

RACIAL AND ETHNIC HEALTH DISPARITIES AMONG PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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MEET OUT PRESENTERS



Sandy Magaña, PhD, MSW, is a professor in Disability and Human Development at the University of Illinois at Chicago. She has been a leader in investigating racial and ethnic disparities among children with autism and developmental disabilities and among their family caregivers. Building on this research, Magaña has developed culturally relevant interventions to address these disparities, bringing the Promotora de Salud (community health worker) model to the disability world. She is in the process of leading a large two-site randomized trial of an intervention that seeks to empower Latino parents of children with autism spectrum disorder (ASD). She is also director of the newly established Family Support Research and Training Center (FSRTC).



Miguel A. Morales is the Assistant Director of Research and Training at Family Support Research and Training Center at the Department of Disability of Human Development, University of Illinois at Chicago. He obtained a Master of Public Health at the University of Illinois at Chicago. He was previously the Northwest Side Community Programs Coordinator for the Consortium to Lower Obesity in Chicago Children (CLOCC) and Program Manager at Community Organizing for Obesity Prevention in Humboldt Park (CO-OP: HP). His previous research efforts have included community based participatory research and health behaviors related to nutrition and physical activity.



MEET OUT PRESENTERS



Susan L. Parish, PhD, MSW is the Nancy Lurie Marks Professor of Disability Policy and of Women's, Gender and Sexuality Studies at Brandeis. She is also director of the Lurie Institute for Disability Policy at The Heller School for Social Policy and Management. Her research examines the health and financial well-being of children and adults with disabilities, and their caregiving families. Current research projects include investigations of (1) poverty causes and consequences for families raising children with disabilities, (2) cancer screening promotion for women with intellectual disabilities, (3) racial and ethnic disparities in health care access of children with autism and (4) pregnancy outcomes for women with intellectual disabilities.



W. Ben Jackson III is a Program Specialist for AUCD, and served as AUCD's 2014-2015 Disability Policy Fellow. He graduated from The Dickinson School of Law at The Pennsylvania State University in May of 2104. Prior to joining the AUCD he worked with Project HEAL (Health, Education, Advocacy and Law) at the Kennedy Krieger Institute as a law clerk. As a law clerk with Project HEAL he was responsible for researching and drafting memorandums on special education law. He directly advocated for clients by drafting complaints for the Maryland State Department of Education for alleged violations of the Individuals with Disabilities Education Act (2004). He also worked to ensure his clients had appropriate accommodations and placements by advocating during Individualized Education Program meetings.

