# OBJECTIVES FOR TODAY

- Document health and healthcare disparities for people with IDD
- Establish disability education as key solution
- Introduce Core Disability Competencies

OBJECTIVES FOR TOMORROW

- Document health and healthcare disparities for people with IDD
- Establish disability education as key solution
- Introduce Core Disability Competencies
- Raise Educational standards
- **Prepare a disability competent health care workforce.**

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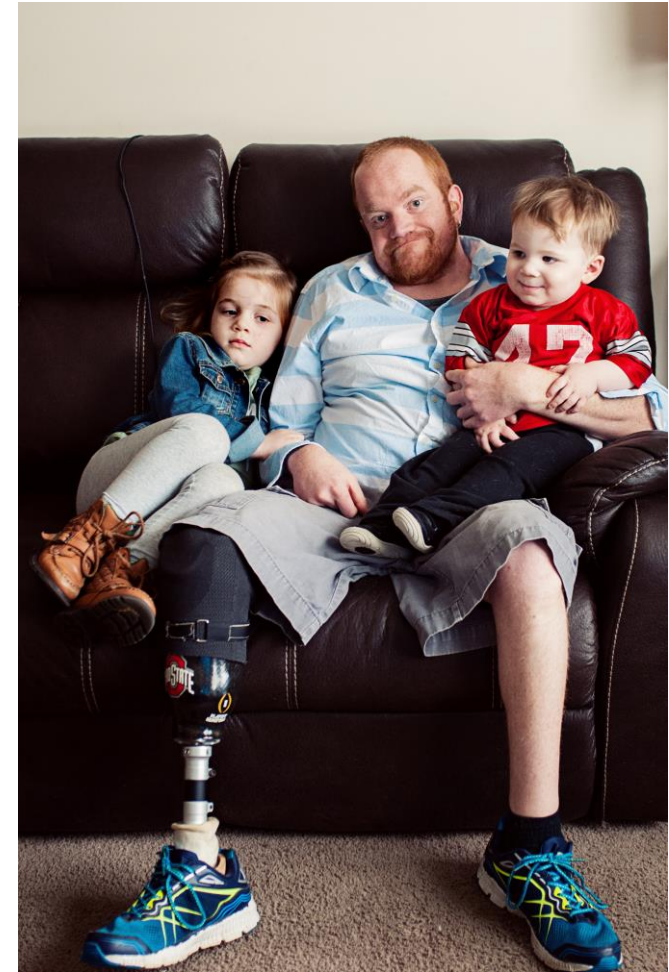
"It's a simple fact.
People with disabilities can't get basic healthcare.

So they get sick.

And die.

When they shouldn't." [1]

Compared to their peers without disabilities, adults with cognitive disabilities are. [2]

- **Five times** more likely to have diabetes
- **Three times** more likely to have arthritis
- **More than twice** as likely to have cardiovascular disease
- **More than twice** as likely to have asthma

These conditions are not causally related to disability and can be prevented or mitigated with quality health care.[3]

Barriers to Health Care for People with Disabilities

HEALTH ENVIRONMENT
Absence of disability standards in provider training
Insufficient data on the health of people with disabilities
Lack of inclusive health promotion programs

HEALTHCARE SYSTEM
Scheduling constraints
Payment/Reimbursement issues
Lack of age appropriate services and supports

CLINICAL PRACTICE
Inaccessible office and equipment
Lack of staff training
Communication barriers

PROVIDER
Lack of disability training
Incomplete knowledge
of care coordination
Poor attitude

PEOPLE WITH IDD FACE HEALTHCARE BARRIERS

- People with disabilities report [4]
  - Difficulty finding able and willing healthcare providers
 - Providers do not take the time to listen or respect

