



A POPULATION-BASED APPROACH TO SUPPORTING OLDER ADULTS WITH DISABILITIES

**2023 Sino-American Symposium on
the Culture of Disability**

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Cxlture
of Disability 2023

Outline



Population Health

Define population health and differentiate individual, social, and structural determinants of health

Disability

Examine disparities in health outcomes and key determinants for persons with disabilities

Practice, Programs, and Policies

Leverage data to inform strategies at the individual, social, and structural level





POPULATION HEALTH

Consider the use of population health frameworks in understanding and meeting the health needs of individuals with disabilities



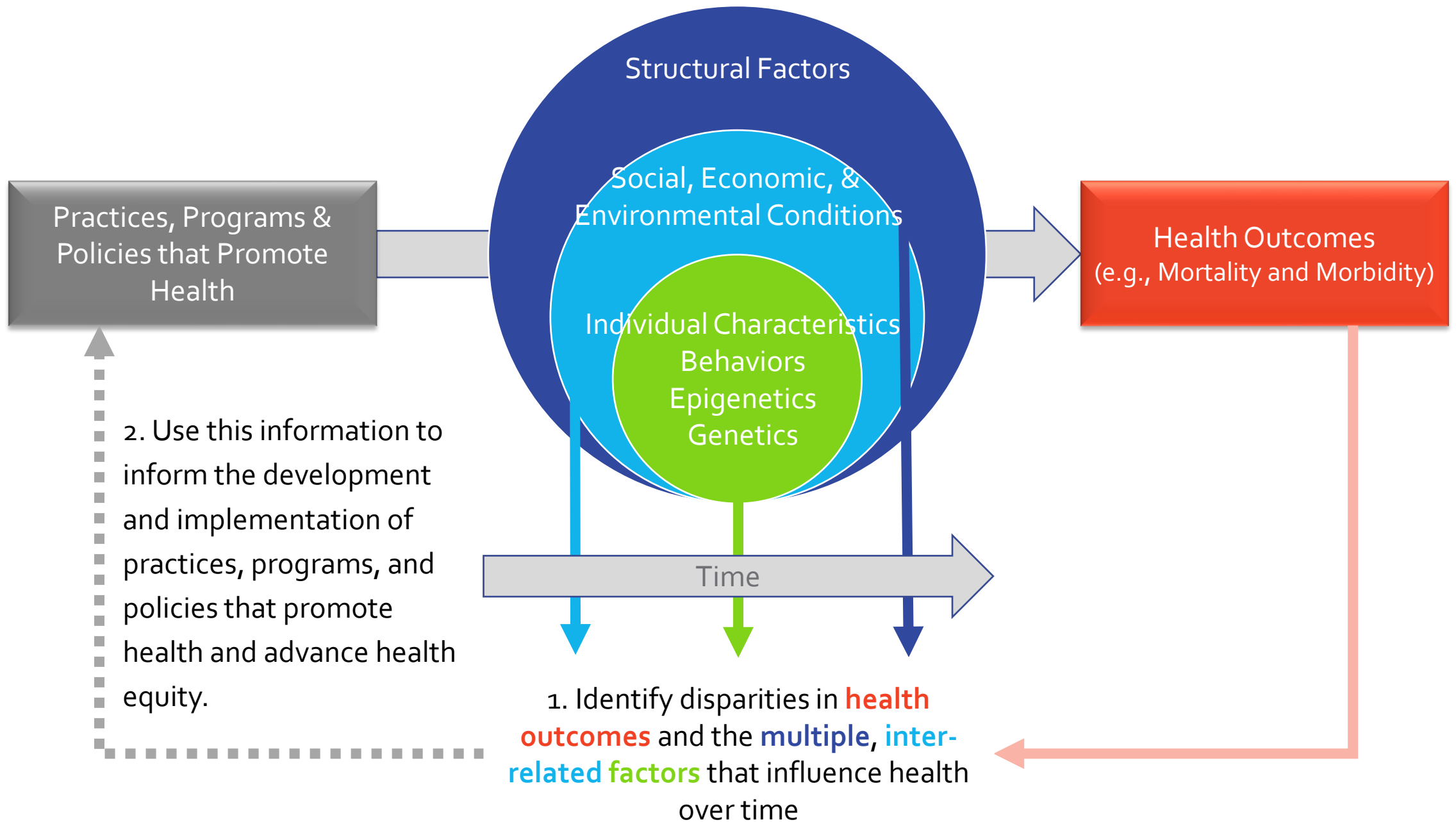




Image: American Psychological Association

Health Inequities

- Avoidable differences in health outcomes between groups of people
- Arise from unjust social, economic, and environmental conditions.

The background features a large, dark silhouette of the Earth's continents. Surrounding the globe is a vibrant, multi-colored crowd of diverse people in various poses, representing global unity and population. The scene is set against a dark teal background with small white clouds and a moon in the upper left.

What is the Population?

Population Health

Geopolitically-Defined Boundaries – it's important to consider these geopolitical boundaries given the strong influence of laws, regulations, and funding decisions on a population's health

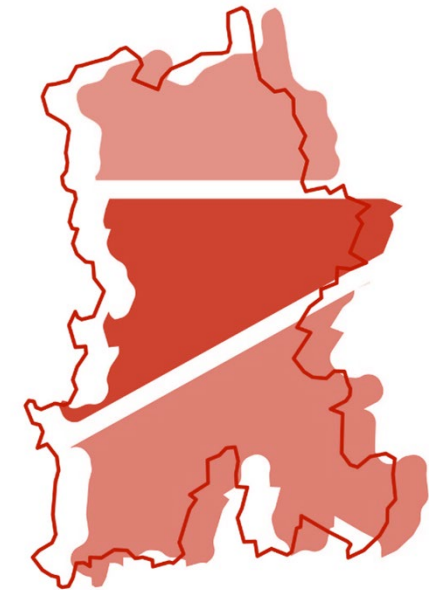
Country



Yunnan Province



Kunming



Population Health Management

Clinically-Defined Boundaries



PEOPLE WITH DISABILITIES



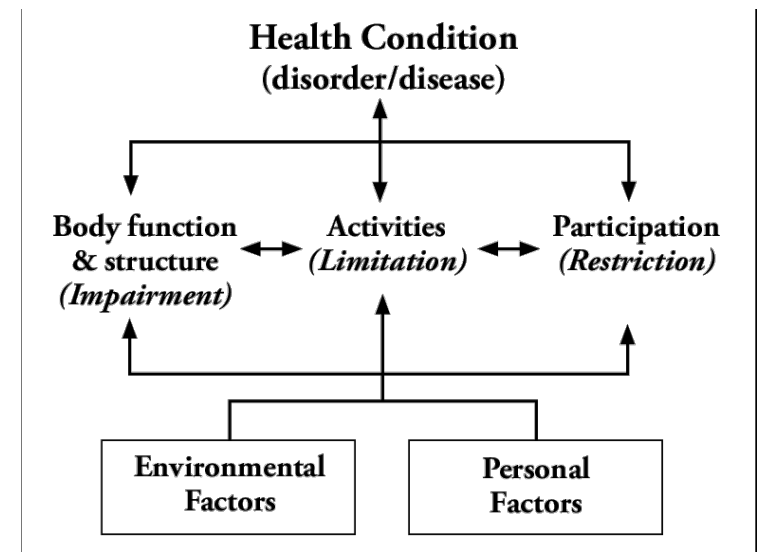
DEFINING DISABILITY

US Centers for Disease Control and Prevention

Any condition of the body or mind (impairment) that makes it more difficult to do certain tasks (activity limitation) and interact with those around you (participation restriction).