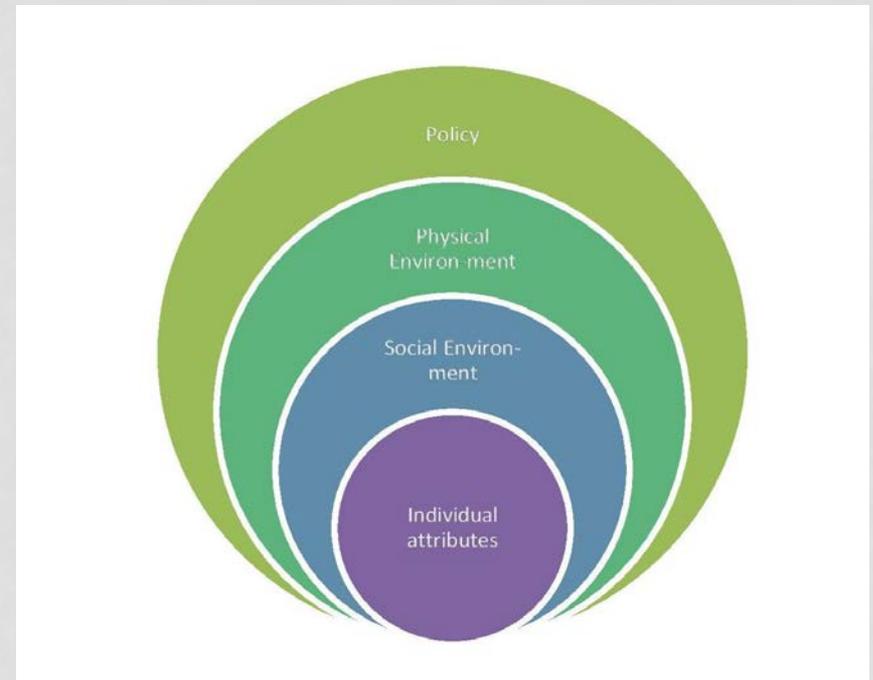


HEALTH DISPARITIES

Social determinants

- **Income** (Adler & Stewart, 2010; Lynch & Kaplan, 2000)
- **Education** (Beckles & Truman, 2013; Egerter, Braveman, Sadegh-Nobarim Grossman-Kahn & Decker, 2011)
- **Environmental factors**, i.e., racial segregation (Pruitt et al. 2015; Rahman & Foster, 2015)
- **Discrimination** (Gee, 2002)

Micro and Macro levels of the social ecology (Smedley, Stith, & Nelson, 2002)



HEALTH DISPARITIES

Racial & ethnic disparities

- **Self-reported health status** (Subramanian, Acevedo-Garcia & Osypuk, 2004; Zack, 2013)
- **Obesity** (Baskin, Franklin & Allison, 2005; Dubay & Lebrun, 2012; Pan et al., 2009)
- **Diabetes** (McBean, Li, Gilbertson & Collins, 2004; Centers for Disease Control and Prevention [CDC], 2013)
- **Breast cancer diagnosis and mortality** (Markossian & Hines, 2012)



HEALTH DISPARITIES

IDD disparities

- **Poor/fair health** (Emerson, 2005; Havercamp & Haleigh, 2015)
- **Obesity** (Anderson et al., 2013; Hsieh, Rimmer, & Heller, 2014; Stancliffe et al., 2011)
- **Diabetes** (Havercamp, Scandlin & Roth, 2004)
- **Asthma** (Reichard, Stolze & Fox, 2011)
- **Cardiovascular disease** (Draheim, 2006)

Environment is an important determinant (Hsieh, Heller, Bershinsky & Taub, 2015)



http://www.thehealthyhoot.com/wp-content/uploads/2015/03/Healthy_Home.jpg

IDD, RACE & SES

- Is socio-economic status preeminent? (Link & Phelan, 2005; Phelan, Link, & Tehranifar, 2010)
- Racial & ethnic disparities persist after controlling for SES (Smedley et al., 2002)
- Multiple pathways to poor health: discrimination, institutional racism, cultural racism (Williams & Mohammed, 2013)



<http://gettinderbox.com/wp-content/uploads/2013/11/Roads-merging-e1385420840822.jpg>

INTERSECTION OF RACE & IDD



<http://floridaphotomatt.com/wp-content/photos/2013/06/Intersection.jpg>

RESEARCH QUESTION

- Are there racial and ethnic disparities in health status among adults with IDD?
- Are there differences in health status among Latinos and Blacks with IDD compared to Latinos & Blacks without IDD?
- Outcomes: health status, mental health status, obesity & diabetes

METHODS

- Sample
 - National Health Interview Survey (2000-2010)
 - Medical Expenditure Panel Survey (2002-2011)
- IDD identification
 - NHIS: Health Status and Limitation of Activity (1,094)
 - MEPS: ICD codes (181 individuals, 90 overlapping)
 - Final weighted sample of 972,099 (**1,131 adults with IDD**)

METHODS

- Demographic variables
 - **Age** (continuous)
 - **Race/ethnicity**
 - **Family income** (<125% vs. \geq 125% FPL)
 - **Urban vs. rural** (based on Metropolitan Statistical Area)
 - **Marital status** (married vs. not married)
 - **Education** (< HS vs. graduated HS)
 - **Insurance status** (insured all year vs. not insured all year)
- Outcome variables
 - **Health status** (fair/poor vs. good/very good/excellent)
 - **Mental health status** (fair/poor vs. good/very good/excellent)
 - **Obesity** (BMI \geq 30; yes vs. no)
 - **Diabetes** (yes vs. no)

