872-881.

Mitra, M., Akobirshoev, I., Valentine, A., McKee, K., & McKee, M. M. (2024). Severe maternal morbidity in deaf or hard of hearing women in the United States. *Preventive medicine*, 180, 107883.

Disability IS NOT EQUAL to Poor Health



Health Disparity Versus Inequity (Definitions)

TABLE 2 - Distinctions Between Health Equity and Related Terms



Several terms that relate to health equity are sometimes used inappropriately or interchangeably. The following definitions help clarify distinctions between them⁴:

Health disparities

Differences in health and well-being outcomes without an identified cause among groups of people.

Health care disparities

Differences in quality of health care received that are not due to access-related factors or clinical needs, preferences, or appropriateness of intervention.

Health inequalities

Differences in health status, or in the distribution of health determinants among different population groups (eg, differences in mobility between older and younger populations, or in mortality rates between people from different social classes).

Health inequities

Differences in health and well-being outcomes that are avoidable, unfair, and unjust. Health inequities are affected by social, economic, and environmental conditions.

Source: Gómez, C. A., Kleinman, D. V., Pronk, N., Gordon, G. L. W., Ochiai, E., Blakey, C., ... & Brewer, K. H. (2021). Addressing health equity and social determinants of health through healthy people 2030. *Journal of Public Health Management and Practice*, 27(Supplement 6), S249-S257. https://journals.lww.com/jphmp/fulltext/2021/11001/addressing_health_equity_and_social_determinants.9.aspx

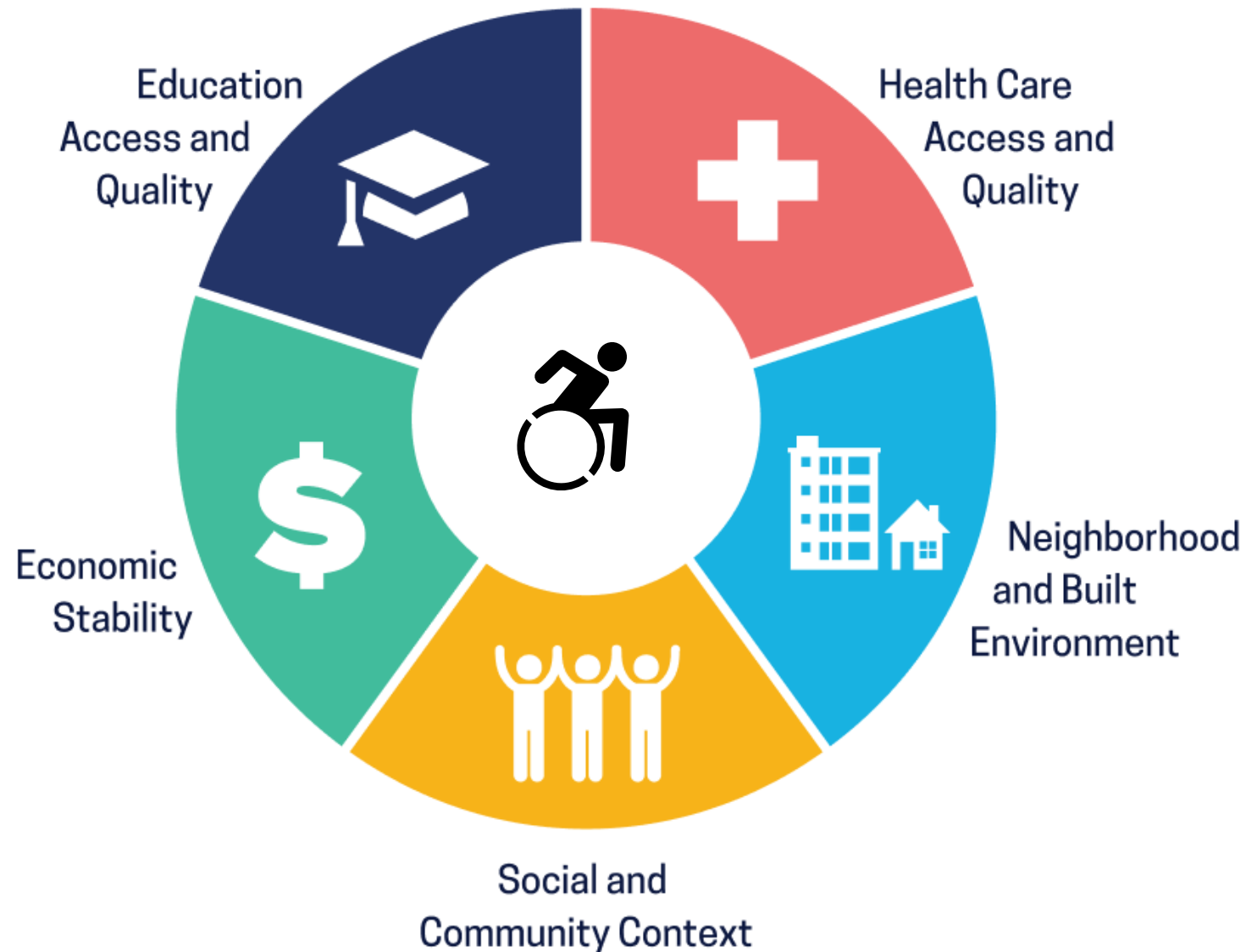
Social Determinants of Health & Disability