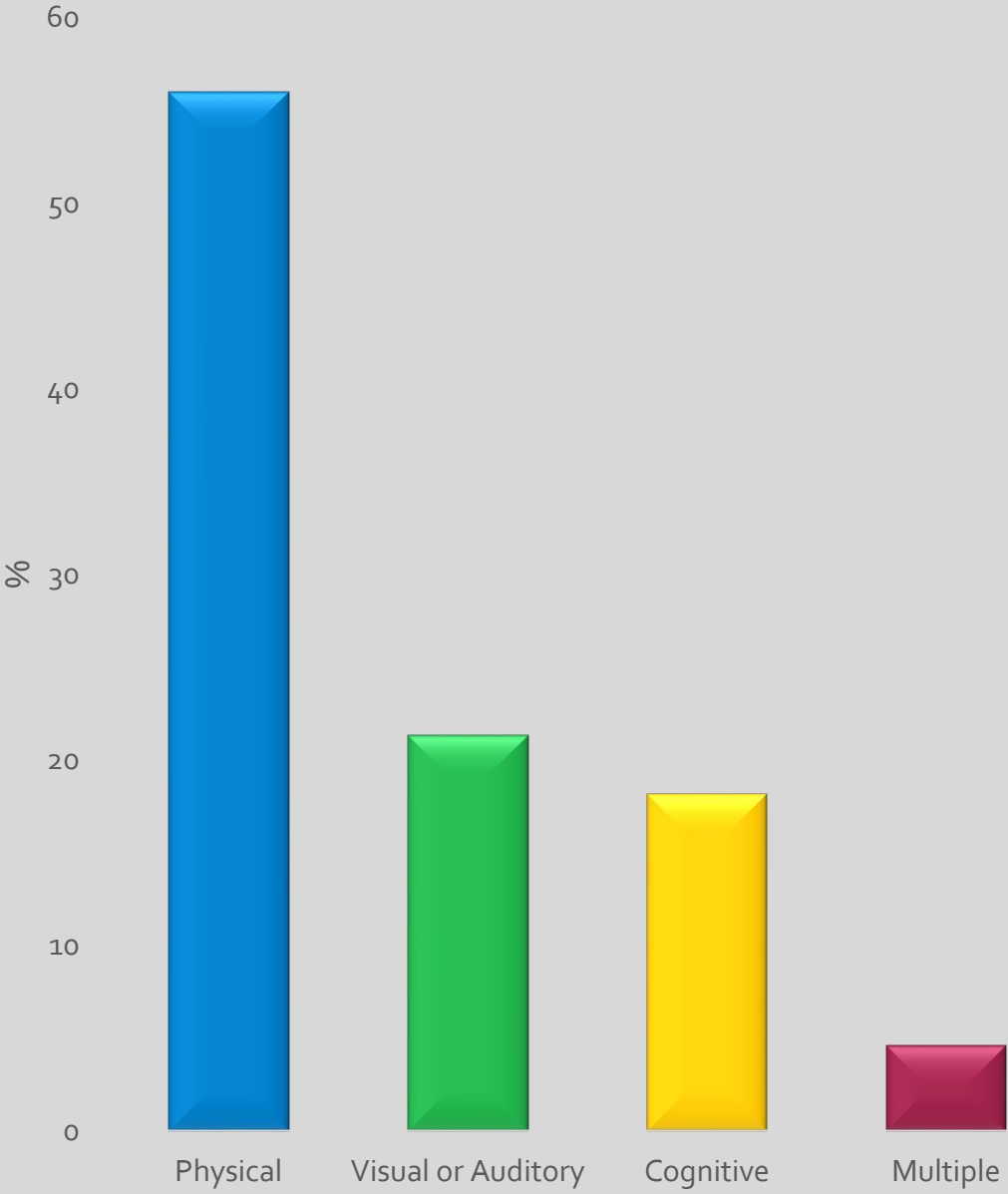
World Health Organization

International Classification of Functioning, Disability, and Health (ICF)
Results from the interaction between a person's health condition(s) and their contextual factors that manifest as impairments, activity limitations, and/or participation restrictions.

