Decreasing Health Disparities Among Individuals with Disabilities in Iowa: A Public Health Approach

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Maggie Ferguson
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Introduction

Progression of Inclusive Health Collaboration

2013: "Disability in Iowa: Public Health Needs Assessment" published; Provide TA and training to Community Transformation Grant advisory council

2014: Pilot Living Well Iowa in two counties (funding from CDC)

2016: Launched Reaching People with Disabilities through Healthy Communities (funding from NACDD); Received 5 year funding for Inclusive Health and Wellness Iowa (funding from CDC)
Project Goals

Inclusive Health and Wellness Iowa

• Improve inclusion and accessibility in public health programs

• Reduce health disparities with focus on nutrition, physical activity and obesity.

Image of girl using wheelchair and playing a sport

Florida Office of Disability and Health
Health Disparities & Inequities

- Disparities are health differences among groups of people
- Inequities are differences in health among groups of people that are unfair, unjust, and avoidable

For people with disabilities, disparities are often NOT caused by the condition but are a consequence of social, attitudinal, and environmental barriers that prevent full participation.
Health Inequities

22.5% of adults in the U.S. have some type of disability.

18.5% of adults in Iowa have some type of disability.

Adults with Disabilities are more likely to:

- be inactive
  - Adults with disabilities: 43.0% in the U.S., 44.1% in Iowa
  - Adults without disabilities: 24.3% in the U.S., 25.6% in Iowa

- have high blood pressure
  - Adults with disabilities: 42.9% in the U.S., 44.9% in Iowa
  - Adults without disabilities: 26.8% in the U.S., 24.9% in Iowa

- smoke
  - Adults with disabilities: 30.6% in the U.S., 35.4% in Iowa
  - Adults without disabilities: 14.6% in the U.S., 16.0% in Iowa

- be obese
  - Adults with disabilities: 39.6% in the U.S., 45.1% in Iowa
  - Adults without disabilities: 25.3% in the U.S., 27.3% in Iowa

Source: BRFSS, 2016
Health Inequities

- **Disability** is a greater risk for unintentional injury than age, sex, gender, race or education
- 1.4x more likely to be obese (children/adolescents)
- 1.5x more likely to be a victim of non-fatal violent crime
- 2x more likely to experience sexual assault or rape
- 2.5x more likely to skip/delay health care due to cost
- 2x more likely to lack adequate transportation
- 2x more likely to have an income less than $15,000
- 1.5x less likely to have access to the internet

As cited in Krahn et al., 2015 and Shandra, 2018
Health Inequities

- People with disabilities have the same health needs as others. However:
  - 2x more likely to find health care providers and skills inadequate
  - 3x more likely to be denied health care
  - 4x more likely to be treated badly by the health care system

- 50% more likely to have a catastrophic health expense

Disability can be experienced by anybody at anytime in their life

World Report on Disability, 2011
Achieving Equity

• Remove physical barriers to health facilities, information, equipment, and recreation
• Make health care affordable
• Train health care workers and recreation staff members in disability issues and etiquette
• Invest in services such as rehabilitation

Image: Teammates cheering on child in baseball game
Florida Office of Disability and Health; Coonan Photography
Project Scope

• Outreach to people and organizations that influence health of people with disabilities
• Contribute to literature by analyzing Medicaid claims data for some conditions
• Promote effective diabetes management among people with an intellectual or developmental disability
• Train health care professionals to provide effective patient care for people with disabilities
Health Care Provider Training

• Began outreach to University of Iowa health sciences curriculum coordinators in 2004
• Initial outreach unsuccessful
• UI Physician Assistant Training program first to incorporate it into their curriculum
Expansion within UI

• Dedicated federal funding and word of mouth facilitated expansion in early 2000’s

• Early partners included UI Carver College of Medicine, UI College of Nursing, Radiology Technology Training Program

Image: Medical student with graduation cap
Further Expansion

• After 2010, expansion to additional sites without dedicated funding
  - UI College of Dentistry
  - Des Moines University
  - Blank Children’s Hospital Medical Residency Program
  - Palmer College of Chiropractic

• Faculty champions at each site key to expansion and retention
Delivery Methods

• Large group didactic, lecture format focusing on strategies for accommodating and communicating with patients with disabilities
• Small group patient encounters with social history, medical history, physical exam
• Online training modules
Large Group Training

• Done in partnership with individuals with disabilities and family members
• Combines presentation, video clips, role play, and discussion
• Includes physical, developmental, and sensory disabilities
Small Group Training: Patient Encounters

- Brief orientation
- Two 25-minute encounters for pairs of students with patients with a variety of disabilities
- Debriefing
- Evaluation
## Large Group: Impact Data

### Large Group Training

<table>
<thead>
<tr>
<th></th>
<th>FY2018</th>
<th>FY2019 (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served</td>
<td>314</td>
<td>180</td>
</tr>
<tr>
<td>How would you rate the</td>
<td>3.96 / 4</td>
<td>3.84 / 4</td>
</tr>
<tr>
<td>appropriateness of the format,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>timing, and level of difficulty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of the presentation?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How effective were the</td>
<td>3.95 / 4</td>
<td>3.82 / 4</td>
</tr>
<tr>
<td>presenters in using</td>
<td></td>
<td></td>
</tr>
<tr>
<td>interactive techniques to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>present the materials?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How effective was this</td>
<td>3.95 / 4</td>
<td>3.80 / 4</td>
</tr>
<tr>
<td>presentation in changing your</td>
<td></td>
<td></td>
</tr>
<tr>
<td>attitudes about communicating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>with people with disabilities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Large Group: Impact Data