Healthcare providers report they are **unprepared and uncomfortable** caring for patients with disabilities.[5]
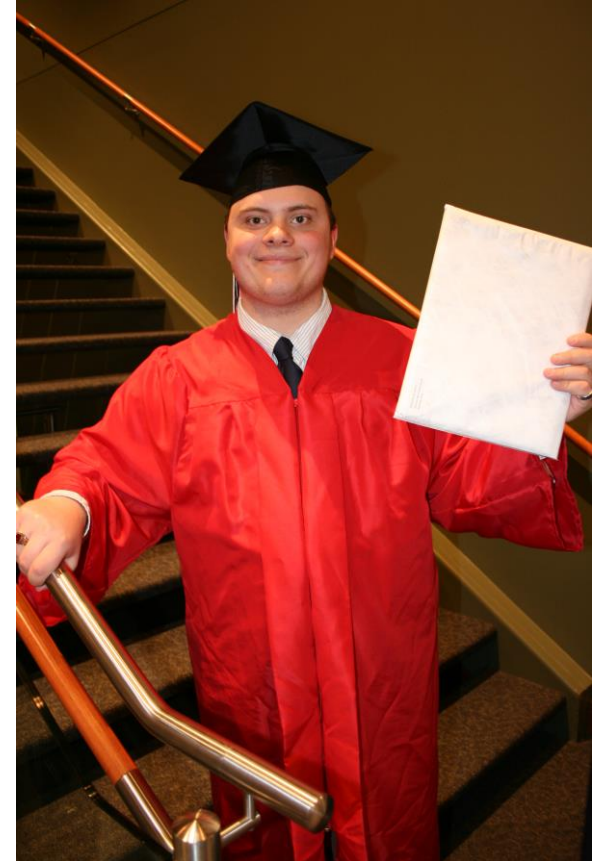
Healthcare Providers tend to… [4]

- **Underestimate** capabilities, health, quality of life experienced by people of disabilities

- Hold **inaccurate assumptions** about current/future functional status of people with IDD.

- **Overlook cultural**, economic, social backgrounds.

- **Overlook health issues** not having to do with a patient's disability.

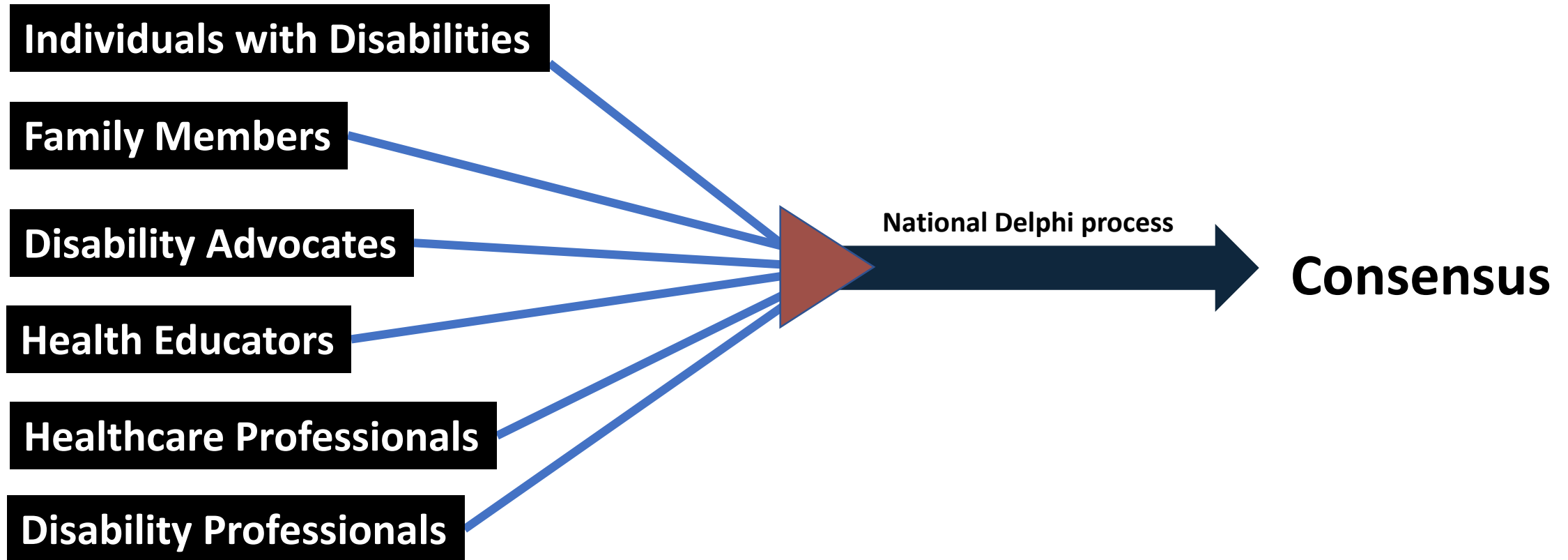- **Speak to caregivers** instead of directly to patient.
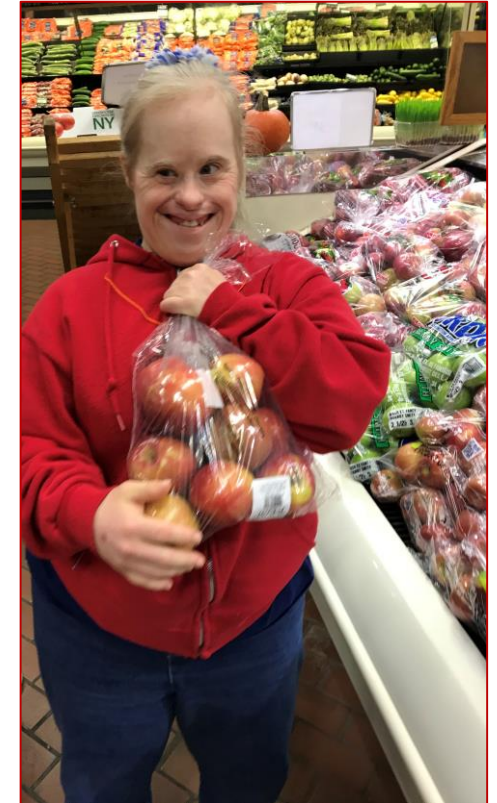
MILESTONES TO DISABILITY COMPETENCE[6]