Social Determinants of Health

- Refers to the conditions in which people are born, grow, live, work, and age, as well as the wider set of forces and systems shaping the conditions of daily life.
- These social determinants include factors such as socioeconomic status, education, neighborhood and physical environment, employment, social support networks, access to healthcare, and access to resources such as food and transportation.

Social Determinants of Health



SDOH Unique to People with Disabilities



Environmental access



Health Care Provider Attitudes



**Complex Policies & Procedures
(Administrative Burden)**



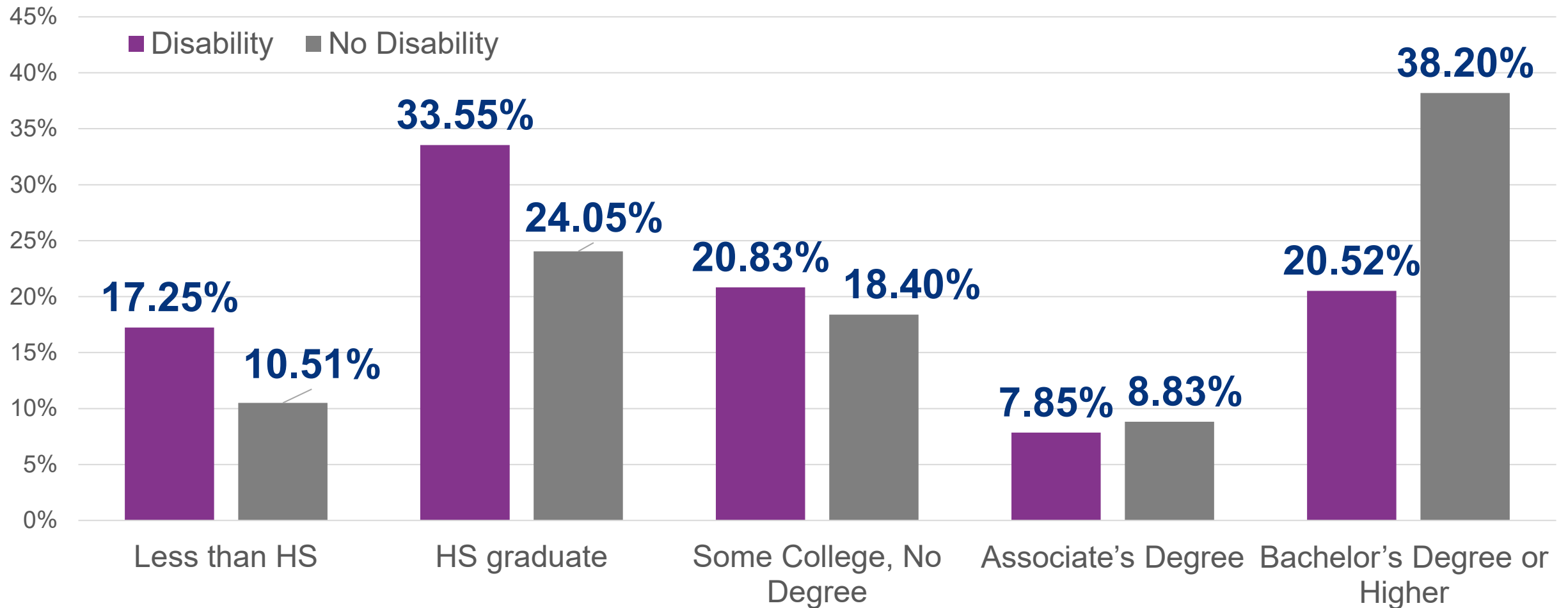
Social Supports and Systems



**Home & Community Based
Services**

