



HEALTH CARE FOR INDIVIDUALS WITH DISABILITIES

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Facts

- US census estimates about 251 to 269 million Americans living with various types of disabilities (Olson, 2007).
- 1 in 6 of individuals is affected by some kind of disability (Olson, 2007)
- It is predicated that disability may affect everyone at some point in life.

Disability Definition:

- Any functional limitation in:
 - seeing,
 - hearing
 - speaking
 - walking
 - weight lifting
 - difficulty in activities of daily living

(Olson, 2007)

Proposal for end of fellowship project was:

- The purpose of this project is to obtain and explore how much education do health care providers obtain upon employment and continuing education.

However:

-After a thorough literature review I have discovered that there isn't a policy in place about how much education do health care providers have to get about disabilities.

Thorough literature review revealed:

- there is disparity in inadequate training and education about disabilities for health care providers.
- Huge gap in knowledge about disabilities and appropriate training.
- It also strongly supports the needed change in practice when carrying for individuals with disabilities.
- Inadequate support
- lack of disability knowledge
- Stereotypical views of individuals thru the lens of disability
- Tunnel vision that focuses on the impairment rather than an individual.
- Lack of time to address their health care needs
- Lack of sensitivity during examination.

Lack of appropriate training, knowledge, and continuing education is a missing factor in proper health care management of individuals with disabilities

- Statistically significant difference between disabled and nondisabled women is that yearly gynecological exams for women with disabilities was 23% vs. 41%, mammograms 13% ($p < .001$) vs. 41%. ($p < .001$) (Chan, 1999).
- “...Individuals with functional limitations are less likely to receive adequate primary care “(Chan, 1999).

Continued

- 49 % of patients with disabilities are receiving psychotropic medications, but only 24 % of those medicated individuals with disabilities had appropriate indications, and about 36% did not (Lewis, 2002).
- 18.7% of clinicians were successful in indentifying behavioral problems, and 83% pediatricians missed diagnosed behavioral and emotional problems (Senscky, 2007).

Continued

- vaccinations for TB , influenza, and Hepatitis B are given less to patients with disabilities. (Lewis, 2002)
- Are less screened for:
 - coronary diseases
 - eyesight problems
 - hearing problems
 - physical
 - psychological conditions.

Why so many disparities?

- It is generalized that individuals with disabilities are likely to have multiple medical problems, and for those reasons physicians are concentrating on these issues where they continue to neglect basic health promotion.

AND

- Lack of appropriate training, knowledge, and continuing education is a missing factor in proper health care management of individuals with disabilities.

Continuing Medical Education Credits

- **On-line free continuous medical education included only 31 credits on intellectual disabilities:**
- Examples:
 - Functional Behavioural Assessment in People With Intellectual Disabilities
 - Strategies Recommended for Screening and Treating Patients With Intellectual Disabilities
 - Functional Behavioural Assessment in People With Intellectual Disabilities [Mental Retardation and Developmental Disorders]
 - Aggressive Behavior in Intellectual Disability Does Not Warrant Routine Antipsychotics
 - Speech-Language Impairment: How to Identify the Most Common and Least Diagnosed Disability of Childhood
 - Helping the Hyperactive Child: When Autism Looks Like ADHD
 - Making the Difficult Diagnosis: Detecting Autism in a Toddler

Continuing Medical Education Credits

- **On-line free continuous medical education included only 131 credits on developmental disabilities:**

Examples:

- Functional Behavioural Assessment in People With Intellectual Disabilities
- Functional Behavioural Assessment in People With Intellectual Disabilities
- Speech-Language Impairment: How to Identify the Most Common and Least Diagnosed Disability of Childhood
- Managing Developmental Transitions in ADHD: Interdisciplinary Collaboration to Improve Care
- CME Antenatal Magnesium Sulfate May Be Neuroprotective
- Diagnosis of Autism Spectrum Disorders in the First 3 Years of Life
- Helping the Hyperactive Child: When Autism Looks Like ADHD
- Making the Difficult Diagnosis: Detecting Autism in a Toddler
- Integrating Behavioral and Pharmacologic Therapy in the Management of Autism
- CME Early Intervention Offers Hope for Toddlers With Autism

Continuing Medical Education Credits

- **On-line free continuous medical education included only 310 credits on management of behavioral issues among individuals with disabilities:**

Examples:

- New Strategies for the Management of Behavioral Disturbances and Psychosis in Older Patient
- Functional Behavioural Assessment in People With Intellectual
- Cognitive Behavioral Therapy May Be Helpful in the Primary Care Setting for Panic Disorder
- Behavioral Approaches to Managing Obese Patients With Diabetes
- Aggressive Behavior in Intellectual Disability Does Not Warrant Routine Antipsychotic

Assessment of Continuing Education about management of individuals with disabilities in a level one trauma center:

- The medical educator has stated: “Can you repeat the question” She proceeded to say, education is not available nor is she familiar with any education or training about disabilities on campus.

