



**Affordable Care Act (ACA):**

***Health Disparities, People with Disabilities, and How the ACA can Help***

The term “health disparities” means that there are differences in health outcomes for various populations, such as by race, ethnicity, gender, or socio-economic status. Children and adults with disabilities, especially those from underserved communities, may have worse health results than others. Some of these unfavorable outcomes could be prevented. This piece will examine how to improve outcomes for diverse individuals with disabilities and how the ACA (Affordable Care Act) can facilitate this.

**People with Disabilities and Health Disparities**

A recent article in the American Journal of Public Health titled “Persons with Disabilities as an Unrecognized Health Disparity Population” reported on “population-level differences in health outcomes that are related to a history of wide-ranging disadvantages, which are avoidable and not primarily caused by the underlying disability.” Key recommendations included:

- Improving access to health care
- Collecting more data on people with disabilities and health care
- Training health care providers
- Including people with disabilities in public health programs
- Improving emergency preparedness for individuals with special needs

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A “Life Course” approach is recommended as “Children with special health care needs have been defined as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”<sup>ii</sup> For more information on Life Course, see <http://www.fv-impact.org/about/project-activities/life-course/>.

**Preventable inequities**

In looking at the childhood obesity epidemic, children with special needs are even more likely than others to be overweight and have preventable secondary conditions. Some of these include the development of diabetes, high cholesterol, hypertension, and heart disease. The study mentions that some preventive measures such as lead screenings, blood pressure checks, and ob-gyn care, do not happen with the same frequency for children and adults with special needs as they do for the general population. This may be because the focus is on their primary condition, so that the wellness initiatives recommended for everyone are missed.

**How the ACA Can Help**

The Affordable Care Act provides for no-cost wellness and prevention services, including immunizations, cholesterol screening, blood pressure screening, depression screening, etc. A complete list can be found at <https://www.healthcare.gov/preventive-care-benefits/>. (It is important that families only use in-network providers or there could be associated costs.)

The University of Chicago Medical Center recently published “Will the Affordable Care Act eliminate health disparities?”<sup>iii</sup> based on a study on reducing hospital disparities.<sup>iv</sup> Recommendations included:

- Create financial incentives that reward patient-centered care, excellent communication and shared decision-making with patients
- Reward both high levels of quality and reductions in disparities
- Provide additional support to "safety net" health care organizations caring for vulnerable populations.

### What Families Can Do

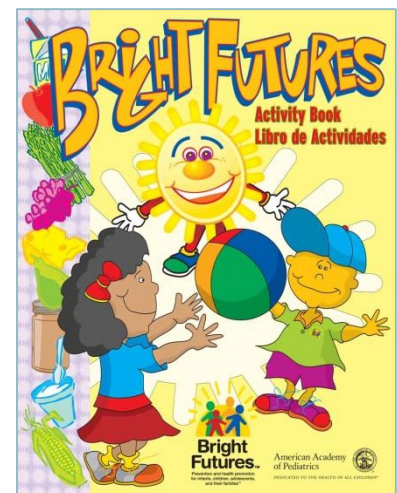
Parents of children with disabilities need to be aware of which wellness and prevention services are needed based on the age of their child (see Resources.) Families could also make sure that, if their child needs bloodwork, other services, such as a lead screening, are done at the same time, if needed.

Families also must be aware that there is still a misperception and stigma regarding disability and health. In fact, some providers even give parents the option to refrain from intervening when their child has a treatable problem, such as withholding antibiotics for an infection.<sup>v</sup> This suggests that some providers need to be educated that disability or chronic illness does not mean that a child cannot or should not be healthy in other respects. Partnering with providers to follow the Bright Futures wellness and prevention guidelines may lead to better health outcomes for children with special health care needs.

"There's no overt reason, based on the diagnosed condition, that people with disabilities should have higher rates of these diseases," said Krahn, the Barbara E. Knudson Endowed Chair in Family Policy and a professor of practice in public health at OSU. "There may always be some disparity in health because of a person's disability, but people can have disabilities and also be healthy."

### RESOURCES

- Bright Futures Pocket Guides for Families (English/Spanish): <http://www.fv-impact.org/publications/pocket-guide/>
- Family Voices Impact website with wellness themes: <http://www.fv-impact.org/health-wellness-themes/>
- American Academy of Pediatrics-Ages & Stages: <http://www.healthychildren.org/english/ages-stages/Pages/default.aspx> or Spanish <http://www.healthychildren.org/spanish/ages-stages/paginas/default.aspx>
- Children's Activity Booklet (English/Spanish): [https://brightfutures.aap.org/Bright%20Futures%20Documents/BFActivityBook\\_L%200626.pdf](https://brightfutures.aap.org/Bright%20Futures%20Documents/BFActivityBook_L%200626.pdf)



This tip sheet is based on an ACA blog authored by Lauren Agoratus, M.A. Lauren is the parent of a child with multiple disabilities who serves as the Coordinator for Family Voices-NJ and as the southern coordinator in her the New Jersey Family-to-Family Health Information Center, both housed at the Statewide Parent Advocacy Network (SPAN) at [www.spanadvocacy.org](http://www.spanadvocacy.org). More of Lauren's tips about the ACA can be found on the website of the Family Voices National Center for Family/Professional Partnerships: <http://www.fv-ncfpp.org/>.

<sup>i</sup> <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2014.302182>

<sup>ii</sup> McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics*. 1998;102(1 pt 1):137-140.

<sup>iii</sup> [http://www.eurekalert.org/pub\\_releases/2015-04/uocm-wta033015.php](http://www.eurekalert.org/pub_releases/2015-04/uocm-wta033015.php)

<sup>iv</sup> <http://www.bmj.com/content/350/bmj.h1480>

<sup>v</sup> <http://autisticadvocacy.org/2014/05/amicus-brief-wisconsin-case/>