

**Ohio**

Department of  
Aging

# **Health Disparities Among Older Adults and People with Disabilities**

**Annual Conference for Aging and Disability Resource Networks | November 2, 2018**

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# Objectives

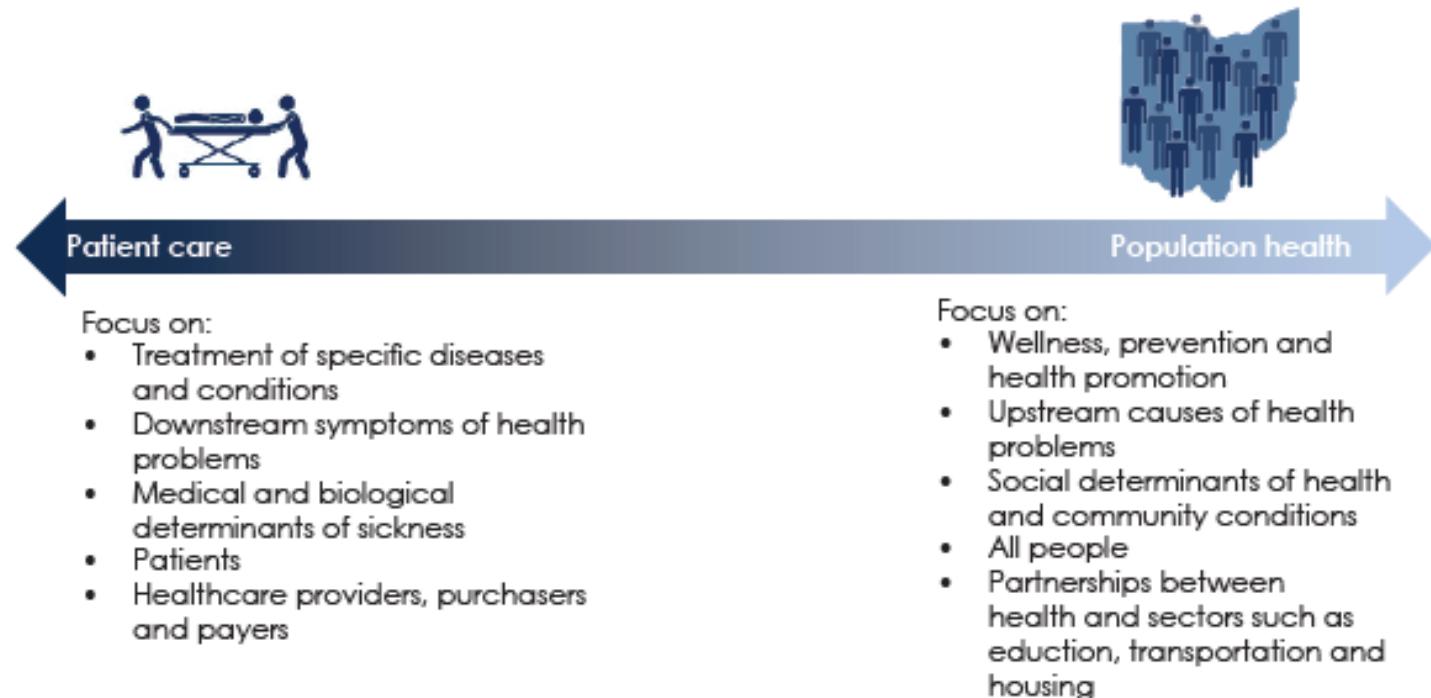
- Understand what health disparities are
- Understand health and chronic disease disparities faced by older adults and people with disabilities
- Explore how we understand and treat people with disabilities
- Apply health equity concepts to your work

“Population health is the distribution of health outcomes across a geographically-defined group, which result from the interaction between individual biology and behaviors; the social, familial, cultural, economic and physical environments that support or hinder wellbeing; and the effectiveness of the public health and healthcare systems.”

Health Policy Institute of Ohio,  
Policy Brief: What is Population Health, November 2014.

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# Health Disparities

- **Preventable** differences in health outcomes and their determinants between segments of the population, as defined by **social, demographic, environmental, and geographic** attributes.
- Health disparities exist in all age groups, including older adults.

# Health Equity

- Health equity is attainment of the highest level of health for all people.
- Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the **elimination of health and health care disparities**

**HEALTH EQUITY MEANS  
THAT EVERY PERSON HAS  
AN OPPORTUNITY TO  
ACHIEVE OPTIMAL HEALTH  
REGARDLESS OF:**

- THE COLOR OF THEIR SKIN
- LEVEL OF EDUCATION
- GENDER IDENTITY
- SEXUAL ORIENTATION
- THE JOB THEY HAVE
- THE NEIGHBORHOOD THEY LIVE IN
- WHETHER OR NOT THEY HAVE A DISABILITY<sup>3</sup>

