

Little progress made in reducing health disparities for people with disabilities

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Psychological distress in people with disabilities is associated with increased prevalence of other chronic conditions and reduced access to health care and preventive care services, finds a new study in the *Journal of Health Care for the Poor and Underserved*.

The U.S. Department of Health and Human Services' Healthy People series established goals to reduce disparities among people with disabilities, but there has been very little progress toward reaching these goals, says lead author Catherine Okoro, Ph.D., of the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia.

"It's important to find out why there has been so little progress, since the prevention, detection, and treatment of secondary illnesses is critical for health maintenance, halting progression of disability, and helping people with disabilities to participate in life activities," she says.

The study analyzed data from the Behavioral Risk Factor Surveillance System, a telephone survey conducted in 2007 by most state health departments in conjunction with the CDC.

Approximately 30 percent of adults with disabilities reported having moderate to serious [psychological distress](#), with over 12 percent reporting serious psychological distress.

Adults who reported having a disability and serious psychological distress had a higher prevalence of seven chronic diseases and conditions—arthritis, asthma, [coronary heart disease](#), diabetes, hypertension, high cholesterol, and stroke—when compared to adults with no psychological distress. Disabled adults with moderate psychological distress also had higher rates of these conditions, with the exception of diabetes.

"We found a strong association between increasing numbers of physical [chronic conditions](#) and prevalence of serious psychological distress," Okoro says. "For example, the prevalence of serious psychological distress was about two times as high among those with five to seven chronic conditions compared to those with no conditions."

Adults ages 18 to 64 with disabilities and moderate-to-serious psychological distress were also found to have several barriers to accessing health care. They were more likely to be uninsured and unable to afford care than those with no distress. Researchers found that the use of [mental health services](#) increased with the severity of psychological distress, but a larger proportion of older adults with serious psychological distress reported not receiving [mental health care](#) when compared to their younger counterparts. "It's possible this may be due to competing health conditions, stigma, or avoidance," Okoro comments.

The study illustrates that a relatively small but highly vulnerable population bears the majority of burden of poor physical and [psychological health](#), says Benjamin Druss, M.D., a psychiatrist at Emory University. "These problems tend to be tangled up with one another so a person who has physical

problems tends to be more stressed about their problems—particularly if they can't get [health care](#)," he comments. "It's not easy to untangle all these issues, but these individuals should be treated in a holistic way, looking at their mental problems, their physical health, and their psychosocial issues," he adds.

More information: Okoro A, Dhingra SS, and Li C. "A triple play: psychological distress, physical comorbidities, and access and use of health services among US adults with disabilities." *J of Health Care for the Poor and Underserved*. 2014;(25):814-836.

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