

Health Disparity Research & Connections to Social Work



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Background

Current research studies are attempting to gather information on individuals with disabilities and health disparities. There has been particular attention on the differences in rates of physical health diagnoses and access to care within this population. There appears to be needed attention on the causes of the disparities from a social justice perspective, which is a necessary component in framing the understanding of inequities in marginalized groups.

Social Work Practice

Population Differences Between People W/ and W/o Disabilities on Health Indicators of Health Care Access, Health Status, and Social Determinants of Health

Health Indicator	People w/ Disabilities (%)	People w/o Disabilities (%)
In past year, needed to see doctor but did not because of cost	27%	12.1%
Adults who are obese	44.6%	34.2%
18-44y w/ cardiovascular disease	12.4%	3.4%
45-64y w/ cardiovascular disease	27.7%	9.7%
Adults reporting sufficient social and emotional support	70%	83.1%

- Higher percentages in health indicator categories; higher percentages of health issues
- Highly important need to locate barriers to health care access
- Emotional support percentages could be a concern
 - Social worker, they could further investigate through in-person interactions (individual/group therapy, conducting needs assessment)

Social Work Care Approaches



Social Justice Framework

- The primary mission of the social work profession is to enhance human well-being and help meet the basic human needs of all people
- Particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty.
- Social Work Profession Core Values:
 - Service
 - social justice
 - dignity and worth of the person
 - importance of human relationships
 - integrity
 - competence

Need for Interprofessional Care

- The types of care necessary for providing treatment for individuals with disabilities could require services from primary care and behavioral health professionals
- Integrated care and collaboration between these fields could allow for better services and efficient practices

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> Have separate systems Communicate about cases only rarely and under compelling circumstances Communicate, driven by provider need May never meet in person Have limited understanding of each other's roles 	<ul style="list-style-type: none"> Have separate systems Communicate periodically about shared patients, by phone or e-mail Communicate, driven by specific patient issues May meet as part of larger community Appreciate each other's roles as resources 	<ul style="list-style-type: none"> Have separate systems, like scheduling or medical records Communicate in person as needed Collaborate, driven by need for consultation and coordinated plans for difficult patients Meet occasionally to discuss cases due to close proximity Feel part of a larger yet non-formal team 	<ul style="list-style-type: none"> Actively seek system solutions together or develop work-a-rounds Communicate frequently in person Collaborate, driven by desire to be a member of the care team Have regular team meetings to discuss overall patient care and specific patient issues Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> Have resolved most or all system issues, functioning as one integrated system Communicate consistently at the system, team and individual levels Collaborate, driven by shared concept of team care Have formal and informal meetings to support integrated model of care Have roles and cultures that blur or blend 	

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