# Health and Wellness Problem Statements

Health and Wellness Continuum

Treatment Paradigm

Wellness Paradigm

## Problem Statement 1: Health Preventative Services

Problem Statement: There is limited preventive health care and services to promote optimal health and wellness, and avert worsening of sequelae for children and adults with disabilities. Across the healthcare continuum, integrated approaches are needed to simultaneously address the many risk factors and conditions, as well as the medical, functional and societal limitations including determinants that influences the health and wellbeing of persons with disabilities.

To effectively and equitably address the disparities in the continuum of care, cross-cutting and integrated strategies can include (1) epidemiology and surveillance for early detection and prevention or to inform needed programs, (2) environmental and community approaches to promote health, support healthy behaviors, including wellness centers to promote healthy lifestyles and (3) intervention that reduces barriers to care and improve the effective use of clinical and preventive services for persons with disabilities. This also means increasing full participation in the community, by reasonable modifications of policies, practices, and procedures.

Some additional related examples:

* Health promotion and wellness facilities that facilitate healthy living, optimal functioning and effective coping strategies.
* How to make sure that services needed to create a healthy life are studied. For example, gyms that support disability exercise do not exist. Especially in rural areas, people with disabilities have difficulty getting places.
* Need for behavioral health and mental health services
* Need for evidence-based health transition programs for youth with disabilities
* Research on disparities and health outcomes among persons with disabilities with poorer outcomes

## Problem Statement 2: Public Health and Surveillance

Problem Statement: There is a need for better surveillance methods or tools in public health to measure and track prevalence of disabilities and untangle congenital, acquired, and disability derived from chronic conditions. The American Community Survey adopted disability identifiers are helpful, however; since disability is a complex construct, additional identifiers are needed to inform research and promote scientifically sound interventions. Public health and policy professionals need to consider initiatives that will help reduce disability-related health disparities.

Other related issues

* Infuse disability populations into federal initiatives on health and public health consistently and meaningfully. For example, the Surgeon General’s Call to Action on Walking and Walkable Communities does not include the population of people with disabilities in the goals and recommended action steps, but does refer to disability as a negative health outcome to avoid.
* Examine morbidity and mortality differences between different groups (income, ethnicity) in people with and without disabilities.
* Many researchers have noted the “aging tsunami,” but aging with a (congenital or acquired) disability is an overlooked issue.
* Address the issue of multiple chronic conditions in persons with disabilities

## Problem Statement 3: Health Disparities and Interventions for Persons with Disabilities

Problem Statement: Individuals with disabilities experience significant health disparities compared to the non-disabled population. Despite the documented need, the focus on health disparity issues within the disability population is limited and often ignored. Racial/ethnic minority groups experience higher rates of health disparities compared to their non-disabled peers of the same race and ethnicity. Certain sub-types of disabilities contribute more to the disparity depending on the type of variable. Research on health disparities and health interventions needs to focus on subpopulation differences. Categorical, functional, and social approaches to addressing disabilities will have major implications for addressing disparities.

1. Develop capacity at the state level with state agencies responsible for achieving health equity for individuals with disabilities.
2. Adopt a social determinants approach to addressing health disparities. Integrate family and community issues into the intervention framework model.

## Problem Statement 4: Health Care Access and Quality

Problem Statement: There is ample evidence of the barriers to healthcare and quality care, experienced by persons with disability. In general, interventions addressing disparities in healthcare and quality for persons with disabilities, fall short of environmental and contextual factors, makes unrealistic assumptions about equity in structural accessibility, access to resources, and cultural sensitivity. This results in reduced participation among persons with disabilities, especially those with multiple chronic conditions.

Some additional related examples:

* Not having access to adaptive equipment (wheelchair, accessible technology devices) is a barrier.
* Delaying medical care because of cost is a problem for people with disabilities- what are the policy/program interventions that could address this problem?
* Barriers to health care access often manifest as a local problem (inaccessible clinics, health care provider attitudes, transportation, etc.) but there is little research on local approaches to resolving access problems.
* Develop a cultural competency model for addressing healthcare
* How do we measure the cost as a nation not to successfully care for people with disabilities?