



Disability and Rehabilitation Research Project: Health and Health Care Disparities Among Individuals with Disabilities (Health Disparities) Project Highlights

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Overview

- Acknowledgements
- Brief introduction to Health Disparities Project, including need and approach
- Introduction of Panel presentations
- Introduction of Panel members

Acknowledgements

- Funded by the U.S. Department of Education, National Institute for Disability and Rehabilitation Research (NIDRR), grant #H133A080031 (2008-2010) & H133A100031 (2010-2014)
- 1 study collaborated with the Research and Training Center on Community Living grant #H133B11000

Acknowledgements

- Health Disparities & Disability Expert Panel:
Glenn Fujiura, PhD, Lisa Iezzoni, MD, MSc,
Gloria Krahn, PhD, MPH, Elena Andresen, PhD,
and Charles E. Drum, MPA, JD, PhD (Chair)

Acknowledgements

Core project staff included:

- UNH Research Team
- OHSU Research Team
- Pacific University

Additional project staff from University of Kansas, RTC on Community Living

Project Need: NIDRR

- Growing body of research on health and health care disparities experienced by persons with disabilities
- Need research on factors that explain disparities *within different disability groups*
- Factors that explain disparities may include systems level (e.g., insurance payer type, provider type), environmental level (e.g., urban/rural), or individual level (e.g., disability type, severity, SES, race and ethnicity)

Project Approach

Systematic scoping reviews:

- Health outcomes among disability subgroups
- Health care utilization among disability subgroups
- Scoping reviews are a rigorous, systematic method for locating and reviewing previously published research

Project Approach

Secondary data analysis studies:

- Pooled data from the Medical Expenditure Panel Survey (MEPS) (2002-2008; 2004-2010)
- Factors that relate to health and health care disparities among different disability groups

Panel Presentations

- Summary of the systematic scoping reviews
- Key findings from the secondary data analysis studies
- Policy recommendations deriving from the Health Disparities Project
- Q and A at the end of the session
- Complete project bibliography available as handout or electronically

Panel Members

- Monica McClain, PhD, Research Associate Professor, Institute on Disability (IOD), University of New Hampshire (UNH)
- Amanda Reichard, PhD, Research Assistant Professor, IOD, UNH
- Kimberly Phillips, MA, PhD Candidate, Project Director, IOD, UNH



Systematic Scoping Reviews of the DRRP Health Disparities Project

Monica R McClain,
MS, PhD



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Topics To Be Covered

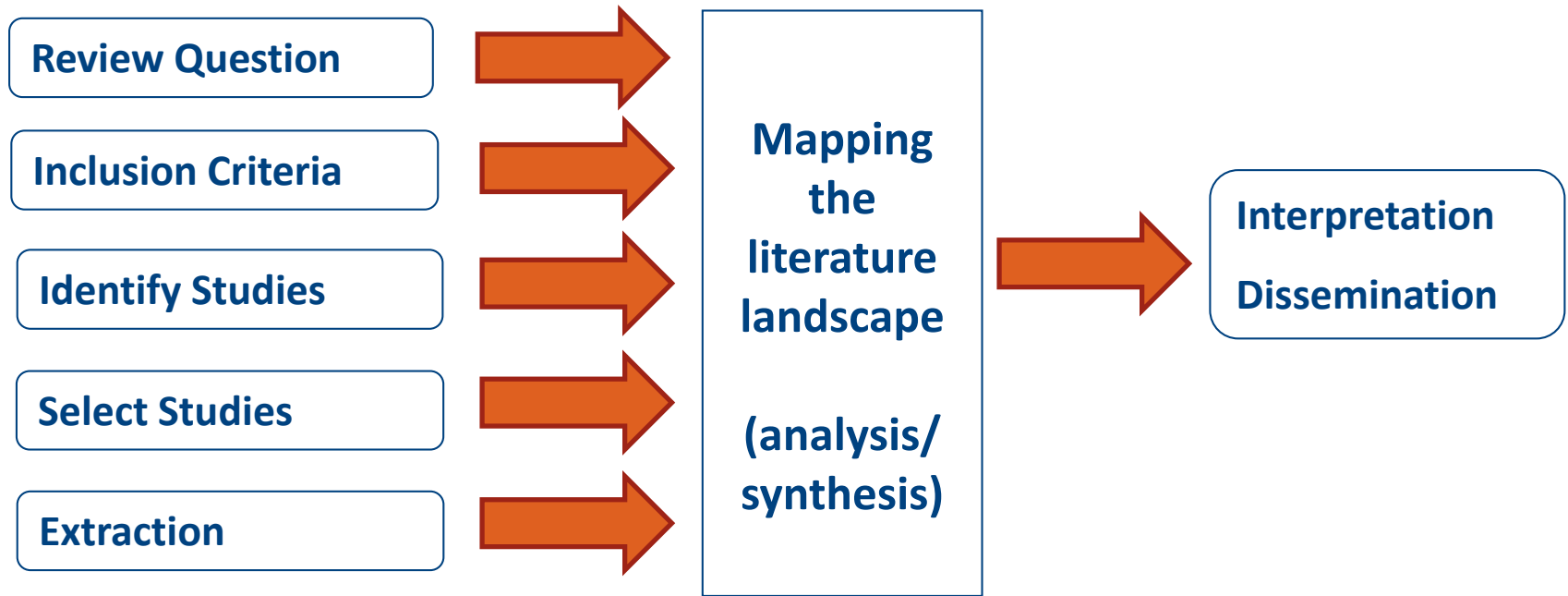
- Definition of Scoping Review
- Summary of Clinical Preventive Services (CPS) review (*Peterson-Besse, J., et al. 2014*)
- Summary of Health Outcomes Review (*Rowland, M., et al. 2014*)

What Is A Scoping Review?

- Scoping reviews are often conducted to examine previous research activity, disseminate findings, identify gaps in the research and/or determine the value of conducting a full systematic review
- Rapid gathering of literature in a given policy or clinical area where the aims are to accumulate as much evidence as possible and map the results

(Source: Wilson, et al., 2012; HLWIKI International, 2014)

Scoping Review Process



CPS Scoping Review

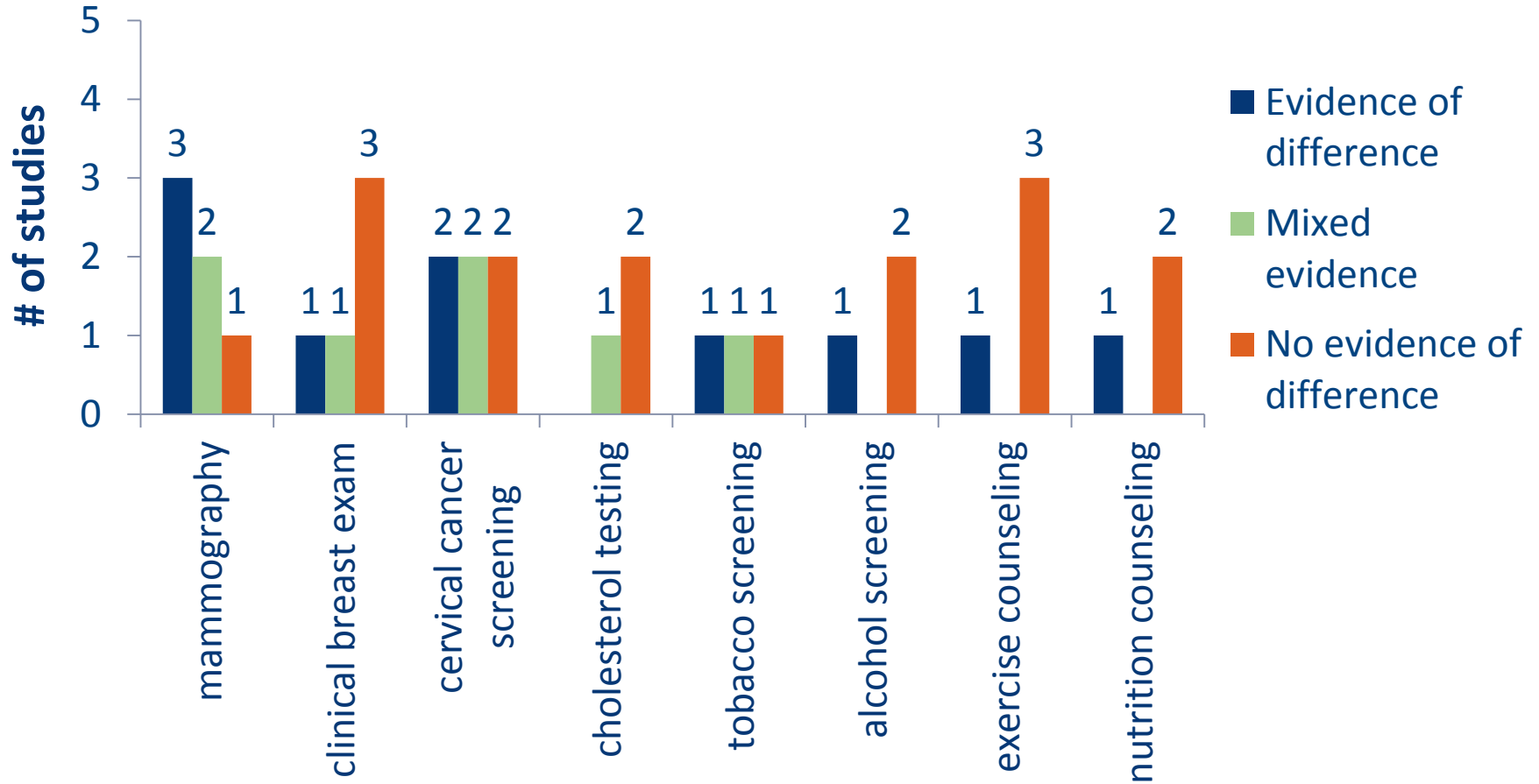
Key question:

