



## ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS

### Access to Health Promotion Activities for Individuals with Disabilities

#### FACT SHEET

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This fact sheet provides an overview of some of the major barriers to accessing health promotion services for individuals with disabilities and provides actions state public health agencies can consider pursuing to eliminate these barriers.

#### Overview

Health promotion for people with disabilities is an emerging public health issue due to demographic changes, medical advances, and recent federal initiatives. More people with disabilities are living longer, higher quality lives due to the positive impact of medical and other interventions. New federal initiatives focused on people with disabilities include the Centers for Disease Control and Prevention's (CDC) health promotion efforts and funding of state disability programs, the inclusion of a chapter in Healthy People 2010 which, for the first time, focuses on improving health for people with disabilities, and the passage of the New Freedom Initiative, the administration's effort to promote access to community living for people with disabilities. These efforts provide leadership for an increased public health focus on the health issues that affect people with disabilities.

- Approximately 54 million people or 21 percent of the U.S. population have a limitation in one or more activities in the areas of mobility, learning, or behavior and data suggest that this percentage is increasing.<sup>1</sup>
- The direct medical and indirect annual costs associated with disability are more than \$300 billion (four percent of the gross domestic product). This figure includes \$160 billion in medical care expenditures, in 1994 dollars, and lost productivity costs nearing \$155 billion.<sup>2</sup>
- Individuals with activity limitations account for 46 percent of medical expenditures.<sup>3</sup> Research suggests that this percentage would decrease if more people with disabilities had access to preventive health care services.

As these data indicate, there is a crucial need for expanded public health efforts targeting people with disabilities. The inadequate access to preventive health and other health promotion services among people with disabilities

is an important public health concern. Barriers to preventive health care services among individuals with disabilities can lead to poor health status, including the delayed treatment of chronic illness and failure to prevent secondary conditions.

Sixteen states have received funding from CDC to implement disability and health programs, ten of which are housed within the state health department. Even in instances where states do not have a specific "disability and health program," state public health agencies have a role in including people with disabilities in health promotion services and campaigns. State public health agencies can consider partnering with other state agencies including Social Services, Education, Mental Health, Medicaid, and a variety of consumer-directed programs to assure access to care for this underserved population.

#### Barriers to Health Promotion Activities

Widespread barriers to health promotion activities for individuals with disabilities exist in the form of physical, attitudinal, and resource-related deterrents, including:

- emphasis on disease-focused treatment rather than on addressing health promotion issues for people with existing limitations;
- paucity of appropriate equipment and facilities for people with physical or other limitations;
- insufficient transportation and/or support services to assist individuals in getting to health care appointments;
- challenges in maintaining effective communication between purchasers, beneficiaries, and practitioners including lack of availability of written materials in accessible formats, provision of sign language interpreters and assistive listening technology;
- lack of continuity of care if an individual's practitioner or facility leaves his/her provider network since health insurers are not required to have transitional provisions for people with disabilities;
- inadequate knowledge about disability issues by some health care providers;
- environmental barriers that reduce individuals' ability to participate in life activities and that undermine physical and emotional health;

- dearth of systematic data documenting health problems among individuals with disabilities; and
- disparities in educational resources, lower wage jobs, and higher unemployment rates that disproportionately affect many people with disabilities from achieving optimal health status.

### Health Issues

People with disabilities are more likely to experience disadvantages in health and well-being compared to the general population. Research indicates that people with disabilities may be disproportionately affected by excess weight or obesity, increased risk for diabetes, hypertension, substance abuse, injury, depression and stress, and receive less frequent cancer screenings.<sup>4</sup>

The following section highlights three important health disparities for people with disabilities.

#### *Obesity and Physical Activity*

- Regular physical activity may prevent some secondary conditions among people with disabilities; however, individuals with disabilities are more likely to be less physically active than people without disabilities. Benefits of increasing physical activity include: reducing the risk of heart disease, high blood pressure, and diabetes; maintaining healthy bones, muscles, and joints; controlling weight and reducing body fat; and fostering improvements in mood and feelings of well-being.<sup>5</sup>
- Research shows that obesity rates are significantly higher among people with disabilities than those without (27.4 versus 16.5 percent), especially among people aged 45-64 years (34.4 versus 19.5 percent, respectively).
- According to one CDC study, a substantially larger percentage of blacks and Hispanics with disabilities were found to be obese compared to whites with disabilities (35.8, 31.1, and 25.7 percent, respectively).<sup>6</sup>

#### *Substance Abuse*

- Research has shown that alcohol and drug abuse rates for people with disabilities may range from 15 to 30 percent of all persons with disabilities; furthermore, rates for people with certain disabilities such as spinal cord and head injuries exceed 50 percent.<sup>7</sup>
- People with disabilities are more likely to be current smokers and less likely to quit smoking compared to people without disabilities.<sup>8</sup>
- People with disabilities are more likely to take prescription medications over a long period of time, which may lead to chemical dependence.

