



Improving Healthcare for People with Disabilities: A Partnership Brief

Authors: Susan M. Havercamp: The Ohio State University Nisonger Center Myrna Veguilla, Laurie J. Woodard, & Kira K. Zwygart : University of South Florida

Healthcare Disparities

Lack of medical training often results in physicians being unprepared to provide care to people with disabilities. This contributes to substantial health disparities in this population. Growing research shows that people with disabilities receive inferior healthcare and insufficient resources to maintain their health and optimize wellness⁽¹⁾. The health care disparity between people with and without disabilities has increased to the extent that *Healthy People 2010* created initiatives that set forth objectives that specifically aim to optimize the health of people living with disabilities and prevent secondary conditions^(2,3).

Inadequate preparation of doctors is directly related to the inadequate treatment of persons with disabilities. Due to limited formal training in medical school and residency, few physicians have the clinical competence and comfort level required to treat people with disabilities^(3,4). This has led to personal and cultural barriers including misconceptions, insensitivity, lack of respect and unwillingness to care for persons with disabilities. These cultural gaps between patients and their physicians have all contributed to the difficulty for patients with disabilities to receive quality healthcare.

Disability Education for Healthcare Providers

In 2005, the University of South Florida (USF) Morsani College of Medicine integrated an interdisciplinary clerkship that included a "Primary Care of Special Populations" rotation⁽⁵⁾. Special Populations included the following vulnerable population categories:

- Elderly
- Adolescents
- Patients with Disabilities

Student Experience

The students gain exposure through a 12-week clerkship during the third year of medical school. There are both community and classroom activities that allow students to engage in hands-on learning in a variety of settings, including:

- "Model Patient" experience
- Lecture and panel discussion
- Home and community site visits
- Service learning
- Case scenarios and sensitivity sessions

Through a variety of activities, medical students are given the opportunity to explore and learn about people with disabilities. They begin to understand that people with disabilities can and do live fulfilling lives not much different than themselves. Through these personal experiences, the students increase their knowledge of disability, decrease negative attitudes toward people with disabilities and increase their comfort level in providing care to their patients with disabilities.

Disability Module in Primary Care Rotation

Goals:

- To encourage patient centered care that allows students to see the patient as an individual.
- To help students understand that disability is part of life, through a concept of varying abilities rather than disease model.
- To help students develop respectful communication and examination techniques, resulting in more effective therapeutic outcomes
- To help students become familiar with some of the more common disabling conditions.

What an eye-opening experience! I really enjoyed this portion of the block. Getting to see how a patient with a serious disability goes about their day-to-day activities was very educational and humbling. I really enjoyed having a chance to talk with the pt's caregiver as well and to better understand what they go through to take care of their loved ones. Textbooks don't provide the same emotional impact as person-to-person communication!"

Objectives:

Students will:

1. Demonstrate an adequate comfort level when interacting with patients with disabilities in the clinical setting.
2. Practice and demonstrate appropriate history and physical exam techniques with standardized patients with disabilities.
3. Locate and provide adequate community resources for patients with disabilities.
4. Participate in service learning projects, behaving respectfully and remaining open-minded toward alternate learning activities.

Health Implications of Discrimination

Healthcare providers have not been responsive to the rapidly growing population of adults and elders with disabilities. The secondary medical, psychological, social, and financial concerns directly attributable to the disability are greater determinants of health status than the disability itself^(6,7). Yet these “secondary conditions”, including obesity, osteoporosis, depression, and social isolation, often go unaddressed by healthcare providers.

- People with disabilities represent a sizeable segment of the U.S. population, currently 20% and increasing as the population ages. Healthcare providers, regardless of specialty, should expect to see people with disabilities in their practice.
- Disabilities are associated with significant disparities in health and access to healthcare.
- Disability should be explicitly addressed in medical school curriculum as disability is a demographic that carries important implications for health and healthcare.

The curriculum at the University of South Florida had a significant impact on student’s disability knowledge, attitudes toward people with disabilities, and comfort providing care to patients with disabilities.

Recommendations

- The inclusion of competencies pertinent to the care of patients with disabilities would communicate the importance of meeting the healthcare needs of this medically vulnerable population to medical schools.^(8,9)
- Accreditation standards for undergraduate and graduate medical education do not currently require or encourage the inclusion of disability issues.
- Curricular materials and resources for medical students and for other health professions that

"I thought this was a wonderful experience. You can learn much more from a patient in their home than in the clinic and you are able to discuss things that you would not be able to discuss in class." - medical student after participating in disability clerkship

address providing care for people with disabilities should be gathered and made available to healthcare training programs who are interested in addressing disability but lack content experts to develop curricula.

Resources

- The Alliance for Disability in Health Care Education is a not-for-profit professional organization that has initiated an effort to collect and create disability training curricula for healthcare training programs, <http://disabilityhealth.org/alliance/>
- Two online courses offer practicing healthcare providers an opportunity to learn about access to healthcare issues for people with disabilities and earn continuing education credit. These web-based courses are free of charge. More information on these courses is available at: <http://nisonger.osu.edu/disabilityconted.htm>.

References

1. U.S. Department of Health and Human Services. The Surgeon General’s Call to Action to Improve the Health and Wellness of Persons with Disabilities. Washington DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2005.
2. U.S. Department of Health and Human Services. Tracking Healthy People 2010. Washington, DC: U. S. Government Printing Office; November 2000.
3. National Center on Birth Defects and Developmental Disabilities: Healthy People 2010 Disability and Secondary Conditions Focus Area 6 Report and Proceedings. Centers for Diseases Control and Prevention; June 2003.
4. Voelker R. (2002). Improved care for neglected population must be ‘rule rather than exception’. *JAMA*, 288(3), 299-301.
5. Woodard, L.J., Haverkamp, S.M., Zwygart, K.K., & Perkins, E.A. (2012). An Innovative Clerkship Module Focused on Patients with Disabilities. *Academic Medicine*, 87, 1-6.
6. American Association on Health and Disability. Disability and secondary conditions: some surprising news. Health and Disability Newsletter. <http://www.aahd.us/page.php?pname=publications/newsletters2004/summer/stateGrantee>. Accessed December 11, 2010.
7. Kinne S, Patrick DL, Lochner D. (2004). Prevalence of secondary conditions among people with disabilities. *Am J Public Health*, 94(3), 443–445.
8. Veltman A, Stewart DE, Tardif GS, Branigan M. (2001). Perceptions of primary healthcare services among people with physical disabilities-Part 1: Access issues. *Med Gen Med*. 3(2), 18.
9. Branigan M, Stewart DE, Tardif GS, Veltman A. (2001). Perceptions of primary healthcare services among persons with physical disabilities-Part 2: Quality issues. *Med Gen Med*, 3(2), 19.