

# The Intersectionality Between Disability and Race

**DRAFT: Health Needs Assessment in Connecticut, Massachusetts, and Rhode Island**

Sandy Ho, Lauren Smith, Georgia Simpson & Monika Mitra • March 2019

## What's the issue?

People with disabilities and racial, ethnic, and linguistic minorities traditionally are treated and understood as separate marginalized populations. However, disability occurs across all racial, ethnic, language and social groups, and people with disabilities who are also minorities often face multiple challenges within health systems. Therefore, understanding intersections of race and disability, and their impact on health and access to health care, is an important public health goal. The lack of reported data that informs public health issues on the intersections of disability and racial, ethnic, and linguistic minorities likely contributes to the disparities in health outcomes within these communities.



## Driving Needs Assessment Questions

What is the **state of health**?



What are the **biggest public health concerns and needs**?

What are the **barriers to and facilitators of health**?

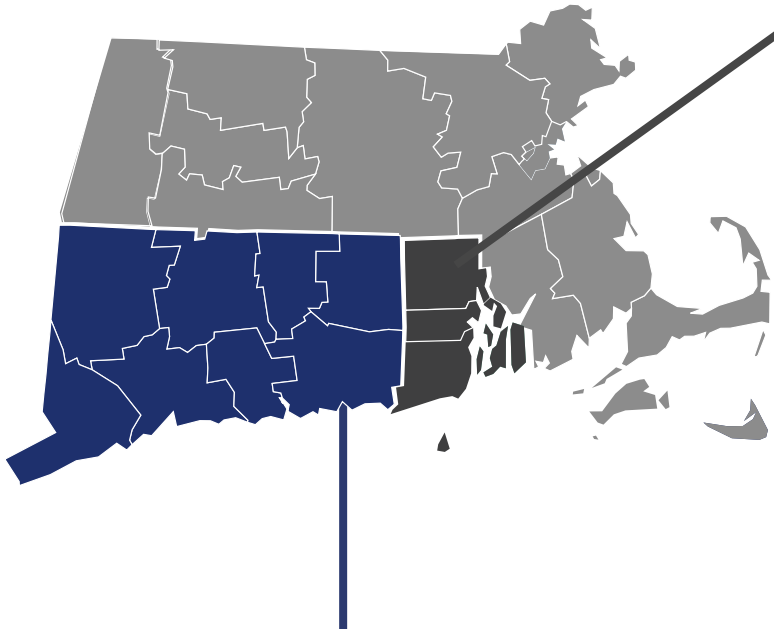
How can **health systems use existing strategies to increase access**?

## Recommendations

To address health disparities of people of color with disabilities, recommendations in the following key areas should be explored:

-  **Increase cultural competency among healthcare professionals**
-  **Increase availability of services and outreach in communities of color**
-  **Increase community-centered advocacy opportunities**
-  **Work toward comprehensive access in health care**

# Findings: Representative Survey Data



## Rhode Island

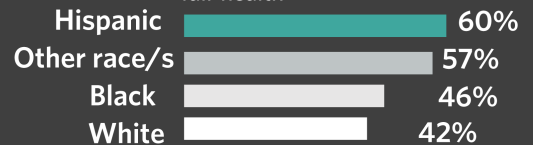


28% of Hispanic people with disabilities could not afford doctor visits compared with 20% overall

81% of Hispanic people with disabilities had a primary-care physician compared with 90% overall



Hispanic people with disabilities and disabled people of other races are more likely to report poor or fair health



## Connecticut



30% of Hispanic people with disabilities could not afford to pay for doctor visits compared with 15% of white people with disabilities.

31% of Black people with disabilities have been diagnosed with diabetes, compared with 22% overall.



Hispanic and Black people with disabilities were more likely to report fair or poor health.



It is clear from the data - people with disabilities who are racial, ethnic, and linguistic minorities face a disproportionate burden with unique challenges and barriers.

Multiple socioeconomic barriers and stigma surrounding people with disabilities prevent many from accessing health care. These findings require us to uncover the health needs of people in these multiply marginalized communities and underscore the need for programs and policies with an intersectional approach to improve health in these communities.



*...Another thing that I would say and have said, I will continue to say, is that when you're making policy if you would involve the people you're making policy about.*

Community forum participant, RI

Behavioral Risk Factor Surveillance System survey (BRFSS) data, 2016-2017

# Findings: Community forums, interviews, and community survey

What are the health needs of people with disabilities who are racial, ethnic, and linguistic minorities in Connecticut and Rhode Island?



## Social Determinants of Health



### Housing



Oftentimes, if a person is homeless, they don't have an address, and so in order to access these governmental services you have to have a definite address ... a lot of people are unable to get services because of that.

