CDC's National Center on Birth Defects and Developmental Disabilities

Promoting the health of babies, children, and adults, and enhancing the potential for full, productive living
The State of the State in Health Disparities and Intellectual Disabilities: Beyond Disparities

May 25, 2011
Health Frontiers for Intellectual Disabilities

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NCBDDD/CDC
Overview

• Poorer Health of People with ID
  – Adverse health conditions
• Health Disparities and ID
  – What is a disparity?
• Health Equity and Social Determinants
• Life Course View of Health Development
Overview

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Surgeon General ‘s Report—2002

Recommendations:

• Health promotion in communities
• Knowledge on health
• Health care quality
• Train HC providers
• Financing
• Increase sources of care
“The Cascade of Disparities” for People with ID

Higher rates of adverse health conditions

Disparities in attention to care needs

Disparities in preventive care and health promotion practices

Disparities in equitable access to health care

Impact

Impact

Impact

Lead to

Poorer Health Outcomes
Higher rates of adverse health conditions

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Communication limitation</td>
<td>~30%</td>
<td></td>
</tr>
<tr>
<td>Physical disabilities</td>
<td>~30%</td>
<td></td>
</tr>
<tr>
<td>Behavioral/psychiatric</td>
<td>~30%</td>
<td>21-49%</td>
</tr>
<tr>
<td>Sensory (hearing/vision)</td>
<td>~10%/20%</td>
<td>10-99%</td>
</tr>
<tr>
<td>Epilepsy and neurological disorders</td>
<td></td>
<td>17-70%</td>
</tr>
<tr>
<td>Dermatology</td>
<td></td>
<td>33-63%</td>
</tr>
<tr>
<td>Fractures/lacerations</td>
<td></td>
<td>11-43%</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td></td>
<td>8-10%</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td></td>
<td>9-45%</td>
</tr>
</tbody>
</table>

Ouellette-Kuntz, Minnes, Garcin, Martin, Lewis, Holden, 2005
Krahn, Hammond & Turner, 2006
Age Adjusted Prevalence Rates for Chronic Health Conditions, MEPS 2006

Prevalence

Chronic Health Conditions

Arthritis 26.7 9.7
Asthma 17 7.6
Cardiovascular disease 13 5.1
Diabetes 18 3.7
High blood pressure 27.5 16.1
High cholesterol 22.4 16.7
Stroke 14.2 0.7

No Disability (%)  
Cognitive limitation (%)  

(Reichard et al., 2010)

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>No Disability (%)</th>
<th>Cognitive Limitation (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pap Test within past 3 years (female respondents &gt;= 18)</td>
<td>15</td>
<td>37.4</td>
</tr>
<tr>
<td>No Mammogram within past 2 years (female respondents &gt;=40)</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Dental check less than once a year</td>
<td>35</td>
<td>56.7</td>
</tr>
<tr>
<td>No Flu Shot within past year</td>
<td>67.3</td>
<td>35.3</td>
</tr>
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</table>

(Reichard et al., 2010)
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What are Health Disparities in the context of Disability?

Differences in health outcomes or health care use between socially distinct vulnerable and less vulnerable populations that are not explained by selection bias or underlying condition

What differences are inequitable? What can be prevented?

Distinguishing among Health Conditions

**Associated health conditions** led to or are part of a syndrome that led to the impairment in functioning.

**Comorbid conditions** are unrelated disease processes that have an adverse effect on health.

**Secondary conditions** are preventable conditions that a person with a disability experiences at a higher rate than the general population.

**Iatrogenic conditions** are adverse health outcomes related to treatment for a condition.

*Krahn, Hammond & Turner, 2006*

*IOM Workshop on Future of Disability in America, 2007*
### When is a health difference a disparity?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Disparity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Associated condition (part of the condition)</td>
<td>No</td>
</tr>
<tr>
<td>Comorbid condition rates (e.g. later diagnosis of cancer)</td>
<td>Yes, even by conservative standard</td>
</tr>
<tr>
<td>Secondary condition (e.g., depression, obesity, pressure sores)</td>
<td>Likely, if not related to treatments</td>
</tr>
<tr>
<td>Iatrogenic condition</td>
<td>Perhaps, are there other treatment options?</td>
</tr>
</tbody>
</table>
When could no difference still mean a disparity?

<table>
<thead>
<tr>
<th>Measure</th>
<th>Disparity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Health care visits per year</td>
<td>Likely</td>
</tr>
<tr>
<td>Rates of immunizations, influenza vaccinations</td>
<td>Perhaps</td>
</tr>
</tbody>
</table>
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State of the State in Disparities = Health Equity and Social Determinants

• Meaning of Health Equity?
  – Positive view of health
  – Social justice implications
  – Ableism and Disablism

• Social Determinants of Health
  – Popular in Europe (e.g., Emerson, Walsh)
  – Healthy People 2020
Three Views of Disability in Public Health

### Traditional: Prevention
- **Population:** General Population
- **Determinants of Health:** Disease or Injury
- **Health Outcomes:** Disability as morbidity

### Contemporary: Minority
- **Population:** People with Disabilities vs. People without Disabilities
- **Determinants of Health:** Disease process or health intervention
- **Health Outcomes:** Health and HRQOL

### Emerging: Social Determinants
- **Population:** People with Disabilities within General Population
- **Determinants of Health:** Disability & Related social mediating factors
- **Health Outcomes:** Health, HRQOL, and participation

*Drum, Krahn, Bersani, 2009
*Krahn & Campbell, 2011*
Health Equity and Social Determinants Approach

- Focus on health, well-being, and participation
- Consider disability status as one of multiple variables influencing health
- Alters analysis methods to consider
  - multiple simultaneous effects and interactions
  - Disability as more than dichotomous
- Promotes an expectation of inclusion
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Life Course View of Health Development

- Multigenerational influences on health
- Cumulative effects
- Longitudinal tracking
- Early identification of health problems
- Health promotion
Implications for Health Professional Education

- People with ID experience unnecessarily poor health as a result of multiple reasons
- People with ID have more adverse health conditions to identify and manage
- Poor health occurs in a context of other influences
- Early improvement and maintenance of good health is important across the life course
"That's all folks!"

[Image of a cartoon pig with the text "That's all folks!"]