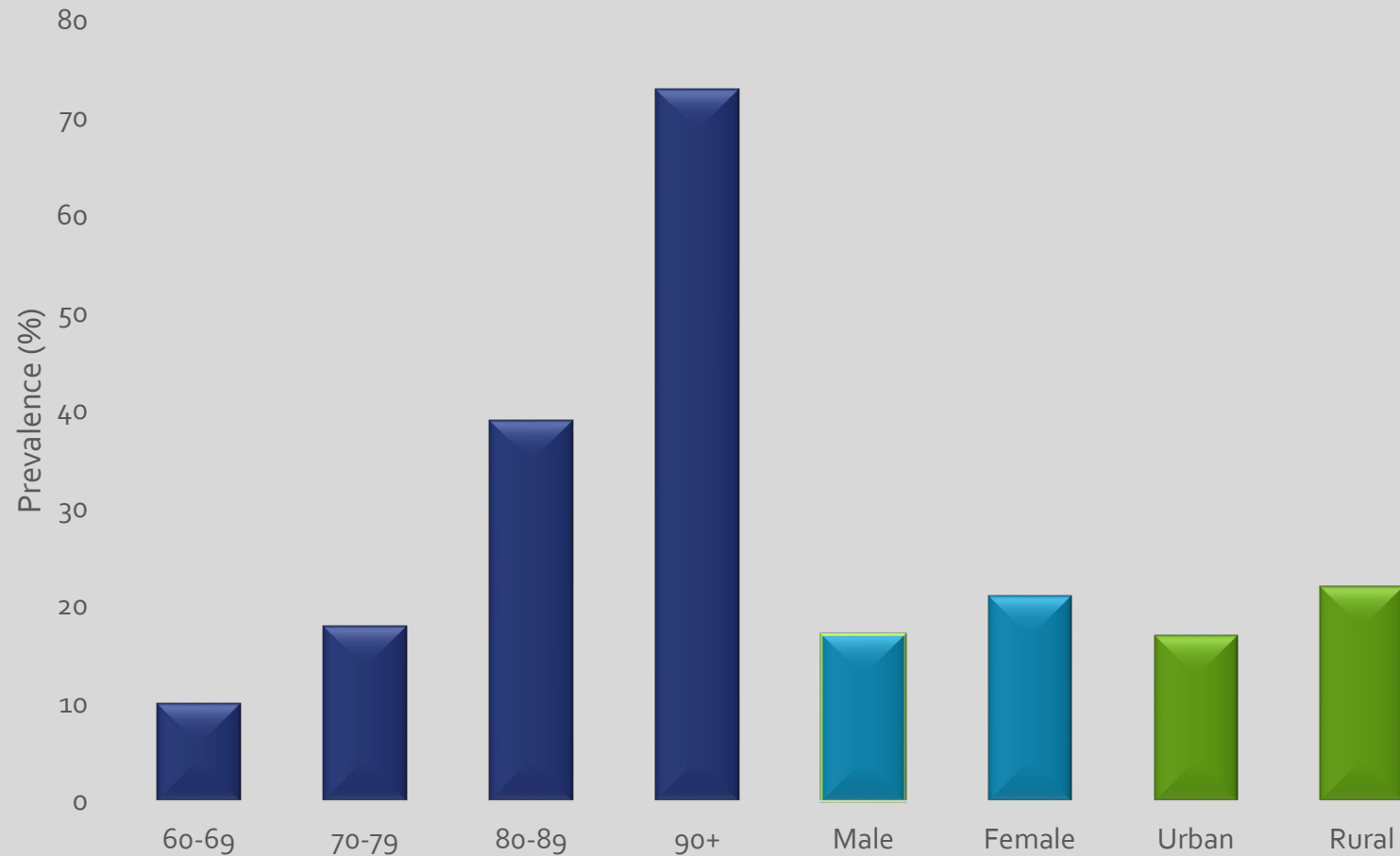


WHO-ICF

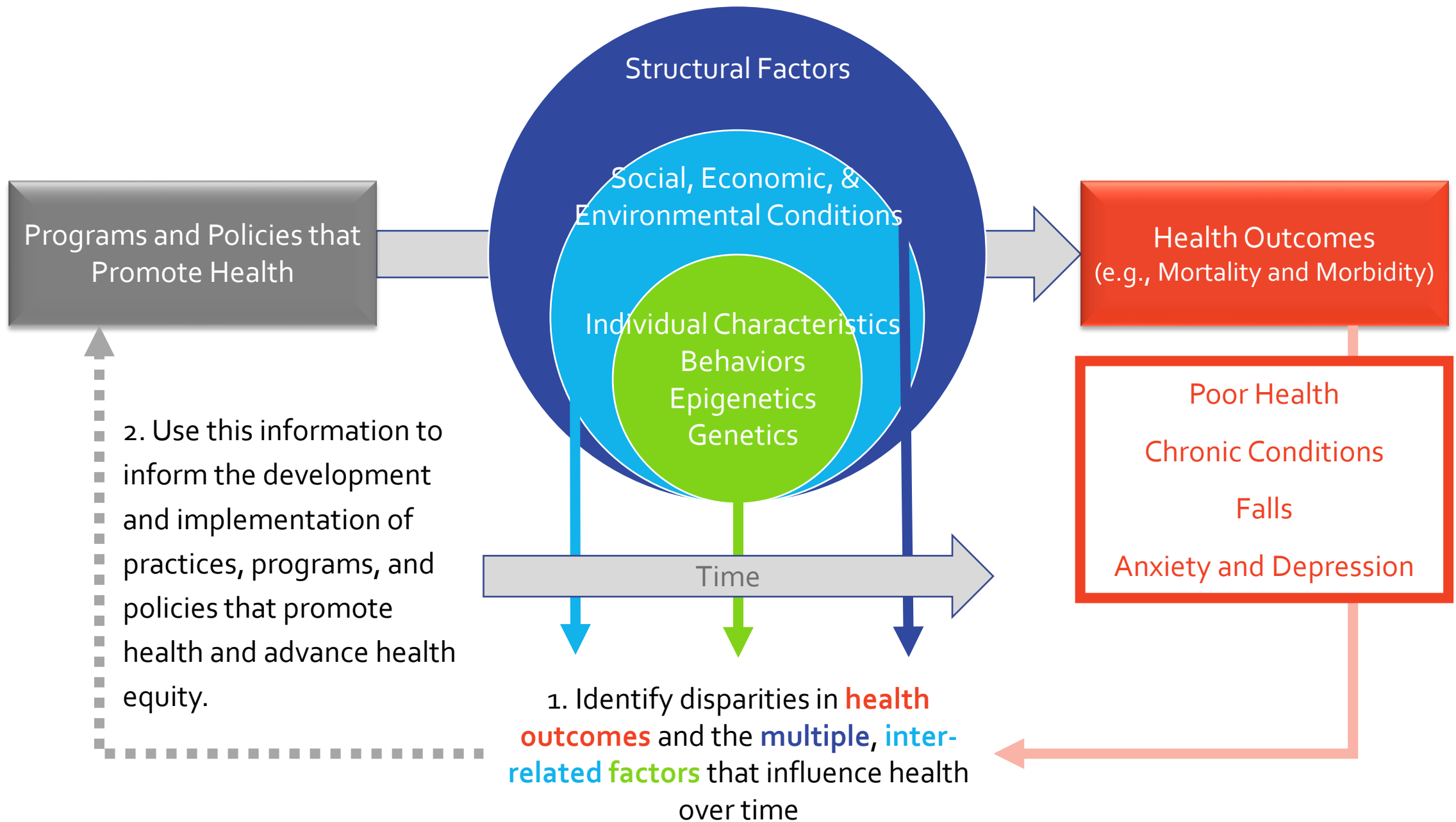
Older Adults with Disabilities



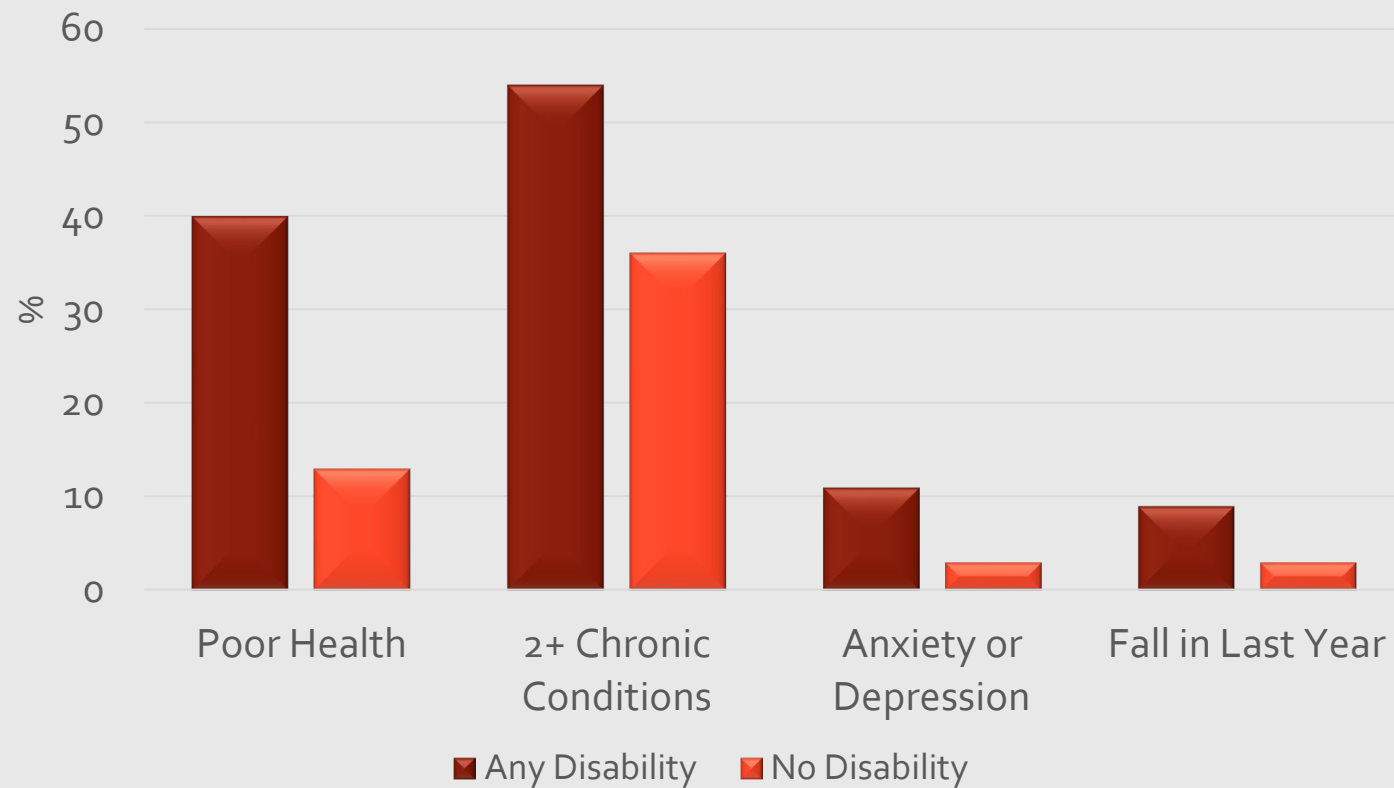
Demographic Characteristics Older Adults in Southwest China

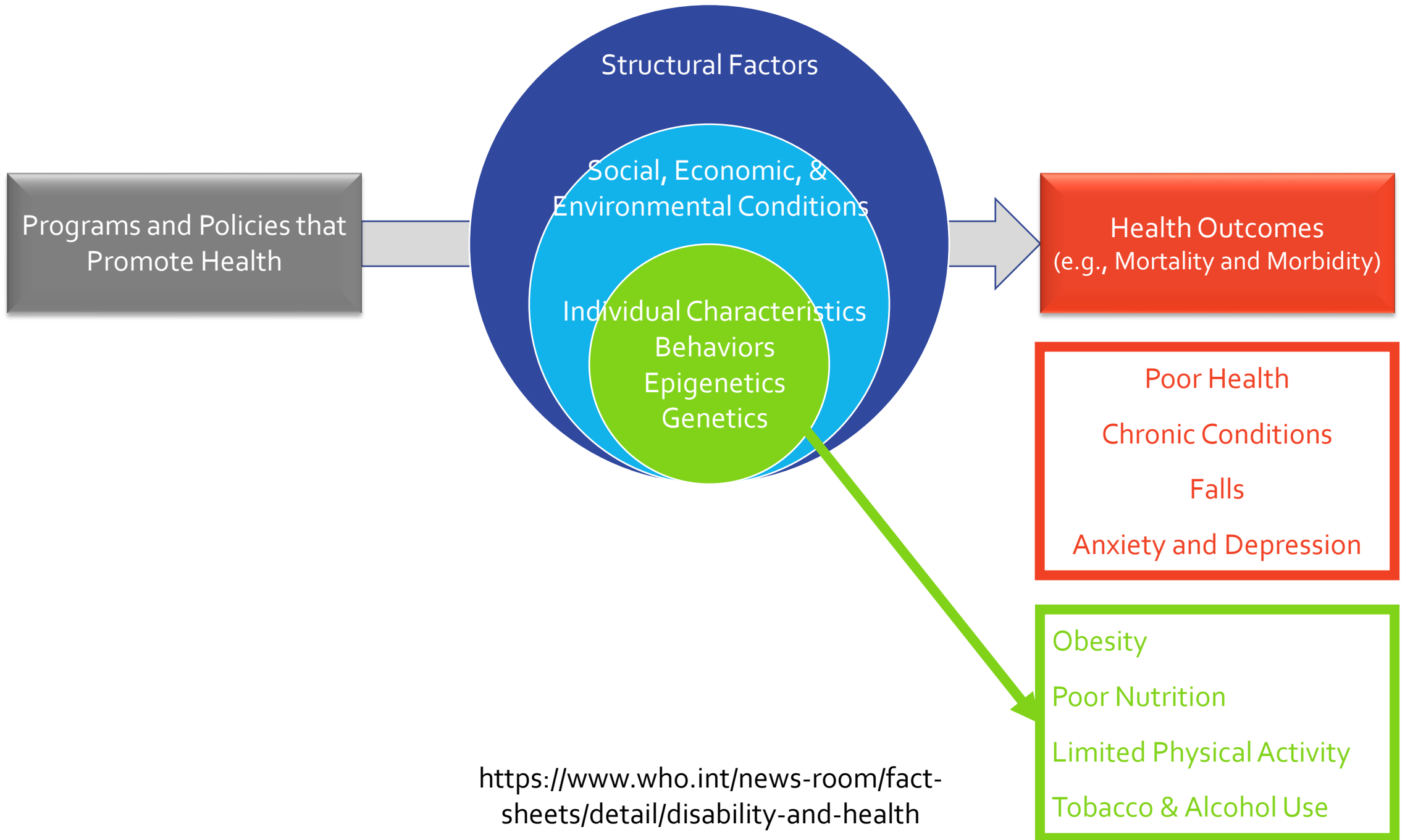


Qiao et.al. 2022 Prevalence and correlates of disability among urban-rural older adults in southwest China



