

People with Disabilities' Experiences Accessing Health Care



Advancing Health Equity

Health equity is realized when each individual has a fair opportunity to achieve their full health potential, regardless of their social, economic, demographic or other differences (World Health Organization, 2017). Reducing health inequities or disparities requires ensuring equity in access, treatment development, and outcomes. Challenges for people with disabilities include obtaining routine medical care that's accessible to them. Despite improvements, **one study found that less than 20 percent of doctor's offices in California had scales and examination tables accessible to people with mobility/balance disabilities** (Health Equity, Jan. 2019). Disparities in health outcomes are compounded for **disabled communities of color who are even more likely (50.2%) to report their health status as either "fair or poor"** compared to whites (34.6%) (California Health Interview Survey, 2016). Community stories highlight stark disparities and fundamental barriers in accessing care. The key findings and recommendations from community focus groups can address disparities and improve health care quality for all Californians.



Improving access to providers

- People with disabilities shared frustration over the lack of access to medical offices and facilities and a dearth of accommodations such as interpretation and accessible medical diagnostic equipment. Offices are often reluctant to modify procedures when needed, *"it can be difficult giving a urine sample because I have to do it in my own toilet and the doctor says there is no other way [but to use their toilet]. Sometimes my wheelchair doesn't fit in the room."* Another participant noted, *"I'll set up the appointment and I'll be there, but they haven't scheduled the interpreter and then I'll have to reschedule the whole appointment..."*
- People with disabilities also shared difficulties accessing care due to fragmented payment and service systems, such as constantly changing providers and difficulty transitioning care between different systems.

"I feel puzzled with this enrollment process. I tried to enroll my son with Medi-Cal, and it was difficult. And a lot of this Medi-Cal stuff doesn't happen until 3 months after you apply."
– Focus group participant

RECOMMENDATIONS

- **Improve access to facilities and accommodations including interpreter supports.**
- **Improve payment, record, and service systems.**



Improving experiences with providers

- People with disabilities encounter providers who allow stereotypes to interfere with person-centered health care. They need providers who will ask questions and not make assumptions about their lives and their care as one African-American participant noted, *“I had this gastritis issue, so I can’t eat pork...I go to the doctor’s because I was having this issue and you know, I physically appeared in a bad shape. But when they took a look at me they started asking if I was on narcotics. They thought I was on drugs.”*
- People with disabilities need providers to deliver holistic care and understand the unique needs of individuals with disabilities, *“One time I went to a gynecologist because I was having concerns and wanted to get STDs checked but she was so astounded she didn’t even want to give me the test because she didn’t believe I was sexually active.”* Another participant shared she was advised not to go forward with her pregnancy, *“now I have a wonderful son.”*

“The doctor would come out and have a ridiculous comment about not having met blind people in her entire life. She asked do I drive, ridiculous things like that. Most of the time, my thing is if I don’t speak up, they won’t know and I won’t get the care I need.”

– Focus group participant

RECOMMENDATIONS

- **Improve provider training, address discriminatory assumptions, stereotypes, and unconscious bias among healthcare providers.**
- **Provide “whole” person care approaches to health care.**

METHODOLOGY

CPEHN and Disability Rights Education and Defense Fund (DREDF) partnered in 2019 to learn more about the experiences of individuals with disabilities and caregivers in accessing quality, culturally and linguistically appropriate care. DREDF recruited community members living in the San Francisco Bay Area region. Participants have health coverage, used or have a family member who has used health care in the past year, are over 18 years old, self-identify as disabled (or as the parent of a minor child with disabilities), and were available to participate at the designated time and place of the focus groups.

California Pan-Ethnic Health Network - www.cpehn.org

Disability Rights Education and Defense Fund - www.dredf.org

Supported by the California Health Care Foundation (CHCF), which works to ensure that people have access to the care they need, when they need it, at a price they can afford - www.chcf.org

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