## Equality

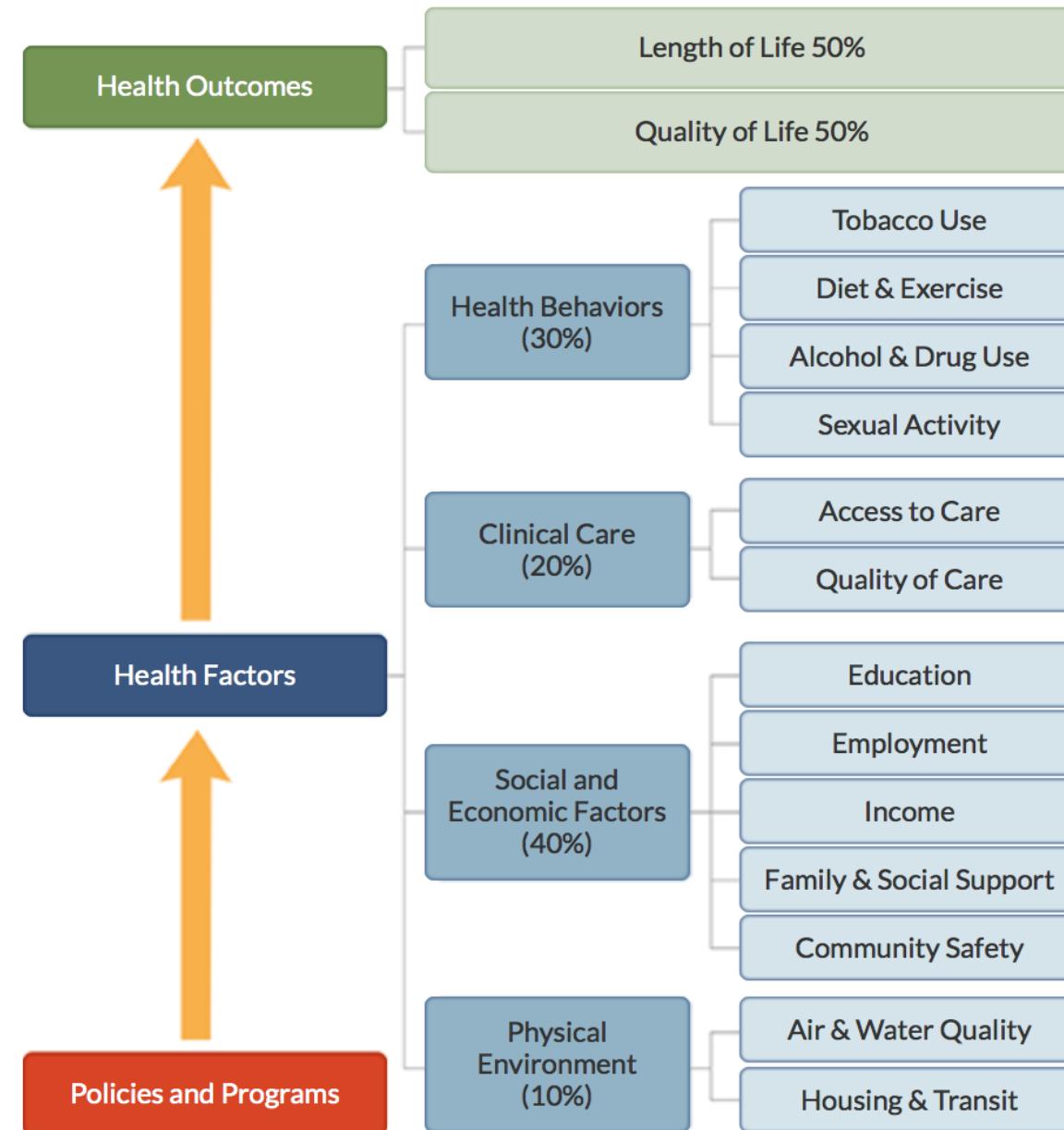


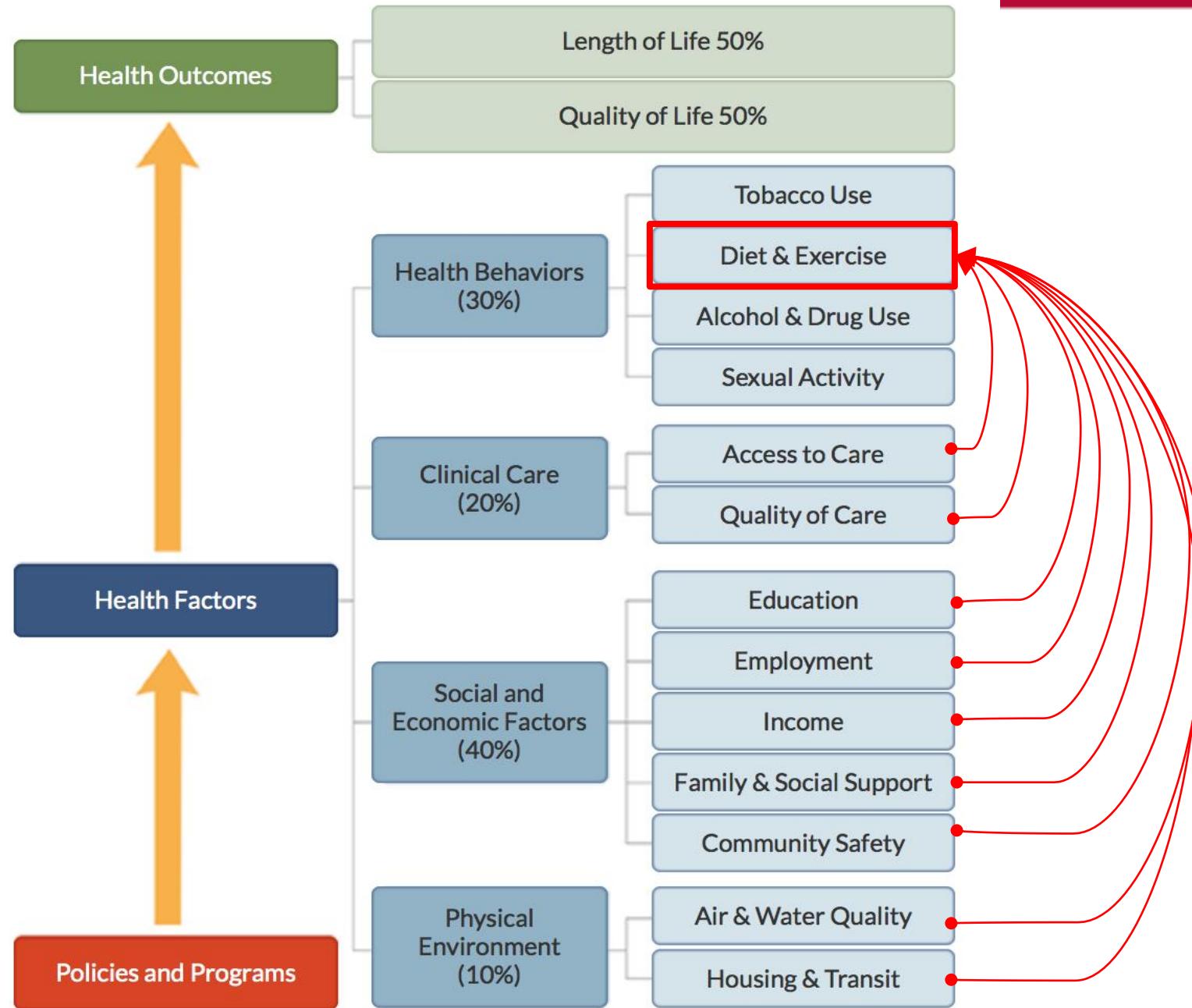
## Equity

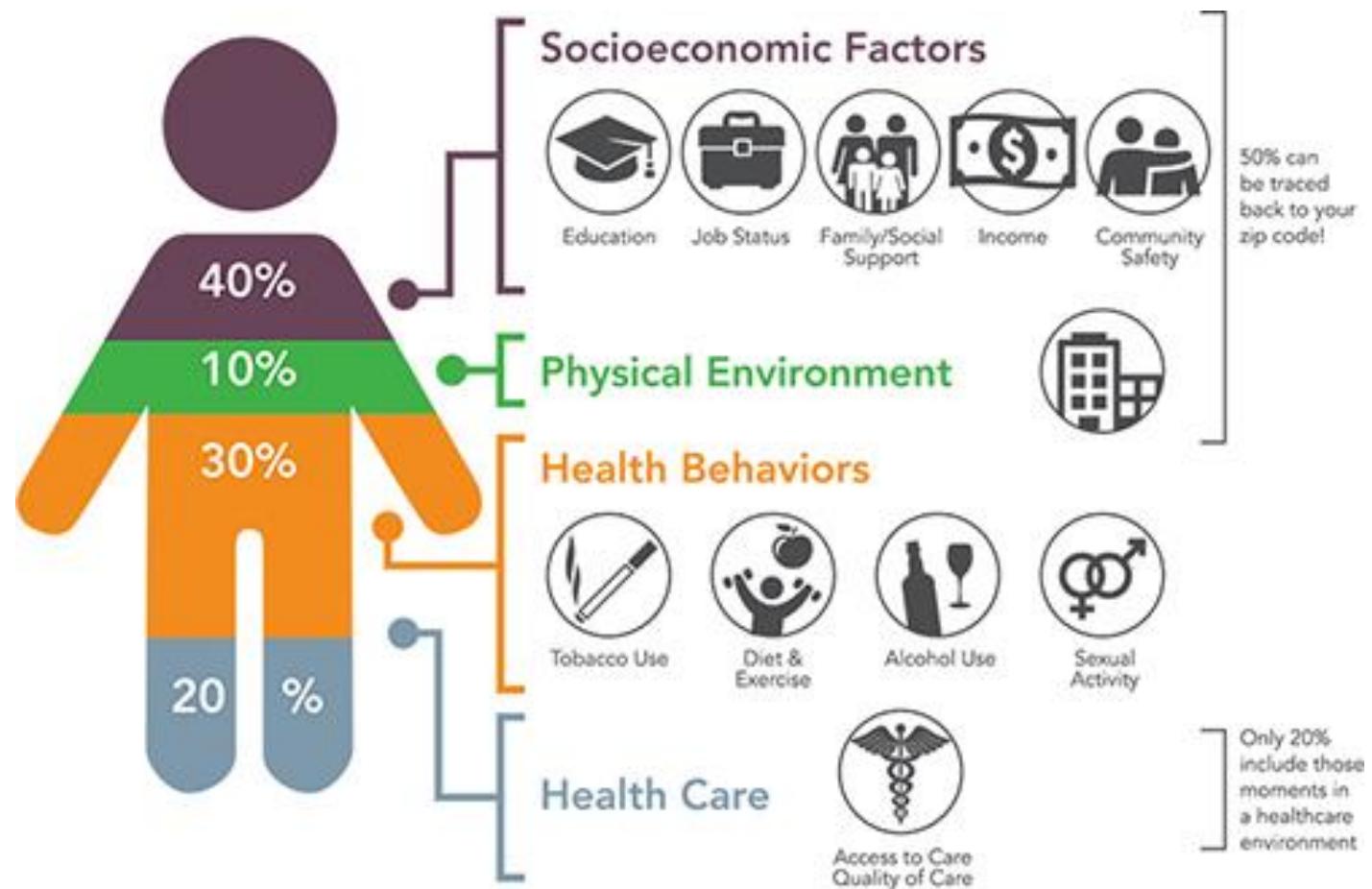


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## What Makes Up Our Health?







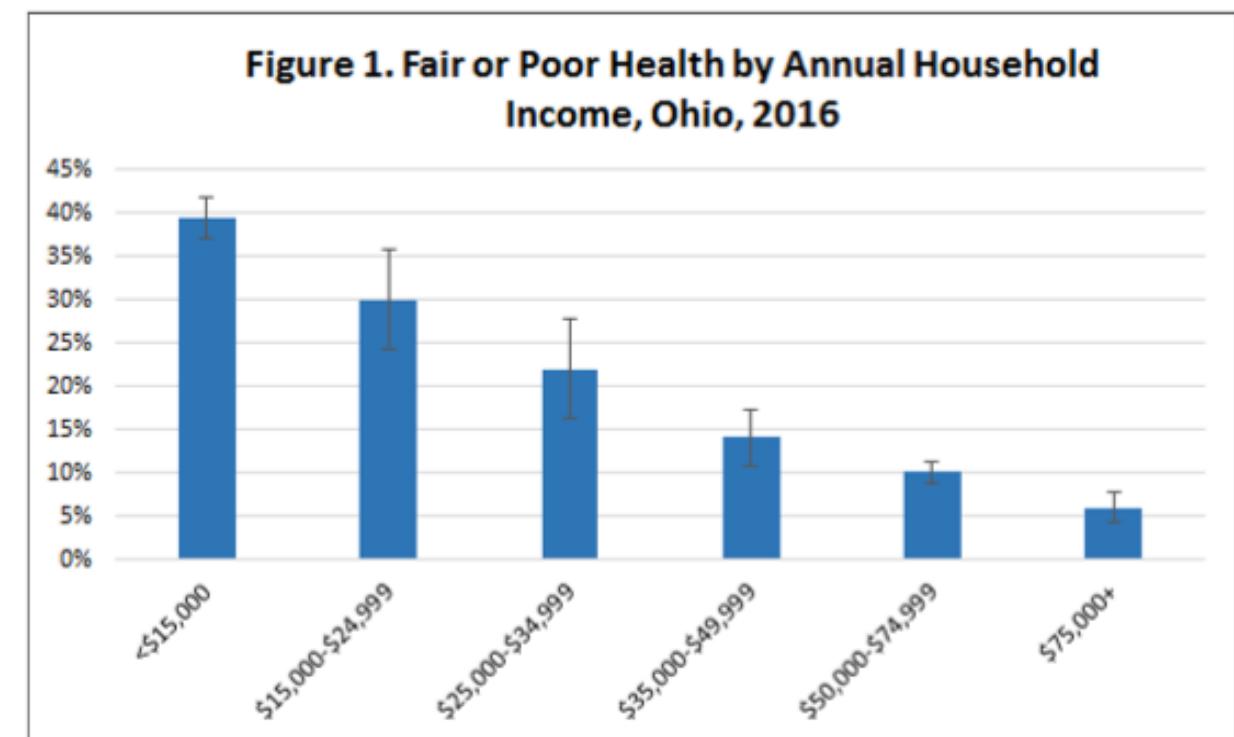
Social Determinants of Health are conditions in the environments in which people are born, live, learn, work, play, worship, and **age** that affect a wide range of health, functioning, and **quality-of-life** outcomes and risks.