Health Outcomes

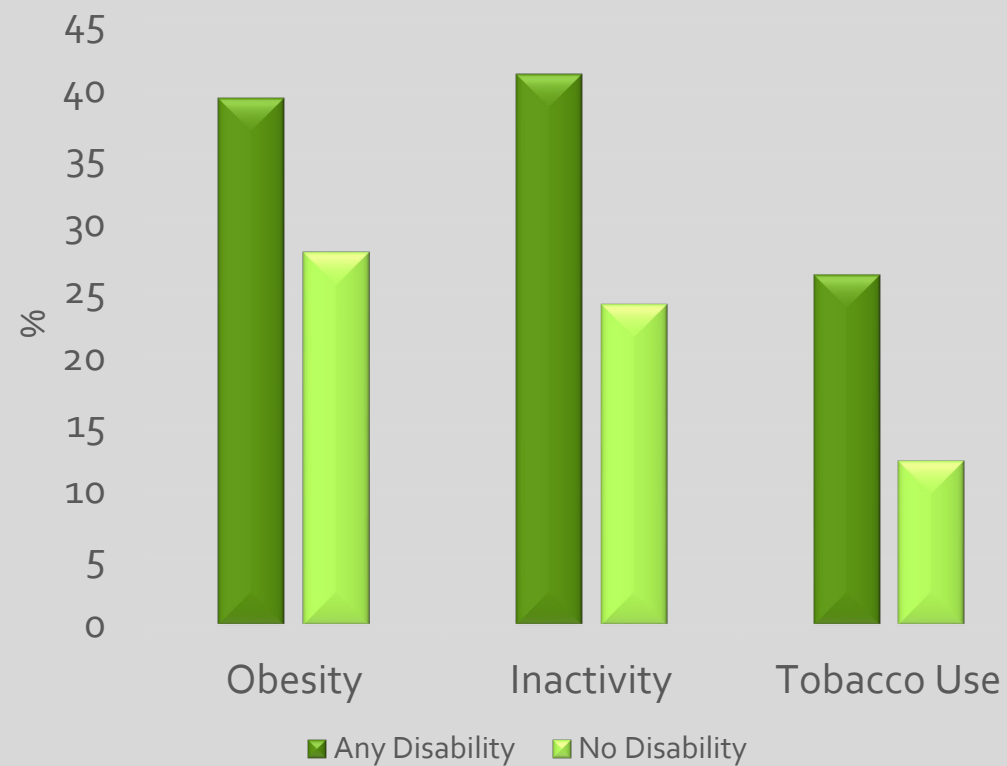


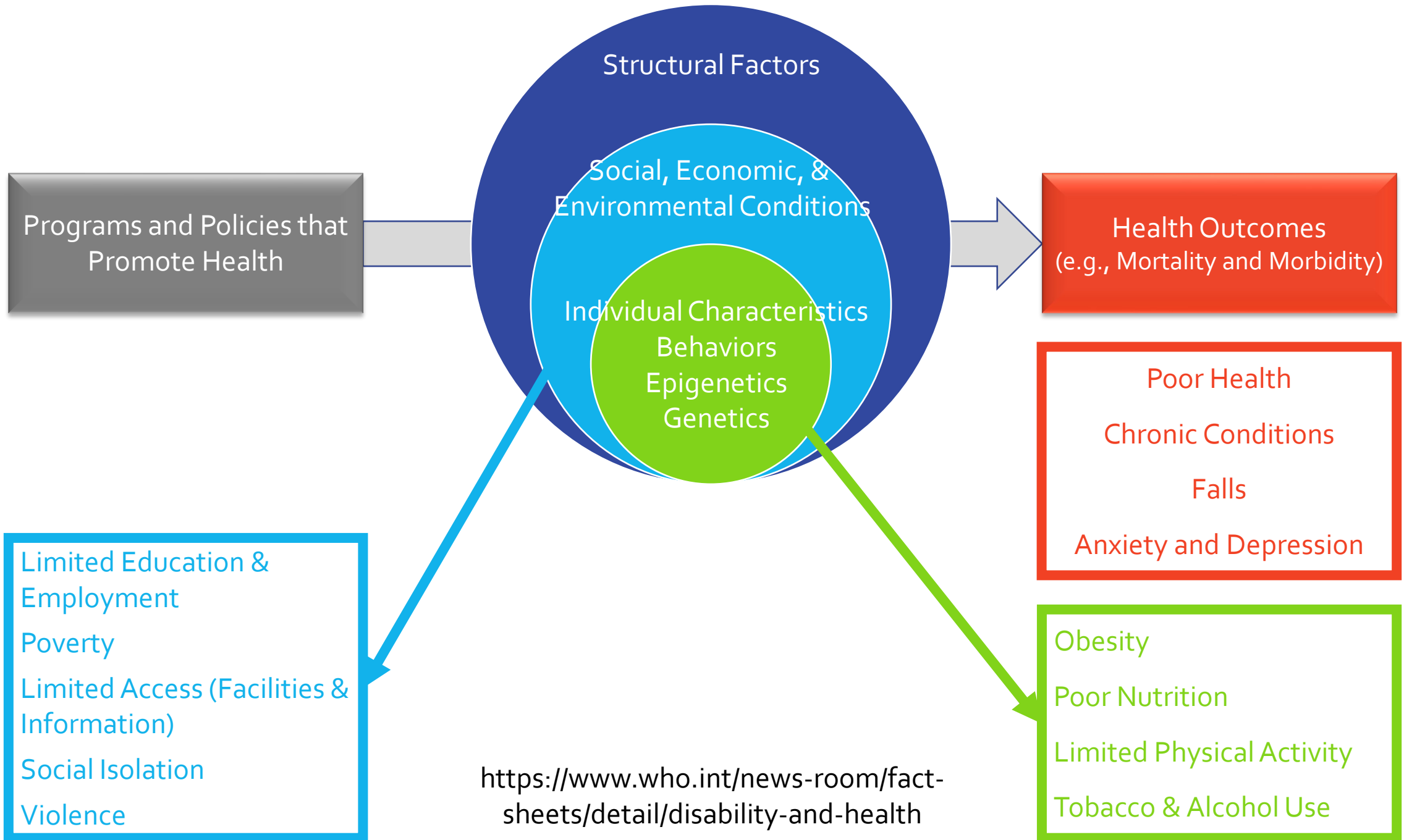


<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

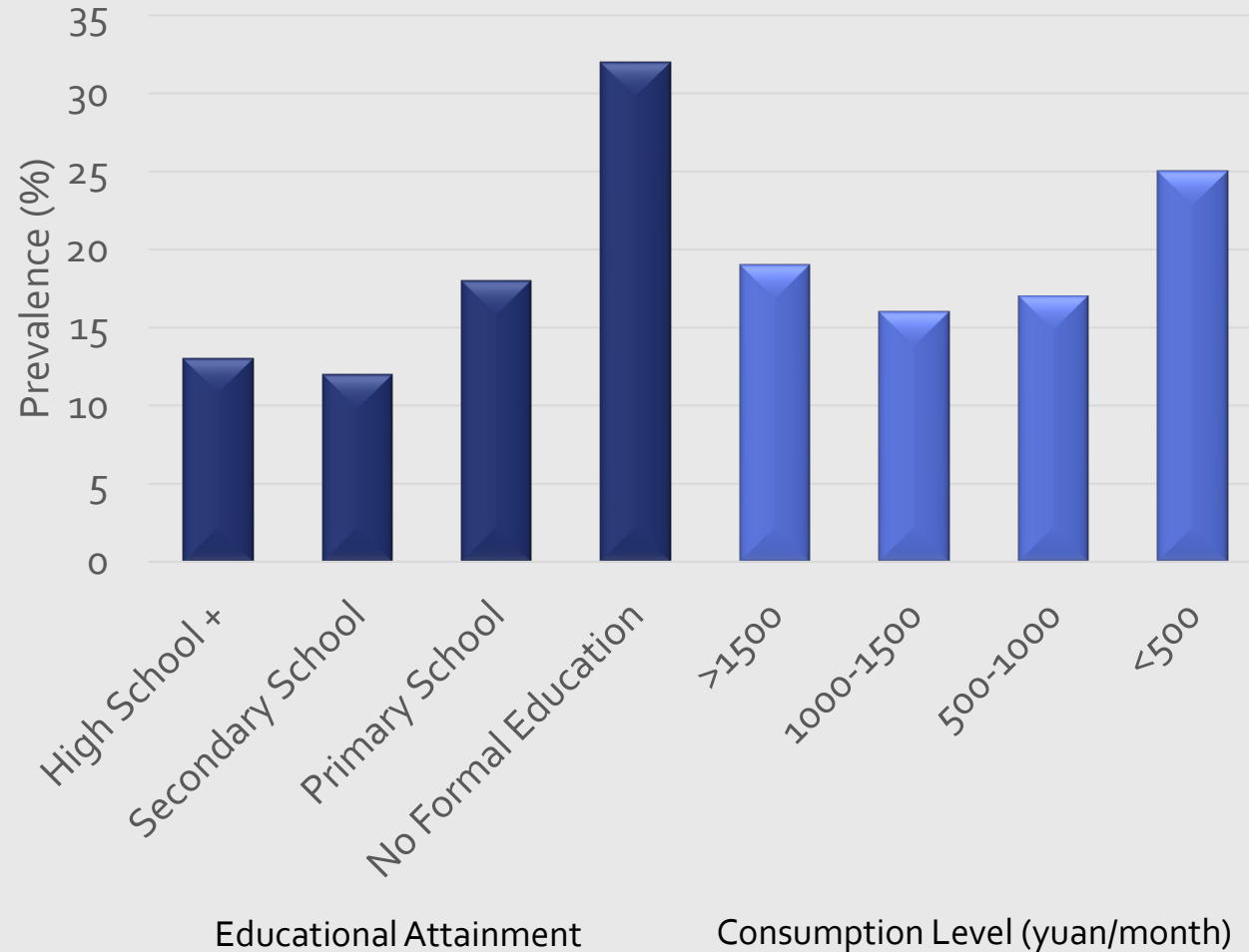


Behavioral Determinants (U.S.)

