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CARDI·OH
Ohio Cardiovascular and Diabetes Health Collaborative

Promoting Equitable Health Care for Persons With Disabilities

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Despite the implementation of national guidelines, disparities for persons with disabilities (PWD) persist, particularly in cardiovascular disease risk.

Providing equitable health care to PWD requires providers to consider environmental, social, and health care access barriers, along with strategies to reduce those barriers. This document discusses disparities experienced by PWD and highlights strategies to reduce barriers to care for this population.

Defining Disability

Social Security, Medicare, and Medicaid define disability as a medically determinable physical or mental impairment that is either expected to result in death or to last for at least 12 months. This makes a person unable to participate in any substantial gainful work.[1]

- This medical model of disability provides the framework for providing government benefits and social services for PWD.

The Centers for Disease Control (CDC), the World Health Organization, and disability researchers take a bio-social framework: "A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions)."[2,3]

- This bio-social model frames the development of interventions to reduce the level of disability and provide equitable health care for PWD.

Types of Disability to Consider in Clinic[4]

Mobility
Significant chronic difficulties with upper and lower extremity movement

Vision
Blindness, low vision, or significant difficulty seeing

Hearing
Deafness or significant difficulty hearing

Serious Mental Illness
Conditions such as bipolar disorder, severe chronic depression, and schizophrenia that seriously impair the ability to perform or engage in major life activities

Developmental and Intellectual
Significant limitations in intellectual ability and adaptive behavior (e.g., social, conceptual, and practical skills)

Independent Living
Serious limitations in completing errands alone (e.g., visiting a doctor's office, going to the grocery store)

Cardiovascular Disease and Disability

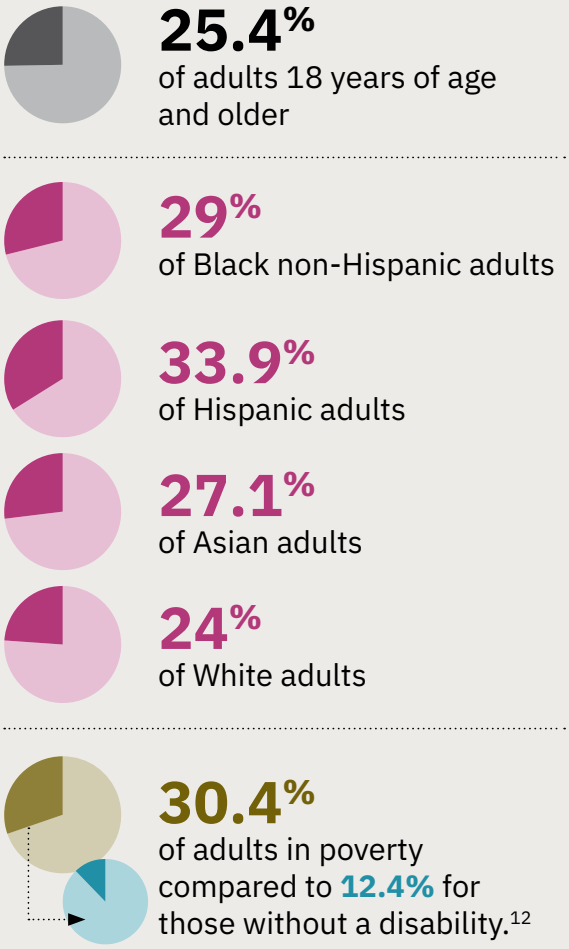
Persons with disabilities are more likely to be from vulnerable groups and experience risk factors for cardiovascular disease (CVD) at higher rates than those living without a disability (Figure 1).[5]

Cardiovascular disease (CVD) has been attributed to higher mortality rates in persons with intellectual impairment,[6] severe mental illness,[7] traumatic spinal cord injury,[8] and traumatic brain injury[9] than persons living without a disability. The risk factors affecting CVD for PWD are, for the most part, no different than the general population but are disproportionally represented in health disparities such as obesity, diabetes, tobacco use, heart disease, and depression (Figure 2).[5] An unhealthy lifestyle (e.g., poor diet, sedentary behavior) is an additional risk factor not captured in Figure 2.[10,11]

In general, CV risk factors should be addressed using similar goals in PWD as those without disability while taking into consideration the specific needs and barriers of the PWD population:

