Disability in Healthcare: Disparities, Access, and Training

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Introduction

The purpose of this literature review is to identify the current healthcare disparities and barriers to accessing healthcare experienced by individuals with disabilities and their contributing factors to inform curriculum innovations in disability healthcare at all levels of medical education.

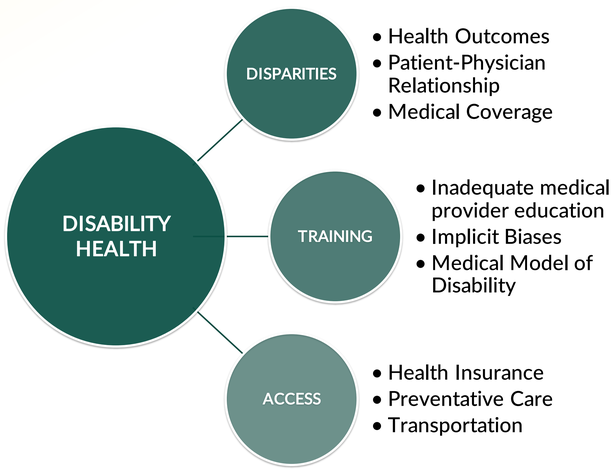
Methods

Literature Review:

Search of the literature was divided into three broad categories: health disparities and disability, disability training, and access to care. The authors utilized PubMed as their primary database. 29 total articles were selected as a preliminary review of current research in disability health: 14 under health disparities related to disability, 11 under disability training, and 4 under access to care.

29 articles reviewed

14 - Health Disparities	11 – Disability Training	4 – Access to Care



References

Results

Current literature identified individuals with disabilities as more likely than able-bodied persons to experience significant disparities related to obtaining health insurance, accessing medical care, receiving preventative treatment/therapies, and experiencing discrimination from providers. Contributing factors to these disparities include inadequate medical provider and policymaker education, lack of resources and scope of covered service for those with disabilities, lack of disability representation in leadership positions, implicit biases, inadequate definitions of disability competency, and use of a medical model of disability rather than accounting for the lived experiences of patients with disabilities.

HEALTH DISPARITIES

- Studies showed that patients with disabilities including those with physical disabilities, intellectual and developmental disabilities, and those with vision or hearing impairment, were more likely to suffer from chronic health conditions (hypertension, diabetes, etc.), have poorer measures of health (BP, BMI, etc.), were less likely to have long-term coordinated care, and less likely to receive preventative health screenings. Patients with disabilities were more likely to experience dissatisfaction with care received and report facing discrimination and bias from their healthcare providers.

ACCESS TO CARE

- Disability populations of all subtypes were more likely to experience delayed or unmet care due to inability of the healthcare system to adequately serve them as patients. Specific deficits include limited coverage by insurance, excessive out of pocket expenses, negative experiences with healthcare providers, and structural barriers such as transportation. Additional factors that deterred patients with disabilities from accessing care include discriminatory systems, policies, and biases held by providers.

DISABILITY TRAINING

- Contributing factors to gaps in medical training for disability health care include failure to acknowledge and address implicit biases, stereotyping and stigma, lack of personal experience with patients with disabilities, and incomplete curriculum. Failing to correct these issues with proper training for providers and medical students perpetuate the health disparities and prejudice experienced by individuals with disabilities.

Conclusion

The Current State of Disability Health

Health disparities among individuals with disabilities continues to be a prevalent issue in U.S. healthcare; however, interventions aimed at diminishing these disparities are being implemented across the U.S. to create a well-rounded approach that will increase equity and access for all patients, especially those with disabilities. From our review, our recommendation is to implement new teaching programs within medical education and increase involvement of those with disabilities in decision-making processes. In doing so, the medical and disability communities will see a future of greater inclusion, diminished biases, and better representation amongst those within the disability community.

FINDING SOLUTIONS

IMPROVING TRAINING

- Implicit bias training for providers
- Improved pre-clerkship training
- Longitudinal disability training for students

ACCESSING CARE

- Strengthen connections with community resources
- Provide in-office resources [Interpreter/braille access, remove physical barriers]

REDUCING DISPARITIES

- Culturally competent care
- Disability representation at all levels
- Institution-level disability policy/advocacy