# Relevant Examples

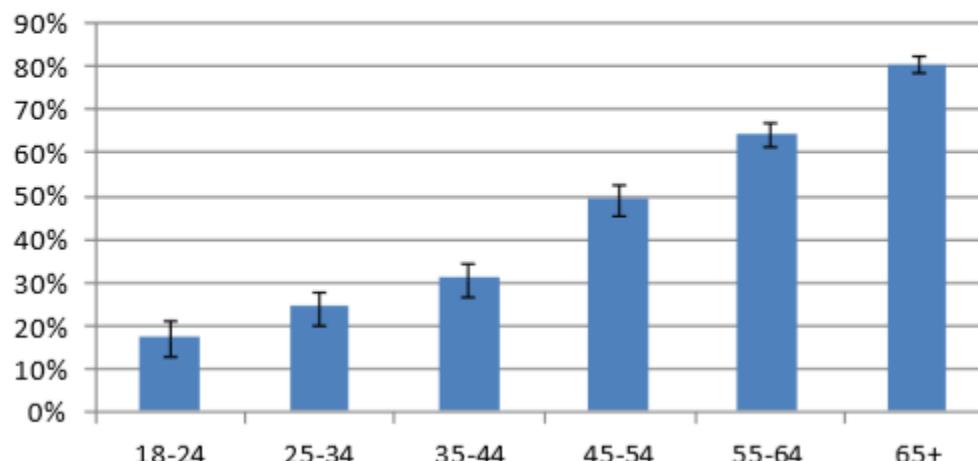
## General Health Status

- In 2016, an estimated 18% of Ohio adults reported that their health was fair or poor.
- Older adults and those with low levels of education and annual household income were significantly more likely to report fair or poor health.
- An estimated 39.4% of respondents with an annual household income less than \$15,000 reported fair or poor health, compared to only 6% of respondents with an annual household income of \$75,000 or more (Figure 1).

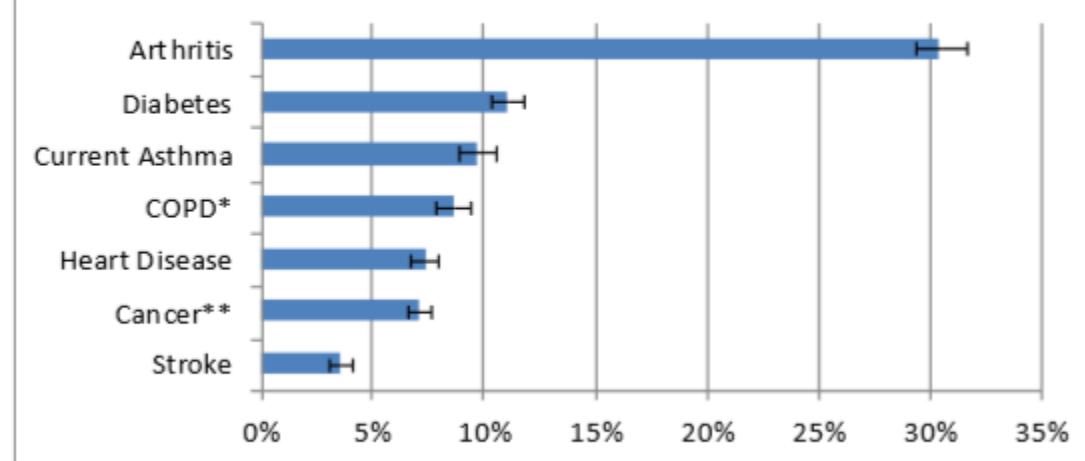


# Chronic Diseases and Conditions

**Figure 2. Any Chronic Disease or Condition by Age, Ohio, 2016**



**Figure 3. Chronic Diseases and Conditions, Ohio, 2016**



\*Chronic Obstructive Pulmonary Disease

\*\*Does not include skin cancer

- In 2016, an estimated 46.5% of Ohio adults reported that they had at least one of the following chronic diseases or conditions: diabetes, heart disease, stroke, current asthma, COPD, cancer, arthritis and/or kidney disease;
- 20.5% reported two or more chronic diseases or conditions.

- Among adults 65 years and older, 79.4% had at least one chronic disease or condition (Figure 2) and 45% had two or more chronic diseases or conditions.
- The most common chronic disease or condition among Ohio adults was arthritis (30.5%), followed by diabetes (11.1%) and current asthma (9.7%) (Figure 3).

# Chronic Diseases

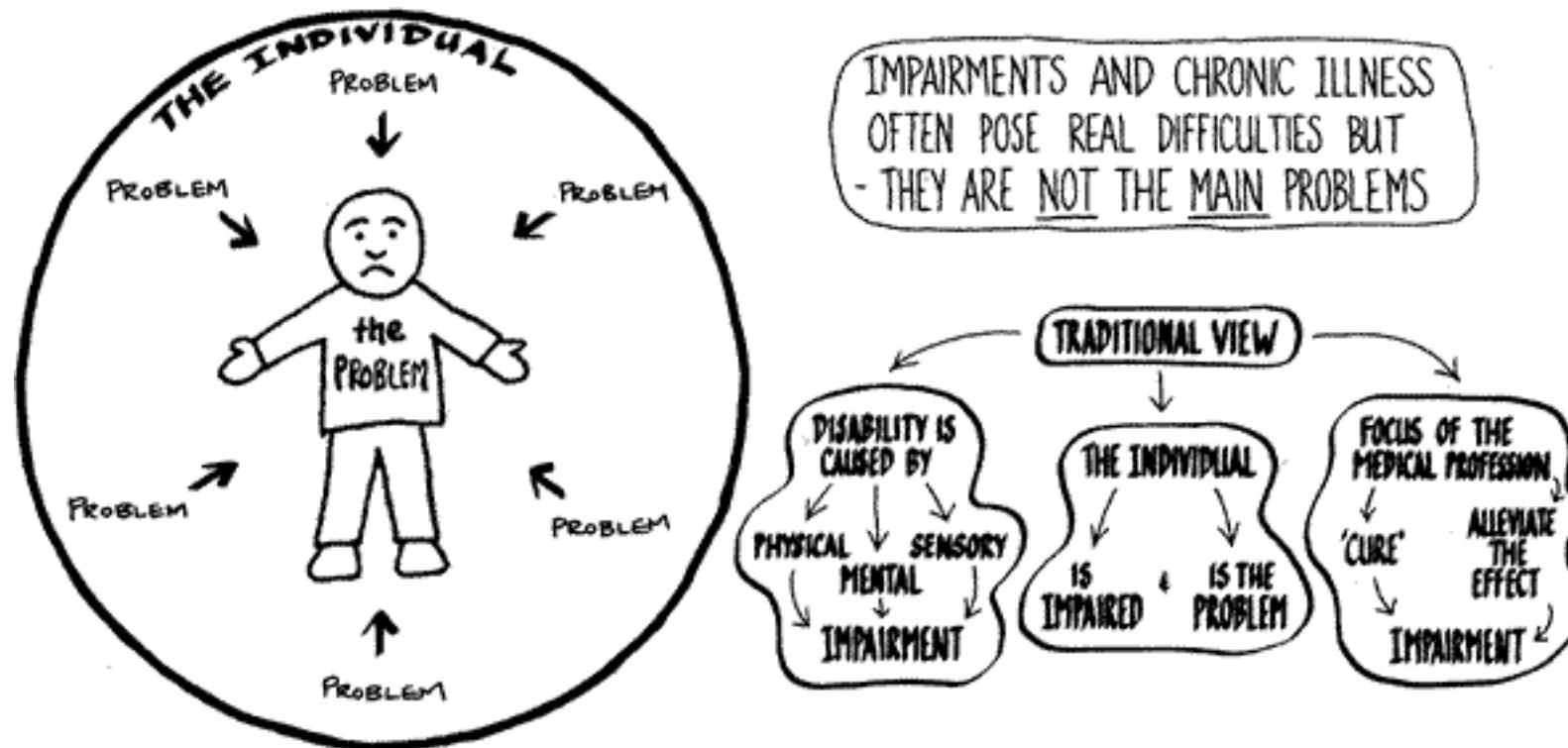
- Most Common
  - Heart disease, cancer, diabetes, and stroke are the most common causes of illness, disability, and death affecting a growing number of Americans.
- Most Preventable
- Most Costly
- Many of these chronic conditions tend to be more common, diagnosed later, and result in worse outcomes for particular individuals, such as people of color, people in low-income neighborhoods, and others whose life conditions place them at risk for poor health.

# Disability History

- Something to be avoided
- Disability kept out of public eye
- Something to be cured of
  - Burden to Society
  - Reformed
  - Treated



