

The Intersection of Disability and Chronic Disease

Often, we use the terms “chronic disease” and “disability” together; some even use them interchangeably.

While disability and chronic disease do overlap, these terms are not synonymous and using them as such undermines the notion that *people with disabilities can be healthy*.

- The World Health Organization (WHO) defines chronic disease as: “. . . diseases of long duration and generally slow progression” (World Health Organization, 2011).
- The WHO defines disability as: “. . . impairments, activity limitations, and participation restrictions . . . reflecting an interaction between features of a person’s body and features of the society in which he or she lives” (World Health Organization, 2011a).
- The important distinction to understand between these is that while chronic disease is integrally related to health, **the preferred conceptual framework of disability views disability as separate from health and does not integrally relate the two.**

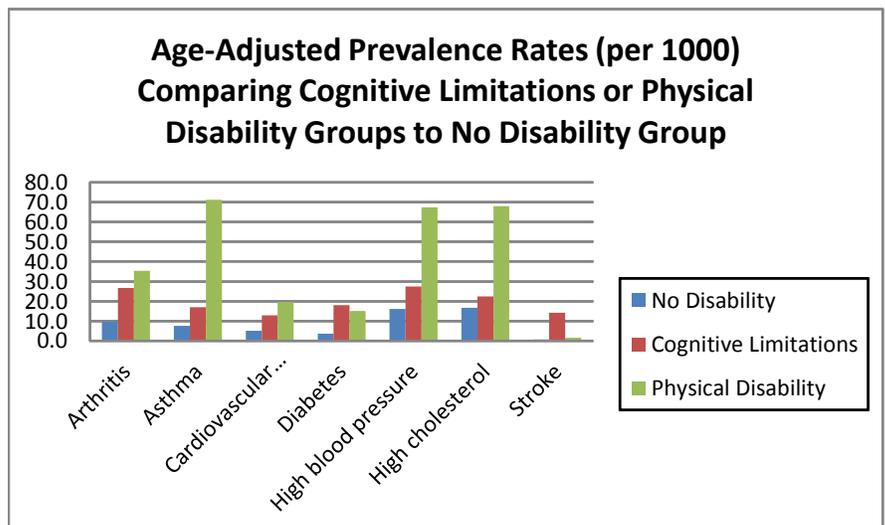
The CDC reports that chronic diseases (such as heart disease and diabetes) are the leading causes of death and disability in the U.S. (<http://www.cdc.gov/chronicdisease/>).

Our research (Reichard, Stolze, & Fox, 2011) has shown that people with

disabilities have higher prevalence rates for chronic diseases than those with no disability.

- Moreover, our research has shown people with disabilities are more likely than those with no disability to experience higher prevalence rates of multiple chronic diseases.
- Other studies have found that some people with disabilities develop chronic conditions at an earlier age (DeJong, Palsbo, Beatty, Jones, Kroll, & Neri, 2002; World Health Organization, 2011b) and some people with disabilities die from chronic disease sooner after diagnosis (Capriotti, 2006).

Especially disconcerting is the fact that not only are people with disabilities more likely to be obese, but among those who are obese, people with disabilities have statistically significantly higher BMI scores than those with no disability.



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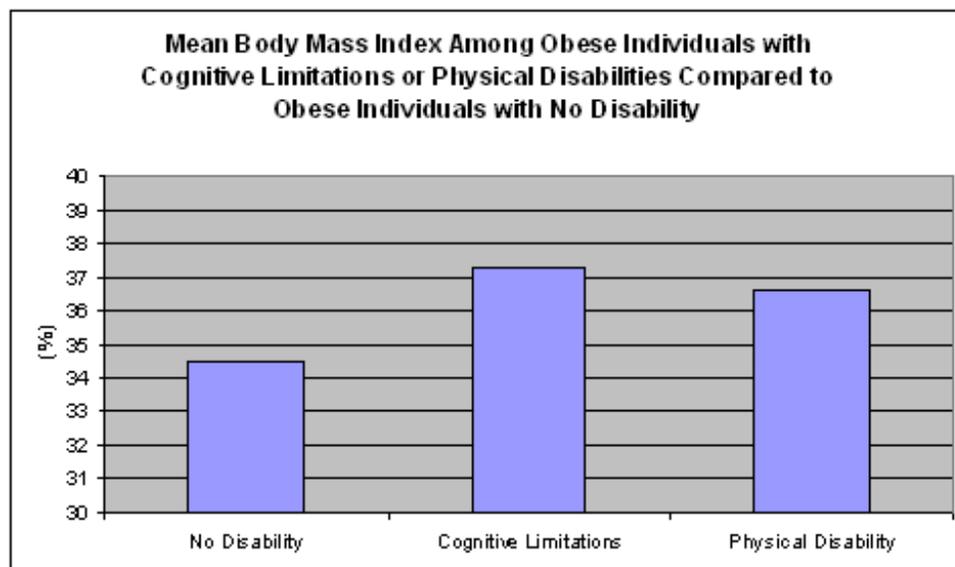
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Why should we care about this distinction?

- We know that people with disabilities experience chronic conditions at a higher rate than people without disabilities. Through research we have begun to document these disparities. This research is founded on a framework that views disability as separate from health, and chronic disease in particular.
- Beyond that, we can benefit from knowing whether the chronic condition preceded the disability or vice versa. Knowing this helps us shape our research, policy and practice outcomes so they will have the greatest impact.
- **To date, much of the research has focused on disability that results from chronic disease rather than chronic disease among those with existing disabilities.** A primary example of this is diabetes research. Most of the literature related to the intersection of these two examines the development of disability as a result of diabetes. Very little addresses it the other way around to ask the question: What is the experience of people with disabilities who develop diabetes?

Bottom line for setting the national research agenda:

- We must include **disability as a demographic variable** when we plan and conduct health disparities research.
- We must continue to promote the idea: **People with disabilities can be healthy.**
- We must establish **full and effective integration of people with disabilities in clinical (not just qualitative) research and agenda setting.**
- We cannot solely focus on primary prevention; we must also **promote health and prevention/self-management of chronic disease** for the large number of people who already experience disability.

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Funded by a grant from the National Institute on Disability and Rehabilitation Research, award number H133B060018.



Produced by:

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July 2011