

## Inclusivity in Advancing Health Equity: Things to Consider

People with disabilities should guide decisions made about people with disabilities. In Episode 4 of *Small Bytes*, AHE's Kim Singletary and Dennis Heaphy of the **Disability Policy Consortium** discuss how including the expertise of people with disabilities must be an integral component of health equity efforts. Heaphy discusses the importance of intersectionality, shares key insights from his current work as a disability advocate and AHE National Advisory Committee member, and gives teams advice for how to successfully include people with disabilities in their work. As you read, click the links for related resources recommended by Heaphy.

As multi-stakeholder teams work to advance health equity through payment reform, factors such as race and social drivers of health play a significant role in the health outcomes of people with disabilities. As teams create their health interventions, Heaphy encourages them to consider the following:

- 1. Ableism is a too-often-ignored social driver of health.** It is essential that individuals with disabilities be recognized as 'whole people,' not poor health outcomes. If equity leaders do not value people with disabilities within their community or address their needs, they are perpetuating **ableist views** of disability that compound barriers to healthcare. Those **barriers**, in turn, will lead to disproportionate levels of morbidity and mortality among the most vulnerable members of a community. People with disabilities should be given decision-making power in the design and execution of health interventions.
- 2. Disability is intersectional. Interventions should be as well. Black Americans and Indigenous Americans** disproportionately experience disability. Relatedly, they have a higher risk of developing secondary disabling conditions as well as increased rates of morbidity and mortality. Healthcare teams should pay specific attention to both disability and the impact of **race and ethnicity** on a person's care.
- 3. Disability does not exist in isolation.** The social drivers of health that disproportionately impact racially and ethnically minoritized populations are exacerbated for people with disability (e.g., loss of pay, reduced access to housing, increased isolation, loneliness). Ableism and barriers to healthcare also impact family members (e.g., inequities in access to home and community-based services, as well as family earnings and stability). To be truly effective, **healthcare interventions** must address the impact of ableism on multiple aspects of a person's life.

### To ensure inclusion is central to your intervention:

- ✔ Create a team that reflects the community being served.
- ✔ Speak directly to people with disabilities to adequately address their needs and learn where your team can improve its efforts.
- ✔ Give those with lived experience opportunities to drive conversations and impact decision-making at all levels of the organization.
- ✔ Lay the groundwork for inclusion now to achieve long-term benefits later.

*Advancing Health Equity: Leading Care, Payment, and Systems Transformation (AHE) is a national program supported by the Robert Wood Johnson Foundation and based at the University of Chicago. AHE's mission is to discover best practices for advancing health equity by fostering payment reform and sustainable care models to eliminate health and healthcare inequities. Learn More at: <https://advancinghealthequity.org/>*