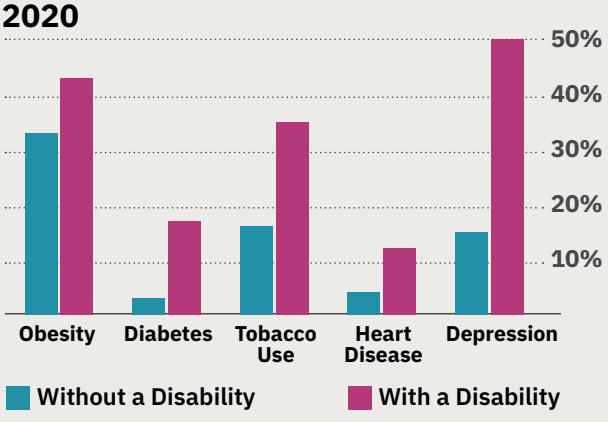
- Screen all PWD for CVD and its risk factors.
- Provide CVD patient educational material to PWD. See Cardi-OH's expanded resources on diabetes self-management education and support and diet guidelines.
- Provide material about living a more active and healthy lifestyle to PWDs. See Cardi-OH's expanded resources on supporting adults with a mobility disability and best practices on lifestyle, hypertension management, and diabetes management.

Figure 1. Adult Disability Occurrence Rates in Ohio by Race, Ethnicity, and Income



Adapted from *Disability & Health U.S. State Profile Data for Ohio*

Figure 2. Health Disparities Among Ohio Adults With and Without a Disability - 2020



Adapted from *Disability & Health U.S. State Profile Data for Ohio*

National Solutions for Equitable Health Care

The National Council on Disability has identified five policy actions (and 39 recommendations) at the national level that are intended to ensure equitable care of PWD.[13]

1. Legal designation of a Special Medically Underserved Population
2. Legal designation of a Health Disparities Population
3. Requirements for disability clinical care curricula and competency
4. Requirements for accessible medical and diagnostic equipment
5. Improved data collection concerning health care for PWD across the lifespan

Disability-related civil rights laws have been enacted over a span of fifty years, from the Rehabilitation Act of 1973 to the Patient Protection and Affordable Care Act of 2010. A subjective overview of the relationship between disability civil rights, disability, and health can be found in the October 2022 issue of Health Affairs.[14]

Comprehensive Disability Competency Training

Health care providers are not being adequately trained to care for PWD.[6] Some medical and nursing schools provide education related to this topic, but most do not.[15,16] Recent efforts to address this issue involve the incorporation of six standardized competencies, listed below, into health care curricula.[17]

- **Competency 1: Contextual and Conceptual Frameworks on Disability**
  Understand disability as a demographic characteristic that contributes to diversity rather than disability as an illness.[1,2,17]
- **Competency 2: Professionalism and Patient-Centered Care**
  Address implicit bias; demonstrate professionalism, communication, and respect, including recognizing patient's perspective.[15,17,18]
- **Competency 3: Legal Obligations and Responsibilities for Caring for Patients with Disabilities**
  Understand that accommodations are required under the Americans with Disabilities Act (ADA), Rehabilitation Act, and Social Security Act, and are a civil right.[19]
- **Competency 4: Teams and Systems-Based Practice**
  Work in inter- and intradisciplinary teams to provide care for PWD. To learn more about team-based care, access MedTAPP's quality improvement materials on hypertension and diabetes and Cardi-OH resources on effective teams.
- **Competency 5: Clinical Assessment**
  Incorporate functional status and work with patients to make decisions and create care plans.[17]
- **Competency 6: Clinical Care over the Lifespan and During Transitions**
  Incorporate functional status and lifespan/transitions considerations and work with patients to make decisions and create care plans.[17]

Provider and System-Specific Solutions for Equitable Health Care

National policies and guidelines can help clinicians take action within their own practices to ensure that all patients are treated equitably. Example strategies are provided below.

Communication and Language

Language evolves, as do preferences about how to discuss disability.[20,21] The use of appropriate language is critical to convey respect and build trust, which leads to optimal care, and several organizations provide guidelines regarding respectful language.[15,18]

- Ask PWD if they prefer identity-first or person-first language (e.g., *"I have a deaf patient in my office"* vs. *"I have a person who is deaf in my office."*)
- When describing a person in a health care setting, use terms like *"patient with a disability"* or *"client with a disability."*
- Use words that emphasize abilities, such as *"uses a wheelchair"* instead of *"wheelchair bound."*
- Refer to PWD by their relevant skills or roles, such as *"swimmer"* or *"mother,"* and not by subjective assumptions, such as *"long-suffering"* or *"heroic."*
- Describe people without a disability as *"nondisabled"* or *"person without disabilities,"* rather than *"normal"* or *"healthy."*

See Cardi-OH's expanded resource on language tools to reduce diabetes stigma.

