

CoP/Training Call

People With Disabilities: A Health
Disparities Population

Speaker:
Diane McComb, MEd

August 13, 2013

2:00 PM Eastern Time



Today's Speaker



Diane McComb, MSEd

Disability Subject Matter Expert
Disparities National Coordinating Center

Who are People with Disabilities?

People with basic activity limitations or problems with

- Mobility
- Self-care
- Domestic life
- Activities that depend on sensory functioning
- Complex activity limitations (limitations experienced in work and in community, social, and civic life)

Who are People with Disabilities?

Patricia, age 86

- Suffered a stroke during hip replacement surgery
- Lived alone in a rural area far from the nearest town, but moved to a nursing home when family worried she could no longer care for herself alone
- Receives medical care through Medicare and long term care coverage through Medicaid



Who are People with Disabilities?

Edward, age 64

- Both legs amputated following an infection
- Receives help from both Medicare and Medicaid
- Lived in a nursing home until Medicaid's Money Follows the Person program allowed him to get help while living independently
- Enjoys the freedom to travel around town, shop for groceries, and go to church on his own again



Who are People with Disabilities?

Sheila, age 66

- Exposure to a drug called DES while in the womb caused lifelong medical problems including bone deformities, polio, and multiple bouts with different types of cancer.
- Eligible for both Medicare and Medicaid due to low income
- Could not afford her medications without help from Medicare and Medicaid



Who are People with Disabilities?

Karen, age 42

- Multiple chronic conditions including diabetes, thyroid problems, depression, and the results of a stroke that left her unable to use her hands
- Dually eligible for Medicaid and Medicare
- Lived in a nursing home for 7 years, but recently moved back to her own home
- Living on her own is a constant challenge, but Medicaid makes it possible by paying for a personal care aide, walker, wheelchair, counseling services, and a nurse who comes once a week.



Who are People with Disabilities?

Claire, age 5

- Suffers from a rare genetic disorder that caused multiple physical and intellectual disabilities
- At age 5, is the size of a two-year-old and has the mental capacity of an infant
- Will never be able to live on her own
- Receives services that allow her parents to care for her at home instead of sending her to an institution



How Do We Determine Disability?

Questions used by most federal data collection systems:

- Are you deaf or do you have serious difficulty hearing?
- Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old or older)
- Do you have serious difficulty walking or climbing stairs? (5 years old or older)
- Do you have difficulty dressing or bathing? (5 years old or older)?
- Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

Data Standard for Disability Status - <http://minorityhealth.hhs.gov/templates/content.aspx?ID=9232#3>.

People with disabilities...

...often do not receive basic primary and preventive care due to lack of accessibility.

- weigh-ins
- preventive dental care
- pelvic exams
- x-rays
- physical examinations
- colonoscopies and
- vision screenings



People with disabilities...

...often experience prejudice and discrimination.

Minorities with disabilities experience additional disparities in

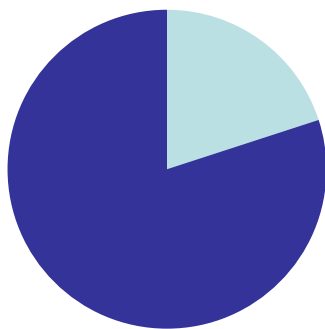
- Health
- Prejudice
- Discrimination
- economic barriers, and
- difficulties accessing care as a result of their disability.

People with disabilities...

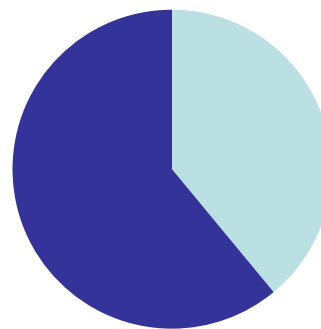
...make up 20% of the general population, and 39% of those over 65.

Health interventions targeting this group have real potential to improve health and reduce expensive acute care.