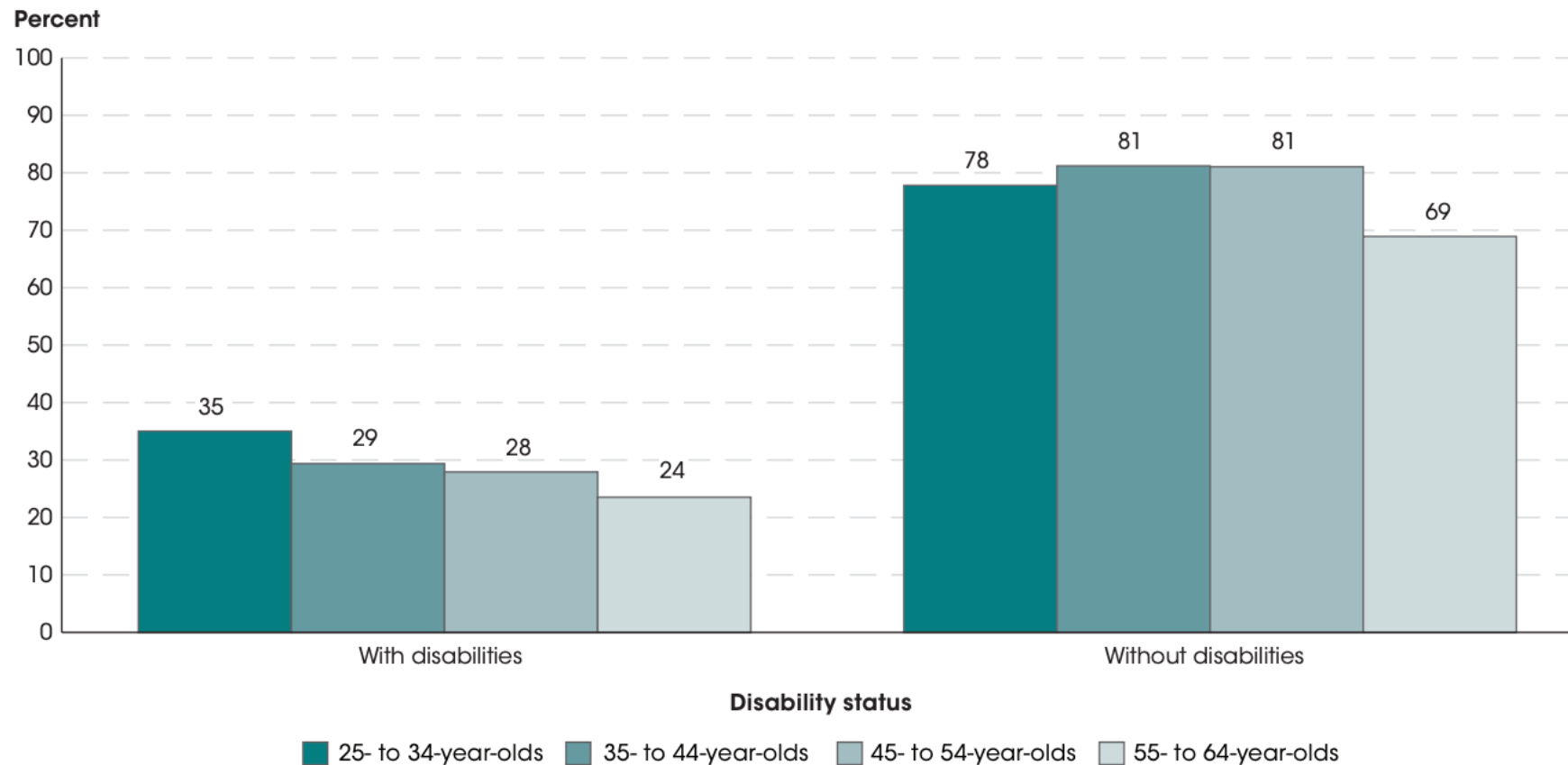
Education

Educational Attainment by Disability Status



Employment

Figure 4. Employment percentage of 25- to 64-year-olds with and without disabilities, by age group: 2015



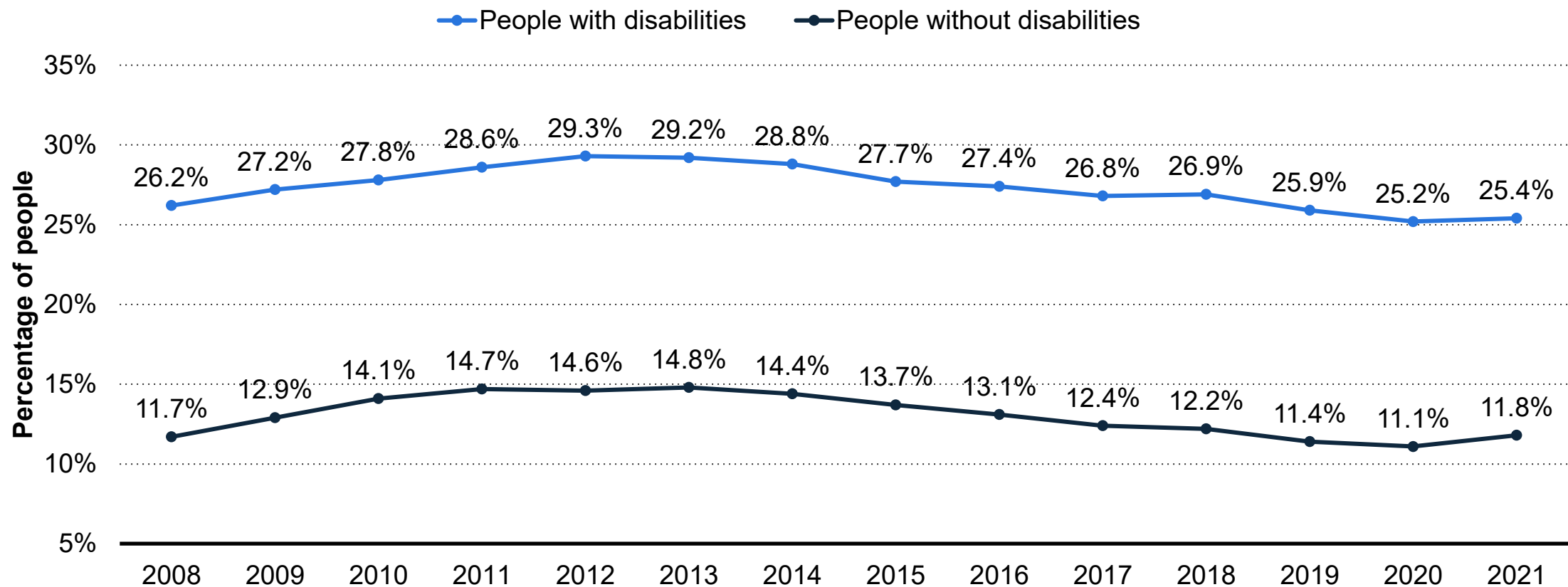
People with any type of disability are less likely to work (40%) compared to people with no disability (74.3%).