Physical Environment

Title III of the ADA has general accessibility guidelines for buildings and facilities.[22] However, research continues to show that PWD have problems fully engaging with health care services due to the inaccessibility of the built environment.[23-25]

- Provide wide parking spaces to accommodate modified vans with lifts.
- Ensure there are no entryway steps or add ramps when steps are present.
- Install automatic doors, including bathroom entrances.
- Provide wide bathroom entrances and stalls to accommodate manual and power wheel chairs.
- Provide wide doorways and hallways.
- Place railings in hallways.
- Arrange waiting room furniture to accommodate wheelchair and walker maneuverability.
- Provide accommodations related to blindness and/or deafness, including patient instructions, educational materials, and signage in large print and braille. The ADA has a checklist for providers that can help define what accommodations should be available.[26]
- Have one exam room that is large enough to accommodate wheelchair maneuvering and a caregiver.[26]

Diagnostic Equipment

Persons with mobility limitations are less likely to engage in preventative health care due to the inaccessibility of medical diagnostic equipment. Persons with mobility disabilities have indicated that the health care system equipment most likely to be non-accessible are exam tables and chairs, weight scales, imaging and mammography equipment, and transfer equipment; or staff who are not trained for safe transfers from wheelchair to exam table.[27-30] In one national study of providers, 44% stated that they skipped certain exams (e.g., weight, palpitation of abdomen and liver)[31] for PWD because of the lack of accessible equipment, such as an adjustable exam table to lay the patient in a supine position.[28] Others have stated that patients are asked to bring someone to assist with transfers during the office visit.

Although the ADA does not have specific guidelines for the accessibility standards for diagnostic equipment,[22] the United States Access Board has developed minimum standards for accessible diagnostic equipment.[32]

- Provide a transfer board/Hoyer Lift.
- Provide a roll-up scale, roll-up eye and dental exam equipment, and roll-up mammography equipment.
- Ensure exam tables are height-adjustable.
- Ensure X-ray tables are adjustable.

Administrative

Administrative issues often identified as barriers by PWD include: prescribed length of office visits (this may impede care, as accommodations can add significant time to the visit), established office hours (these may be exclusionary, as caregiver or transportation availability may be limited to evenings and weekends or unreliable, the latter necessitating allowances for missed visits), and screening for mental health and social issues.

- Offer evening/weekend appointments and extended time for office visits.
- Ensure that specialty clinicians, including mental health clinicians, are available for multi-visit scheduling on the same day.
- Enlist volunteers/guides to help patients navigate the clinic/hospital.
- Ensure staffing levels are sufficient and allow for assistance with transfers..
- Provide allowances for missed visits due to transportation issues.
- Provide training on disability competency for staff and clinicians.
- Use community HUBs to address social needs and care coordination
- Use huddles for team-based care.
- Integrate a disability-needs and social-needs survey/tool into practice, ideally in the EMR.

Additional Resources

For Providers

- **Improving Access to Care for People with Disabilities**
  Resources and strategies to improve care for PWD provided by the Centers for Medicare & Medicaid Services.
  cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Improving-Access-to-Care-for-People-with-Disabilities

- **Introduction to the Americans with Disabilities Act**
  An overview of the ADA, a federal civil rights law that prohibits discrimination against people with disabilities.
  ada.gov/topics/intro-to-ada

- **How to Write About People With Disabilities**
  Objective, respectful disability terminology developed by the University of Kansas Research & Training Center on Independent Living.
  rtcil.org/guidelines

For Patients

- **Self-Advocacy Resource Center**
  Resources organized by areas of interest, developed by Disability Rights Ohio.
  disabilityrightsohio.org/resource-center

- **Guide for People With Disabilities**
  Centers for Medicare & Medicaid Services checklist for patients to get the care they need before, during, and after their appointment.
  cms.gov/files/document/getting-care-you-need-guide-people-disabilities.pdf

- **Disability Benefits**
  Information about disability benefits programs, provided by Social Security Administration.
  ssa.gov/benefits/disability

- **Ohio Community Resources**
  Listing of resources for PWD and persons with social determinants of health needs.
  ohio.resources.uniteus.io

- **Opportunities for Ohioans with Disabilities**
  Guidance on employment, disability determinations, and independence for PWD in Ohio.
  ood.ohio.gov/individuals-with-disabilities

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