Including disability in all health equity efforts: an urgent call to action

Globally, over 1 billion, or one in seven people, have a disability.[1] This estimate highlights that the disability community is one of the largest minority groups in the world, and people with disabilities are part of all of our communities.

Although disability is common, health disparities remain largely unaddressed for this population. People with disabilities are more likely to be denied health care than people without disabilities, and face unique barriers and stigma when accessing health care.[1–3] In part, these persistent inequities are fuelled by an antiquated view of disability as the antithesis of health. As a result, most public health and medical research efforts are focused on prevention and treatment of disabilities. While efforts to prevent and treat diseases and conditions will always be important and necessary, this myopic focus perpetuates stigma, ableism, and inequities for the disability community. Research aimed at maximising the health and inclusion of people with disabilities is crucial.

The COVID-19 pandemic has magnified the urgent need for disability to be viewed through a lens of health equity. Historical data gaps, such as the paucity of data on disability collected within public health systems and health-care settings, have prevented accurate tracking of the effect of COVID-19 among the disability community.[4] The absence of health equity data among the disabled community is often viewed as an absence of inequities, which has led to oversights in the pandemic response for this group. Instead, these data gaps represent the exclusion of people with disabilities from data collection efforts and reflect a deep social injustice that perpetuates health inequities. Without disability data, it is impossible to create inclusive evidence-based policies and strategies.

The future of health equity research and policy must be holistic and intersectional, and must include disability. Barriers from many root causes can derail the path to achieving equity. People with disabilities can face similar types of systemic barriers to health as women, racial and ethnic minorities, and individuals from the lesbian, gay, bisexual, transgender, and queer community, including stigma and discriminatory policies.[5] But additional challenges exist in access and accessibility that are unique to the disability community, such as physical barriers and gaps in accessibility of communication and information. Until people with disabilities are included in all efforts to advance health equity, we will fall short in reaching this goal.

The inclusion of researchers with disabilities must also be part of the solution. Including researchers from diverse backgrounds enriches our public health efforts and expands our research focus;[6] researchers with disabilities are no different and must also be included as core members of all diversity, equity, and inclusion initiatives. This inclusion ranges from including students and trainees with disabilities in diversity programmes, addressing barriers to career advancement for faculty and researchers with disabilities, and ensuring institutional policies support disability inclusion.[7–9]

As the pandemic seems to begin to wane in some areas around the world, a focus on health equity is paving the path to recovery. Now is the time to expand the scope of health equity to include everyone in our communities, including people with disabilities. This urgent call to action will require many to re-examine their views of disability and acknowledge that ableism is a formidable threat to health equity. Including people with disabilities in all health equity efforts is the first step, and this work must begin with public health.

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