### Large Group Training, cont.

<table>
<thead>
<tr>
<th></th>
<th>FY2018</th>
<th>FY2019 (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number served</td>
<td>314</td>
<td>180</td>
</tr>
<tr>
<td>How would you rate the quality of the teaching provided in this session?</td>
<td>3.92 / 4</td>
<td>3.84 / 4</td>
</tr>
<tr>
<td>How effective was this presentation in increasing your knowledge about this topic?</td>
<td>3.95 / 4</td>
<td>3.87 / 4</td>
</tr>
<tr>
<td>What is your overall level of satisfaction with this learning experience?</td>
<td>3.85 / 4</td>
<td>3.83 / 4</td>
</tr>
</tbody>
</table>
Large Group: Impact Data

Sample Comments:

I liked the tips on how to communicate with patients with disabilities. It was encouraging to know it’s important to talk to the patient. I was already doing this but it was encouraging to know it’s the correct thing to do.

Hearing from people with disabilities was helpful for learning.

Very useful, gave me insight into my own personal bias and what I can do to respect my patients.

Learning it from people that are a part of the community left a bigger impact on me than it would from someone else.

I loved that we were able to see real life experiences/scenarios. It is nice to hear from personal experiences what actions/attitudes are appreciated and what doesn’t work.

We are never really exposed to people with disabilities so getting to hear from them and talk with them makes me more comfortable. It was a great experience.
### Small Group: Impact Data

#### Patient Encounters: Self-Reported Change at Post-Test

<table>
<thead>
<tr>
<th></th>
<th>FY2018</th>
<th>FY2019 (to date)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number served</strong></td>
<td>182</td>
<td>109</td>
</tr>
<tr>
<td><strong>How would you rate your knowledge about what to do or say when examining a person with a disability?</strong></td>
<td>▲ 50%</td>
<td>▲ 43%</td>
</tr>
<tr>
<td><strong>How would you rate your confidence and comfort level in working with people with disabilities?</strong></td>
<td>▲ 32%</td>
<td>▲ 30%</td>
</tr>
<tr>
<td><strong>How would you rate your level of understanding or empathy for the challenges that people with disabilities face when visiting a doctor?</strong></td>
<td>▲ 26%</td>
<td>▲ 25%</td>
</tr>
</tbody>
</table>
Small Group: Impact Data

Patient Encounters: Self-Reported Change at Post-Test

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<tbody>
<tr>
<td>Number served</td>
<td>182</td>
<td>109</td>
</tr>
<tr>
<td>How would you rate your skills in being able to help a patient</td>
<td>▲ 23%</td>
<td>▲ 32%</td>
</tr>
<tr>
<td>with a disability feel welcome and comfortable during a medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>visit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you rate your overall competence in communicating</td>
<td>▲ 29%</td>
<td>▲ 26%</td>
</tr>
<tr>
<td>with people with disabilities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How high is your level of interest in working with people with</td>
<td>▲ 8%</td>
<td>▲ 6%</td>
</tr>
<tr>
<td>disabilities in the future?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sample Comments:

I liked being able to talk to people with similar but different abilities and learn about ways that I could accommodate them and make their healthcare visits better.

I enjoyed hearing stories directly from disabled patients about their experiences.

I liked learning communication strategies to help make patients more comfortable.

I liked the opportunity to speak openly with people with disabilities, and to get their insight on interactions with medical providers.

I really enjoyed the interactions with people with disabilities. Learning from them about the challenges and experiences they face in health care.
LivingWellIowa.org

Training Portal

http://livingwelliowa.org/health-provider-training/

Assuring Access to Quality Health Care for Persons with Disabilities
Mini-grant Projects

• Five mini-grants of $4000 each

• Projects include:
  - Staff training
  - Personal training services for people with disabilities
  - Renovation of a restroom to be ADA compliant and oversized changing table
  - Inclusive bike camp
  - Purchase of adaptive equipment for T-ball and basketball

Image of Iowa map. Projects are in Fort Dodge, Des Moines, Iowa City, and Marion.

Mini Grants are supported by The Center for Disabilities and Development, through the Iowa Department of Public Health Cooperative Agreement number, 1NU27DD000019, funded by the Centers for Disease control and Prevention.
Project Goals for Year 4

• Expand reach to additional organizations, colleges, and universities
• Disseminate discussion guide
• Offer mini-grants to assist organizations in implementing inclusive and sustainable programs for physical activity, nutrition, or recreation
• Identify and share best practices
Discussion and Feedback

• Ideas and discussion for expansion and partnerships for initiatives
  – University, college and community college health provider training programs
  – American Academy of Pediatrics, Iowa Chapter
  – IA Health Link Managed Care Organizations
  – Professional Association conferences (medicine, nursing, PT, OT, etc.)
  – Iowa Hospital Association
  – Health/rehab facility in-service training programs
  – Iowa Association of Community Providers
  – Early childhood service providers
  – Child Health Specialty Clinics
Contact Information

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