What studies have been published in the peer-reviewed literature that **examine clinical preventive service (CPS) use disparities among subgroups of people with disabilities ages 18-64?**

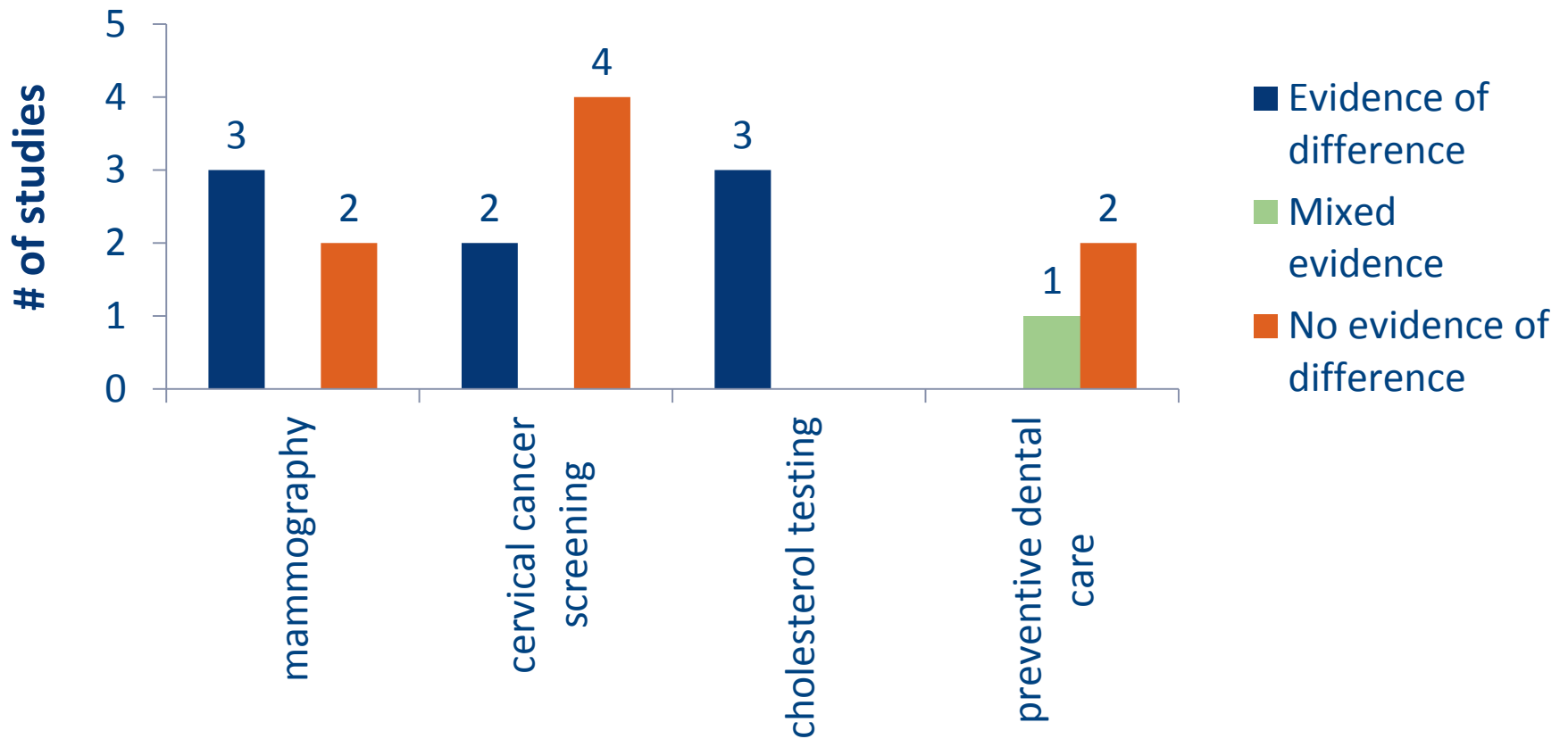
CPS Scoping Review

- 4,160 abstracts reviewed
 - 107 full text articles assessed
 - 27 articles included for data extraction
- **Disability factors:** Disabling condition category, Disability severity, Secondary conditions
- **Demographic factors:** Age, Gender, Race/ethnicity, Language, Marital status, Income or socioeconomic status, Education
- **Geography:** Urban/rural, U.S. region
- **Health care system:** health insurance payer type, usual source of care, health care provider type

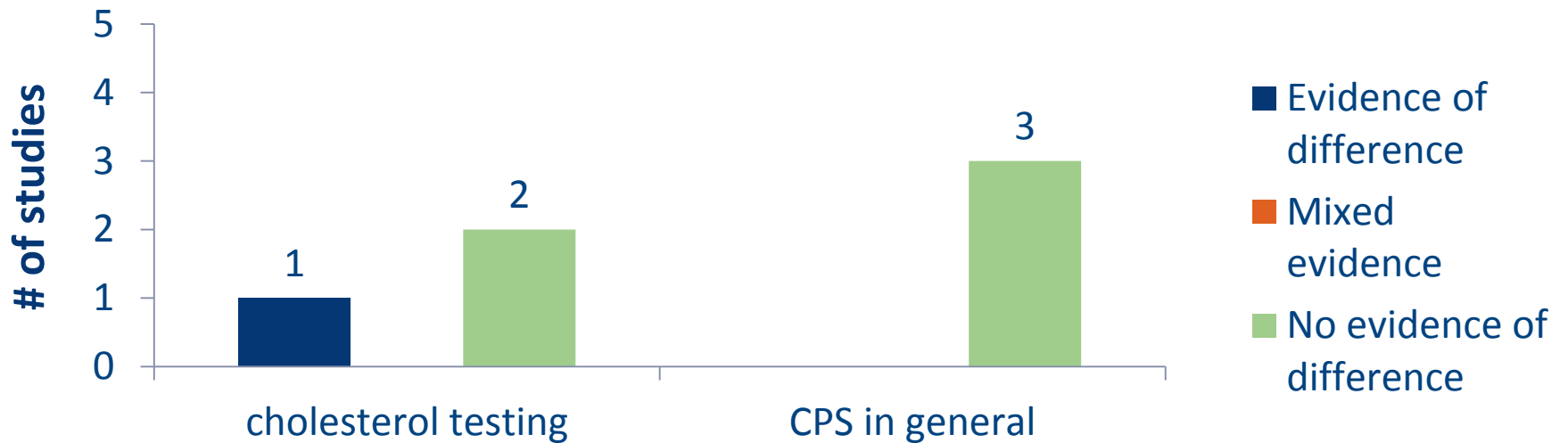
CPS Scoping Review – Disability Severity



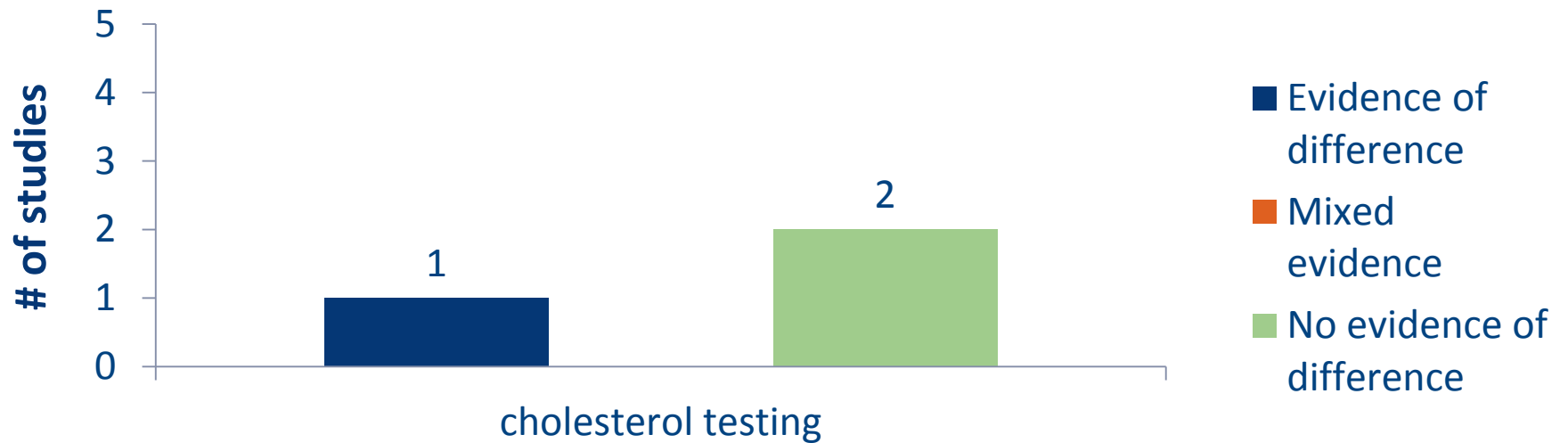
CPS Scoping Review – Disabling Condition Category



