



Inclusion of People with Disabilities in Efforts to Reduce Racial and Ethnic Health Disparities

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Study Purpose

- Review current projects to reduce racial and ethnic health disparities
 - Federally funded grants
 - Programs in state public health departments
- Look at whether people with disabilities are included in these efforts

Methods: Federally Funded Projects

Search Strategies - Level 1 & 2:

- Development of racial/ethnic and health search terms (Level 1)
- Electronic search using NIH RePORTER to locate abstracts of funded grants (Level 1)
- Inclusion based on decision tree (Level 1)
- Development of disability search terms (level 2)

Level 2 Review Inclusion Criteria

- Review included abstracts for disability content
- How was disability used? (Population of interest vs. negative health outcome)
 - “Tobacco is the leading cause of preventable death and disability in the U.S.”
 - “Stroke and cognitive impairment remain a major public health problem with a disproportionate impact on blacks and Hispanics”



Results: Federally Funded Projects

- Initial search 6294
- 517 met inclusion criteria (Level 1)
- 191 met some type of disability term (Level 2)
- 153 excluded for false positives
- 38 actually talking about disability
- 3 addressed disability as a target population

Federal Level Example: Level 1

Project: Adherence to Weight Loss for Hypertension and Diabetes in African American Women

Racial/Ethnic Population: African American women are more likely to be overweight

Health Care Access/Promotion Barrier: There is a serious scarcity of culturally appropriate programs available. Many of these women receive their care in high demand/low resource clinics so programs must also be practical and affordable.

Intervention: 16-session weight loss program with the content delivered by videotape. A culturally appropriate weight control program in partnership with African American women and then delivered by Cable television.

Federal Level :Example 2 - Disability as Target Pop.

Project: This project focuses on addressing barriers to using phone-based emergency communication and response systems to reach Limited English Proficiency communities

Barrier: Critical information in emergency situations is not reaching vulnerable audiences

Population: Vulnerable populations including health care providers: Spanish-speaking, Mandarin-speaking, Native American, deaf/hard of hearing

Methods: State Level

- Contact 50 state offices of Multicultural/Minority Health
- Interview Schedule
- Decision tree to review requested abstracts/descriptions
- Directed qualitative analysis of content
 - Notes from interviews
 - Emails from state directors
 - Descriptions of projects in states, web sites, policy documents

State Level: Results

Work conducted in states:

- Training & technical assistance
- Capacity building of local health care agencies
- Health promotion activities
- Research & Evaluation
- Policy work



State Level: Results

- Lack of inclusion of adults with disabilities in disparities efforts
- Promising practices
- Referrals to related office/program
- Nature of the work in Disabilities Offices

Limitations of Research

- Search methods
 - No standardized way to collect information from states and foundations
 - Difficulty comparing information across funding sources
- Limited to abstracts (minimum detail)
- Working age adults only
- Didn't examine the flip side

Overall Findings

- Disability is viewed as a negative/poor health outcome vs. target population
- Almost none of the current efforts to address racial and ethnic health disparities consider the additional role of disability
- However, people in underserved racial and ethnic groups who also have disabilities experience increased health risks

Overall Findings

- Current interventions could be adapted to focus on or include people with disabilities.
- Lack of attention to people at the intersection of race, ethnicity, and disability may be partly due to structure of funding streams and programs as well as lack of awareness.

Policy Implications

- Recognition of people with disabilities as a disparity group is needed in order for this work to be funded
- Building awareness of membership in multiple minority groups
- Addressing inclusion through development of accessibility guidelines for health promotion materials

Thank You

Questions?