METHODS

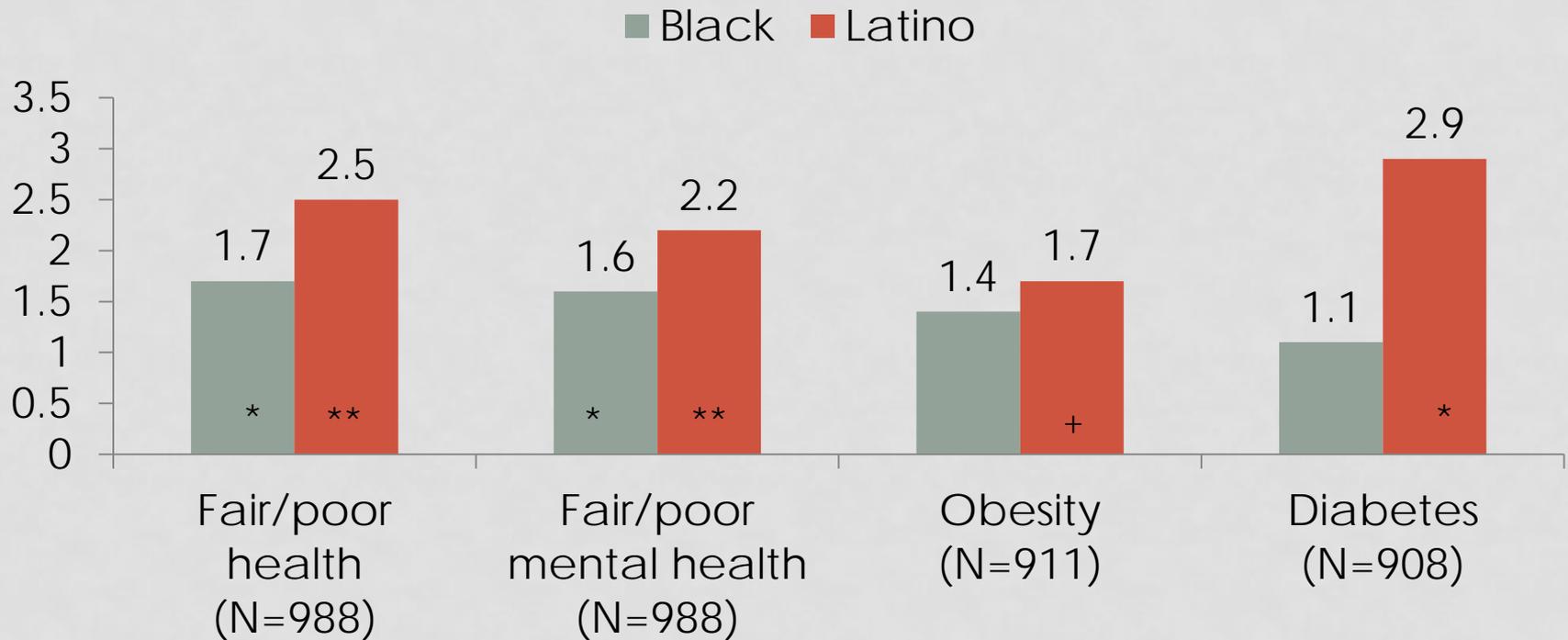
- Data analysis:
 - Survey weight & variance adjustment
 - Software: Stata 13
 - Racial & ethnic differences: chi-square & t-tests
 - Demographic factors related to ethnic disparities in IDD: Multivariate logistic regression
 - Disparities among Latinos & Blacks: Logistic regression.

