

## More Health Screening for People with Disabilities

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Roughly 54 million Americans have some type of disability and these Americans are less likely to receive health screenings than other Americans — despite being at higher risk of many chronic conditions and illnesses.<sup>1</sup> Health screenings are the gateway to health resources, including medical care, social support groups and health promotion interventions.

### *People with disabilities often miss out on basic care*

People with disabilities often do not receive basic primary and preventive care others take for granted, such as weigh-ins, preventive dental care, pelvic exams, x-rays, physical examinations, colonoscopies and vision screenings.<sup>2</sup>

- Women age 40 and older with disabilities were less likely than their counterparts without disabilities to report having had a mammogram in 2008 — 72.2% versus 77.8%.<sup>3</sup>
- Nonelderly adults with mobility limitations are less likely to receive preventive health services — including cholesterol screening and blood pressure checks — than their same-age counterparts without disabilities. Yet people with disabilities are more likely to have high cholesterol and high blood pressure. In 2002, 19% of adults with disabilities had high cholesterol compared with 17% of adults without a disability, and 37% of adults with disabilities had high blood pressure compared with 29% of adults without a disability.<sup>4</sup>
- In 2002, only 40% of children and adults with disabilities visited a dentist compared with 45% of children and adults without disabilities.<sup>5</sup> Dental care is the most prevalent unmet health care need for children with special health care needs.<sup>6</sup>
- People with significant vision loss are more likely to have heart disease and hypertension, experience a greater prevalence of obesity and smoke more than the general population.<sup>7</sup>

Osteoporosis has been identified as one of the most commonly reported yet frequently ignored secondary conditions in women with disabilities. The rate of falls and injuries in people with disabilities has been reported to be 4 to 10 times greater than that of the general population. Yet women with disabilities are less likely than other women to be recommended for diagnostic testing of the spine and hip and thus less likely to receive preventive therapy or treatment.<sup>8</sup>

### *Encouraging healthier living*

People with disabilities are less likely to practice healthy behaviors than those without disabilities, and better access to health screenings would encourage healthier living. Smoking prevalence among people with

disabilities is nearly 50 percent higher than among people without disabilities (29.9 percent vs. 19.8 percent), according to the CDC's 2004 BRFSS. This same survey found that sedentary behavior was also higher among people with disabilities. People with disabilities are less likely than those without disabilities to participate in leisure physical activity — 53% versus 34% (U.S. Department of Health and Human Services, 2005).

### *Barriers to health screenings*

Many healthcare providers don't know much about disabilities, and screening settings often lack accessible medical equipment. And seeing a healthcare provider frequently is no guarantee of receiving recommended health screenings. Both providers and patients with disabilities often focus exclusively on the patient's disability, missing other crucial health factors. Community health initiatives often overlook people with disabilities due to ignorance, or the many physical, attitudinal and other barriers people with disabilities face in the community.

People with impaired hearing often have difficulty communicating with primary care providers, many of whom don't want to pay interpreters or acquire a telecommunication device for the deaf (TDD). People who are blind often miss out on the prevention handouts and booklets given to patients by primary care providers. Even providers report having difficulty communicating with patients who are deaf or have severe visual impairments<sup>9</sup> (Bachman S., Vedrani, M., Drainoni, M., Tobias, C., & Maisels L., 2006).

### *The way forward*

To improve health care for people with disabilities, we need to ensure this vulnerable population receives the health screenings necessary to maintain good health. Comprehensive preventive health care should include screenings, routine immunizations, and risk assessment and healthy lifestyle counseling that emphasizes the importance of regular exercise and a healthy diet, the risks of smoking, drug and alcohol use, and birth control and sexually transmitted diseases counseling.<sup>10</sup>

### *Screening Recommendations*

Please view the following websites that have specific information about recommended screenings>

- *Screening Tests & Immunizations for Women*  
<http://www.womenshealth.gov/prevention/general/>
- *Screening tests and Immunizations Guidelines for Men*  
<http://www.womenshealth.gov/prevention/men/>
- *Recommended Screening Tests and Immunizations for Women with High Risk factors*  
<http://www.womenshealth.gov/prevention/highrisk/>
- Information about the Affordable Care Act and Persons with Disabilities  
<http://www.healthcare.gov/foryou/disabilities/index.html>

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<sup>1</sup> Healthy People 2010.

<sup>2</sup> Kirschner K.L., Breslin, M.L., Iezzoni, L.I., (2007, March 14) Structural impairments that limit access to health care for patients with disabilities. *JAMA*, 297:10:1121-1125; Chan L, Doctor JN., MacLehose RF., et al. (1999) Do Medicare patients with disabilities receive preventive services? *Arch Phys Med Rehabil*. 80:642-646; and Manderscheid R., Druss B., Freeman E. (2007, August 15). Data to manage the mortality crisis: Recommendations to the Substance Abuse and Mental Health Services Administration. Washington, D.C.

<sup>3</sup> Behavioral Risk Factor Surveillance System Survey (BRFSS) data. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2008.

<sup>4</sup> U.S. Department of Health and Human Services (2005). The Surgeon General's Call To Action, To Improve the Health and Wellness of Persons with Disabilities. U.S. Department of Health and Human Services, Office of the Surgeon General.

<sup>5</sup> Ibid.

<sup>6</sup> Lewis, C., Robertson, S., Phelps, S., "Unmet Dental Care Needs Among Children with Special Health Care Needs: Implications for the Medical Home," *Pediatrics*, Vol. 116, No. 3 (September 2005).

<sup>7</sup> National Council on Disability (2009), "The Current State of Health Care for People With Disabilities." Available online at [www.hhs.gov/ohps/initiatives/mcc/federal-register051410.pdf](http://www.hhs.gov/ohps/initiatives/mcc/federal-register051410.pdf).

<sup>8</sup> "Osteoporosis occurs much earlier and is more severe in women with mobility limitations than in non-disabled women," [www.bcm.edu/crowd/index.cfm?pmid=1459](http://www.bcm.edu/crowd/index.cfm?pmid=1459).

<sup>9</sup> Bachman S., Vedrani M., Drainoni, M., Tobias, C., Maisels L., "Provider Perceptions of Their Capacity to Offer Accessible Health Care for People With Disabilities," *Journal of Disability Policy Studies*, Winter 2006; 17, 3; 130-136.

<sup>10</sup> *Guide to Clinical Preventive Services, 2010-2011, Agency for Healthcare Research and Quality (AHRQ)*, [www.ahrq.gov/clinic/pocketgd.htm](http://www.ahrq.gov/clinic/pocketgd.htm).



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