# Medical Model of Disability



# Medical Model Utility

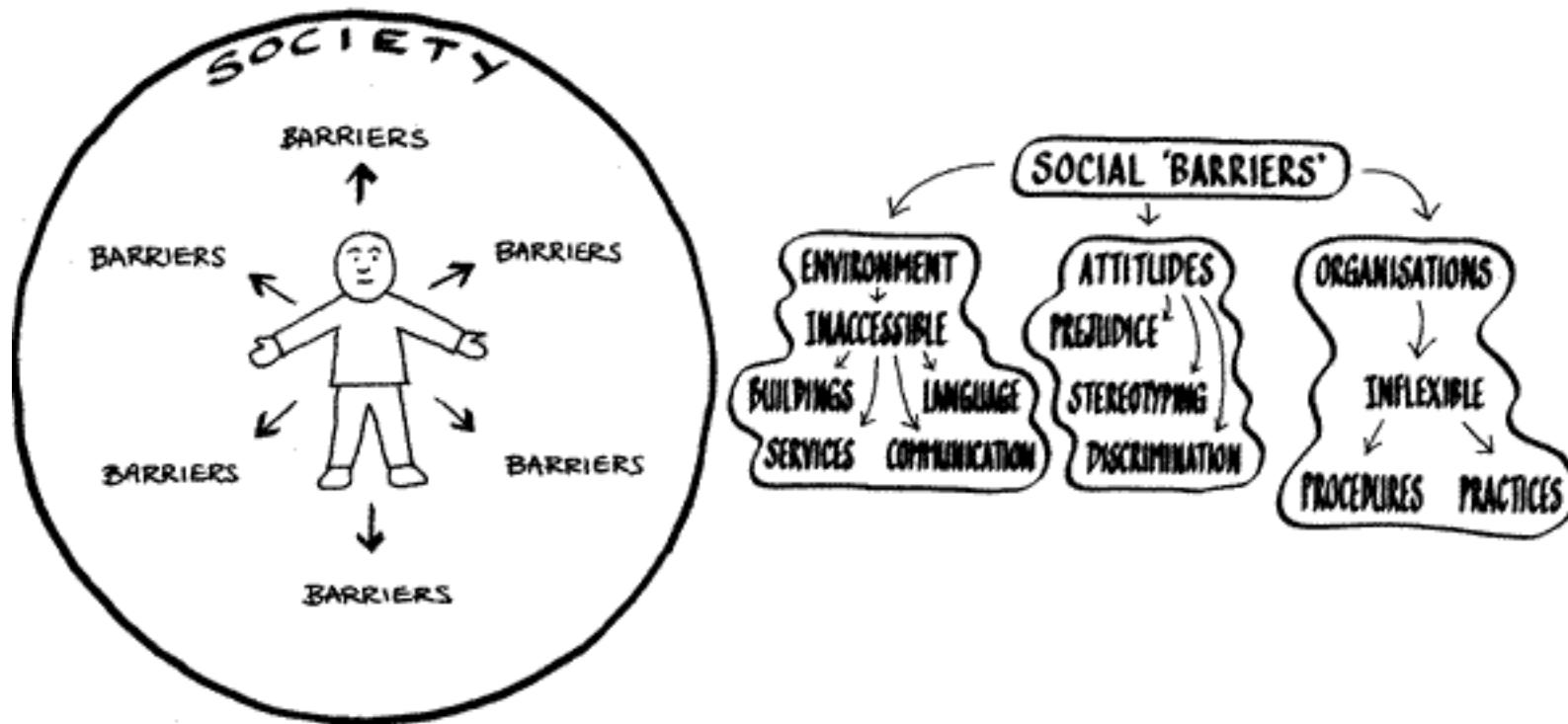
- Some aspects of medical model are useful
  - Provides guidelines for handling problems and predicting outcomes
  - Ensure that people with disabilities can live healthy, active lifestyles
  - Access treatment for chronic diseases
  - Minimize impact of co-occurring or secondary conditions

# Disability Rights Movement

- Conditions for Americans needed to change
- Mirrored and complimented Civil Rights Movement
- Rehabilitation Act of 1973: “Prohibits discrimination on the basis of disability in programs conducted by federal agencies, in programs receiving federal financial assistance, in federal employment and in the employment practices of federal contractors.”
- Section 504: “No qualified individual with a disability should, only by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”



# Social Model of Disability



# Disability, Society, and the Built Environment

“It’s not that deaf and disabled people don’t have to battle with all kinds of barriers in life – of course we do. It’s the fact that society seems to seem to forget that it’s often the world around us – physical barriers, communication issues, or attitudes – that are far more “disabling” than the disability itself. Non-disabled people may feel inspired by the idea of us “overcoming” or “beating” our disability, but we wouldn’t have much to overcome if society treated us more equally.”

-Charlie Swinbourne

# Defining Disability (WHO)

- An umbrella term covering:
  - Impairments
    - A problem in body function or structure
  - Activity limitations
    - A difficulty encountered by an individual in executing a task or action
  - Participation restrictions
    - A problem experienced by an individual in involvement in life situations



# Disability types

Disability Types	Examples
Sensory	<ul style="list-style-type: none"><li>• Deafness/hard of hearing</li><li>• Blindness/difficulty seeing</li></ul>
Physical	<ul style="list-style-type: none"><li>• People with mobility impairments (e.g., use wheelchairs, canes to move or get around)</li><li>• People who have temporary impairments (e.g., broken foot or arm)</li></ul>
Cognitive	<ul style="list-style-type: none"><li>• People who have difficulties learning/remembering</li><li>• People with developmental disabilities (e.g., Autism, Down syndrome, intellectual disability)</li></ul>

Credit: NACCHO, 2016



# Not a Health Problem

“Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives.

*Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.” –WHO, 2018*

# Disability Impacts ALL of US

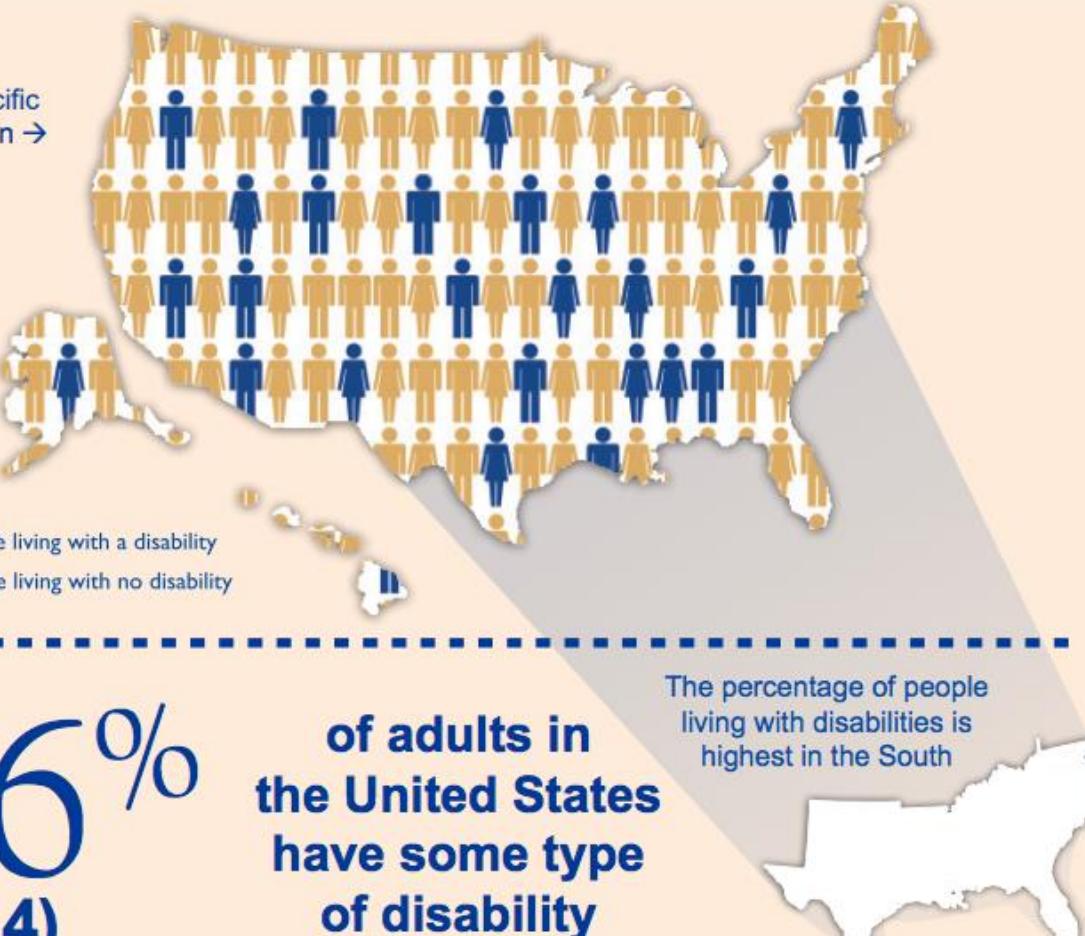
COMMUNITIES

HEALTH

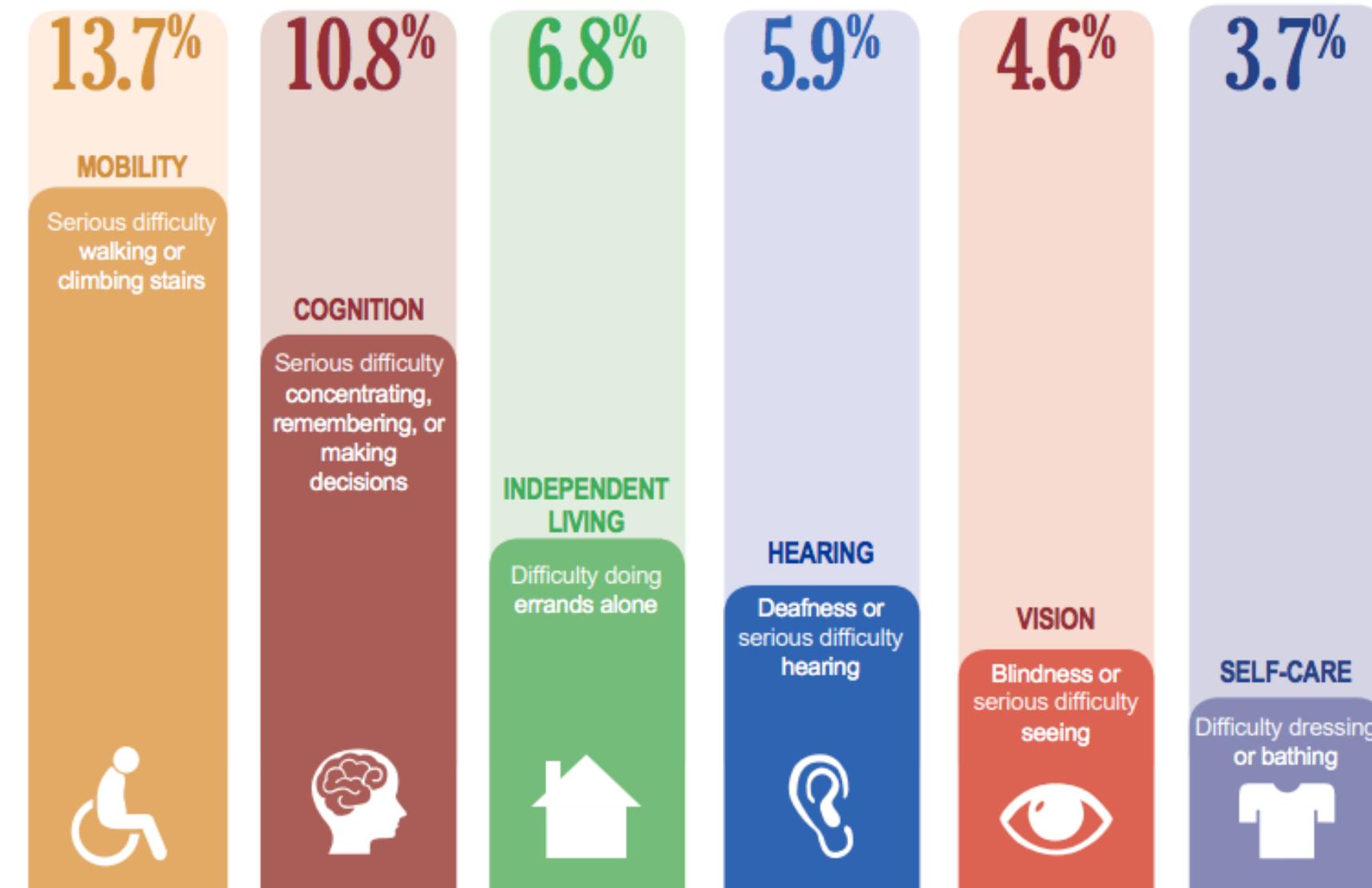
ACCESS

61 million adults in the United States live with a disability

Click for  
state-specific  
information →



## Percentage of adults with functional disability types



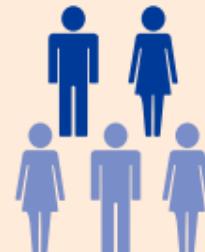
# Disability and COMMUNITIES



Disability is especially common in these groups:

2 in 5

adults age 65  
years and older  
have a disability



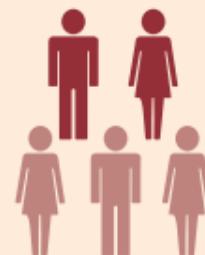
1 in 4

women have  
a disability



2 in 5

Non-Hispanic  
American Indians/  
Alaska Natives  
have a disability



# Health Needs

- People with disabilities have the same health needs as non-disabled people – for immunization, cancer screening etc.
- They also may experience a narrower margin of health, both because of poverty and social exclusion, and also because they may be vulnerable to secondary conditions, such as pressure sores or urinary tract infections.
- Evidence suggests that people with disabilities face barriers in accessing the health and rehabilitation services they need in many settings.



# Disability and Health Equity



- Historically overlooked
- Subject to discrimination
- Experience health inequities

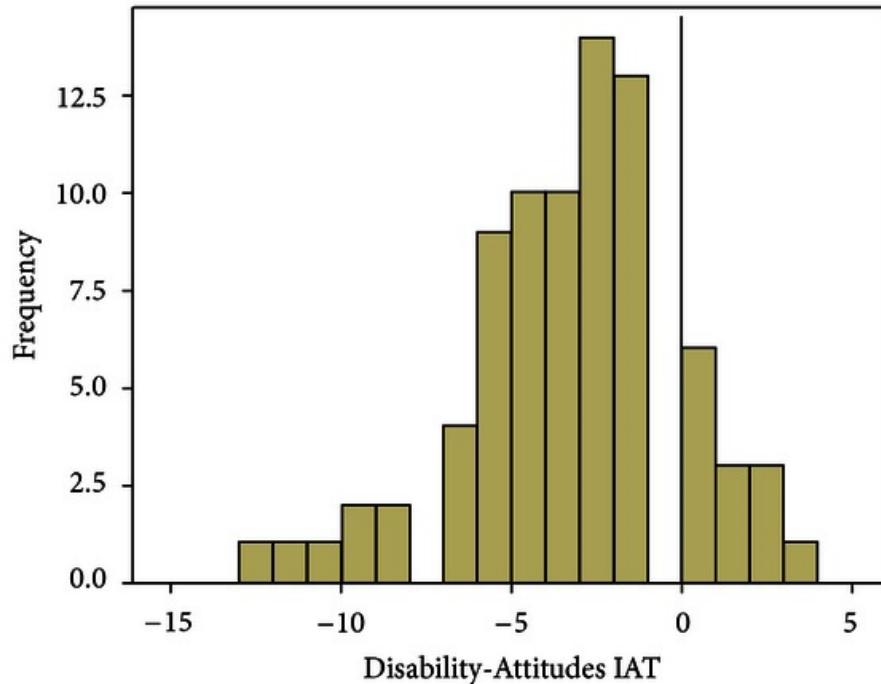
# Project Implicit

- 83.8% of people who took the disability implicit-association test had negative implicit attitudes toward people with disability



Project Implicit

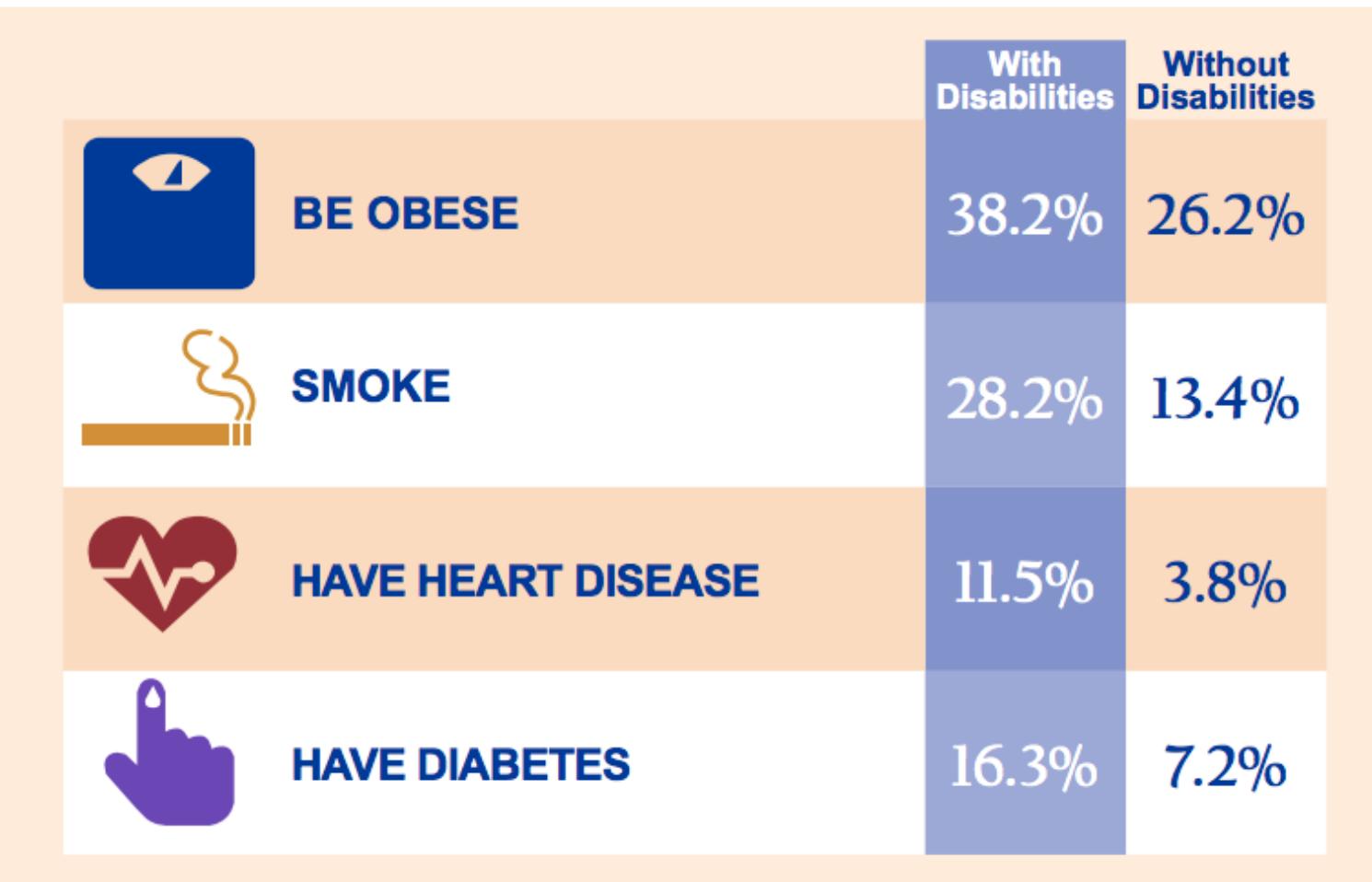
<https://implicit.harvard.edu/implicit/index.jsp>