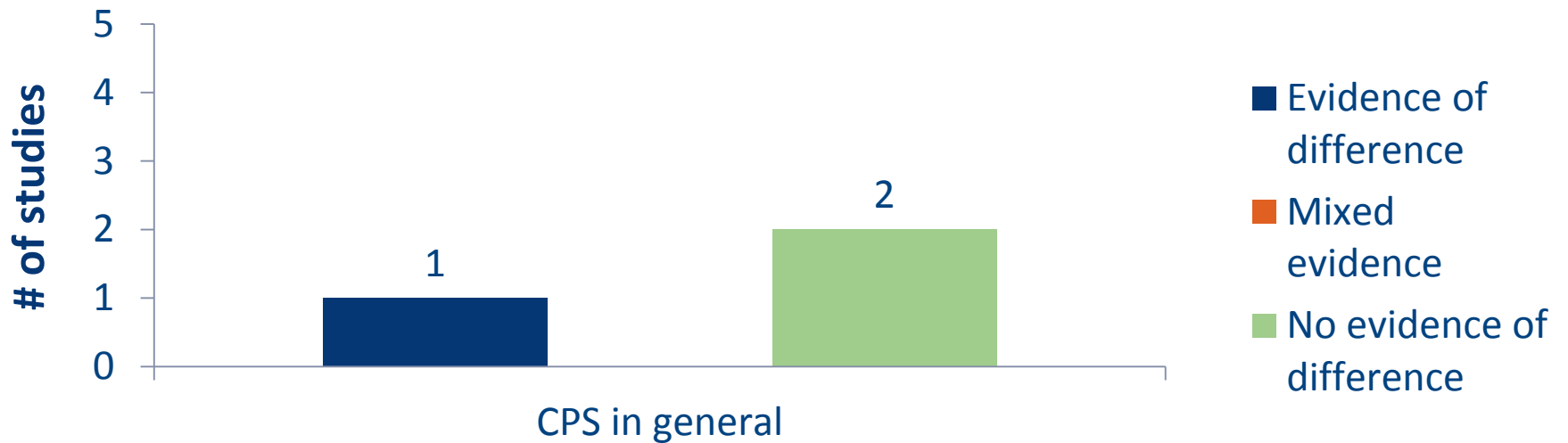
CPS Scoping Review - Insurance



CPS Scoping Review - Age



CPS Scoping Review - Ethnicity



Systematic Scoping Review Results

- Many gaps exist in the research on CPS, disability, and determinants
- Variety of research methods & disability definitions
- Directionality of evidence not consistent

Health Outcomes Scoping Review

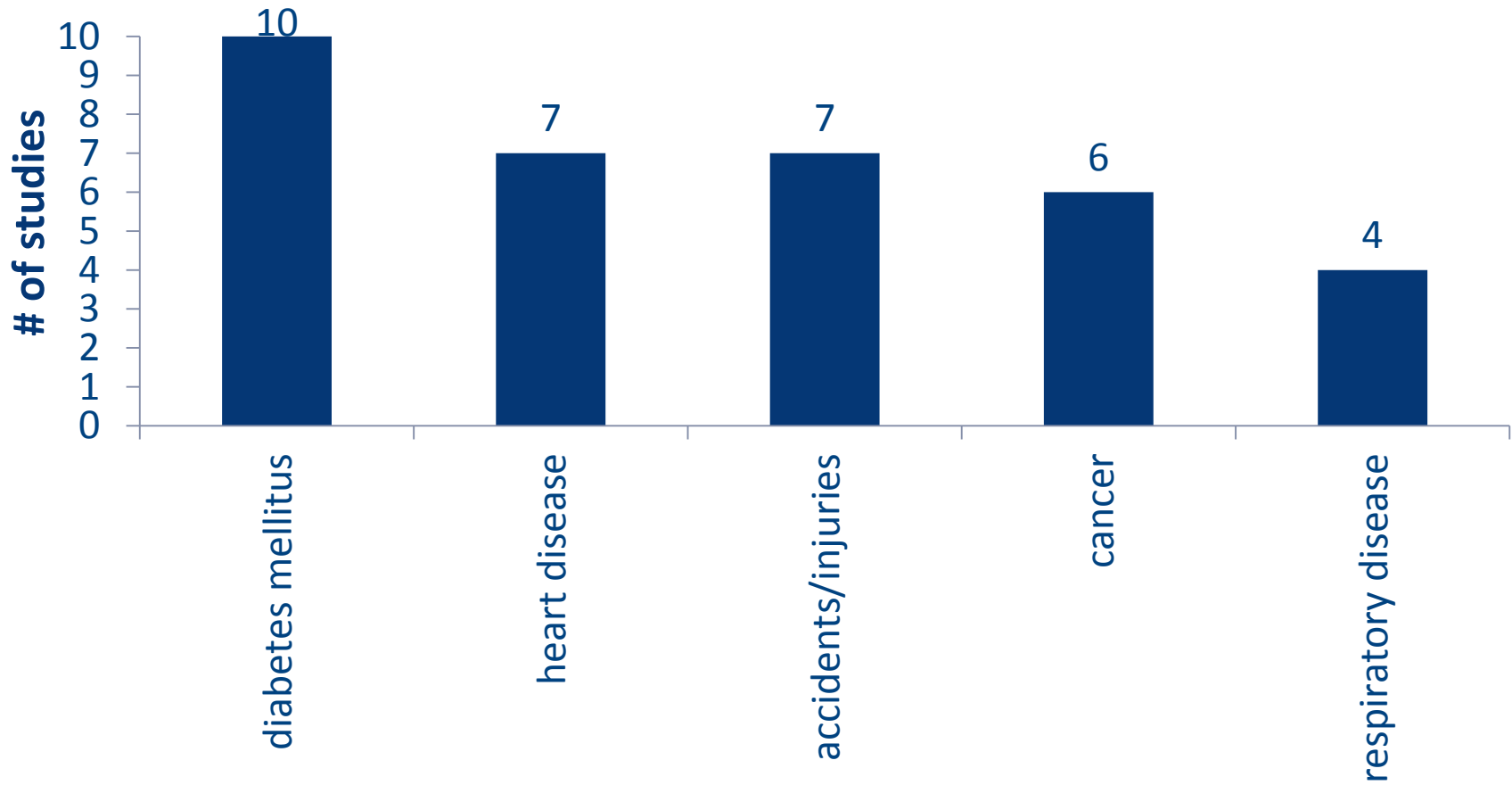
Key question:

What studies published in the peer-reviewed literature examine disparities in health, related to the leading causes of death, in the US among subgroups of people with disabilities ages 18-64?

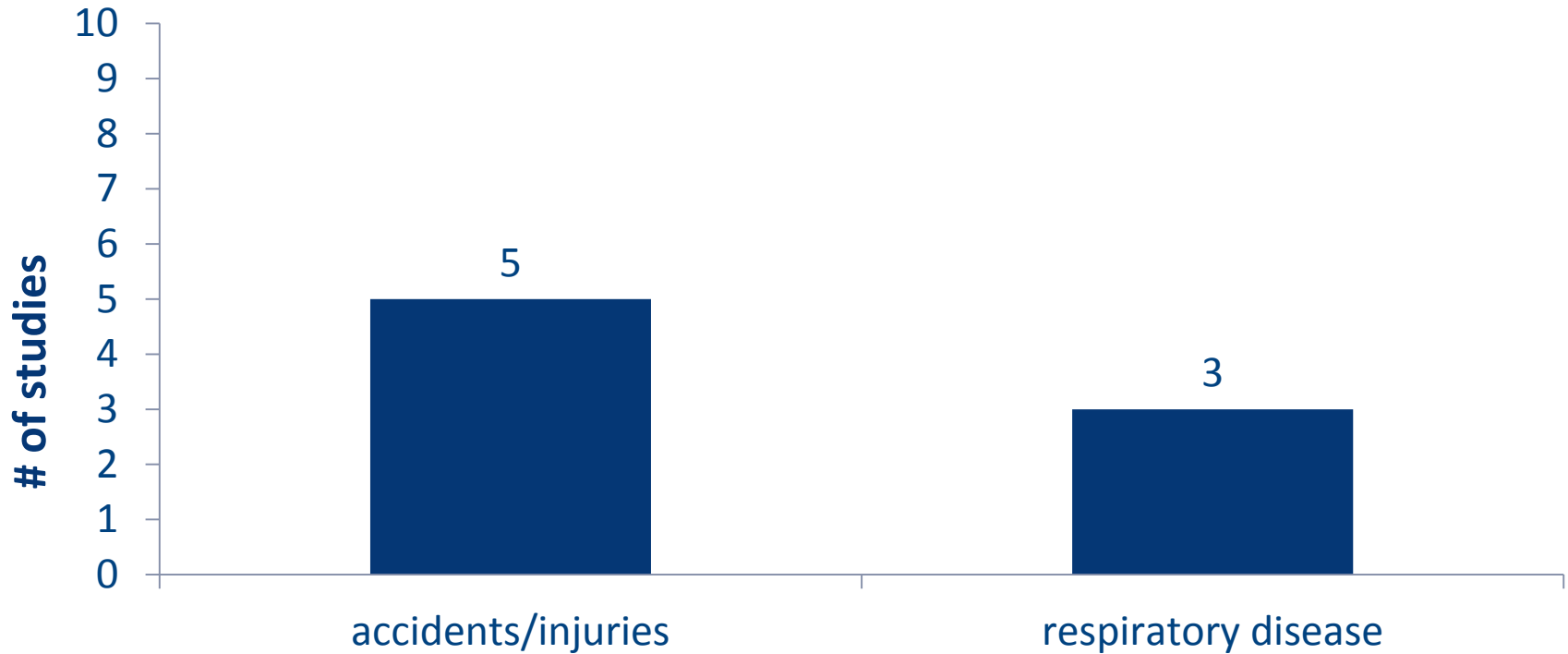
Health Outcomes Scoping Review

- 4,248 abstracts reviewed
 - 239 full text articles assessed
 - 29 articles included for data extraction
- No assessment of directionality of evidence