TABLE 1: UNADJUSTED DISPARITIES IN OUTCOMES AMONG ADULTS WITH IDD

	NL White (N = 615)	NL Black (N = 293)	Latino (N = 223)	F Test
Fair/poor health (%)	175 (23.2)	124 (40.6)	95 (44.9)	6.1***
Fair/poor mental health (%)	161 (24.4)	119 (37.8)	93 (42.3)	6.4 ***
BMI ≥ 30 (%)	216 (32.7)	121 (39.2)	91 (40.3)	1.4
Diabetes (%)	39 (5.3)	33 (8.6)	22 (10.9)	1.9

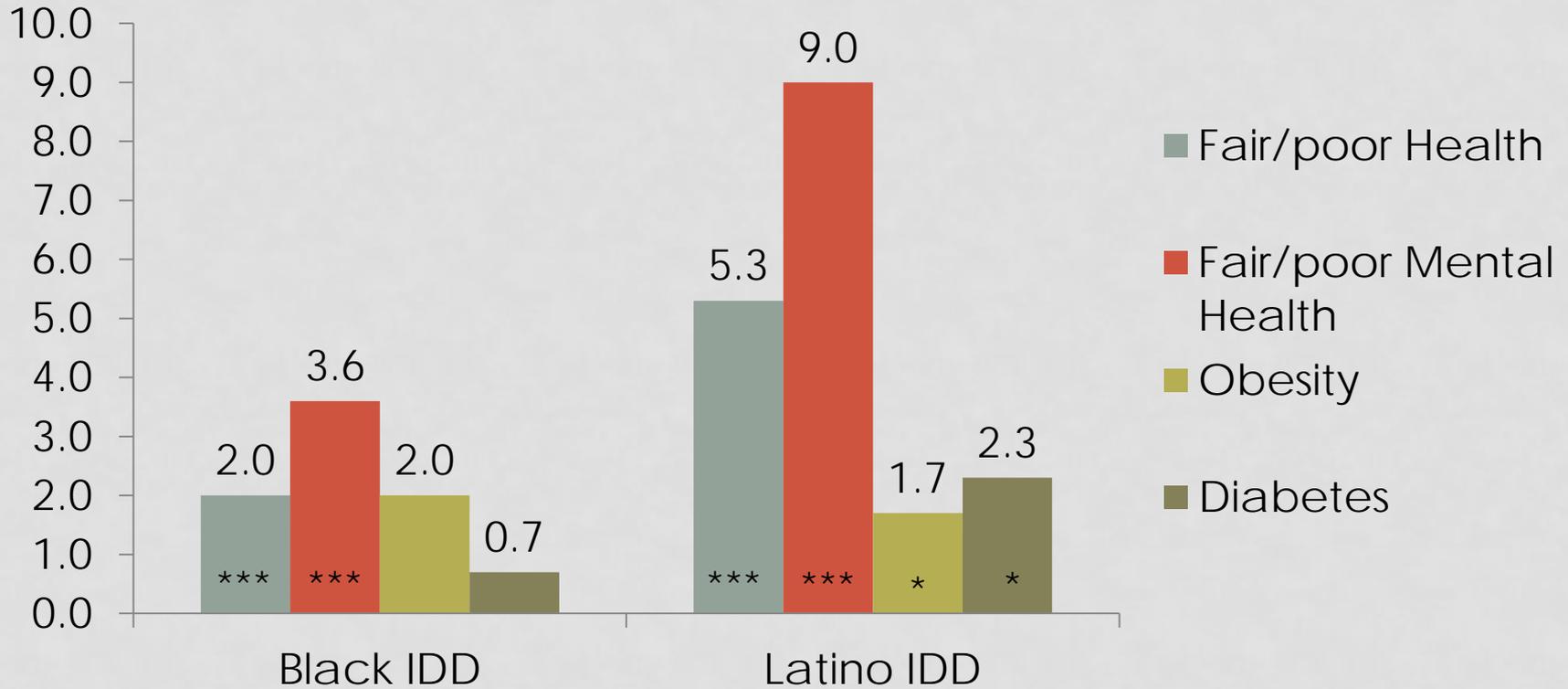
+ $p < .10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$. Weighted percentages appear in parentheses following unweighted counts unless otherwise specified.