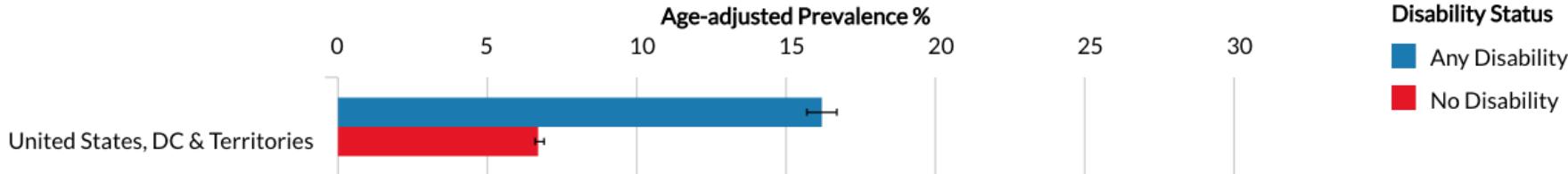
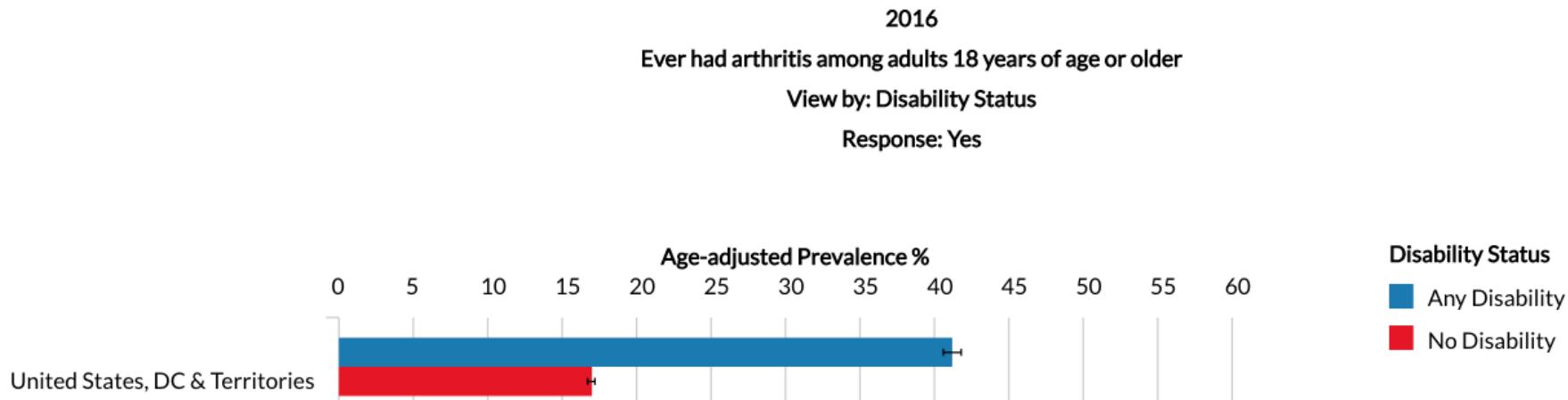
# Disability and HEALTH



Adults living with disabilities are more likely to



# Disability and Chronic Conditions

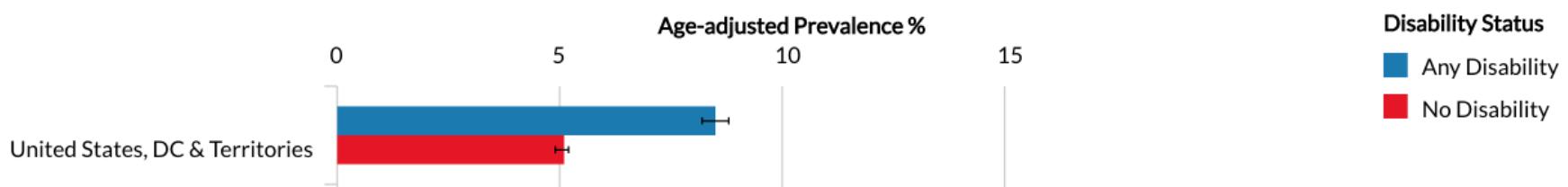


2016

Ever had cancer (excluding skin cancer) among adults 18 years of age or older

View by: Disability Status

Response: Yes

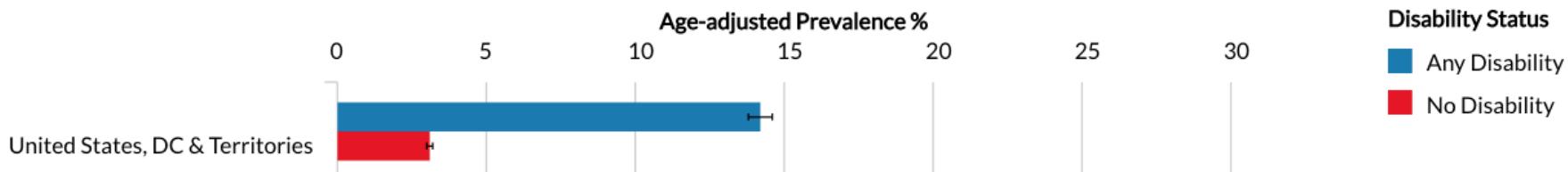


2016

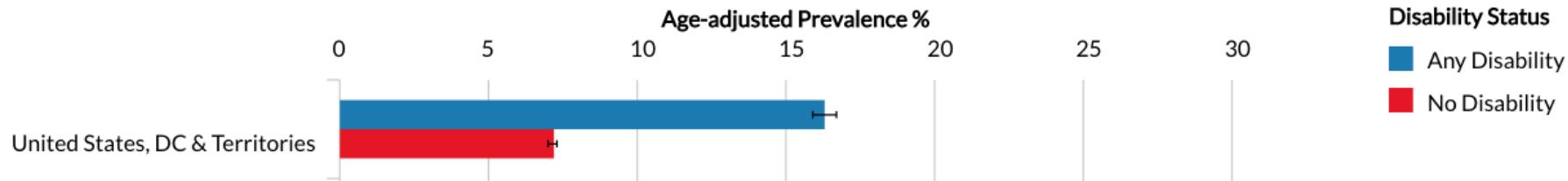
Chronic obstructive pulmonary disease (COPD) among adults 18 years of age or older

View by: Disability Status

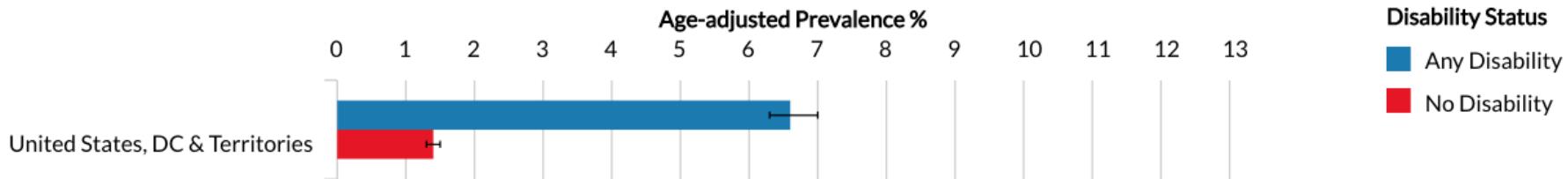
Response: Yes



2016  
Diabetes among adults 18 years of age or older  
View by: Disability Status  
Response: Yes



2016  
Ever had a stroke among adults 18 years of age or older  
View by: Disability Status  
Response: Yes



# Disability and Healthcare ACCESS



Healthcare access barriers for working-age adults include

1 in 3  
adults with disabilities  
(18-44 years)

do not have a  
usual healthcare  
provider



1 in 3  
adults with disabilities  
(18-44 years)

have an unmet  
healthcare need  
because of cost  
in the past year



1 in 4  
adults with disabilities  
(45-64 years)

did not have a  
routine check-up  
in the past year



# Benefits of Inclusion

- **Individual:** Improved health and less chronic diseases
- **Interpersonal:** Reduces caregiver burden
- **Organizational:** Changes organizational norms, consistency within an organization
- **Community:** Improves health of inclusion and overall reduction of disease burden
- **Policy:** Cost-saving and fewer ER visits



# Public Health Can Improve Lives

- Disability is not poor health
- Accessible public health opportunities benefit everyone
- We have the power to improve the health of everyone through disability inclusion

# Separate Design Is Segregated Design



# Disability Best Practices: Program-Level

# Include People with Disabilities in Public Health

- “Nothing about us without us”
- Invite people with disabilities to join the public health conversation
- State-based and local Disability Advisory Groups/Committees
- [Centers for Independent Living](#)

# People First Language

## What is People First Language?

- An objective and respectful way to speak about people with disabilities by emphasizing the person first, rather than the disability
- It recognizes that a person is not the disability



# Transportation and Program Activities

- Many people with disabilities rely on public transportation or must plan ahead to arrange transportation
  - Planning ahead for transportation needs can help health departments improve the accessibility of their programs
- Chronic Disease Prevention Programs can help people with disabilities find and access transportation that meets their needs
- Chronic Disease Prevention Programs can offer activities and events at different sites within the community in order to meet people with disabilities where they are

# Communication

## Title II of ADA Requires:

- That State and local governments, businesses, and nonprofit organizations that serve the public, must communicate effectively with people who have communication disabilities.
- The goal is to ensure that communication with people with these disabilities is equally effective as communication with people without disabilities.

# What you can do

- Assess the communication needs within your community
- Depict people with disabilities in program materials
- Use person-first language in program materials
- Offer communication in multiple formats such as:
  - Large print and electronic documents
  - Sign language interpretation, live transcription, video relay
  - Closed captioning, audio descriptions, and transcripts for audio and video
  - Alternative text descriptions for images
  - A [fully accessible website](#)

# Tools for Accessible Websites

- [Wave Tool to Visually Identify Issues](#)
- [AC Checker to Identify Issues by Line](#)
- [Wikiline Color Filter](#)
- [Color Oracle](#)

**WAVE**  
web accessibility evaluation tool

<http://www.marionpublichealth.org/>

Styles No Styles Contrast

**Summary**  
WAVE has detected the following:

- 2 Errors
- 23 Alerts
- 9 Features
- 22 Structural Elements
- 1 HTML5 and ARIA
- 13 Contrast Errors

**Panel Options**

- DETAILS: A listing of all the WAVE icons in your page.
- DOCUMENTATION: Explanation of the WAVE icons and how you can make your page more accessible.
- OUTLINE: The heading structure of the web page.

The following apply to the entire page:

**h1**

# MARION PUBLIC HEALTH

Home About Us Population Health WIC Environmental Health Birth & Death Certificates News Contact Us

**h2** ROOT CAUSE

**h2** 2016-2020 Community Health Improvement Plan

**h4** Latest News from MPH

**h2** 2017 Environmental Health Fees abc abc

A Regulation of the Marion Public Health Setting Environmental Health Fees for 2017 WHEREAS, the Marion Public Health ... [Read More...]

**h2** Public Health Nurse, RN Position

**h1**

Search this website ...

**h2** Birth/Death Certificates

For information on obtaining birth or death certificates through the Marion Public Health Department, [click here](#) ?

**h2** File a Complaint

Every citizen has the right by law to call attention to problems such as rats, insects, garbage, trash, etc. that impinge on their health, safety, and well-being. To learn more about filing a complaint, [click here](#) ?