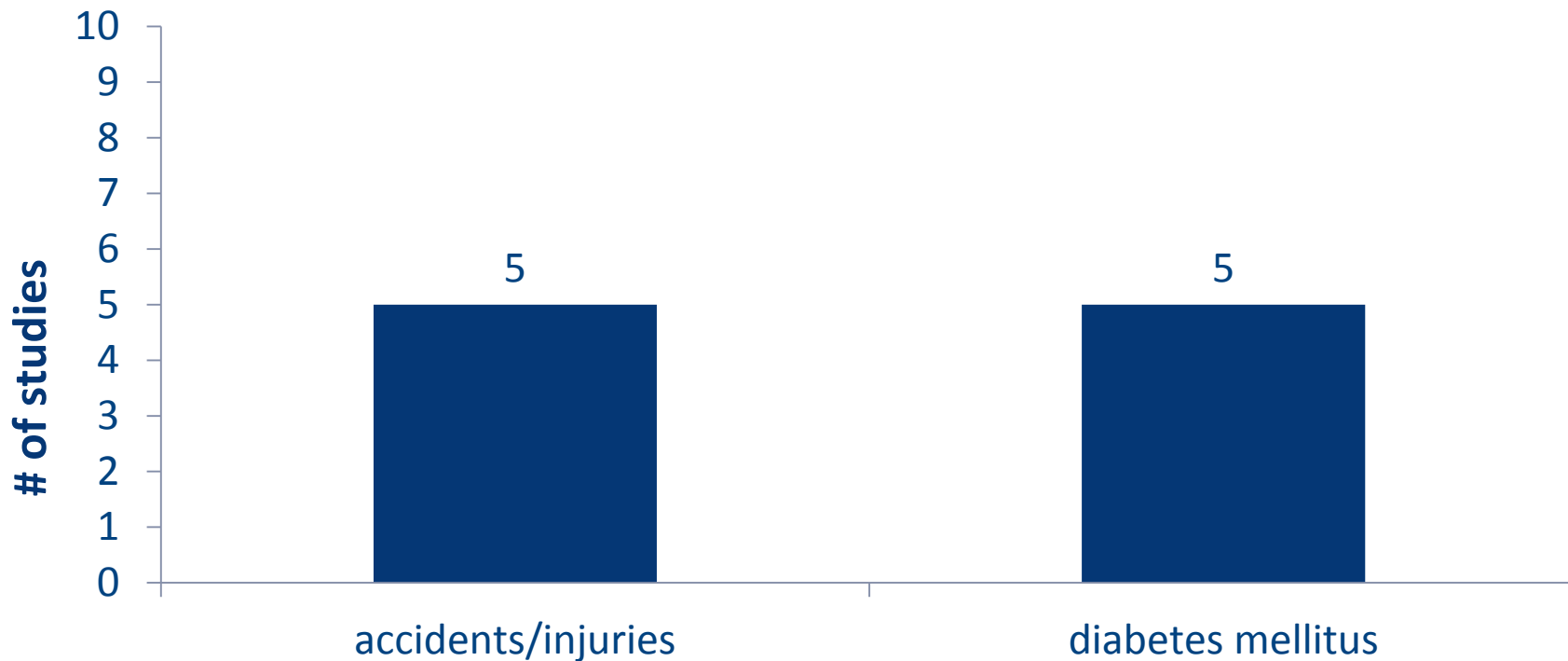
Health Outcomes Scoping Review – Type of Disability



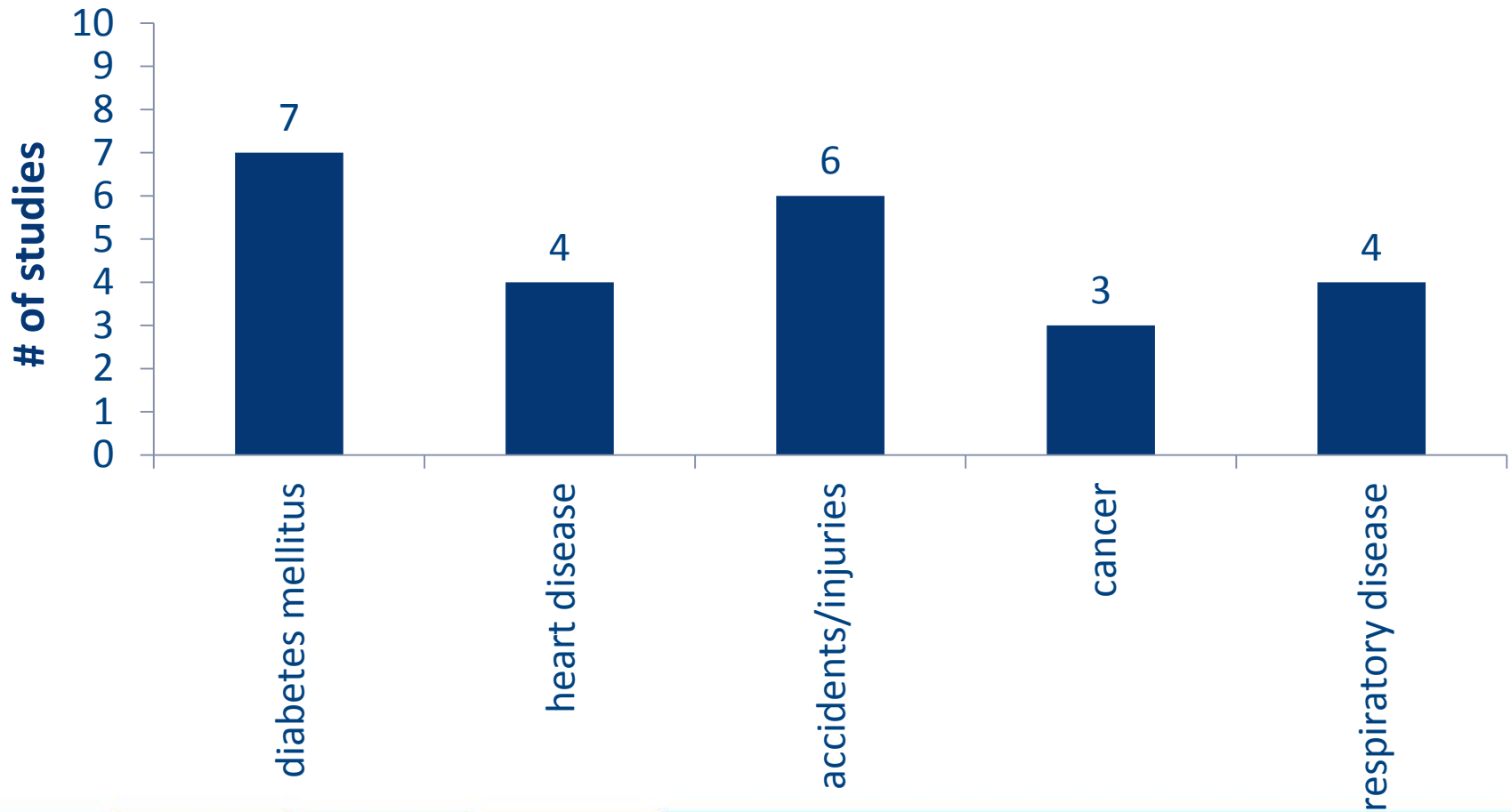
Health Outcomes Scoping Review – Disability Severity