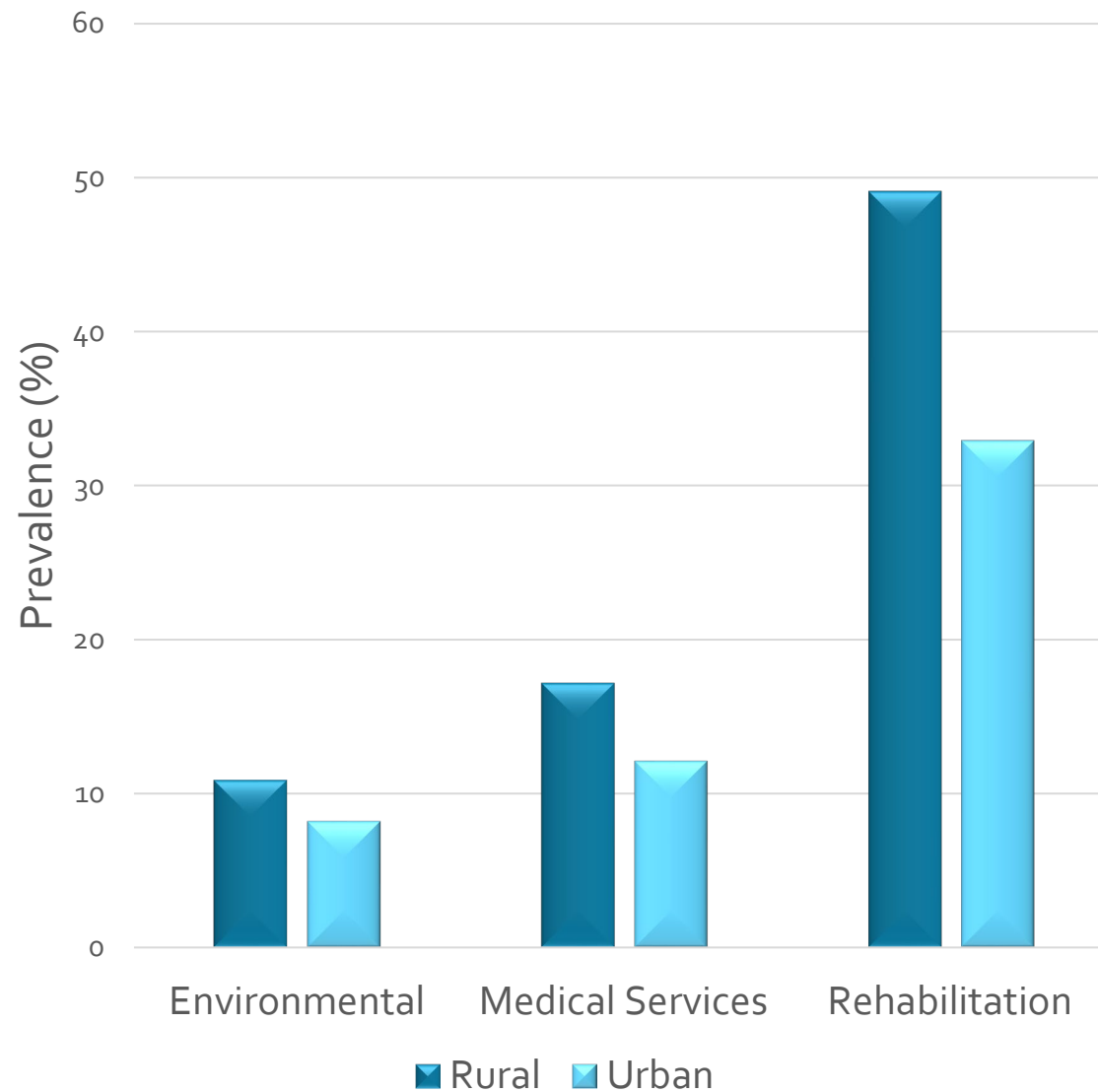




Education & Consumption



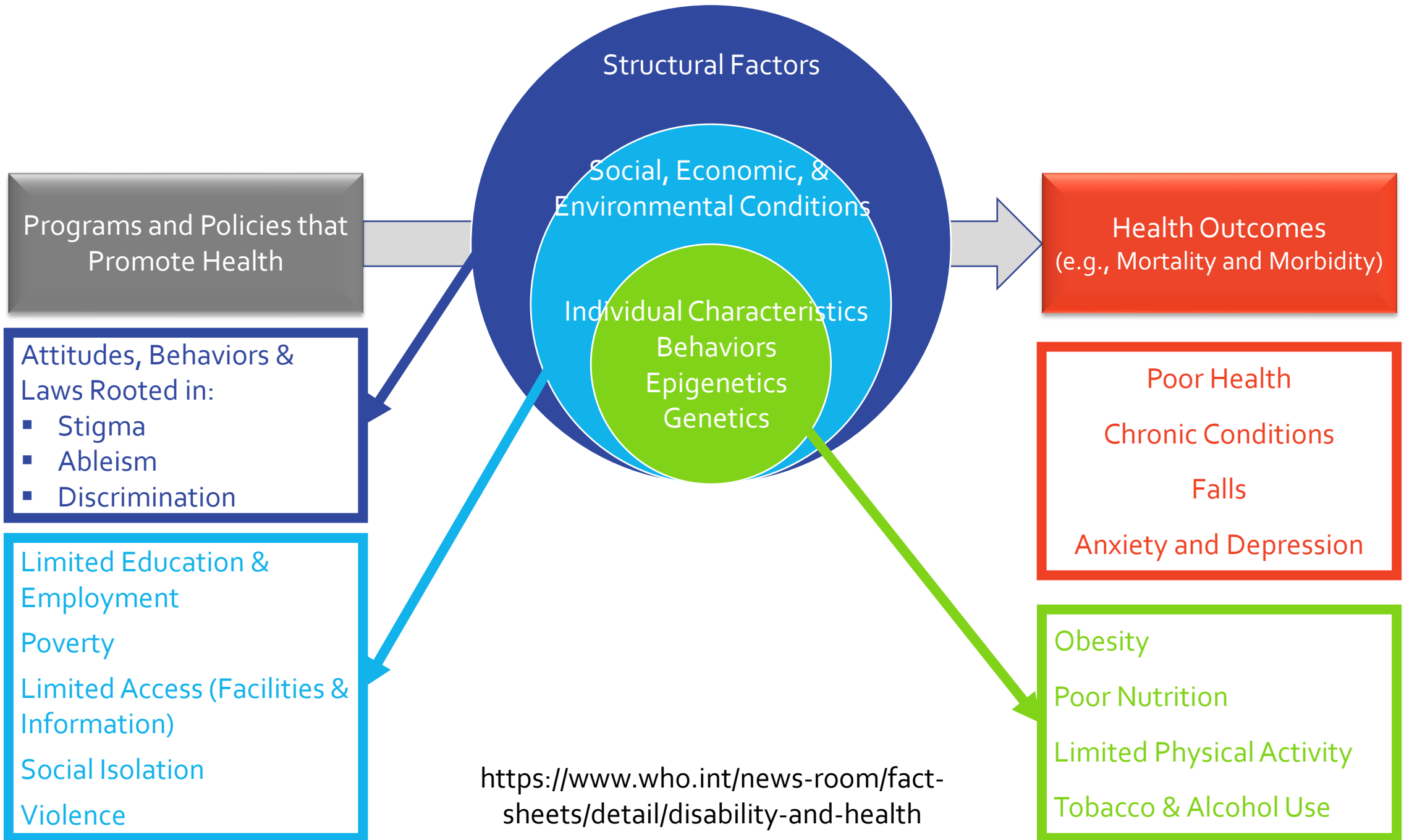
Limited Access



Limited Accessibility of Information and Technology

(especially for individuals with limited social and financial resources)





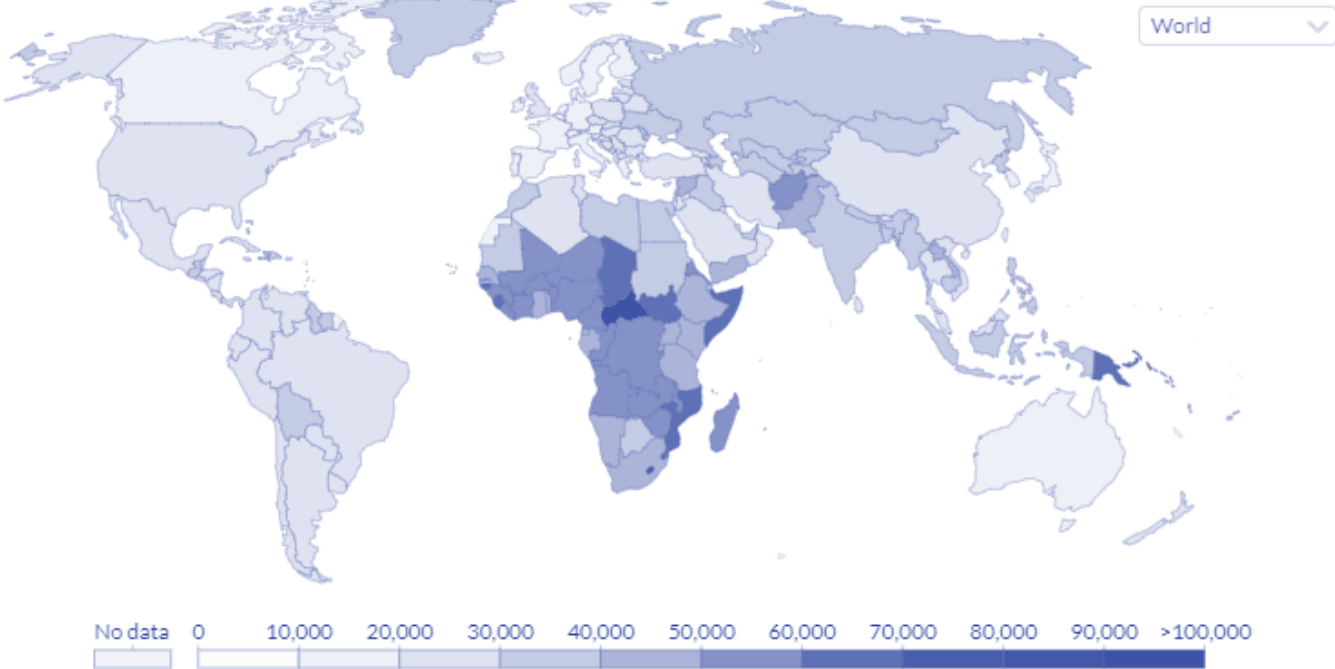
<https://www.who.int/news-room/factsheets/detail/disability-and-health>

Structural Determinants

Burden of disease, 2017

Disability-Adjusted Life Years (DALYs) per 100,000 individuals from all causes. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.

Our World
in Data



Source: IHME, Global Burden of Disease
Note: To allow comparisons between countries and over time this metric is age-standardized.

