



## *Health Equity for Disability NOW!*

### **THE LAW**

Federal civil rights law prohibits discrimination on the basis of disability and requires federal financial aid recipients (those with Medicaid and Medicare) to ensure that their programs, activities, and services are accessible to and readily usable by individuals with disabilities, which includes Federally Qualified Health Centers (FQHC). Federal laws applicable to disability access include [Section 504 of the Rehabilitation Act](#) (PDF), the [Americans with Disabilities Act](#), and [Section 1557 of the Affordable Care Act](#). (Sited directly from HRSA website)

### **THE ISSUE**

For decades, individuals with physical disabilities have been facing an abundance of health barriers, causing increased health issues and deaths among this population. Individuals with disabilities are facing a lack of accessible clinics, not being examined outside of the wheelchair, and old narratives about how we speak of and view disability that still prevents quality and equitable healthcare.

With the intention of fighting these health issues, the Chanda Center for Health created the “Disability-Competence Curriculum for Healthcare Providers.” Funded by the Colorado Health Foundation and developed with many stakeholders, the course was designed at the request of the medical community to provide an in-depth look at ways individual healthcare professionals, their medical teams, and administrative staff can better serve individuals with disabilities as members of the system of care.

### **THE FEEDBACK**

As the Chanda Center for Health shared the “Disability-Competence Curriculum for Healthcare Providers,” with physicians, support staff, hospitals, and educational organizations throughout the last two years, the same dead ends advocated a quarter of a century ago, continue to be dismissed, even today. Some healthcare clinics, when approached, turned down free education and possible funding for equipment needed to serve people with disabilities. Some of the responses include the following:

*“Why does healthcare need to adjust for this community?”*

*“I don’t have patients who are disabled.”*

*“Why should I care?”*

### **THE RESEARCH**

In 2009, a report by the [National Council on Disability](#) noted that “the absence of professional training on disability competency issues for health practitioners is one of the most significant barriers to preventing people with disabilities from receiving appropriate and effective healthcare.”

According to the CDC, “1 in 3 adults with disabilities 18 to 44 years do not have a usual healthcare provider.”

A study performed by the [Disability Equity Collaborative](#) sites findings on how to increase accessibility in healthcare for individuals with disabilities, the following are necessary: need for increased education and awareness of disability disparities, existing laws are necessary but not sufficient, and healthcare is motivated by cost, quality and competition.



*Health Equity for Disability NOW!*

### **SYSTEMATIC CHANGE**

While the need for a curriculum is obvious, based on the above feedback and research above, the battle for health equity goes beyond education and outreach. For this reason, the Chanda Center has shifted their focus to systematic change and to dissolve these health barriers. Founder Chanda Hinton is beginning conversations with top government agencies such as the [Disability Rights Section at the U.S. Justice Department](#), [Office of Civil Rights, Diversity, and Inclusion at the Health Resources & Services Administration \(HRSA\)](#), and the National Council on Disability on the systemic level change that needs to occur.

- **Improved guidance** on what is determined as disability competent care outside what is currently in law. Healthcare providers should know exactly what they need to comply with. This could look like a comprehensive checklist.
- **Increased enforcement** on guidance and penalized when not in compliance. Just like compliance in other areas, when audited, they will know exactly what is being evaluated. With continued failure to comply, there is no record and no penalizations.
- **Increased reimbursement** for service to LTSS. In a recent New York Times article, physicians expressed what limited time they have with patients. And providers in our own community shared that the complexity and paperwork that accompanies this population is not billable. With the system set up with these barriers for the providers, it only has one place to trickle down... patients with disabilities who need healthcare.

If you are a provider that doesn't want to wait for these system changes, reach out so that we can help you. If you're a lobbyist on the state or federal level and want to help make this right, please reach out! If you're an employer of any national advocate organization or government entity working on this issue, please reach out! For more information visit, <https://chandacenter.org/who-we-are/> or contact Chanda Hinton at [ch@chandaplan.org](mailto:ch@chandaplan.org).