People who have a cognitive disability are the least likely to work (32.7%)

Source: https://nces.ed.gov/programs/coe/pdf/coe_tad.pdf

Winsor, J., Butterworth, J., Migliore, A., Domin, D., Zalewska, A., Shepard, J., Kamau, E., & Wedeking, R. (2024). *Summary of Statedata: The National Report on Employment Services and Outcomes Through 2021*.

Poverty Rate among People with and without Disabilities in the U.S. from 2008 to 2021



Note(s): United States; 2008 to 2021; 18-64 years; Noninstitutionalized population

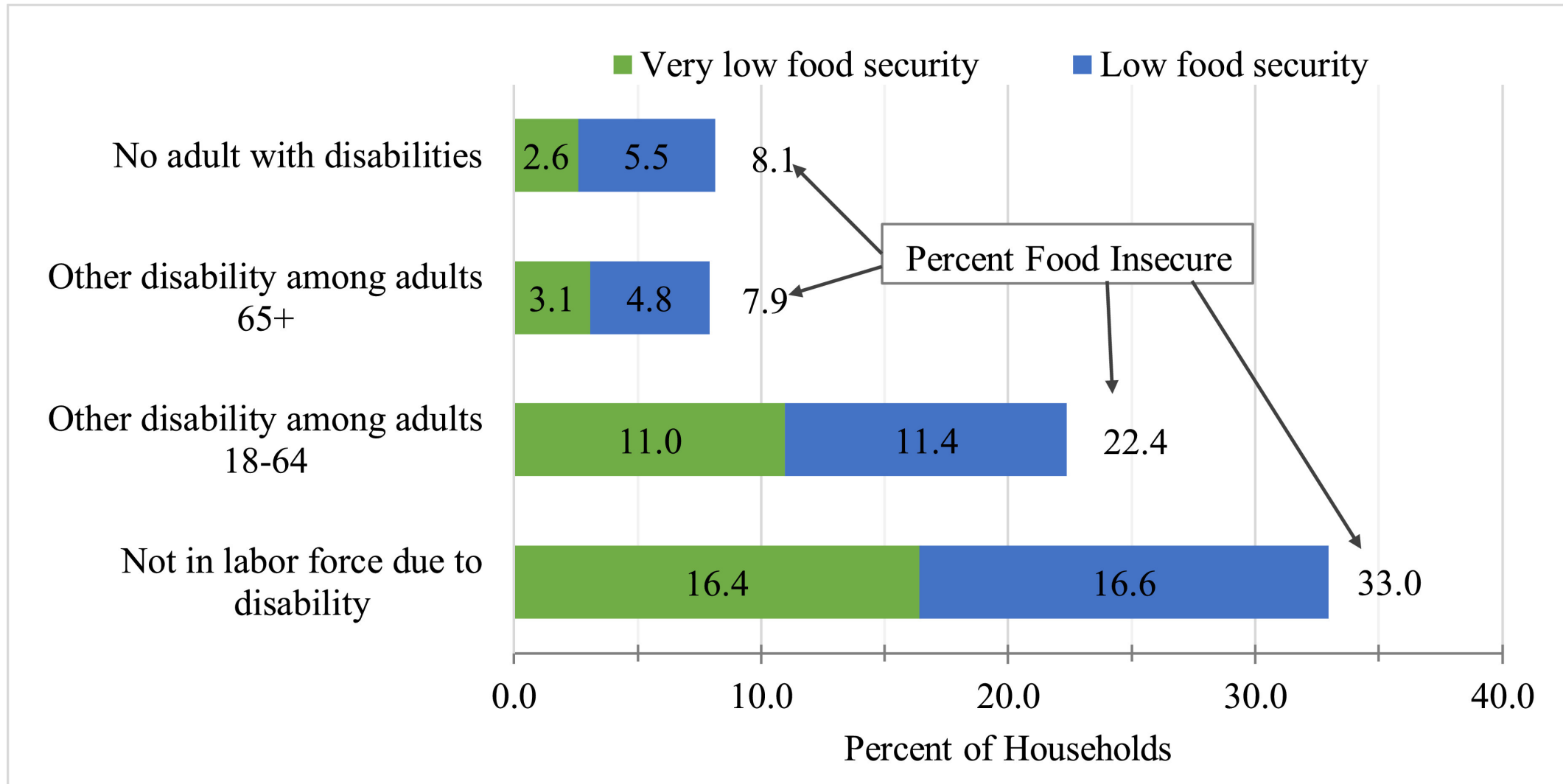
Further information regarding this statistic can be found on [page 8](#).