Assessment of Continuing Education about management of individuals with disabilities in a community hospital:

- The nursing educator has said, “We have disability awareness and disability prevention education.” Meaning: preventative measures to prevent clots, strokes, heart attacks, and falls.
- “We don’t have education on the management of individuals with disabilities.”

“The health status of people with disabilities is adversely influenced by a cascade of disparities; disparities that can be addressed to improve health outcomes” (Krahn, 2006)

Where do we go from here?

- We need to provide appropriate training, knowledge, and continuing education about care and management of individuals with disabilities.

Communication is key in the improvement of health care for individuals with disabilities

- individuals with disabilities have difficulty in expressing concerns about their own health care
- about 90 % of health care providers admit having a difficult time providing good quality care for patients with disabilities when compared to other patients (Lin, 2008).
- main difficulties in providing care to individuals with disabilities are communication, time restriction, inadequate training, and education (Lin, 2008).
- Therefore, developing a tactics and experiences in communication is key in the improvement of health care for individuals with disabilities.

Changing negative attitudes among health care providers towards individuals with disabilities may positively influence changes in the health care system

- Health care providers are trained in biological sciences.
- They are trained to treat and cure the disease process.
- Health care providers are opposed to doing annual health checks, hearing tests, and eyesight exams (Kerr, 1996).
- This may reflect a lack of understanding and knowledge of the importance of these problems in this patient population.
- Lack of understanding and appropriate education among health care professionals individuals with disabilities may experience medical stereotyping.

Continued

- There is a significant lack of understanding that people with disabilities have multiple disease processes, and their medical problem may be attributed to the environment.
- Reeducation and appropriate training may change attitudes towards individuals with disabilities, and health care providers would focus on the person and not only on the disability.
- Perhaps the appropriate training and education would create a pathway for a partnership that will provide the health care providers with knowledge and expertise in the care for individuals with disabilities.

Appropriate knowledge about individuals with disabilities

- Health care providers have admitted lack of knowledge about disabilities.
- In one study, all the health care providers that participated admitted a lack of:
 - knowledge about the behavioral conditions
 - complex medical problems
 - living skills that are important in care of individuals with disabilities.
 - assessment
 - child development
 - collaboration with other services.

Continued

- A study done by Clayton and colleagues have found that there is statistically significant feeling of self doubt among physicians, and they report that they are inadequately skilled and knowledgeable for supporting individuals with disabilities (Clayton, 2008).
- Most important, one of the educators stated, “increase knowledge among health care professionals and provide them with tools to screen, diagnose, and treat the whole person with a disability with dignity (Krischner, 2009).

Lack of appropriate training among health care providers leads to dissatisfaction

- Healthcare providers feel unsatisfied with their preparation and level of knowledge about disabilities, and gave a score of 5.5/10 (Lin, 2008).
- A study based on 248 practitioners revealed that 53.4% were highly satisfied in knowledge about child's development, 36% were moderately satisfied, and 10.6% were very dissatisfied (Senecky, 2007).
- The lacks of training increases stress levels and decreases satisfaction among individuals with disabilities.
- This stress is associated with increased workload and leads to physician burn out.

Lack of appropriate training among health care providers leads to dissatisfaction among individuals with disabilities

- One individual stated, “...you have to be proactive, you have to educate your doctors...The doc is not necessarily going to ask you about those [preventable health care needs], you have to bring them up” (Kroll, 2006).
- Qualitative study, many individuals with disabilities said that they knew more about their disability than their health care provider. They felt that there were huge gaps in their preventative health care needs.

conclusion

- With the increased rise in disabilities continuing medical education must turn its focus on education about disabilities.
- We must focus on aspects such as communication, technological skills, and improved educational models.
- We need to recognize the needs in educating our future health care providers about disabilities.
- Within the US health care system there is lack in establishment of an effective quality assurance where medical programs will provide effective education about preventative medical care for individuals with disabilities.

Conclusion

- Multiple studies show 94 % of health care providers were interested in special training that involved behavioral, psychiatric conditions, complex medical problems preventative care in persons with disabilities (Lin, 2008).

Conclusion

- . Placement of guidelines within the health care communities that would consist of continuing education and competences would increase awareness about correct management and care of individuals with disabilities.
- As health care providers, we are obligated to not to cause harm, and we are obligated to advocate for the best health care for patient with disabilities.
- In addition, setting these guidelines for appropriate care, management, and treatment would possibly reduce gaps in knowledge, which would increase awareness, prompt health care providers to use evidence-based practice that would lead to an improvement in quality of patient care, and would improve patients' quality of life.

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