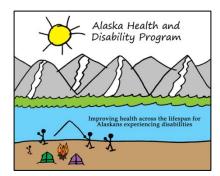
FACT SHEET HEALTHCARE PROVIDERS AND ALASKANS WITH DISABILITIES



DISABILITY FACTS

ALASKANS WITH DISABILITIES EXPERIENCE HEALTH DISPARITIES

- Higher body mass index
- Increased cigarette use
- Less physical activity
- Fewer preventive screenings
- Poorer mental health
- Highers rate of diabetes
- Lower rates of health care utilization

CONTRIBUTORS TO HEALTH DISPARITIES

- Structural barriers to care
- Communication differences or insensitivity
- Comfort level of health care providers
- Availability of providers
- Focus on disability rather than whole person
- Financial barriers to care
- Need for assistance accessing person-centered and coordinated services

ACCESSIBLE HEALTHCARE IN ALASKA

- Successful visits require 40.0% more time for patients with disabilities
- Providers who asked about accommodations more likely to provide them; only 47.8% asked at scheduling or intake
- 22.3% provide alternative formats for health-related forms or materials
- 66.7% have height adjustable exam tables
- 17.5% have Hoyer-type lifts; 40.4% have access to trained lifters to help with patient transfers
- 38.2% have accessible diagnostic machines; 75.9% without accessible machines know where to refer patients
- 29.8% have a wheelchair accessible weight scale; 62.5% without an accessible scale know where to refer patients to be weighed
- 63.7% consult with individuals with intellectual or developmental disability in healthcare decisions

23.8% OF ALASKA'S POPULATION OVER THE AGE OF 18 HAS A DISABILITY (BRFSS, 2012)

FACT SHEET

- 70.5% consult with individuals with memory or cognitive disability about healthcare decisions
- Providers are most comfortable with people with substance abuse disorders or visual impairments; they are least comfortable with people with intellectual and developmental disabilities or physical disabilities
- 48.4% reported no disability-related training within the past 5 years
- Providers who asked patients about accommodations had significantly more training
- Obstetrics and gynecology and family
 practice providers were most interested in training

Concerns about interacting with patients with disabilities

- Communication
- Time constraints
- Financial reimbursement compared to time
- Desire to meet needs/ deliver quality care
- Lack of access to equipment, resources
- Policies and procedures
- Provider knowledge

RECOMMENDATIONS

INCREASE ACCESS TO SERVICES

- Offer evening, weekend, and walk-in appointments
- Provide longer appointments
- Consider house calls
- Advocate for improved transportation
- Increase use of telehealth and itinerant health services
- Increase use of preventative care, screening and diagnostic services, and therapeutic and specialist services

IMPROVE COORDINATION OF CARE

- Include of people with disabilities in decisions
- Solicit feedback from people with disabilities
- Encourage family participation

NEEDED TRAINING

- Americans with Disabilities Act
- TTY or Alaska Relay Service
- Disability specific training
- Effective communication
- Co-occurring behavioral health/developmental disabilities concerns
- Disability awareness
- Importance of working in teams
- Person-centered services

This fact sheet presents highlights from: Atkinson, J., Smith, C., Tew, L., Heath, K., Reed, D., & Miller, J. (2014). *Promotion, Prevention, and Preparedness for Alaskans with Disabilities: Alaska's Disability & Health Program Needs Assessment Report.* University of Alaska Anchorage Center for Human Development, Anchorage, AK. Full report available at: <u>http://dhss.alaska.gov/dph/wcfh/Pages/disability</u>

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