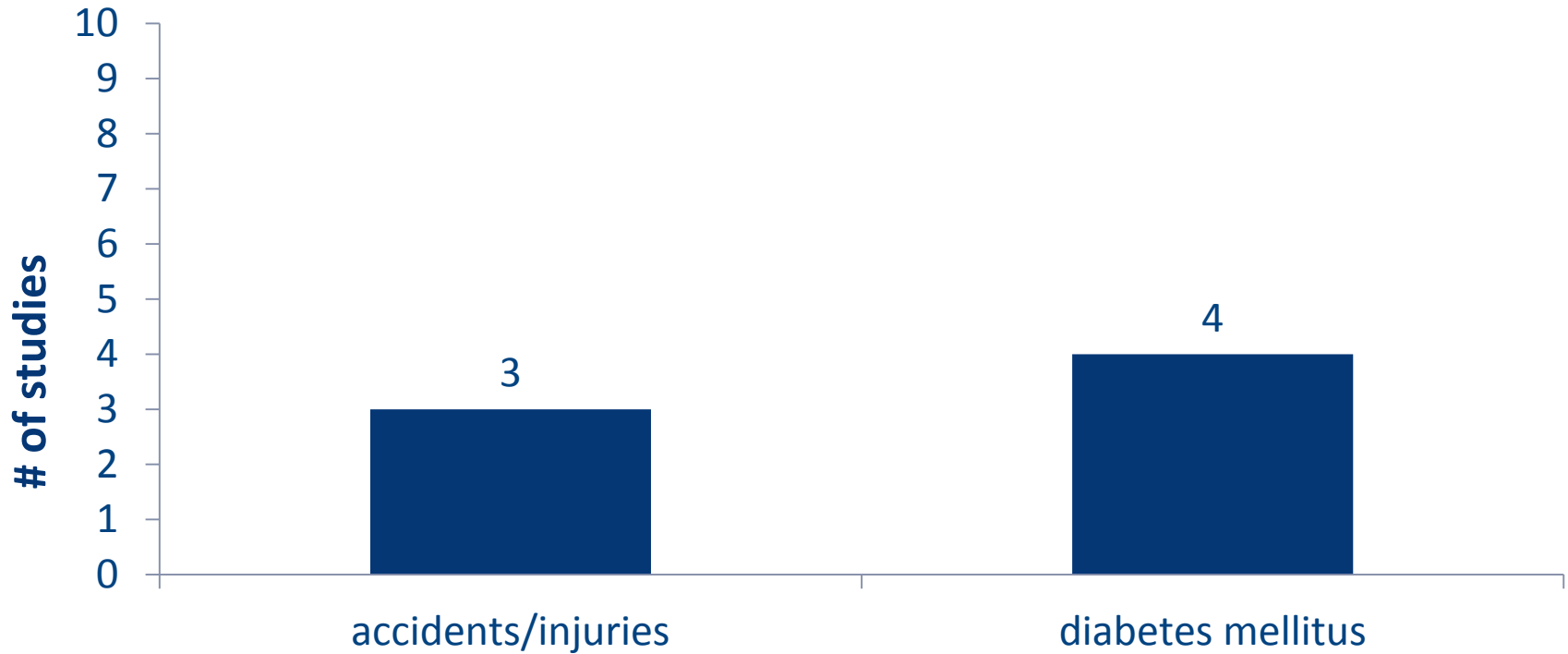
Health Outcomes Scoping Review - Age



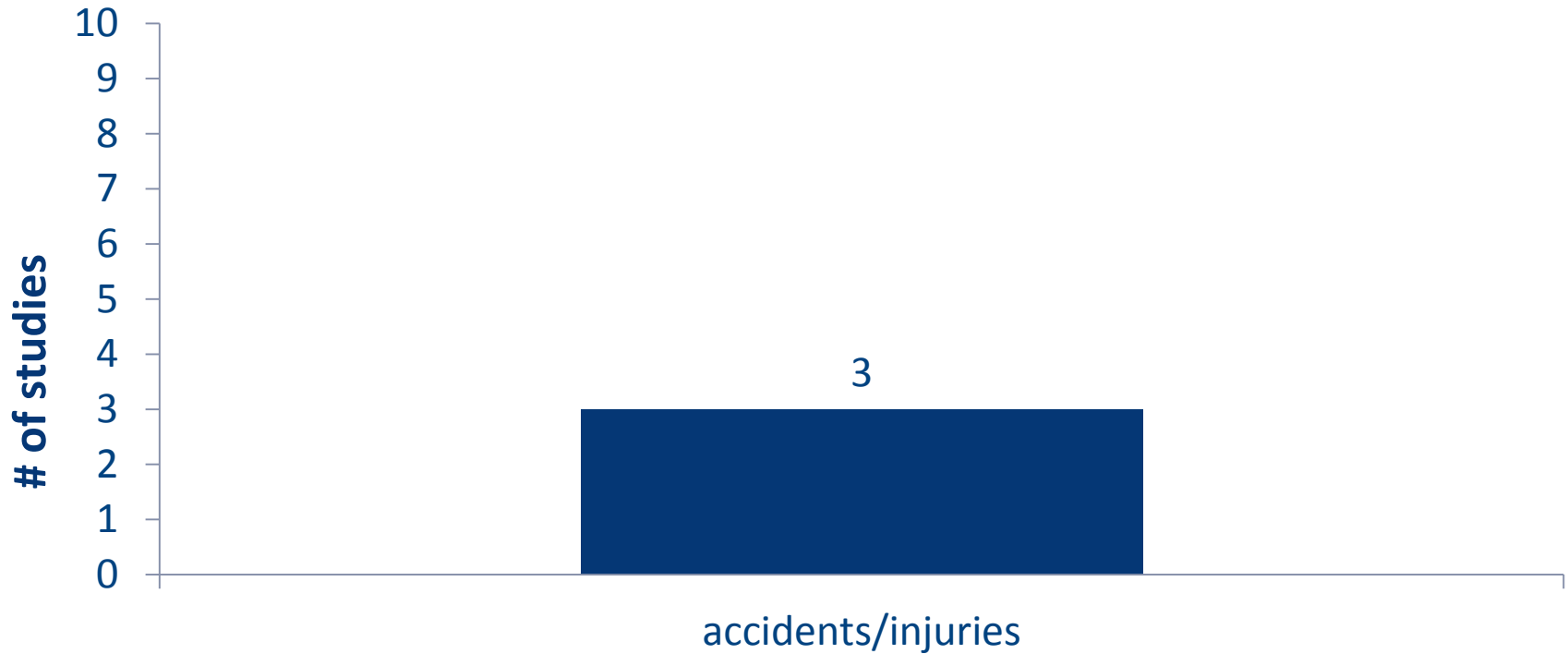
Health Outcomes Scoping Review - Gender



Health Outcomes Scoping Review – Race/Ethnicity



Health Outcomes Scoping Review – Income/Socioeconomic Status & Education



Conclusions

- Many significant gaps in research on health disparities among people with disabilities
- Heterogeneity of populations and factors studied

Recommendations For Future Health Disparities Research

- Rigorous methods
- Clear and consistent definitions
- Identification of individual characteristics associated with suboptimal receipt of CPS and adverse health outcomes



Secondary Data Analysis Studies Methods and Results

Amanda
Reichard, PhD



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Methods

- Pooled data from the Medical Expenditures Panel Survey (MEPS) Nationally-representative sample of US
- Working age, community-dwelling adults
- Descriptives, Chi-square, Logistic regression and Wald tests

Methods

- Pooled data set 1 – (2002-2008)
 - Used hearing impairment as referent group
 - Excluded “no disability” group
- Pooled data set 2 – (2004-2010)
 - More current data
 - Used “no disability” as referent group

Methods

- Some analyses compared large “all limitations” to “no limitations” groups
- Classified population into 1 of 6 mutually exclusive groups:
 - Cognitive limitations
 - Physical limitations
 - Hearing impairments
 - Visual impairments
 - Multiple limitations
 - No limitations

Statistical Justification

Statistical testing demonstrated:

- Health outcomes differ sufficiently among the heterogeneous disability population to justify using empirically relevant subgroups in research.
- Further, the results suggest that each of the five disability subpopulations should be examined separately.

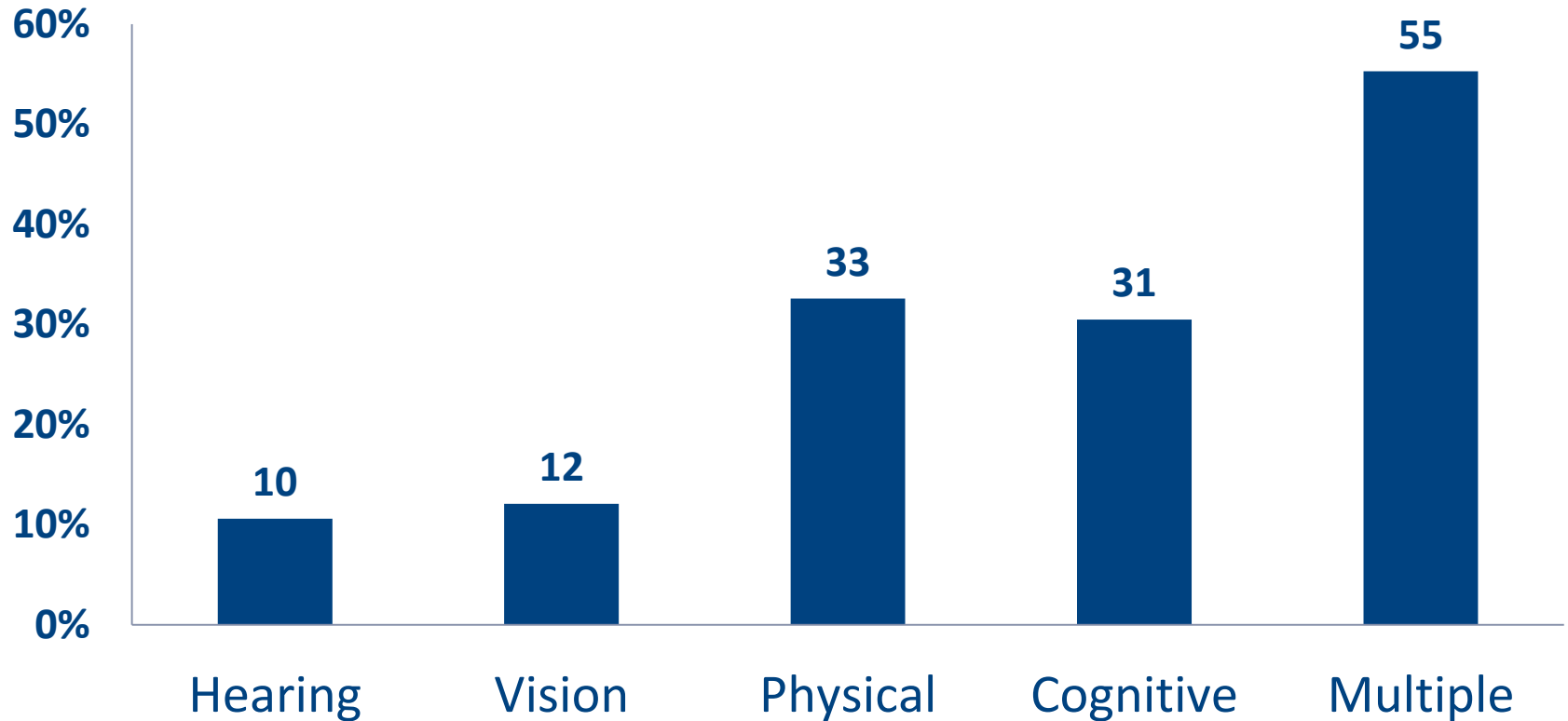
Outcomes to be Discussed

- Health Outcomes
 - Physical health
 - Mental health
 - Multiple chronic conditions
- Access to Health Care
- Clinical Preventive Services & Screenings