OurWorldInData.org/burden-of-disease • CC BY



Intersectionality



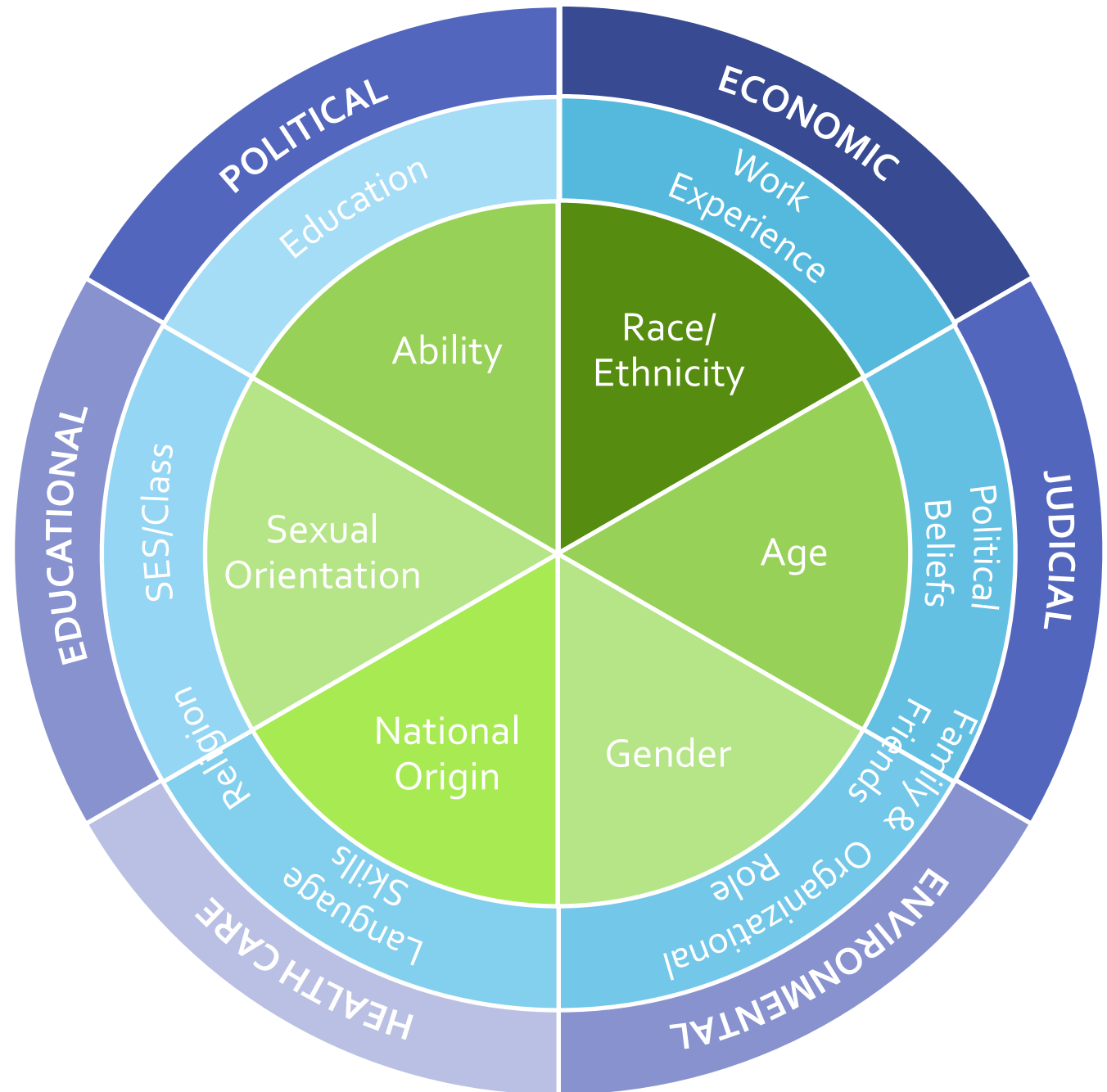
Structural Factors

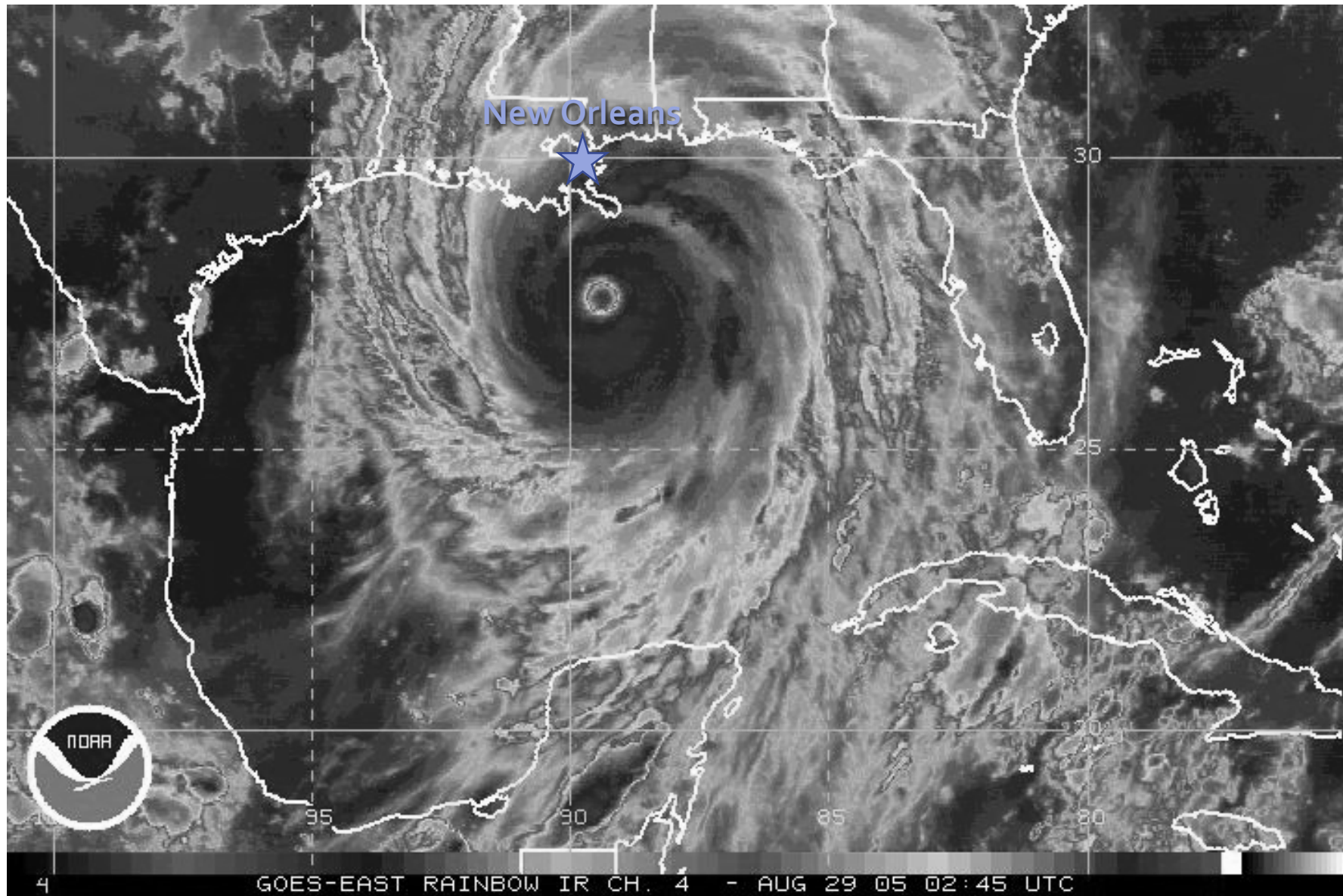


Social Determinants

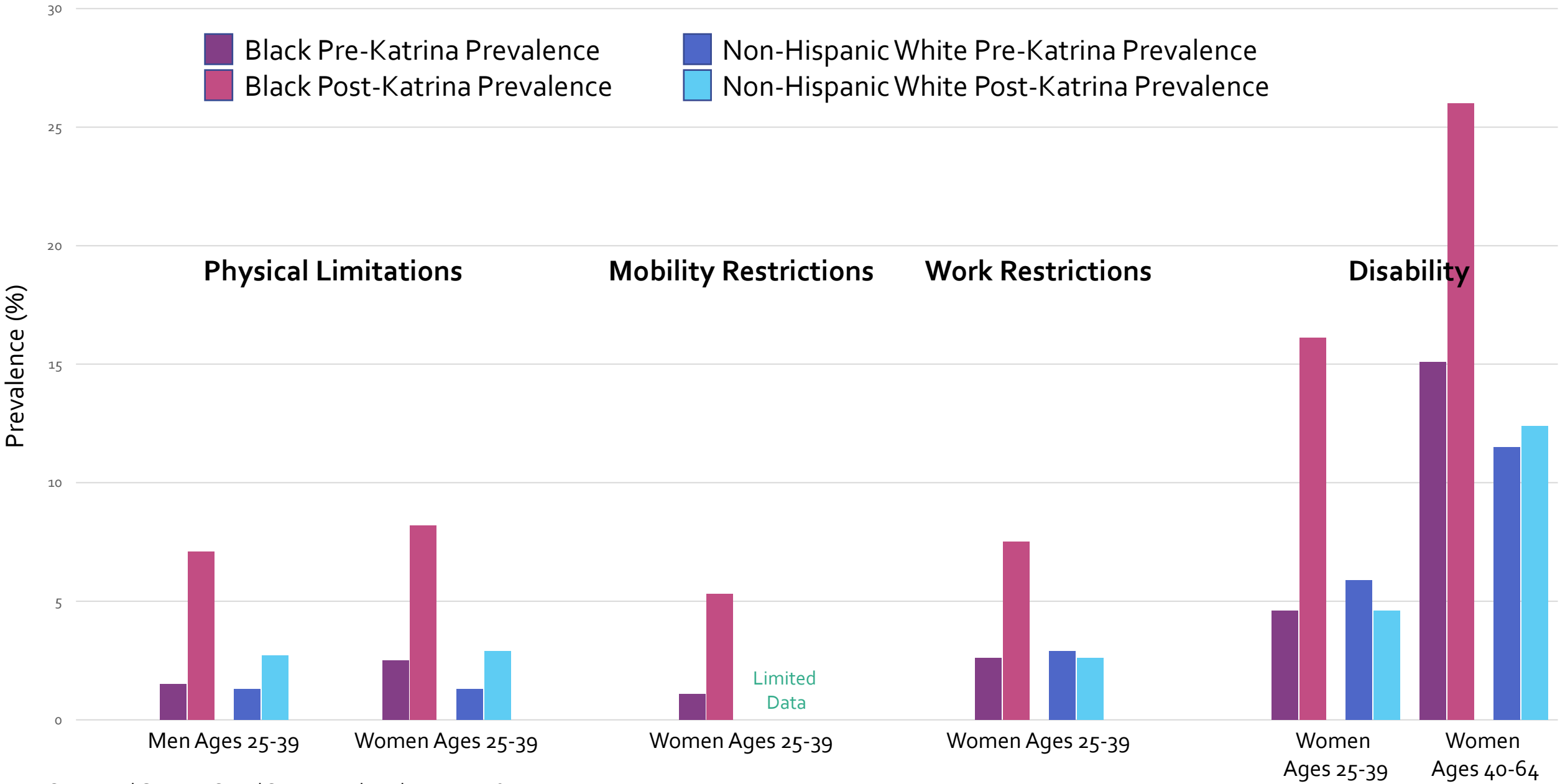


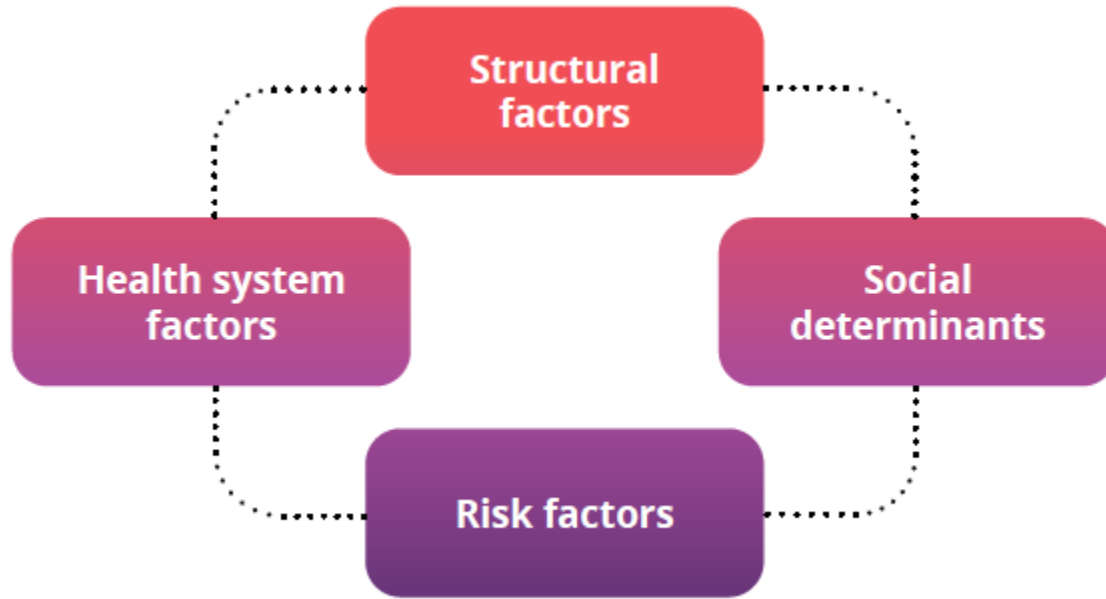
Individual Characteristics





Intersection of Gender, Race, and the Environment





Global report on health equity for persons with disabilities



Integrated Action

Practices, Programs, and Policies to Advance Health Equity for Persons with Disabilities

Principles

Equity

Center health sector actions around the principle of equity – ensuring that every person has an opportunity to achieve their full potential for health and well-being

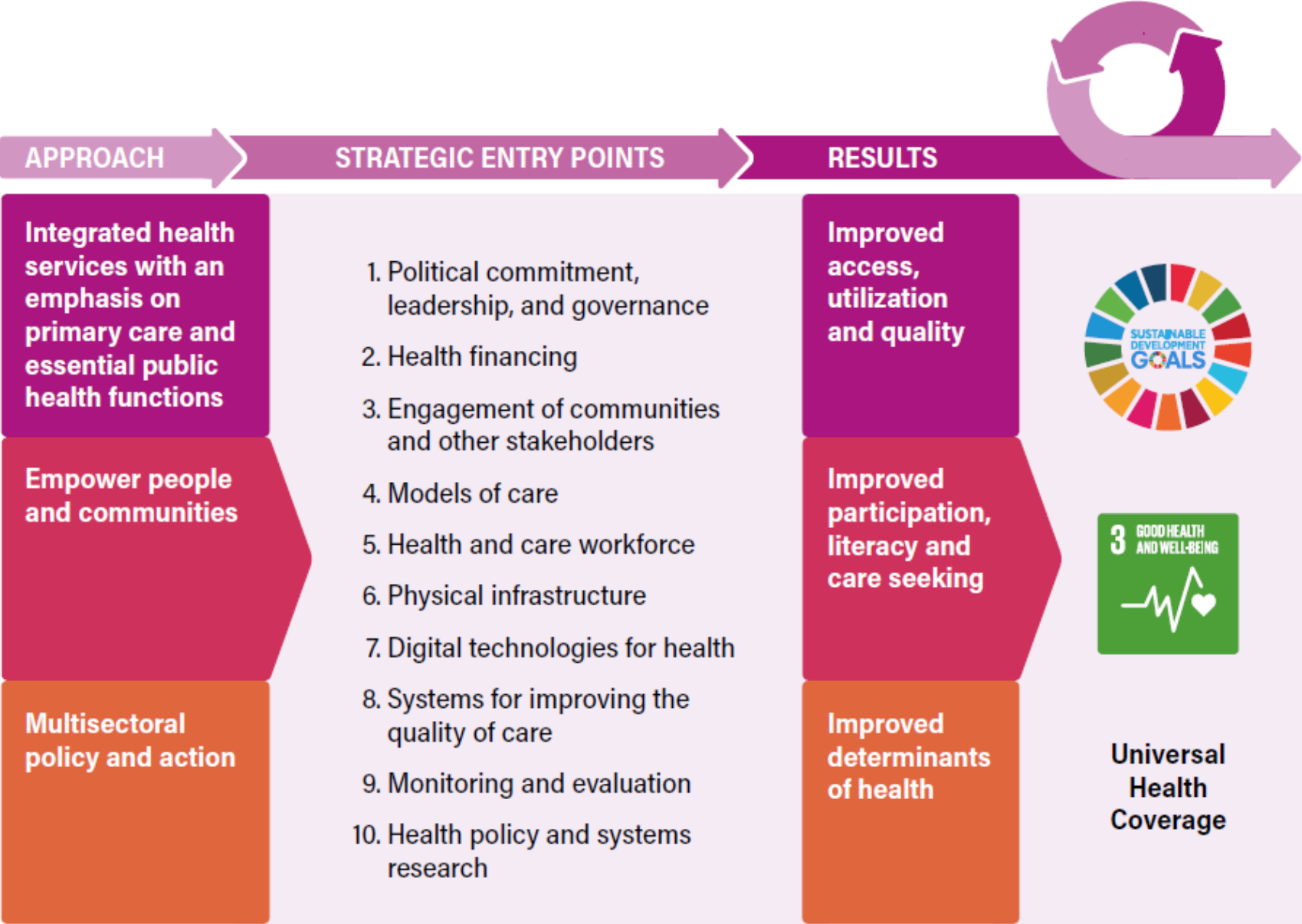
Engagement

Promote meaningful engagement of persons with disabilities and their representative organizations when designing and implementing any health sector activities

Accountability

Monitor and evaluate the extent to which health sector actions advance health equity for persons with disabilities

Figure 6. Framework for health sector strengthening through PHC*



*Source: Adapted from World Health Organization and United Nations Children’s Fund. Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization; 2020.



actions to achieve health equity for persons with disabilities

Political commitment, leadership, and governance

- 1 Prioritize health equity for persons with disabilities
- 2 Establish a human rights-based approach to health
- 3 Assume a stewardship role for disability inclusion in the health sector
- 4 Make international cooperation more effective by increasing funding to address health inequities for persons with disabilities
- 5 Integrate disability inclusion in national health strategies, including preparedness and response plans for health emergencies
- 6 Set actions that are specific to the health sector in national disability strategies or plans
- 7 Establish a committee or a focal point the Ministry of Health for disability inclusion
- 8 Integrate disability inclusion in the accountability mechanisms of the health sector
- 9 Create disability networks, partnerships and alliances