#### *Mental Health*

- Approximately 64 percent of people with mental disorders have a functional disability.<sup>9</sup>
- People with disabilities are often affected by elevated stress levels, which, if untreated, may exacerbate other

secondary conditions such as diabetes, hypertension, and other cardiovascular illnesses.

- According to one source, depression affects 15-40 percent of people aging with a disability compared to 5-10 percent of people without disabilities.<sup>10</sup> This difference is likely due to a variety of factors including social isolation, lack of support, and higher levels of anxiety and frustration.

### Summary and Recommendations

State public health agencies have an important role in expanding health promotion activities for individuals with disabilities. Among the strategies that states may consider to achieve this goal are:

- Working with providers to ensure accessible medical equipment and facilities are accessible to increase utilization of preventive and curative care for people with disabilities;
- Eliminating barriers to physical activity programs by working with fitness and wellness centers to increase access to facilities and implement programs targeting individuals with disabilities;
- Developing policies encouraging health insurers to provide provisional transition services to ensure continuity of care in the event of provider or service plan change;
- Developing, strengthening, and enforcing policies which further the scope of the Americans with Disabilities Act;
- Including people with disabilities in the planning, reporting, and evaluation of topics such as medical reimbursement, health service delivery, community planning, communication and transportation;
- Targeting people with disabilities in all health promotion, preventive health, mental health, and substance abuse outreach and programs; and
- Facilitating partnerships with a variety of state and private agencies including mental health services, social services, Medicaid, transportation and other programs to coordinate efforts to increase services for individuals with disabilities.

### References

<sup>1</sup> National Center on Birth Defects and Developmental Disabilities (NCBDDD). Healthy People 2010 Chapter 6, Vision for the Decade: Proceedings and Recommendations of a Symposium. Atlanta, GA: CDC, December 2001.

<http://www.cdc.gov/ncbddd/dh>.

<sup>2</sup> Ibid.

<sup>3</sup> Lollar, D.J. Public Health and Disability: Emerging Opportunities. Public Health Reports March-April 2002, 117:131-136. CDC, NCBDDD, Atlanta, GA.

<sup>4</sup> National Center on Birth Defects and Developmental Disabilities (NCBDDD). Healthy People 2010 Chapter 6, Vision for the Decade: Proceedings and Recommendations of a Symposium. Atlanta, GA: CDC, December 2001.

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<sup>5</sup> Froehlich, K., Figoni, S., Chase, T., Gonzales, L., Thompson, C., Nary, D.E., White, G.W. Exercise for People with Disabilities. Lawrence, KS.

<sup>6</sup> Centers for Disease Control and Prevention. State-Specific Prevalence of Obesity Among Adults with Disabilities – Eight State and the District of Columbia, 1998-1999. MMWR 2002; 51:805-808.

<sup>7</sup> U.S. Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol and Drug Information. Substance Use Disorder Treatment for People with Physical and Cognitive Disabilities - Treatment Improvement Protocol, Series 29: <http://www.health.org/govpubs/BKD288/291.aspx>

<sup>8</sup> Brawarsky, P., Wilber, N., Gertz, R.E., Brooks, D., Klein-Walker, D. Tobacco Use Among People With Disabilities. Bureau of Health Statistics, Research and Evaluation, Massachusetts Department of Public Health. Boston, MA.

<sup>9</sup> Jans, L., Stoddard, S. Chartbook on Women and Disability in the United States . An InfoUse Report, 1999. Washington, DC: US Department of Education, National Institute on Disability and Rehabilitation Research.  
<http://www.infouse.com/disabilitydata/womendisability.htm>

<sup>10</sup> Kemp, B. Aging with a disability: What's been learned? Health and Wellness for Women with Disabilities. Orchid Special Edition, 2001. Chapel Hill, NC: North Carolina Office on Disability and Health.

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For additional information contact:  
Association of State and Territorial Health Officials  
1275 K Street, NW, Suite 800  
Washington, DC 20005  
Phone: (202) 371-9090 Fax (202) 371-9797  
<http://www.astho.org>