It has been a busy and important fall for inclusivity in healthcare.

What we have always known at the ATS is that improving health outcomes requires an **inclusive process**. Earlier this fall, several federal bodies have demonstrated their support and agreement with this principle through clear action. For example, the National Institute on Minority Health and Health Disparities (part of the National Institute for Health (NIH)) published an announcement designating people with disabilities as a population with health disparities based on careful review of current science and evidence on this topic.

"This designation recognizes the importance and need for research advances to improve our understanding of the complexities leading to disparate health outcomes and multilevel interventions," said Dr. Pérez-Stable. “...NIMHD and other NIH institutes launched a new research program to better understand the health disparities faced by people with disabilities who are also part of other populations designated as having health disparities.”

Toward that end, the NIH published a notice regarding funding opportunities for research applications focused on “novel and innovative approaches and interventions that address the intersecting impact of disability, race and ethnicity, and socioeconomic status on healthcare access and health outcomes.”

To learn more about the NIH/NIMHD landmark position and to read the full announcement, click here:

Similarly, the US Department of Health and Human Services (HHS) has issued a **proposal to update and amend section 504 of** the Rehabilitation Act of 1973, **45 CRF Part 84; RIN: 0945-AA15**. The proposed rule would improve health equity by adding new provisions that revamp existing requirements in order to prevent discrimination against those with disabilities. Several key points in the rule include:

- Ensuring that medical treatment decisions are not based on biases or stereotypes about individuals with disabilities, judgments that an individual will be a burden on others, or beliefs that the life of an individual with a disability has less value than the life of a person without a disability;
- Clarifying obligations for web, mobile, and kiosk accessibility;
- Establishing enforceable standards for accessible medical equipment;
- Clarifying requirements in HHS-funded child welfare programs and activities;
• Prohibiting the use of value assessment methods that place a lower value on life-extension for individuals with disabilities when that method is used to limit access or to deny aids, benefits, and services.
• Clarifying obligations to provide services in the most integrated setting appropriate to the needs of individuals with disabilities.

To learn more about your rights under Section 504 and a summary of this historic rule, including how it directly relates to trauma care/medical care, click here:

https://www.hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf

We applaud these federal agencies for taking important steps toward equity and we know these designations and proposals will directly impact a substantial number of our members since some populations are disproportionately affected by trauma based on factors including:

Race,
ethnicity,
socioeconomic status,
and access to healthcare drive outcome disparity among trauma patients. To learn more:

://journals.lww.com/co-anesthesiology/abstract/2022/04000/healthcare_disparities_in_trauma__why_they_exist.9.aspx#:~