—Community forum participant, CT



### Poverty/Income



I work with a lot of families that are very poor, and the health care that is available to them...is usually through the clinics where they don't ever have the doctor that they see consistently and aren't treated with respect.

—Community forum participant, CT



## Accessibility



If someone is new in this country, sometimes they don't know what services there are. They don't know how to get there. They don't know how to ask for help. So, language, transportation, and also the disability.

—Spanish-speaking key informant, CT



### Physical accessibility



### Communication access & supports



### Transportation



### Navigating health insurance



## Access to Health Care



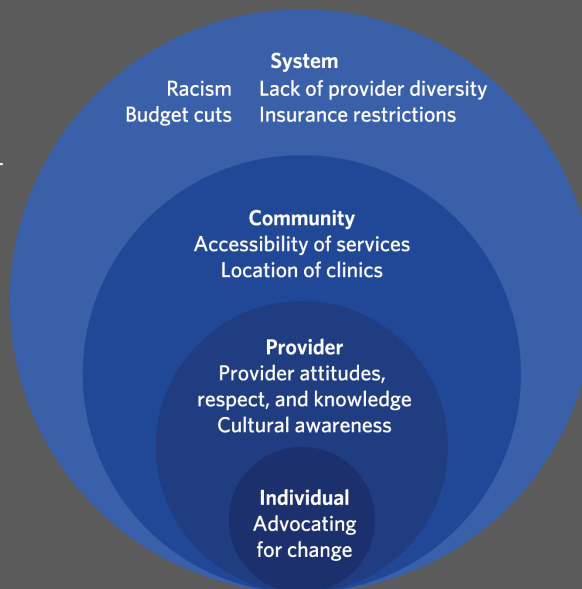
It is very difficult to find doctors of color... you want to be taken seriously and sometimes people who are not from your culture will not take you seriously.

—Community forum participant, CT



...Increasing awareness among every level of providers, service places, increasing the awareness and training about specific individuals and specific cultures would help in service delivery.

—Community forum participant, RI



We actually find ourselves having to refer people to other states, even as far as Tennessee, in order to get their needs met.

—Community forum participant, RI



If they do not understand you, they would not help you. They will just give you an attitude. If you do not bring someone with you that speaks English well, they will not care to help you at all.

—Key informant interview, RI

# Recommendations

## Increase cultural competency among healthcare professionals



- Require intersectional cultural competency training for all professionals and stakeholders
- Hire professional staff who are culturally reflective of the communities they serve
- Include cultural sensitivity and person-centered training for medical students
- Require anti-bias and stigma training for all professionals and stakeholders

Create programs and training and support for healthcare professionals to conduct home visits



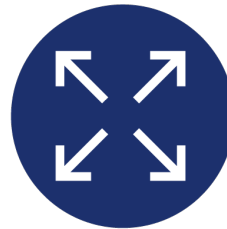
Develop support networks and knowledge-sharing processes between healthcare providers and centers for independent living and other disability services organizations



Increase visibility and outreach for programs and services in underserved neighborhoods of racial, ethnic, and linguistic minorities with disabilities through community centers and other public places



Increase funding for more healthcare clinics and services within racial, ethnic, and linguistic minority communities of people with disabilities



## Increase availability of services and outreach in communities of color

## Increase community-centered advocacy opportunities



- Increase funding and encourage disability community-centered research
- Increase listening sessions and other forums for disability communities and legislators and policymakers to address the needs of racial, ethnic, and linguistic minorities with disabilities.
- Provide advocacy training for minorities with disabilities to learn about healthcare rights
- Provide medical advocacy training for families of people with disabilities, educators, and other direct services professionals
- Provide support for people with disabilities to create advisory committees and coalitions to support one another and engage with decision-makers
- Create and distribute public service announcements on etiquette for professionals on working with diverse populations of people with disabilities

Train medical professionals and staff on utilization of accessible equipment, including VRI technology



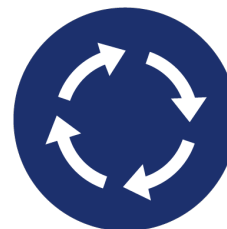
Train providers on accessible transportation challenges and working with public transportation systems on serving people with disabilities



Create coordinated systems for scheduling among medical care entities including transportation, interpreter agencies, and provider clinics



Train medical professionals and clinic staff on varied communication access



## Work toward comprehensive access in health care

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## Contact Us

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[lurie.brandeis.edu](http://lurie.brandeis.edu)



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[lurie@brandeis.edu](mailto:lurie@brandeis.edu)



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