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POLS 374

Disabilities

In the area of disability services, attempts to collect data by race for Buncombe County or Asheville city were unsuccessful. This data is unavailable over the internet or in person at local offices. All contacts made through phone, email, and person are redirected or ignored. However, under the Rehabilitation Act of 1973 this data be kept by government agencies. A refusal to disclose or publish this data is essentially illegal (Rehabilitation Act).

With the data that is available at a national level, disparities can be projected for African-Americans in Buncombe county. In 2011 there were 13,618 total persons with intellectual or developmental disabilities in Buncombe County. Of this number, 2,107 are from the age to five to seventeen. Of that number, 1,898 of these persons had with cognitive disabilities (ARC). As far as on a national level, the black population was the highest as for as disabled status as a percentage of the entire race population, as 20.3% of the black population was listed as disabled in 2010 compared to 18.5% of the white population (United States Census Bureau). In Buncombe county in 2010, 5,226 or 41% of African-Americans were eligible for Medicaid, compared to 26,772 or 11% of whites (NCDHHS).

Access to Healthcare

Access to healthcare professionals in Buncombe County is much lower for African-Americans than for whites. The General Health Survey in 2012 collected an array of primary care information for whites and African-Americans in Buncombe County. Based on that data, there a number of disparities. In 2012, 23.1% of African Americans in Buncombe County had no

current health insurance; 20.6% could not see a doctor due to cost; and 21.2% had no personal doctor. In 2012, only 14.2% of whites in Buncombe County had no current health insurance; only 13.5% could not see a doctor due to cost; and only 16.7% had no personal doctor. 28.6% of the adults who did not visit a dentist in the previous year were white, while 41.6% were African-American. When asked to rate the condition of their own health in the survey, 15.7% of adults stated that they were in fair or poor health were white, while 21.6% of African-Americans stated gave themselves the same rating.

Federal Level Policy Initiatives in Buncombe County

There currently a handful of different federal level methods and initiatives to reduce disparities in Buncombe County for African-Americans, whether directly or indirectly. Currently, the Affordable Care Act and the Americans with Disabilities act have the strongest influence over their particular areas of health care policy. There are several initiatives in the Affordable Care Act that are geared towards fixing racial disparities in healthcare:

Section 1943 calls for "conducting outreach to and enrolling vulnerable and underserved populations eligible for medical assistance… including children, unaccompanied homeless youth, children and youth with special health care needs, pregnant women, racial and ethnic minorities, rural populations, victims of abuse or trauma, individuals with mental health or substance-related disorders, and individuals with HIV/AIDS."

Section 2952 calls for "Epidemiological studies to address the frequency and natural history of the conditions and the differences among racial and ethnic groups with respect to the conditions."

Section 2953 calls for "adulthood preparation" in areas such as healthy relationships described as "positive self-esteem and relationship dynamics, friendships, dating, romantic

involvement, marriage, and family interactions" as well as adolescent development, described as "the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects."

Section 3507 calls for review by the Secretary of Health of all available scientific evidence and research on social and cognitive psychology and to consult with drug manufacturers, clinicians, patients and consumers, experts in health literacy, representatives of racial and ethnic minorities, and experts in women's and pediatric health.

Section 4102 states that Congress must "ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations.... in a culturally and linguistically appropriate manner"

Section 4201 calls for prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health

Section 3101 orders that sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations be kept

Section 4305 calls for evaluation of the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, as well as in identified racial, ethnic, gender, age, and other demographic groups that are disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain.

Section 5306 deals with mental health grants, and states that in order to receive a grant an institution must demonstrate that there is participation in the institutions programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class

backgrounds, and different genders and sexual orientations, as well as have understanding of the concerns of these groups. It also demands that any internship or field placement program prioritize cultural and linguistic competency, and states that the institution will provide data, assurances, and information as the Secretary demands, and calls for the institution to pay for damages for any violation.

Section 4313 deals with grants to promote the health of the workforce. It states that its aim is "to educate, guide, and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, particularly racial and ethnic minority populations"

Section 6301 calls for research to be done and designed to take into account the differences in the effectiveness of health care for different populations, such as racial minorities and women.

Section 10334 is a section dedicated to minority health. It creates the Office of Minority Health. This office came into effect the day that the ACA passed, and replaced the Office of Public Health and Science, and took all of the authority, duties, responsibilities, accountabilities, functions, staff, funds, and award mechanisms that the Office of Public Health and Science had.. It is headed by the Deputy Assistance Secretary for Minority Health, who reports directly to the Secretary of Health and Human Services. Its purpose is "improving minority health and the quality of health care minorities receive, and eliminating racial and ethnic disparities." The office has the authority to "award grants, contracts, enter into memoranda of understanding, cooperative, interagency, intra-agency, and other agreements with public and nonprofit private entities, agencies, as well as Department and Cabinet agencies and organizations, and with organizations that are indigenous human resources providers in communities of color to assure

improved status of racial and ethnic minorities, and shall develop measures to evaluate the effectiveness of activities aimed at reducing health disparities and supporting the local community." It appropriated funds for fiscal years 2011 through 2016 (Affordable Care Act).

The Americans With Disabilities Act has no recognition of race or disparities by race. However, in The Rehabilitation Act of 1973, which also deals with disability, Title 10, Section E, Numeral I states that information must be included that is related to the applicants and eligible individuals for DIB, including: (I) age, gender, race, ethnicity, education, category of impairment, severity of disability, and whether the individuals are students with disabilities.

Also in this Act, there is an entire section addressing racial minorities. Section 21 deals with traditionally underserved populations. In subsection 2, the Act states that ethnic and racial minorities tend to have more disabling conditions than other populations. It states that African-Americans are "one and one-half times more likely to be disabled than whites and twice as likely to be significantly disabled." In subsection 3, it admits that African-Americans are statistically more likely to be denied than whites. It also admits that more African-American cases are closed without being rehabilitated, that whites are given more training than minorities, and that less money is spent on minorities than whites. Section 4 states that recruitment needs to be done of minorities. The section also states that more awards will be made to minorities, as well as research (Americans with Disabilities Act).