

Review Article

# Health outcome disparities among subgroups of people with disabilities: A scoping review

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## Abstract

**Background:** A growing body of research has found that people with disabilities experience lower health status and an excess burden of disease relative to the general US population. However, the population of people with disabilities is quite diverse. Thus, it is important to understand health differences between subgroups of people with disabilities in order to most effectively target interventions to address disparities. An initial step in this process is reviewing and synthesizing available research addressing these subgroup differences.

**Objectives:** To conduct a scoping review of literature to describe recent research activity that has examined health outcome disparities within populations of people with disabilities.

**Methods:** We searched for relevant articles in MEDLINE, PsycINFO, and CINAHL databases. Three staff independently reviewed abstracts according to inclusion criteria. Two authors then independently extracted data from each included article.

**Results:** For many of the health outcomes of interest, there was no published literature in relation to key disparity factors (e.g. race, income) within the population of people with disabilities. The health outcomes most frequently examined were diabetes and heart disease. The most frequently examined disparity factors were the type of disabling condition and gender.

**Conclusions:** There are significant gaps in available research. Building a body of research that identifies disparities and potentially vulnerable subgroups may improve understanding of the causes of disparities and contribute to efforts to improve quality of life and health outcomes for individuals with disabilities. © 2014 Elsevier Inc. All rights reserved.

**Keywords:** Review; Systematic; People with disabilities; Health status disparities; United states

Health, as defined by the World Health Organization (WHO), includes physical, mental, and social dimensions,<sup>1</sup> expanding on other definitions of health that are limited to the absence of disease or infirmity. By encouraging health care providers and researchers to think more broadly about

health and wellness, this definition has created the potential for all individuals to be regarded as healthy and well in some or all dimensions.

However, health and wellness are not distributed equitably among all individuals or groups. Health disparities are defined by Kilbourne et al<sup>2</sup> as “clinically and statistically significant differences in health outcomes or health care use between socially distinct vulnerable and less vulnerable populations that are not explained by the effects of selection bias.” Differences in health status may be associated with a wide variety of individual, social, and systemic factors. Individual risk markers include characteristics such as disability, gender, and race or ethnicity. Social factors include educational status, occupation, and other indicators of social class. Systemic issues include variables such as access to, type of, and usual source of health care. Receipt of preventive health services, health promotion opportunities, and other resources may be reduced or

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strengthened based on these factors, contributing to health disparities.

### **Study rationale**

Approximately 19% of the US population has a disability.<sup>3</sup> Prevalence of disability increases with age such that most people will experience some type of disability during their lifetime.<sup>3,4</sup> A growing body of research has found that people with disabilities experience lower health status and an excess burden of disease relative to the general US population.<sup>5–7</sup> These studies and others have examined the health disparities experienced by people with disabilities compared to other demographic groups (e.g. people without disabilities, racial and ethnic minorities). However, the full array of human diversity is represented within the population of people with disabilities. Therefore, this group may experience additional health disparities associated with the intersection of their specific disability (or disabilities) and other factors related to disparity.

By selecting and targeting appropriate segments within the population with disabilities, disease prevention and health promotion interventions might be more effective. First, we must understand specifically where disparities lie and determine what factors contribute to them. Prior to initiating original research, however, it is important to have a clear picture of what has been investigated thus far.

At present, the top ten causes of death in the US include both acute and chronic diseases as well as accidents/injuries. Many of these outcomes represent important public health issues that are driving health care needs and costs in the US. Preventing these outcomes in all populations has the potential to significantly reduce morbidity and mortality in the US. Thus, these key indicators have been examined extensively in the general US population and in some sub-populations of interest.<sup>8</sup> Among people with disabilities, identifying which subgroups are most at risk or carry an excess burden of these top ten conditions is crucial in developing targeted prevention efforts.

### **Objectives**

The purpose of this study was to conduct a scoping review of literature to describe recent research activity that has examined health outcome disparities within populations of people with disabilities. Scoping reviews use broad key questions and aim to describe the extent, range, and nature of research activity in a specific subject area as a means of mapping the landscape of the field.<sup>9</sup> Our review sought to explicate what disability research has occurred and where gaps currently exist. We present extracted data on which population subgroups, health outcomes of interest, and disparity factors of interest have been researched. A secondary objective was to describe which funding institutions have supported the research

in this area, the journals where the work is published and their impact factors.

## **Methods**

### **Protocol**

Scoping reviews use systematic review methods for identifying potentially relevant evidence and assessing it for inclusion. This scoping review used guidelines described by international leaders in systematic review methodology. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement informed the steps and flow of the review.<sup>10</sup> The Cochrane Collaboration Handbook informed the development of key questions and criteria for included studies.<sup>11</sup> Reporting of information was informed by the PRISMA Exploration and Explanation Document.<sup>12</sup> The scoping element of our review and subsequent analysis was informed by the Arksey and O'Malley framework.<sup>9</sup> Our key question asked: “what English-language studies, conducted in the US and presenting original analysis of data, have been published in the peer-reviewed literature from 2000 to 2009 that examine disparities in health related to the leading causes of death in the US among subgroups of people with disabilities ages 18–64?” Together with our expert panel, we established a priori definitions for key terms and concepts in the key question including: disability, health disparity, and health status (Table 1). The panel members brought expertise in medicine, public health, epidemiology, and personal experience of living with a disability.

### **Search strategy**

In December of 2010, we searched electronically for articles in the MEDLINE, PsycINFO, and CINAHL databases. We consulted with an expert librarian from our institution to develop search terms that would best fit our definition of disability for the search. The details of this process are described in a separate publication.<sup>15</sup> See Appendix A for a complete search history for the MEDLINE (OVID) database. To test our strategy, the expert panel suggested key articles they would anticipate seeing in our searches. Search strategies that identified these key articles were considered effective. To check for search completeness, we also reviewed all tables of contents of all available issues from 2000 to 2009 of the journals *Disability and Health Journal*, *Journal of Disability Policy Studies*, *Archives of Physical Medicine and Rehabilitation*, *American Journal of Preventive Medicine*, and *The American Journal of Public Health* for relevant articles. After articles had been selected for inclusion, their reference lists were reviewed for additional relevant articles not retrieved by electronic database searches.

### **Eligibility criteria**

Inclusion criteria for articles were: published in English-language peer-reviewed journals during the years

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