Health Outcomes

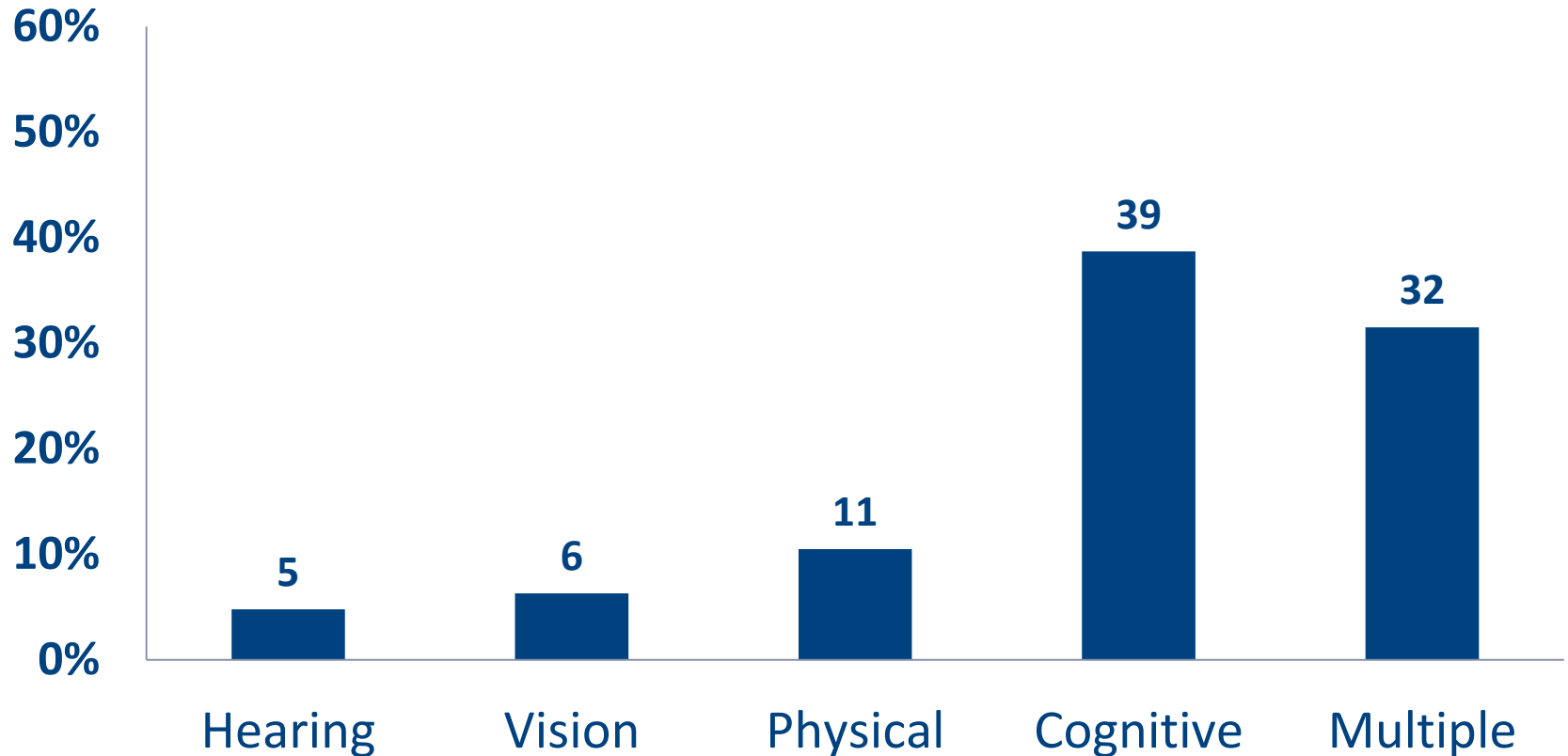
- In comparison to the general population, people with disabilities experience poorer health outcomes related to:
 - Physical health (self-report)
 - Mental health (self-report)
 - Chronic conditions, including comorbidity (MCC)
- Disability subgroups experience disparities in these outcomes differentially

Prevalence Reporting Fair or Poor Physical Health



(Source: Horner-Johnson, W., et al., 2013 ¹⁰; Dobbertin, et al., 2014 ¹¹; Reichard et al., 2014 ¹⁶)

Prevalence Reporting Fair or Poor Mental Health

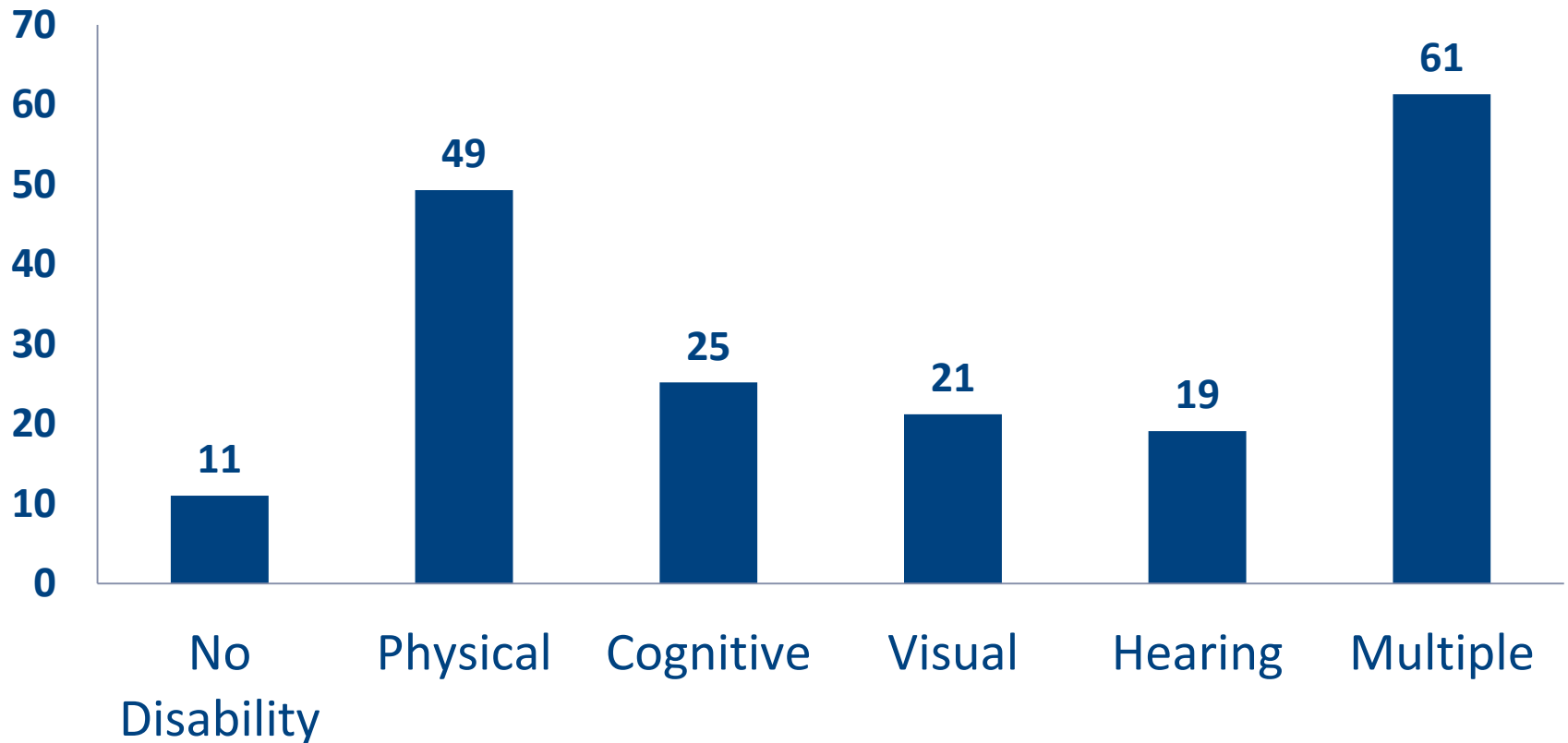


(Source: Horner-Johnson, W., et al., 2013)

Multiple Chronic Conditions (MCC)

- Includes:
 - Asthma
 - Cardiovascular disease
 - Chronic Obstructive Pulmonary Disorder (COPD)
 - Diabetes
 - High blood pressure
 - Stroke

Prevalence of Multiple Chronic Conditions, by Disability Type



(Source: Reichard, A., et al., 2014 15)

Asthma

- Working-age adults with physical limitations are more likely to have asthma, but no disparities in asthma-related health care quality, utilization, or cost were found
- Working-age adults with physical limitations had more poorly controlled asthma than people without disabilities, suggesting that they likely received suboptimal care, resulting in poor asthma management

(Source: Stransky, M., et al., 2014)

Access To Care

- In comparison to the general population, people with disabilities experience differential access to care related to:
 - Usual Source of Care (USC)
 - Insurance Status
 - Delayed/Not Received Care
- Prevalence of these variables also differs among disability subgroups

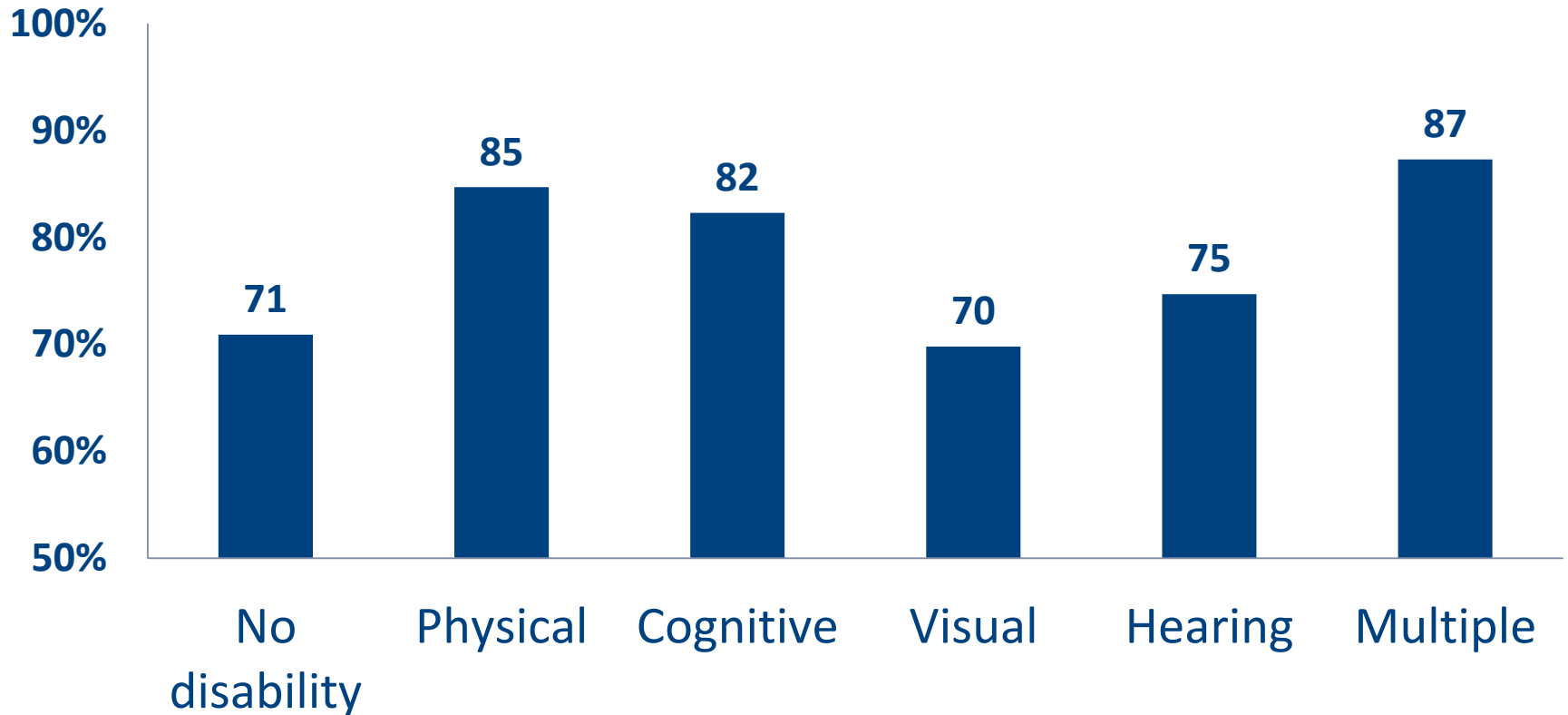
(Source: Stransky, M., et al., 2014)