TABLE 2: ADJUSTED ODDS OF HEALTH STATUS OUTCOMES AMONG ADULTS WITH IDD



Reference group = White; + < .10 * < .05 ** < .01

TABLE 3: ADJUSTED ODDS OF HEALTH STATUS OUTCOMES WITHIN BLACK AND LATINO ADULTS (N= 137,857)



Reference group = Non IDD; + < .10 * < .05 ** < .01 *** < .001

SUMMARY OF FINDINGS

- Among adults with IDD
 - Latinos and Blacks were more likely to be in fair/poor health and fair or poor mental health than Whites
 - Latino adults with IDD were more likely to be obese and have diabetes compared to whites with IDD.
- Within Black and Latino adults:
 - Blacks and Latinos with IDD were more likely to report fair/poor health and fair/poor mental health than Blacks and Latinos without IDD.
 - Latino with IDD were more likely to have obesity and diabetes than non-IDD Latinos.

LIMITATIONS

Limitations

- Self-report
- Different points in time
- State variability in health care access
(Parish, Rose, Yoo, & Swaine, 2012; Parish, Thomas, Rose, Kilany, & Shattuck, 2012).
- Small sample for population estimates

Strengths

- Nationally representative sample
- Robust measures

IMPLICATIONS

- Black and Latino adults with IDD have worse health than their white counterparts and the non-IDD adults within their racial/ethnic group.
- Intersectionality of IDD status and racial/ethnic identities contribute to compromised health outcomes
- Existing initiatives have failed to address racial and disability based health disparities
- Need for more research on minority adults with IDD living in the community

POLICY IMPLICATIONS

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CURRENT HEALTH AND HEALTH CARE ENVIRONMENT

- ACA
 - Implementation opportunities and positioning people with disabilities
 - Relationship to disability overall
 - Health promotion needs (cross promote Health Matters)

FUTURE STATE

- Improve the conditions of daily life
- Address the inequitable distribution of resources among people with disabilities and those without disabilities
- Expand the knowledge base and raise awareness about determinants of health for people with disabilities

HEALTH DISPARITIES

- Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care.
 - Current legislation and initiatives must be amended to be culturally and linguistically competent, as well as accessible and able to be better delivered in community-based settings. This would reduce health disparities in racial and ethnic minorities with intellectual disabilities.
- To remedy the problem of health disparities, laws and regulations would need to be focused on providing universal access to participants.

OBESEITY

- Obesity is more prevalent in adults with intellectual disabilities than in the general population, and has been shown to contribute to their reduced life expectancy and increased health needs.
There is a need to adjust to the needs of especially vulnerable populations, currently there is legislation proposed to remedy the obesity healthcare crisis in America, Treat and Reduce Obesity Act of 2015. The current bill makes no mention of disability or the intersection of race and ethnicity. Additionally, while many population-level policy changes may be equally effective for everyone, such as making healthy choices the default option, disability-specific policy initiatives are critical and necessary.
- Emerging research on individuals with disabilities shows evidence for tailoring and adjusting weight loss approaches for people with intellectual and developmental disabilities and mental illness. The result of having few research studies and minimal evidence is that evidence-based federal initiatives have then overlooked people with disabilities. Few disability resources are highlighted in the "Guide to Community Preventive Services" and the "Common Community Measures Project for Obesity Prevention," two evidence-based federal initiatives that provide recommendations for public health efforts on effective intervention approaches for obesity prevention and weight management.
- Relatively few studies have examined the effectiveness of weight loss interventions for adults with intellectual disabilities. However, there is evidence to support interventions that take account of the context of the lives of adults with intellectual disabilities, including career involvement in interventions. The population this study surveyed focused solely on individuals living in the community. To reduce the health inequalities experienced by adults with intellectual disabilities, there is a clear need to develop accessible, evidence-based clinical weight management services.

POSSIBLE SOLUTIONS

- Technology
- Improvements in quality of care
- Lessening or eliminating the drivers of poor health
- Monitoring health care safety-net facilities to ensure viability amid changes driven by the ACA
- More research to further understand health disparities.

CONTACT US

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