- 10 Ensure the existing mechanisms for social protection support the diverse health needs of persons with disabilities

Health financing

- 11 Adopt progressive universalism as a core principle, and as a driver of health financing, putting persons with disabilities at the centre
- 12 Consider health services for specific impairments and health conditions in packages of care for universal health coverage
- 13 Include into health-care budgets the costs of making facilities and services accessible

Engagement of stakeholders and private sector providers

- 14 Engage persons with disabilities and their representative organizations in health sector processes
- 15 Include gender-sensitive actions that target persons with disabilities in the strategies to empower people in their communities
- 16 Engage the providers of informal support for persons with disabilities
- 17 Engage persons with disabilities in research and including them in the health research workforce
- 18 Request that providers in the private sector support the delivery of disability-inclusive health services

Models of care

- 19 Enable the provision of integrated people-centred care that is accessible and close to where people live

- 20 Ensure universal access to assistive products
- 21 Invest more finances in support persons, interpreters, and assistants to meet the health needs of persons with disabilities
- 22 Consider the full spectrum of health services along a continuum of care for persons with disabilities
- 23 Strengthen models of care for children with disabilities
- 24 Promote deinstitutionalization

Health and care workforce

- 25 Develop competencies for disability inclusion in the education of all health and care workers
- 26 Provide training in disability inclusion for all health service providers
- 27 Ensure the availability of a skilled health and care workforce
- 28 Include persons with disabilities in the health and care workforce
- 29 Train all non-medical staff working in the health sector on issues related to accessibility and respectful communication
- 30 Guarantee free and informed consent for persons with disabilities

