

Abstract

Introduction

According to the CDC, approximately one in four adults (25.7%) in the United States, or 61 million people, reports living with at least one disability.¹ Patients with disabilities are an unrecognized health disparity: they are twice as likely to find health care providers' skills and facilities inadequate, three times as likely to be denied healthcare, and four times more likely to be treated poorly in the healthcare system.² Additionally, approximately half of people with disabilities cannot afford health care coverage and are therefore 50% more likely to suffer catastrophic health expenditures, or "out-of-pocket health care payments that can push a family into poverty" according to WHO.³ More efforts are needed to advocate for disability-competent medical care, which treats the whole person as an individual rather than limiting them to a diagnosis or condition, and to address barriers within the healthcare system and environment itself which limit the health of patients with disabilities.⁴

Hypothesis

The purpose of this study is to create a model of disability healthcare disparities based on an existing model of healthcare disparities, which accounts for complexity and multifactorial causes, described in the research article "Advancing Health Disparities Research within the Health Care System: A Conceptual Framework" published by AM Killbourne in 2006. We hypothesize that cumulative knowledge will reveal that patients with disabilities will experience poorer outcomes in the United States healthcare system,

attributable to multifactorial reasons at the patient, provider-and-staff, and healthcare organization levels.

Methods

To accomplish this goal, we are conducting an extensive literature review disability health equity papers. We applied the findings of these papers to Killbourne's model to create a model of the major healthcare system, patient, provider, clinical encounter, and mediating factors that contribute to disability disparities in the healthcare system. This model can be used to better understand the complex factors that contribute to healthcare outcomes for patients with different types of disabilities, whether women with physical disabilities, deaf patients, or patients with ASD.

Findings/Conclusions

Major results of the study include an Excel sheet which lists papers, major findings, and what factors they endorse as contributing to disparities for patients with disabilities in the healthcare system. A model representing these findings has been created. Major causes of disparities identified include attitudes and bias from provider and staff, inaccessible building/environment, inaccessible equipment, provider education (lack of understanding or awareness, disability cultural awareness, continuing education), patient-provider communication, patient factors, and lack of accommodations.

References

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