

Improving Care and Health Outcomes for People with Disabilities

America's hospitals and health systems share a common mission: to advance the health of all individuals and communities. As such, we are committed to providing quality care and demonstrating improvements in accessibility and health status for all. This guide represents an effort to assist hospitals in their journey to ensure optimal care and outcomes for people with disabilities while supporting their families and caregivers.

The Americans with Disabilities Act (ADA) defines disability as a physical or mental impairment that substantially limits one or more life activities, a history of such an impairment, or the perception by others that one has such an impairment. Today, an estimated one in four Americans has a disability, and it is unacceptable that some people with disabilities may experience barriers to care, poorer health outcomes and lower satisfaction with health care services.[1]

To help hospitals improve outcomes for patients with disabilities, the American Hospital Association has developed a set of approaches. If adopted as part of a scalable disability strategy, these approaches can assist hospital leaders in identifying barriers to care, implementing practices that enhance accessibility, and improving experiences and outcomes for patients and their families. Because many disabilities are lifelong, the approaches include addressing patients' long-term needs, focusing on continuity of care, and engaging families and caregivers who play a central role in supporting patients.

The Case for Action

These approaches can help hospitals:

- Further reduce barriers and improve access to care
- Reduce preventable harm and improve quality of care and patient safety
- Increase patient, family and caregiver satisfaction
- Ensure a safe, accessible and supportive environment for staff with disabilities
- Build structural capacity for the long term
- Enhance trust and credibility as community anchors

Addressing disability-related needs supports quality, patient safety and effective care delivery.

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Suggested Approaches

Following are approaches hospitals and health systems may choose to explore based on their respective priorities, resources and community needs. These are not intended as requirements or a comprehensive checklist, but rather options to support locally tailored disability strategies.

Clinical Care Delivery

- Provide disability-competent, person-centered care through structured training for care teams, including protocols for sensory, mobility, intellectual and developmental disabilities, and complex care needs.
- Incorporate simulation-based training, such as safe transferring/lifting techniques and prioritizing communication needs and preferences for patients who use alternative communication devices.
- Strengthen care coordination to reduce fragmentation across inpatient, outpatient, home-based and community settings, with particular attention to individuals with lifelong disabilities or complex care needs, including older adults.
- Improve transition pathways, including pediatric-to-adult care handoffs and transitions across levels of care.
- Implement accessible digital tools and telehealth platforms that meet widely used accessibility standards (i.e. Web Content Accessibility Guidelines) and support diverse communication needs (i.e., screen-reader compatibility, captioning, American Sign Language, augmentative and alternative communication methods).
- Expand models that support at-home care, individuals with mobility or transportation limitations and hospital-to-home continuity of care.

Workforce and Culture

- Incorporate accessibility, disability awareness and appropriate communication practices into workers' onboarding, ongoing education and leadership development.
- Support workforce readiness for serving patients with complex or disability-specific needs, including training for care extenders and nonclinical staff.

Health Disparities Snapshot

ACCESS GAP

1 in 4 adults age 18-44 with disabilities report lacking a usual source of care.

1 in 6 adults age 45-64 with disabilities report not having a routine check-up in the past year.

YOUTH WITH DISABILITIES ARE:

2.4x more likely to use illicit drugs.

3.4x more likely to have a major depressive episode in the past year.

6.5x more likely to have diagnosed anxiety.

ADULTS WITH DISABILITIES ARE:

1.3x more likely to have obesity.

2x more likely to smoke.

3x more likely to have heart disease.

4x more likely to report depression.

People with disabilities are also at higher risk for preventable complications such as falls, fractures and pressure injuries, particularly among people with mobility limitations or who are immunocompromised.[3,4]

Community Partnerships

- Partner with community-based disability organizations, home- and community-based service providers and advocacy groups to close gaps across the care continuum.
- Develop bidirectional referral pathways and outreach tools connecting hospitals to trusted community supports (transportation, caregiving assistance, independent living, behavioral health, support groups, etc.).
- Engage partners who have implemented ecosystem mapping or bridging/connector programs to identify system gaps and strengthen navigation.

Data and Infrastructure

- Implement standardized disability status screening during patient intake and registration, with processes to revisit and validate this information throughout the patient's care journey.
- Collect, stratify and analyze data on disability status, care experience and outcomes across settings.
- Embed accessibility, accommodation and other care metrics into performance, safety and quality dashboards.
- Improve interoperability and information-sharing to support care continuity across hospitals, outpatient clinics and community partners.
- Verify insurance coverage and support patients in enrollment and coverage transitions to reduce care disruptions and delays.

Guiding Principles for Disability-Inclusive Care

Person-centered care
Recognize the unique needs and preferences of individuals

Comprehensive accessibility
Integrate accessibility into facilities, technology and workflows

Sustainable systems
Move from one-time fixes to long-term structural solutions

Next Steps: Partnering to Advance Quality Care

The AHA invites your feedback on these suggested approaches. Our Division of Health Outcomes and Care Transformation team can supply additional information, answer your questions and provide assistance as you work to shape your organization's strategy.

We also invite you to:

- **Participate in listening sessions:** Join leaders from across the country to share experiences, challenges and promising practices to inform the AHA's approach in reducing disparities and improving care experiences and outcomes for people with disabilities. Participants may include clinicians, operational leaders, data teams, workforce leaders, caregivers, disability community partners and individuals living with a disability.
- **Share your story:** Highlight innovative programs, partnerships or initiatives that reduce disparities and improve health outcomes for people with disabilities. Practical guidance, tools and metrics for embedding disability awareness across care delivery, workforce and community engagement are all welcome.

For questions or more information, please contact Julie Kim, director, division of health outcomes and care transformation, at julie.kim@aha.org.

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