Physical infrastructure

- 31 Incorporate a universal design-based approach to the development or refurbishment of health facilities and services

- 32 Provide appropriate reasonable accommodation for persons with disabilities

Digital technologies for health

- 33 Adopt a systems-approach to the digital delivery of health services with health equity as a key principle
- 34 Adopt international standards for accessibility of digital health technologies

Quality of care

- 35 Integrate the specific needs and priorities of persons with disabilities into existing health safety protocols
- 36 Ensure disability-inclusive feedback mechanisms for quality of health services
- 37 Consider the specific needs of persons with disabilities in systems to monitor care pathways

Monitoring and evaluation

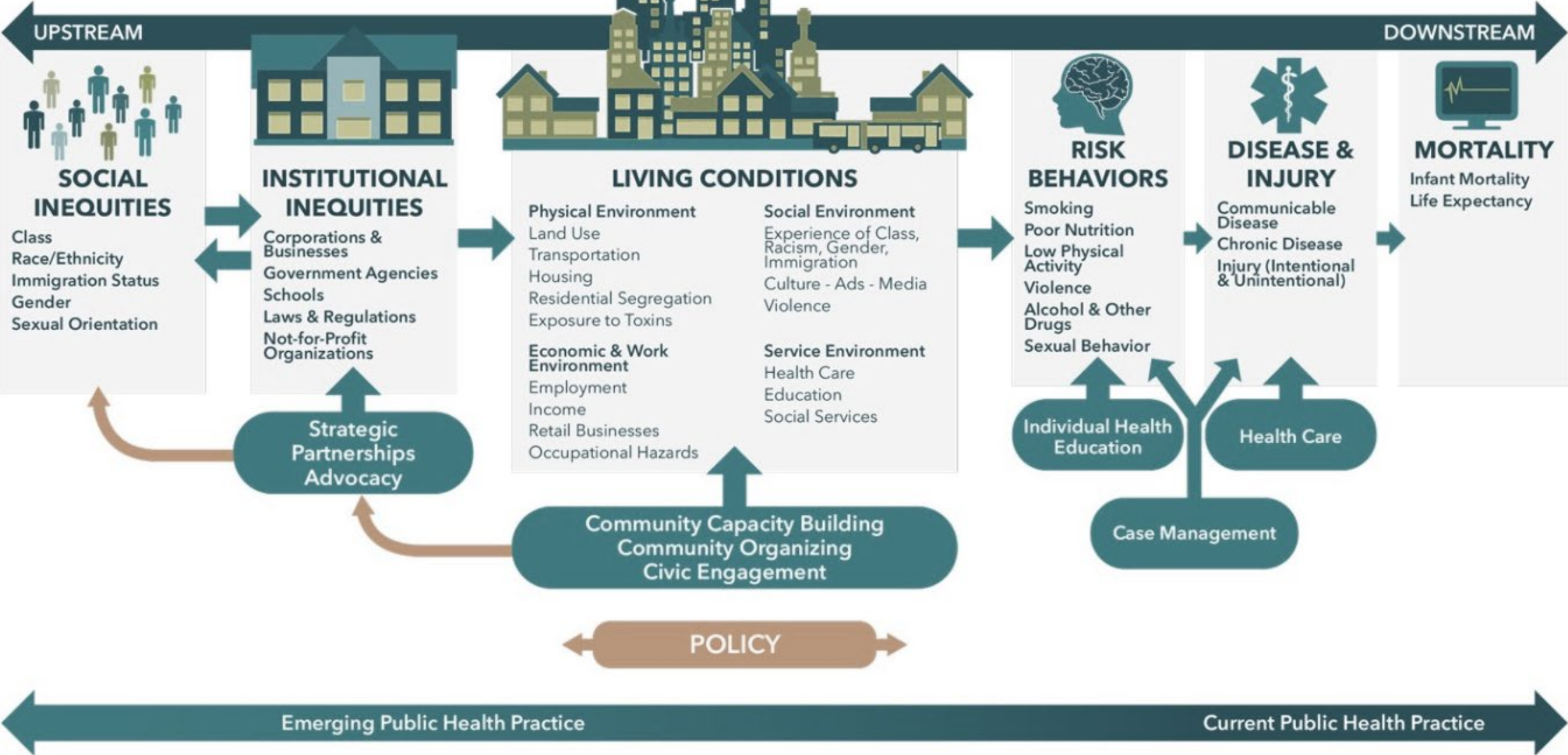
- 38 Create a monitoring and evaluation plan for disability inclusion
- 39 Integrate indicators for disability inclusion into the monitoring and evaluation frameworks of country health systems

Health policy and systems research

- 40 Develop a national health policy and systems research agenda on disability

WHO/UCN/NCD/SDR/2022.02
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CC BY-NC-SA 3.0 IGO licence. For more details, refer
to <https://www.who.int/health-topics/disability>.

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE





Individual



LIVING CONDITIONS

Physical Environment

- Land Use
- Transportation
- Housing
- Residential Segregation
- Exposure to Toxins

Social Environment

- Experience of Class, Racism, Gender, Immigration
- Culture - Ads - Media
- Violence

Economic & Work Environment

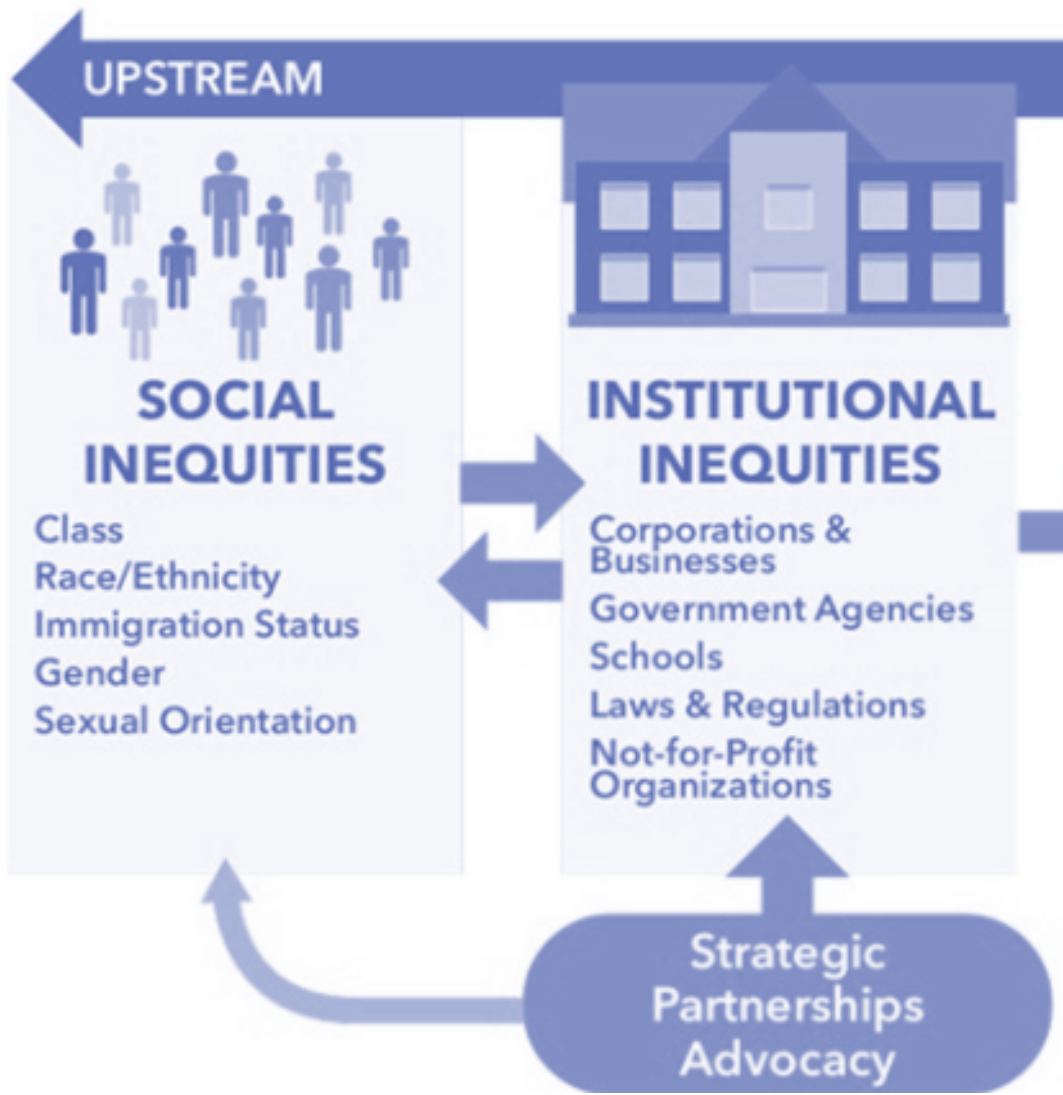
- Employment
- Income
- Retail Businesses
- Occupational Hazards

Service Environment

- Health Care
- Education
- Social Services



Social



Structural

Thank you!

谢谢

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Dr. Magnusson is an Assistant Professor in the Physical Therapy Program at the University of Colorado Anschutz Medical Campus, USA. She received a PhD in Population Health Sciences, a certificate in Global Health, and an MS in Physical Therapy from the University of Wisconsin – Madison. Dr. Magnusson completed a two-year postdoctoral fellowship in General Academic Pediatrics, with a focus on health disparities research, through the Johns Hopkins School of Medicine, Department of Pediatrics. Dr. Magnusson's research employs community-based participatory research methods within a population health framework to a) describe the distribution of health outcomes within a population, b) understand the contribution and interconnectedness of multiple determinants of health within the population, and c) inform the development of innovative, community-based solutions that advance health equity for traditionally underserved communities.



感谢

美国国务院基金支持

