The Intersectionality Between Disability and Race

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

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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

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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
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

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

...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

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 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

Increase community-centered advocacy opportunities

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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