**h4** Hours of Operation

Monday-Friday  
8am-4:30pm  
WIC closed 12-1pm for lunch  
**Late Clinic for WIC**  
Third Wednesday of every month  
4:30-6:00pm by appointment

# Physical Facilities

- People with disabilities should be able to move through your facility and operate all of its physical features without any help from other people
  - Become familiar with the [ADA guidelines](#)
  - Assess the accessibility of your program activities on a regular basis
  - Make an action plan to improve accessibility if needed

# Accommodations and Timing

- Provide assistive technology
- Provide ASL Translators
- Provide alternative formats
- Accommodate service animals
- Consider timing of programs and services
  - Allow for extra breaks
  - Give yourself extra time to make accommodations
  - Start and end on time

# Budget for Inclusion

- Alternate formats
- Captioning
- Depicting people with disabilities
- Providing ASL
- Transportation
- Focus Groups
- Staff positions/ Program Staff

# Review Funding Opportunities

- Several states utilize a health equity review/consultation process for outgoing RFPs
- Examine all RFPs through health equity lens to ensure that don't widen health disparities, or exclude groups of people
- RFPs should be examined to ensure that people with disabilities aren't being excluded from opportunities that they would benefit from

# Where do we go from here?

1. Share and discuss with coworkers, health coalition, and agency
2. Include people with disabilities in program planning efforts
3. Implement promising practices

# Older Americans Act

- Targeted Populations
  - Low-Income
  - Low-Income Minority
  - Rural
  - LBGTQ
  - Holocaust Survivors
  - Limited English Proficiency

# State Plan 2019-2022

- Access to Information and Services
- Population Health
  - Dementia
- Caregiving
- Civic Engagement
- Aging in Place

# HEALTH EQUITY CONCEPTS IN PRACTICE

# Community Engagement

- Community engagement can harness the skills and talents of a community's most important resource: its people.
- Involving community members in health initiatives can foster connectedness and trust, improve assessment efforts, and build the capacity of individuals to positively affect their community. Additionally, this engagement can enhance the effectiveness of proposed strategies and increase the sustainability of efforts

# Reflection- Community Engagement

- Where are we now?
  - What existing relationships do we have with populations experiencing health inequities?
- What approaches can we use to effectively engage community members?
- What barriers to community engagement should we consider?
- How can we engage and balance both community and technical expertise in our efforts?
- What are our next steps?
  - What can we do differently to improve or enhance our community engagement?
  - What is our plan of action to implement those changes?

# Partnerships and Coalitions

- Partnerships and coalitions can help organizations amplify the often unheard voices of populations most directly affected by health inequities.
- Partnerships and coalitions can also work to achieve equitable outcomes by leveraging a diverse set of skills and expertise.

# Reflection- Partnerships and Coalitions

- Where are we now?
- How can we build diverse and inclusive partnerships/coalitions?
- How can we work to engage new partners in a meaningful way?
- How can we anticipate and address group dynamics that may arise?
- What are our next steps?
  - What can we do differently to improve or enhance our partnerships/coalitions?
  - What is our plan of action to implement those changes?

# Health Inequities

- It is critical to have a clear understanding of what inequities exist, and the root causes contributing to them.
- Clearly identify and understand health inequities to establish baselines and monitor trends over time, inform partners about where to focus resources and interventions, and ensure strategies account for the needs of populations experiencing health inequities.

# Reflection- Health Inequities

- Where are we now?
- What types of information can we use to identify health inequities in our community?
- What tools and resources can we use to identify and understand health inequities?
- How can we engage community members in gathering and analyzing data?
- What are our next steps?
  - What can we do differently to improve or enhance our ability to identify and understand health inequities?
  - What is our plan of action to implement those changes?

# Reflection-Designing Strategies

- Are those most affected by the issue actively involved in defining the problem and shaping the solution?
- How does this strategy improve the conditions for those communities most in need?
- Will those most negatively affected by the problem benefit the same, less so, or more so?
- What barriers or unintended consequences should be accounted for to make this strategy effective in underserved communities?
- How can we ensure effective implementation and enforcement of identified strategies across population groups or communities?

# Evaluation

- Integrate health equity considerations throughout each step of an evaluation to more accurately interpret findings and effectively focus interventions.

# Reflection-Evaluation

- Where are we now?
  - How are we currently assessing the effect(s) of our efforts to address health equity?
- How do we start the evaluation process with health equity in mind?
- How can we consider health equity in evaluation questions and design?
- How can we integrate health equity principles in the data gathering process?
- How can we understand our effect on health equity through our analysis plan?
- How can we share our evaluation efforts with diverse stakeholders?
- What are our next steps?

“without data you are just another person with  
an opinion”



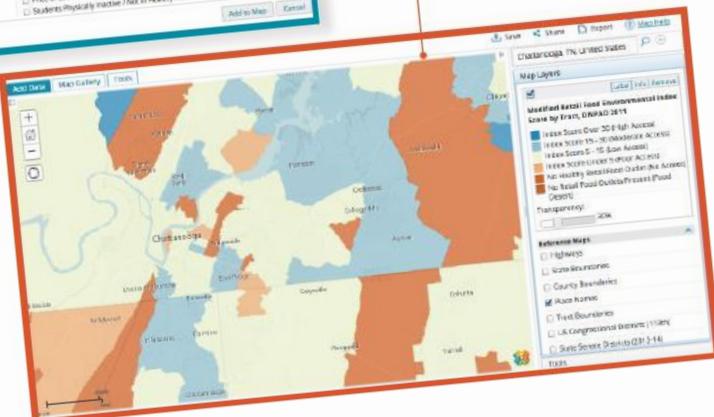
## How to Make a Map

- From the homepage top bar, click on **Maps & Data** then select [Make a Map](#).
- Add data to your map by typing in a keyword or explore your options by choosing either [Browse data by topic](#) or [Browse data by source](#).
- Explore data options by clicking on the arrows next to indicator categories.
- Search by Keyword using the Search Data box.
- Check the indicators you would like to map, then click [Add to Map](#).

Suggested Keywords:

- Diabetes
- Food
- Hospitals
- Housing
- Poverty
- Schools

This screenshot shows the 'Add Data Layers' interface. It includes a search bar with 'Healthy' typed in, a 'Sort By' dropdown set to 'Relevance', and a 'Data Geography' dropdown set to 'County'. Below these are two sections: 'Selected Items' (with 18 items listed) and 'Available Items' (with 10 items listed). At the bottom are 'Add to Map' and 'Cancel' buttons.



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## How to Save, Share, and Export a Map

- To save your map after creating it, click on the Save icon.

This screenshot shows the 'Save Map' dialog box. It has fields for 'Title (required)', 'Description', and 'Tags or keywords'. Under 'Sharing Settings', the 'Public' checkbox is selected. At the bottom are 'Save' and 'Cancel' buttons.

- Provide a meaningful title, description, and a few tags or keywords.
- Check the box next to the Channel(s) it is most related to.
- Choose a sharing setting - public, private, or Hub. When you click on Hub, use the dropdown list to save to a Hub you belong to.

This screenshot shows the 'Share Map' dialog box. It has sections for 'Share Link to Map on Social Media or Email' (with links to Twitter, Facebook, LinkedIn, Email, and Mailto) and 'Embed Map in Website' (with a 'Paste HTML to embed in website' field containing a URL). At the bottom are 'Embed as script' and 'Cancel' buttons.

- To Export your map, choose Export and give your map a title. Choose your desired layout, extent, and file format.

This screenshot shows the 'Export Map' dialog box. It has a 'Map Title' input field, 'Export Layout' (set to 'Landscape (11 x 8.5 in)'), 'Map Extent' (set to 'Preserve map extent / Preserve map scale'), and 'Export File Format' (set to 'Image (.png file) / PDF Document'). At the bottom are 'Export' and 'Cancel' buttons.

- Review and make your selection from each of the following: Export Layout, Map Extent, and File Format.
- Click Export.

**Export Layout Options:**  
Landscape - the map will display greater in width than length.  
Portrait - the map will display greater in length than width.

**Map Extent Options:**  
Preserve Map Extent - the map will display as you see it on your screen.  
Preserve Map Scale - the map will display the distance on the map to the actual distance on the ground.

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SUA Nutrition- Restaurant Vou... Help Content | Community ...

File Edit View Favorites Tools Help

COMMUNITY COMMONS Site-Wide Activity Maps & Data Hubs Channels Support 0 AD

## Support

We're glad you're here to use the latest technology and tools to make lasting community change. We'd like to offer some support.