1. Collectively decide what health care providers need to understand about disability.

2. Change training and licensure requirements to ensure disability training.

3. Develop evidence-based curricular elements to convey disability competencies.

4. Develop robust protocols to evaluate disability training.

5. Evaluate the impact of disability training on health care delivery and on health outcomes.

6. Explore health care delivery models/incentive structures to promote disability-competent care.

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The Ohio Disability and Health Program Sought Broader Input[7]

Individuals with Disabilities

Family Members

Disability Advocates

Health Educators

Healthcare Professionals

Disability Professionals

National Delphi process

Consensus

➢ https://go.osu.edu/corecompetenciesdisability-learnmore

Guiding Principles and Values[8]

➢ **Rational**

- As a demographic group, people with disabilities are very well represented in primary and specialty health care settings
- High quality healthcare for people with disabilities depends, in part, on the values held by healthcare providers.
- Guiding principles and shared values are essential to providing quality care to people with disabilities.

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The six core competencies define the standard for disability training to improve healthcare for people with disabilities.[8]

Core Competencies on Disability for Health Care Education
June 2019

Alliance for Disability in Health Care Education

| Contextual and Conceptual Framework on Disabilities | Professionalism and Patient-Centered Care | Legal Obligations and Responsibilities | Teams and Systems Based Practice | Clinical Assessment | Clinical Care over the Lifespan and during Transitions |

https://go.osu.edu/disabilitycompetencies

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Disability Training Increases **Understanding**

"The best takeaway that I had from the encounter was that people with disabilities want their medical concerns to be addressed in a direct and straightforward way just like any other patient."

We believe that

- ✓ **disability content should be required** for accreditation of all health care training programs.
- ✓ disability competence should be **evaluated** (e.g., on board exams)
- ✓ **licensure** boards should require disability competency
- ✓ innovative **incentive structures and policies** elevate the potential for the delivery of disability-competent care.

Health equity for people with disabilities depends on these bold changes.
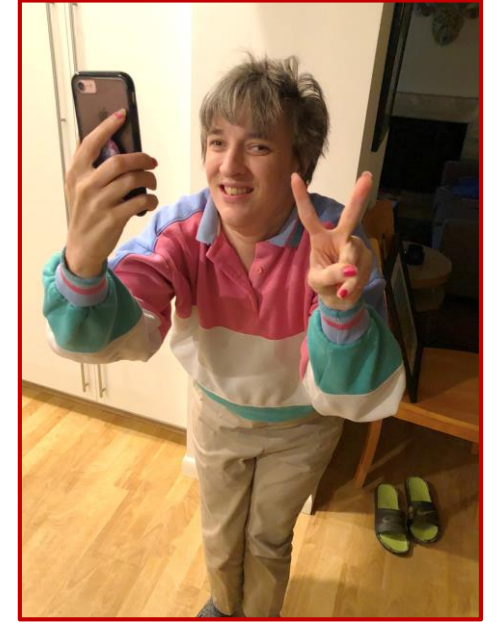
ODHP is a partnership between The Ohio State University Nisonger Center, the Ohio Department of Health, the University of Cincinnati University Center for Excellence in Developmental Disabilities, and the Ohio Colleges of Medicine Government Resource Center.

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