Source(s): Institute on Disability; US Census Bureau; [ID 979003](#)

Economic Security: “Disability Tax”

- The term "disability tax" refers to the extra financial burdens that individuals with disabilities often face due to the additional costs associated with their condition.
- These include expenses for specialized medical care, assistive devices, modifications to living spaces or vehicles for accessibility, transportation, personal care assistance, and other accommodations necessary for daily living.
- When disability tax is considered, the rate of disabled people living in poverty is estimated to rise to 35%.
- On average, a household with a member with a disability requires 29% more income to obtain a comparable standard of living to a household without disabled members.

Food Insecurity



Food Insecurity

How Food Inflation Adds to the Burdens Disabled People Carry

Between the dramatic increase in food prices and the end of pandemic-era SNAP benefit increases, disabled people are struggling to access the food they need to stay healthy.

BY S.E. SMITH • MAY 1, 2023



“Buying food is hell. I frankly eat much less than I should to keep my grocery prices down... if I don’t eat along my medical diet, I am bed ridden.”

- Thom Gilbert, 24

Housing

- The affordable housing crisis especially impacts seniors and people with disabilities who need accessible housing so they can live in the community (Schaak et al., 2017).
- Supplemental Security Income (SSI) does not cover the average rent for a studio or one-bedroom apartment in any housing market across the United States (Diamant, 2024).
- In 2024, the average one-bedroom rental cost in MA is **182% higher** than monthly SSI payments. In Boston-Cambridge, it is **225% higher** than SSI (Priced Out, 2023)
- On average, households with members who have any type of disability, as well as LTSS disabilities, live in poorer quality housing and neighborhoods. (Meschede et al., 2022)



Source: Meschede, T., Trivedi, K., & Caldwell, J. (2022). Severe housing and neighborhood inequities of households with disabled members and households in need of long-term services and supports. *Housing and Society*, 1–24. ; Schaak, G., Sloane, L., Arienti, F., & Zovistoski, A. (2017). *Priced Out: The Housing Crisis For People With Disabilities*. Technical Assistance Collaborative, Inc., <https://www.tacinc.org/wp-content/uploads/2020/04/priced-out-in-2016.pdf> ; Technical Assistance Collaborative. (n.d.). *Priced Out: The Housing Crisis for People with Disabilities*. <https://www.tacinc.org/resources/priced-out/> ; Diamant, M. (2024, February 5). SSI Recipients Can't Afford Housing Anywhere In The US. *Disability Scoop*. <https://www.disabilityscoop.com/2024/02/05/ssi-recipients-cant-afford-housing-anywhere-in-the-us/30731/>

Transportation

- Transportation barriers can present significant challenges for individuals with disabilities, limiting their ability to access essential services, employment opportunities, social activities, and healthcare.
- In many areas, accessible public transportation/paratransit options may be limited or unavailable.
- Only **27%** of transit stations in New York City are accessible under ADA regulations.
- People with blindness or low vision, psychiatric disabilities, chronic health conditions, or multiple disabilities, experience more problems using public transportation.
- There are also documented disparities among public transit seekers who are female, Hispanic and/or Latino/Latina.



Elevators at Most Subway Stations?
'I'll Believe It When I See It.'

