
From: Ann Williams <asw1217@gmail.com>
Sent: Monday, August 9, 2021 1:30 PM
To: Equity
Subject: Health Equity and disabilities

I am very glad to see that my home county is committed to equity work. Such work is much-needed today. I am especially glad to see your plans for combatting racism in public health.

I am a retired nurse with an M.S.N. in Community Health and a Ph.D. in health psychology. When I retired, I was an Associate Professor on the research faculty of the Frances Payne Bolton School of Nursing at CWRU. One of my areas of research was the inclusion of persons with disabilities in mainstream research. I am writing to share some information with you relevant to your Equity efforts.

Health disparities for people with disabilities are far greater than for any racial or ethnic group in the U.S.

Part of the reason is that people assume that when people have disabilities, they are not capable of doing much to improve their health. But that is simply not true. For example, People who use wheelchairs for mobility are capable of eating a healthy diet, exercising within their capabilities, and engaging in helpful stress management strategies just as much as walking people. People who have blindness or deafness, if provided with communications delivered in formats that are accessible to them, can do likewise.

And yet people with these major disabilities are regularly excluded from studies of health promotion and disease prevention. So, while we know that if a hearing, sighted, walking person walks for about 150 minutes/week, the activity decreases their probability of having a cardiovascular event. We do not know whether the same applies to people with deafness, blindness, or wheelchair mobility.

Because the research does not exist, programs to improve health seldom address this glaring health inequity.

At least 26% of the population of the U.S. has at least one type of disability. See the Centers for Disease Control and prevention page here: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>

Notable facts include that people with disabilities have higher rates of obesity, smoking, heart disease, and diabetes than the general population. Yet 1 in 3 do not have a usual healthcare provider, 1 in 3 have an unmet healthcare need because of cost, and 1 in 4 people with disabilities did not have a routine checkup in the last year.

And yet, Cuyahoga County, like most other governmental, regional, and organizational programs to reduce health inequity, does not address people with disabilities.

Existing programs can be easily modified to include people with disabilities.

When I worked at CWRU, I focused on the inclusion of people with disabilities in mainstream health research. Similar strategies can be used to include people in health equity programs. see my published article here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3320239/>

I am retired now and disabled myself, with limited stamina and mobility. However, I would be more than glad to assist with inclusion efforts on the County level. I have many suggestions, too much to include in this email. Please get in touch if you are interested in addressing this great need.

Sincerely,

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"Outside of a dog, a book is a man's best friend. Inside of a dog, it is too dark to read" ~Groucho Marx