

Understanding Health and Wellness Needs and Communication Networks of People With Disabilities From Ethnic and Racial Minorities

Background: For many years health was defined as the absence of disease, thus making disability equated with ill health. Today, conceptualizations of health extend beyond the physical domain to encompass emotional, social, spiritual, and intellectual domains and the idea that one can be healthy with a disability. This perspective spawned a movement to begin considering how to prevent secondary health problems and to promote and maintain health. It follows that assessing environmental and participation factors may prove useful in identifying ways to improve the health of individuals with disabilities from minority cultures.

Purpose and anticipated benefits: Part of the study's purpose was to investigate the perceptions of individuals with disabilities from low income and ethnic and racial minority groups regarding their access to health care services, use of preventive health care services, and satisfaction with the health care system, as well as determine where they obtain health information and how they define health for themselves. Also of interest was understanding the medical profession's attitudes, knowledge, and practices related to preventive service provision for people with disabilities from low income and minority backgrounds and identifying community-based resources and programs that offer health-related services to low-income and minority individuals in the Kansas City metro area. Knowledge gained will better inform the rehabilitation field not only of individuals' health status, but also about their access to knowledgeable medical personnel and community resources.



Who: Katherine Froehlich-Grobe, Ph.D., interviewed minority consumers (25 blacks, 25 Hispanics, and 25 American Indians) with disabilities. The average age of respondents was 49.6 years for blacks, 44.6 for Hispanics.

When: 2001-2002

Method: From focus group interviews and literature reviews, an interview instrument was developed and also translated into Spanish.

Results: Both groups reported low education, employment, and income, although nearly one-fourth of Hispanic participants reported earning more than \$20,000 a year compared to most of the black respondents who reported less than \$10,000 a year. Most black participants had Medicare or Medicaid coverage and none reported lack of insurance, while nearly half the Hispanic participants said they did not have health insurance. Regarding health care access, most respondents reported seeing a primary

care provider, with one-third seeing a specialist. Most respondents had seen the same health care provider for at least two years, although approximately one-third of Hispanics reported seeing their provider for less than a year. Most respondents reported a good relationship with their providers and thought they could question the providers and understood providers' answers.

Policy implications: This knowledge will better inform the rehabilitation field not only of individuals' health status, but also about their access to knowledgeable medical personnel and community resources whose efforts can aid in promoting their health.

Project output: Besides a poster presentation at Society for Community Research Action conference (2003) and survey instrument, a resource guide, *Transportation Resources In and Near Kansas City*, was developed for health care facilities in the Kansas City metro area serving low-income populations and distributed to local agencies that serve people with disabilities. The document, which lists all currently available transportation agencies in the Kansas City metro area and their accessibility, is at <http://www.kumc.edu/SAH/OTEd/outreach/transportation.html>.