Source: <https://www.nytimes.com/2023/08/31/nyregion/nyc-subway-accessible-disabled.html>

Bezyak, J. L., Sabella, S., Hammel, J., McDonald, K., Jones, R. A., & Barton, D. (2020). Community participation & public transportation barriers experienced by people with disabilities. *Disability and Rehabilitation*, 42(23), 3275–3283.

Social Networks: Sexual Orientation & Gender Identity & Disability

Preliminary analyses from Community Living Equity Center (2022 BRFSS):

	Emotional support: Sometime, Rarely Never	Social Isolation: Always, Usually
Disability + SOGI Minority Status		
No Disability, Non SOGI Minority	14.7%*** (14.5, 15.0)	4.2%*** (4.0, 4.3)
No Disability, SOGI Minority	17.5%*** (16.4, 18.4)	6.7%*** (5.8, 7.1)
Disability, Non SOGI Minority	27.2%*** (26.7, 27.7)	11.8% *** (11.4, 12.2)
Disability, SOGI Minority	33.3%*** (31.6, 34.9)	17.6% *** (16.4, 18.8)

*Note: Predicted Probabilities are listed as %, followed by 95% CI; * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$; Control for which control for: race, sex age, metro status, health insurance status, marital status, education level, employment status and annual income*

“...physicians feel uncomfortable, untrained, unprepared, and their offices are also equally untrained and unprepared...”

- 81% of medical students have no clinical training in disability care
- 75% of residents have no clinical experience in disability care
- 44% of Ob/Gyn clinics in 4 cities reported being unable to provide for people with mobility disabilities

Mitra, M., Long-Bellil, L. M., Iezzoni, L. I., Smeltzer, S. C., & Smith, L. D. (2016). Pregnancy among women with physical disabilities: Unmet needs and recommendations on navigating pregnancy. *Disability and Health Journal*, 9(3):457-463. doi: 10.1016/j.dhjo.2015.12.007

Holder M, Waldman HB, Hood H. Preparing health professionals to provide care to individuals with disabilities. *Int J Oral Sci*. 2009;1(2):66-71.

Lagu T, Hannon NS, Rothberg MB, et al. Access to subspecialty care for patients with mobility impairment: a survey. *Ann Intern Med*. 2013;158(6):441-446

Health Care Provider Attitudes



Quality of life of people with significant disabilities

“A Little” or “A Lot Worse”

82.4%

I welcome patients with disability into my practice.

Strongly Agree

56.5%

Ability to provide same quality of care to patients with disability

Very Confident

40.7%

Iezzoni, Lisa I., et al. "Physicians' Perceptions Of People With Disability And Their Health Care: Study reports the results of a survey of physicians' perceptions of people with disability." *Health Affairs* 40.2 (2021): 297-306.²³



Call to Action

**Health disparities and inequities cannot
be treated in a vacuum of healthcare.**

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NEWS RELEASES

Tuesday, September 26, 2023

NIH designates people with disabilities as a population with health disparities

Designation, new research program and update to NIH mission are actions to ensure inclusion of people with disabilities.

Today, Eliseo J. Pérez-Stable, M.D., director of the National Institute on Minority Health and Health Disparities (NIMHD), [designated](#) people with disabilities as a population with health disparities for research supported by the National Institutes of Health. The decision was made in consultation with Robert Otto Valdez, Ph.D., the director of the Agency for Healthcare Research and Quality, after careful consideration of a [report pdf](#) delivered by an NIMHD advisory council, input from the disability community and a review of the science and evidence. A [report pdf](#) issued in December 2022 by the Advisory Committee to the (NIH) Director (ACD), informed by the work of the Subgroup on Individuals with Disabilities, explored similar issues faced by people with disabilities. The designation is one of several steps NIH is taking to address health disparities faced by people with disabilities and ensure their representation in NIH research.

"This designation recognizes the importance and need for research advances to improve our understanding of the complexities leading to disparate health outcomes and multilevel interventions," said Dr. Pérez-Stable. "Toward this effort, NIMHD and other NIH institutes

Institute/Center

[NIH Office of the Director \(OD\)](#)[National Institute on Minority Health and Health Disparities \(NIMHD\)](#)

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