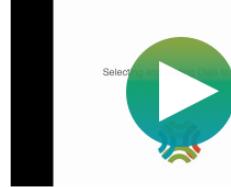
**Guidebooks**

<a href="#">Getting Started</a>	<a href="#">Maps</a>	<a href="#">Reports</a>	<a href="#">Data</a>
<a href="#">Upload Local Data</a>	<a href="#">Hubs</a>	<a href="#">Administrators</a>	<a href="#">Webinars</a>

**Help Articles in the Maps Topic**

**Videos**

[Getting Started with Maps & Data](#)   [Create and Explore a Map](#)   [Save a Map](#)

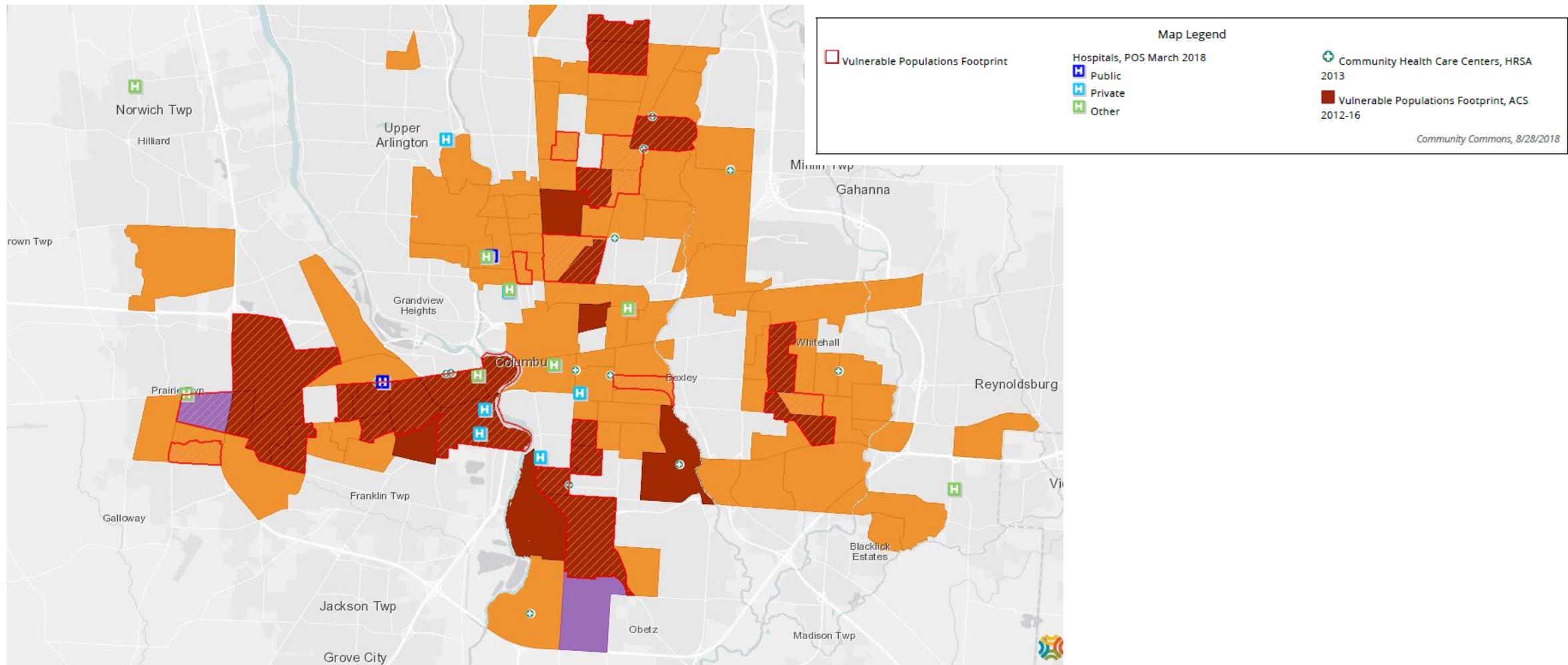
  

[Share and Export a Map](#)   [Select Data - Map Tools](#)   [Swipe Layer - Map Tools](#)

3:43 PM  
8/28/2018

<https://www.communitycommons.org/cchelp/?guidebook=maps>

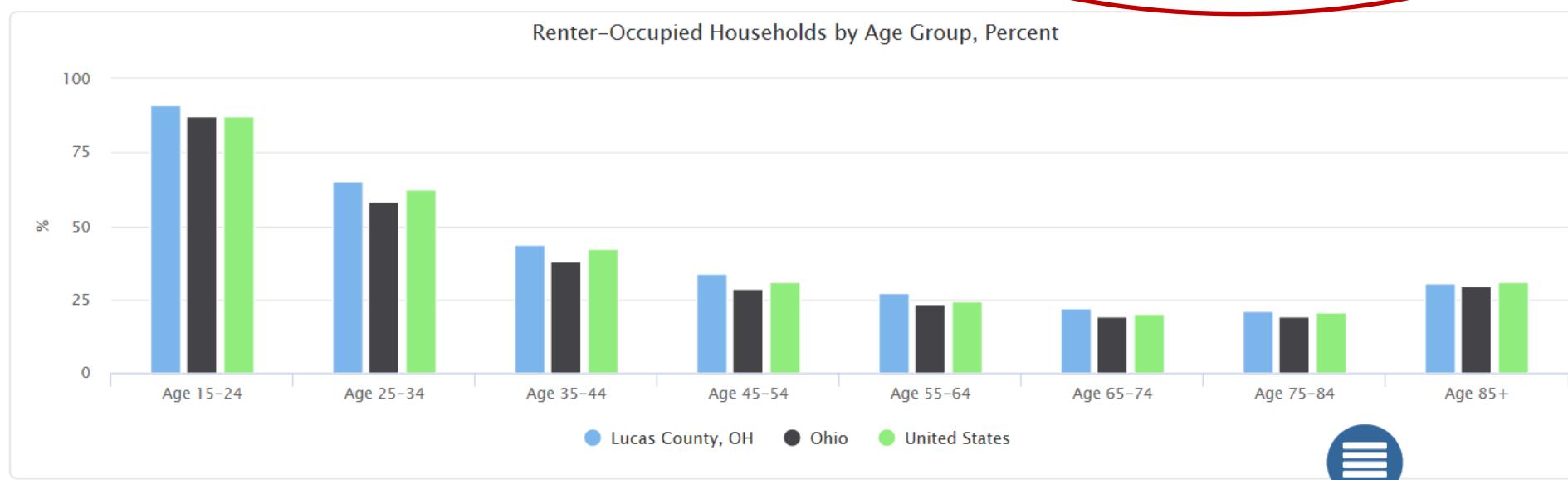
# Vulnerable Populations Footprint Tool



# Health Indicators Report (example)

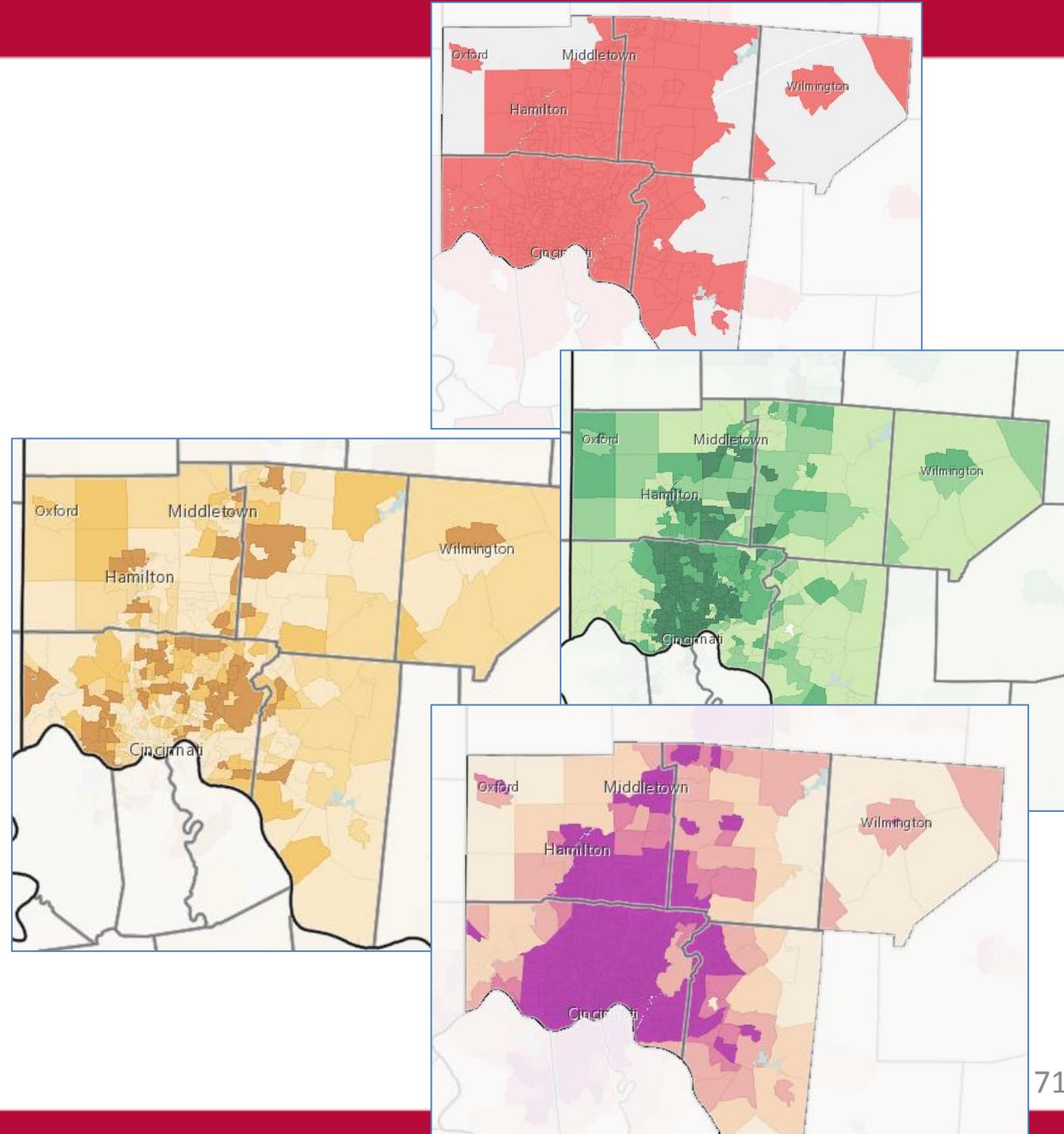
Renter-Occupied Households by Age Group, Percent

Report Area	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75-84	Age 85+
Lucas County, OH	91.11%	65.28%	43.87%	33.86%	27.05%	21.92%	20.9%	30.42%
Ohio	87.17%	58.45%	37.99%	28.81%	23.45%	19.07%	19.2%	29.66%
United States	87.24%	62.39%	42.13%	30.87%	24.37%	20.01%	20.86%	31.12%



# Data Resources

- [Community Commons](#)
- [2018 Senior Report](#)
- [County Health Rankings](#)



# Contact Information

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**Ohio Disability and Health Program**  
<http://nisonger.osu.edu/ODHP>  
[www.facebook.com/OhioDisabilityandHealthProgram](http://www.facebook.com/OhioDisabilityandHealthProgram)  
[www.twitter.com/OhioDHP](http://www.twitter.com/OhioDHP)



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