

## INTRODUCTION

- People with disabilities (PWD) experience health and health care access disparities (Khran et al; DREDF 2007; National Council on Disability, 2009)
- Only 4 states conducted disability health needs assessments
- Data collection methodology were inconsistent

## CONCLUSIONS

- Each of the four assessments had different methodologies, but all gathered valuable information
- Only two assessment, Maryland, and Massachusetts, looked at the conditions supporting health, such as accessibility of physicians and finding physicians sensitive to disability issues
- The strongest methodology, Massachusetts, used BRFSS data as a base-line and used community input to fill in gaps

## PURPOSE

- Review state-level disability health needs assessments to determine how they examined health and healthcare access disparities and to develop recommendations for an implementation framework

## RECOMMENDATIONS

- Partner with a university and secure grant funding
- Use BRFSS data a prevalence baseline
- Distribute community based survey through community organizations, to capture areas missed by traditional surveys
- Develop an action plan to address community priorities

## METHODS

- Disability health needs assessments were identified through a Google search of the term ‘disability health needs assessments’

## REFERENCES

- Disability Rights Education and Defense Fund. (2007). *Disability Healthcare Access Brief*. Retrieved from [https://dredf.org/healthcare/Access\\_Brief.pdf](https://dredf.org/healthcare/Access_Brief.pdf)
- Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health, 105*, S198–S206. <https://doi.org/10.2105/AJPH.2014.302182>
- National Council on Disability. (2009). *The Current State of Health Care for People with Disabilities*. Retrieved from [https://www.ncd.gov/rawmedia\\_repository/0d7c848f\\_3d97\\_43b3\\_bea5\\_36e1d97f973d.pdf](https://www.ncd.gov/rawmedia_repository/0d7c848f_3d97_43b3_bea5_36e1d97f973d.pdf)

## RESULTS

### Assessment Comparison by State

	OREGON	IOWA	MARYLAND	MASSACHUSETTS
<b>Funding</b>	CDC Grant	CDC Grant	Private Institution	CDC Grant
<b>University Partnership</b>	Yes	Yes	No	Yes
<b>Goals</b>	1. Identify current needs in access to health care and emergency preparedness	1. Assess the burden of disability 2. Determine access to preventative care 3. Identify unhealthy behaviors	1. Unspecified	1. Meeting funding requirements of CDC HDP 2. Provide in depth data on health need of PWD beyond traditional sources 3. Present information on unmet health needs and priorities of disability community
<b>Data Sources</b>	<ul style="list-style-type: none"> <li>• BRFSS</li> <li>• NSCH</li> <li>• NS-CSHCH</li> <li>• Oregon Healthy Teen Survey</li> <li>• The Pulse of Oregon</li> </ul>	<ul style="list-style-type: none"> <li>• BRFSS</li> <li>• ACS</li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Census Data</li> <li>• MCDD Needs Assessment: Pathfinders Community Forum on Adolescent Transition</li> <li>• Maryland State Department of Education Parent Survey</li> <li>• Various Community Meetings</li> </ul>	<ul style="list-style-type: none"> <li>• BRFSS</li> <li>• Survey of Health Needs for People with disabilities in Massachusetts</li> </ul>

### Strengths and Weakness Comparison by State

<b>Strengths</b>	<ul style="list-style-type: none"> <li>• Community survey</li> <li>• Addressed life span</li> </ul>	<ul style="list-style-type: none"> <li>• Use of ACS</li> <li>• Many BRFSS indicators analyzed</li> </ul>	<ul style="list-style-type: none"> <li>• Explored barriers to Healthcare</li> <li>• Large community input from surveys and meetings</li> <li>• Action plan stated</li> </ul>	<ul style="list-style-type: none"> <li>• Large scale community survey</li> <li>• Informed Interviews</li> <li>• Community Partnerships</li> <li>• Explored barriers to Healthcare</li> </ul>
<b>Weaknesses</b>	<ul style="list-style-type: none"> <li>• Analysis of barriers limited to BRFSS indicators</li> <li>• No action plan state</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of community Input</li> <li>• Analysis of barriers limited to BRFSS indicators</li> <li>• No action plan stated</li> </ul>	<ul style="list-style-type: none"> <li>• Findings limited to children</li> <li>• Findings limited to several healthcare access barriers</li> </ul>	<ul style="list-style-type: none"> <li>• No action stated</li> <li>• Analysis not broken down by age group</li> </ul>