Access To Care

- Access to care among disability subgroups is based (in part) on variability in:
 - Complexity of health profile and care needs
 - Sociodemographics
 - Health factors

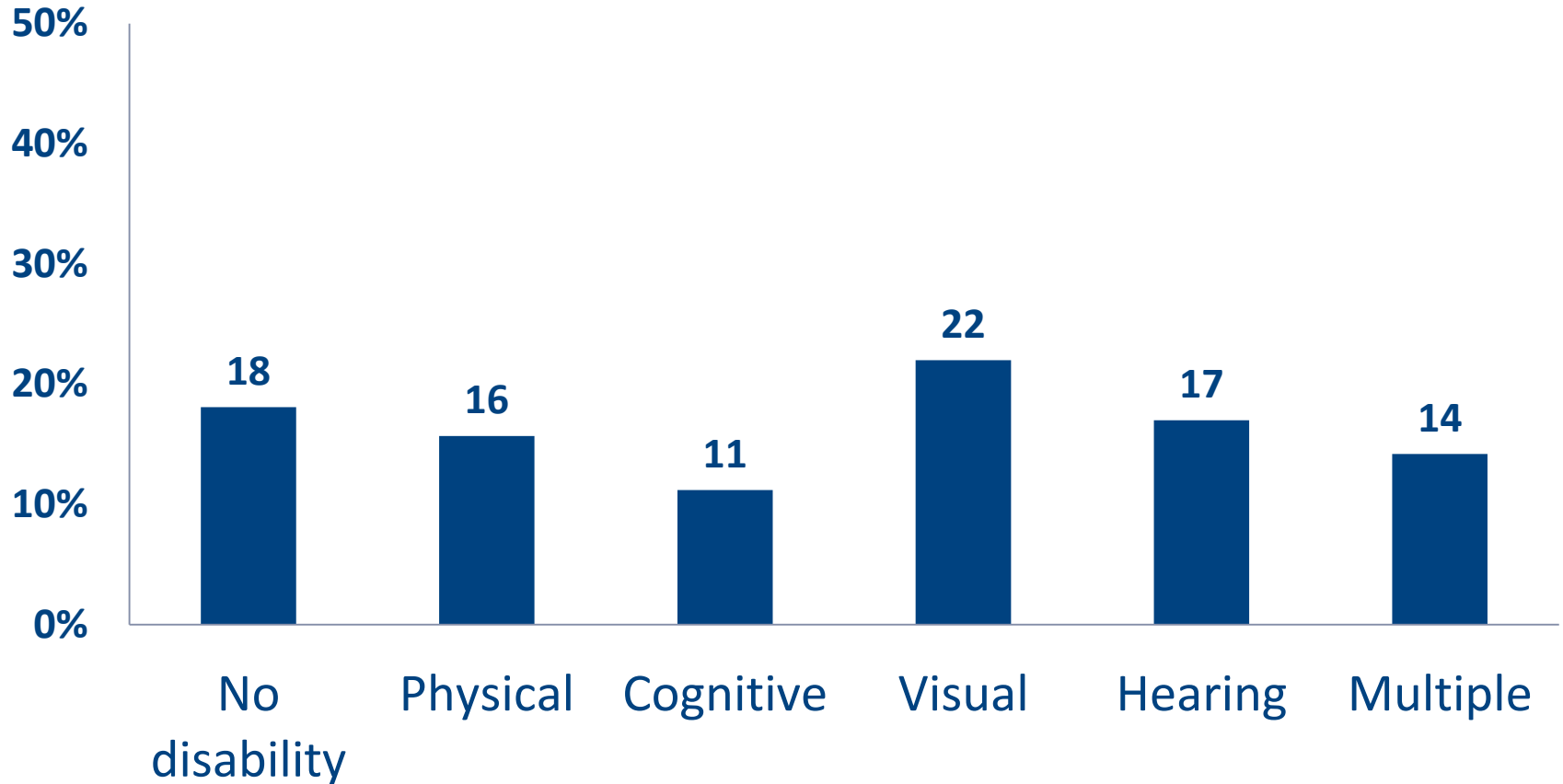
(Source: Reichard, A., et al., 2014 ¹⁵; Dobbertin, K., et al., 2014 ¹⁵)

Prevalence Of Having A Usual Source Of Care, By Disability Type



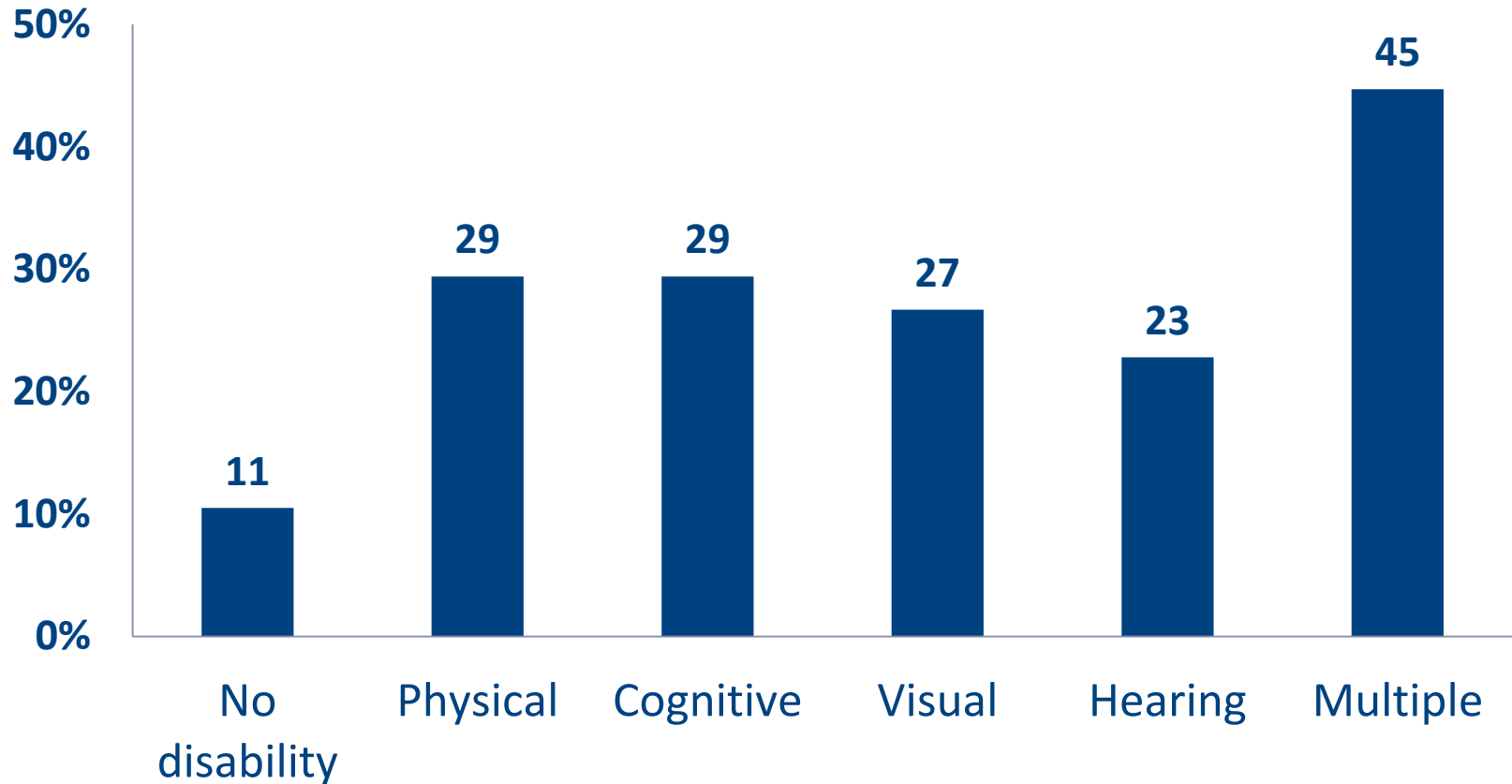
(Source: Reichard, A., et al., 2014 15)

Prevalence Of Uninsured, By Disability Type



(Source: Reichard, A., et al., 2014 15)

Prevalence Of Delayed/Not Received Necessary Care



(Source: Reichard, A., et al., 2014 15)

Clinical Preventive Services (CPS)

- Compared to people without disabilities, people with disabilities are less likely to receive recommended clinical preventive services and screenings (CPS)
 - Mammogram
 - Pap test
 - Dental check-up

(Source: Drum, C., et al., 2014; Horner-Johnson, W., et al., 2014 10, 12)

