Model of Disability Healthcare Disparities
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Introduction
Approximately one in four adults (25.7%) in the United States, or 61 million people, lives with at least one disability. Patients with disabilities are:
- Twice as likely to find health care providers’ skills and facilities inadequate
- Three times as likely to be denied healthcare
- Four times more likely to be treated poorly in the healthcare system

Hypothesis/Objective
Hypothesis: 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 healthcare organization levels
Objective: To create a model of disability healthcare disparities based on the Killbourne model of healthcare disparities as described in the 2006 research article “Advancing Health Disparities Research within the Health Care System: A Conceptual Framework.”

Methods
Study design and duration:
- Scoping review from September 2019 through April 2020 of PubMed articles
- Two passes
- Categorized into “Detecting,” “Understanding,” and “Reducing” categories as per Killbourne model
Inclusion:
- Goal: to observe impact of 1990 ADA
- Research articles published from Jan 1990 – December 2019
- Address healthcare outcomes of adults with long-term disabilities
- U.S. subjects
Exclusion:
- Publications not pertaining to U.S. subjects
- Not directly related to access, delivery, or quality of healthcare services
- Pertain to short-term/limited disability
- Addressing health (and not healthcare) or insurance outcomes only
- Pediatric populations
- Dental care
- Care transition/rehab services
- Commentaries, editorials, systematic reviews
Sample size: 190 articles with 80% rater consensus
Status: Review completed of 80 of the 190 articles

Results
Atitudes and biases: from providers about patients with disabilities included being seen as “time-consuming,” “lacking competence,” “too complicated,” or “asexual”
Inaccessible building/environment: barriers included transportation issues, architectural inaccessibility, and sensory-related issues
Inaccessible equipment: issues included lack of height-adjustable examination tables and wheelchair-accessible scales
Provider education gaps: involved understanding of ADA legal responsibilities, cultural sensitivity, communication methods, anesthesia for patients with disabilities, care for women with disabilities (at all stages including gynecological, pregnancy, labor, and delivery), autism, and spinal cord injuries
Patient-provider communicating issues were reported among patients with autism spectrum disorder, those who are deaf and hard of hearing, those with speech difficulties, and patients with intellectual disability
Patient factors: included behavioral challenges, patient skepticism and pessimism about the healthcare system rooted in past traumatic experiences, complicated emotions around healthcare, lack of patient education, and medical complexity

Findings:
- Healthcare organization and environment, patient-related factors, provider and staff dynamics, and mediating factors contributing to poorer healthcare outcomes for patients with disabilities
- Notably, “provider understanding, and disability awareness” (present in 46.25% of articles) and “attitudes and bias – providers and staff” (present in 43.75% of articles) were most prevalent factors in preliminary review of 80 articles

Conclusions
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References

Disclosures
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