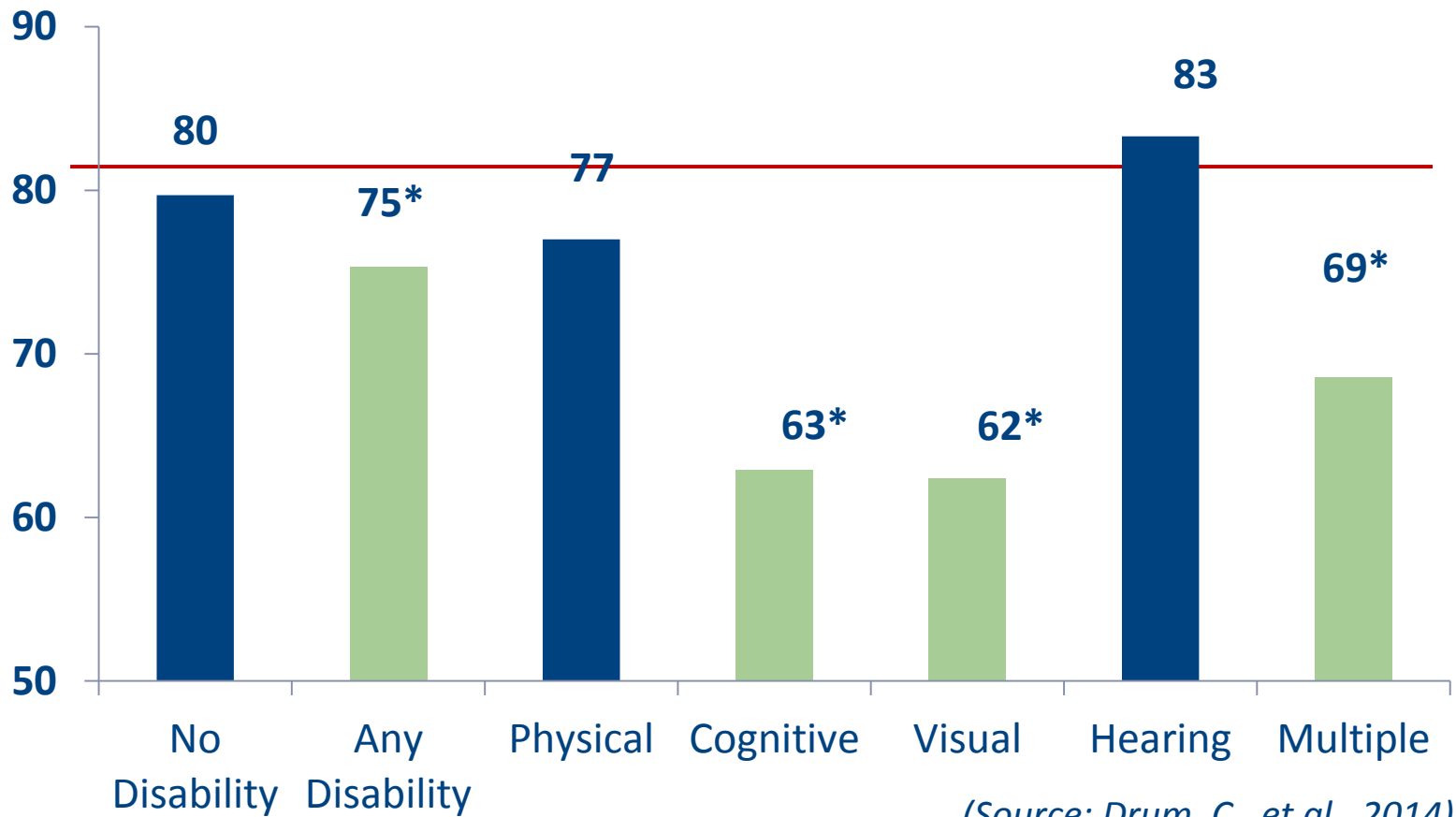
Clinical Preventive Services (CPS)

- Disability subgroups have differential receipt of CPS
- Receipt of CPS differs by sociodemographics and health factors
- Re mammography and Pap test, complexity of limitations matters
 - Basic limitations
 - Complex limitations
 - Basic and complex limitations

(Source: Drum, C., et al., 2014; Horner-Johnson, W., et al., 2014 10, 12)

Mammogram In Last Two Years

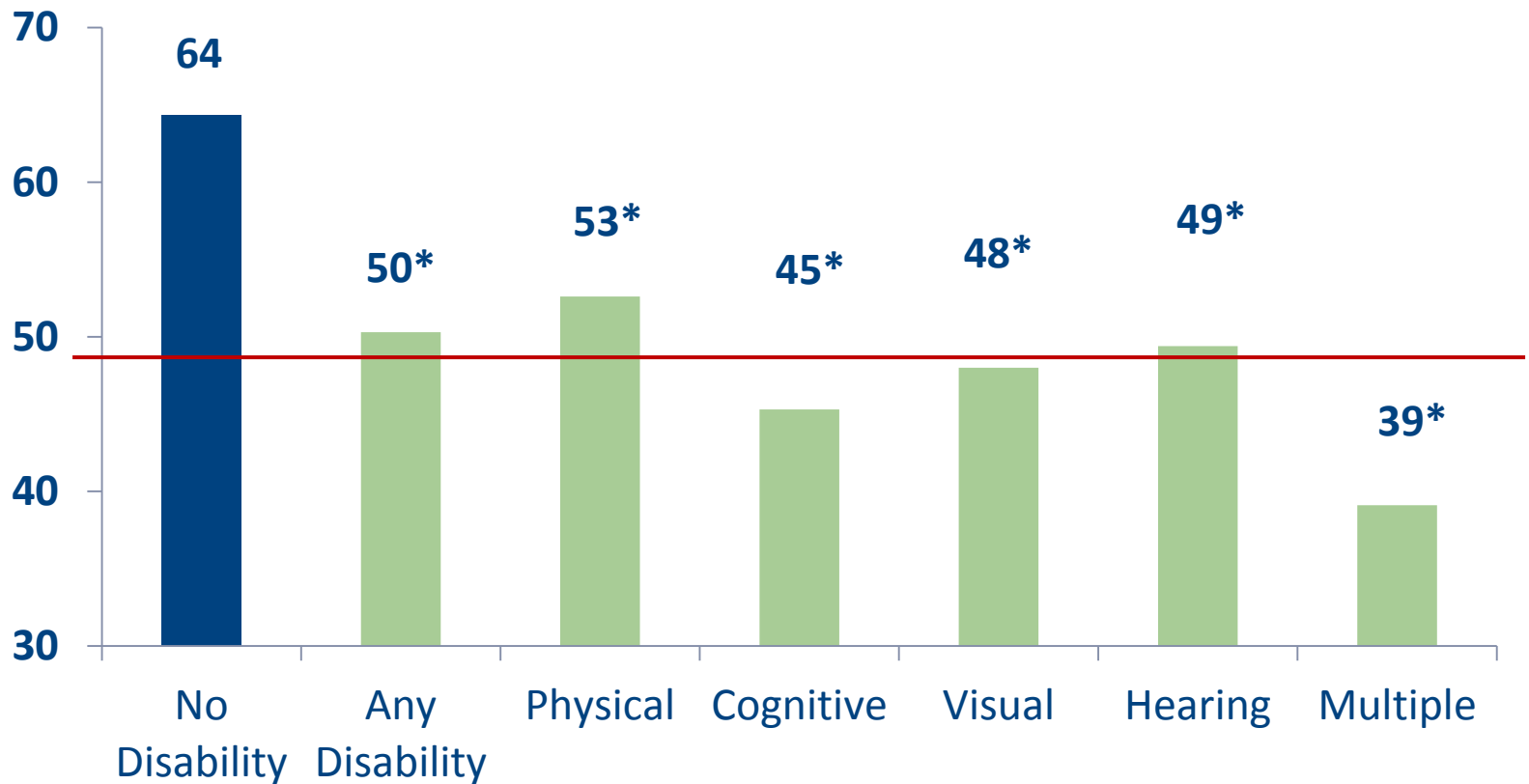
HP
2020
Target:
81%



(Source: Drum, C., et al., 2014)

Dental Check-Up ≥ 1 /Year

HP
2020
Target:
49%



(Source: Drum, C., et al., 2014)

Sociodemographic Influence

- Impact and association of sociodemographic and systems-level variables on individuals' likelihood of receiving CPS
 - Age, race/ethnicity, marital status, residence in MSA, region, education, income
 - Health insurance, usual source of care
- Degree of disparity changes depending on which factors are included in statistical models



Policy Implications

Kimberly
Phillips, MA,
PhD Candidate



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Disability-Related Health Disparities

- People with disabilities can enjoy good health
- Experience disparities in health related to
 - Access (physical, financial)
 - Receipt of care
 - Quality of care
 - Outcomes



Surveillance and Monitoring

- Type of disability
- Standardized definitions of disability and severity
- Severity of disability or complexity of limitations
- Age of onset or acquisition



Disability Subgroups

- Infusion approach to programs & policies?
- Separate programs & policies costly
- Obligation to include people with disabilities to the greatest extent possible
- Use knowledge of unique needs & circumstances to ensure universal accessibility



Before And After The ACA

- Usual source of care & health insurance are important
- ACA suggests > access to affordable health insurance & ability to afford needed care
- Impact studies will need state-level information to assess change over time



Provider Training Programs

- ACA calls for training for health care providers
 - Culturally appropriate
 - Respectful
 - Overcome communication barriers
- Logistical issues
 - Accessible medical equipment
 - Transfers
 - Accessible facilities



Public Education Programs

- Health education campaigns
- Education about changes to law and new health policies



Breast cancer was just another obstacle I had to fight.
—DIANE, SURVIVOR

Learn more about Diane's experience and your right to know about breast cancer screening ▶▶



Creative Partnerships

- Education & training across disparity areas
- Creative partnerships leverage each others to strengthen messages
- National Partnership for Action to End Health Disparities:
Regional Health Equity Councils



Question And Answers

Comments?

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Non-Project References

- Wilson, et al., Health Research Policy and Systems, 2012; 10:36
- HLWIKI International. (n.d.). Retrieved November 24, 2014, from http://hlwiki.slais.ubc.ca/index.php/HLWIKI_International