**20% of the US Population
Has a Disability.**

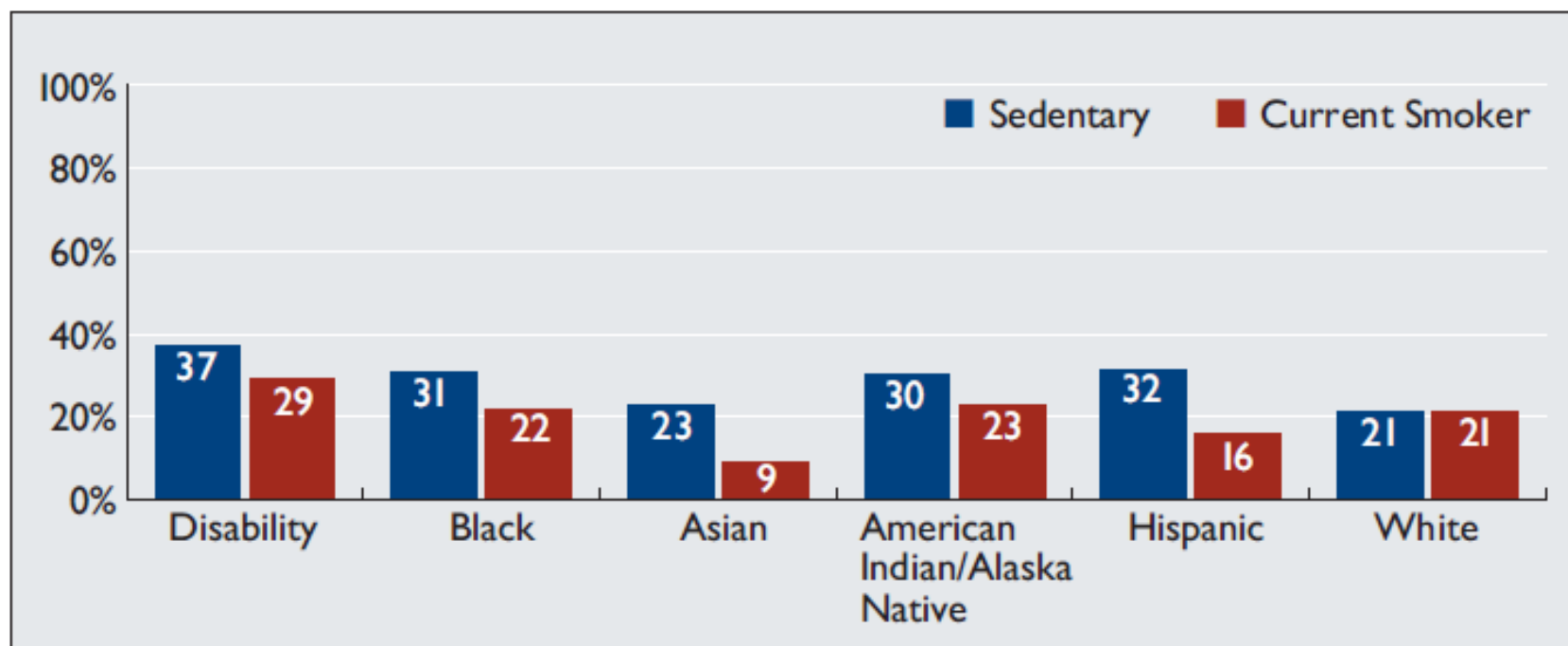


**39% of People Over 65
Have a Disability.**



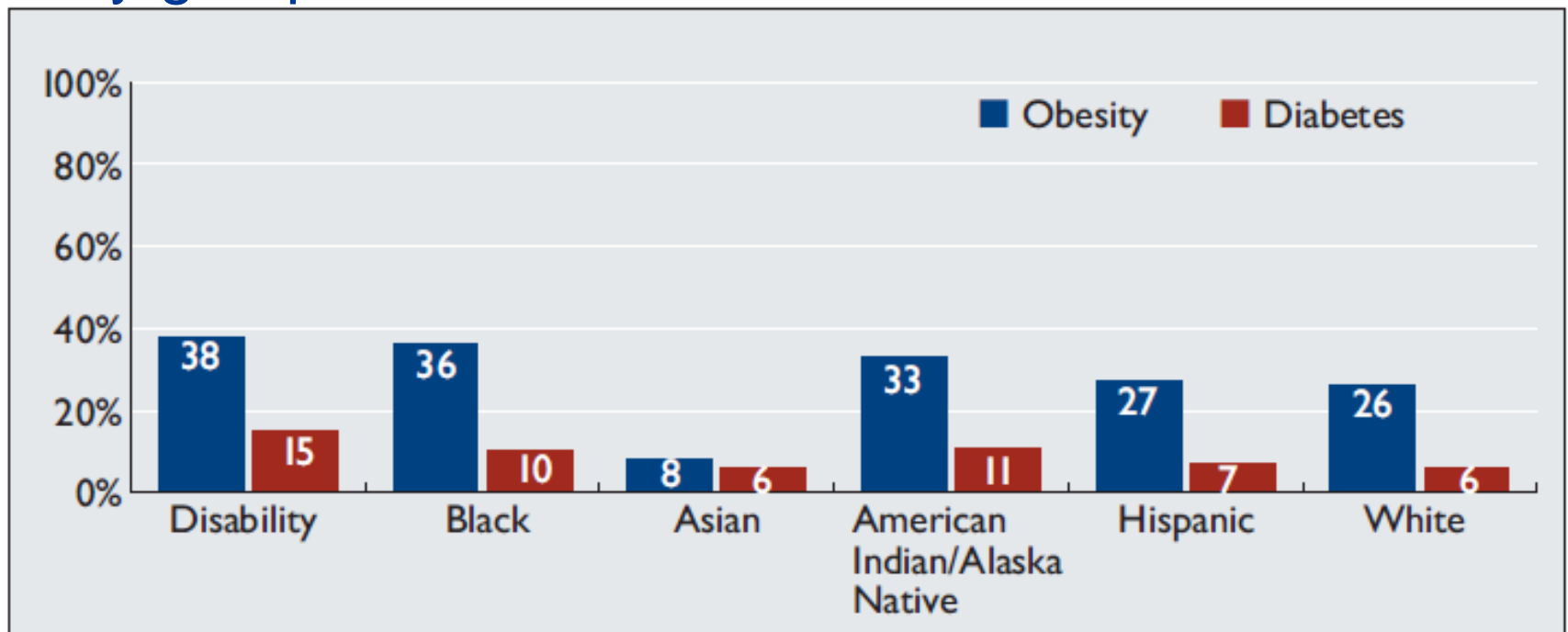
People with disabilities...

...are more likely to be sedentary, and more likely to smoke.



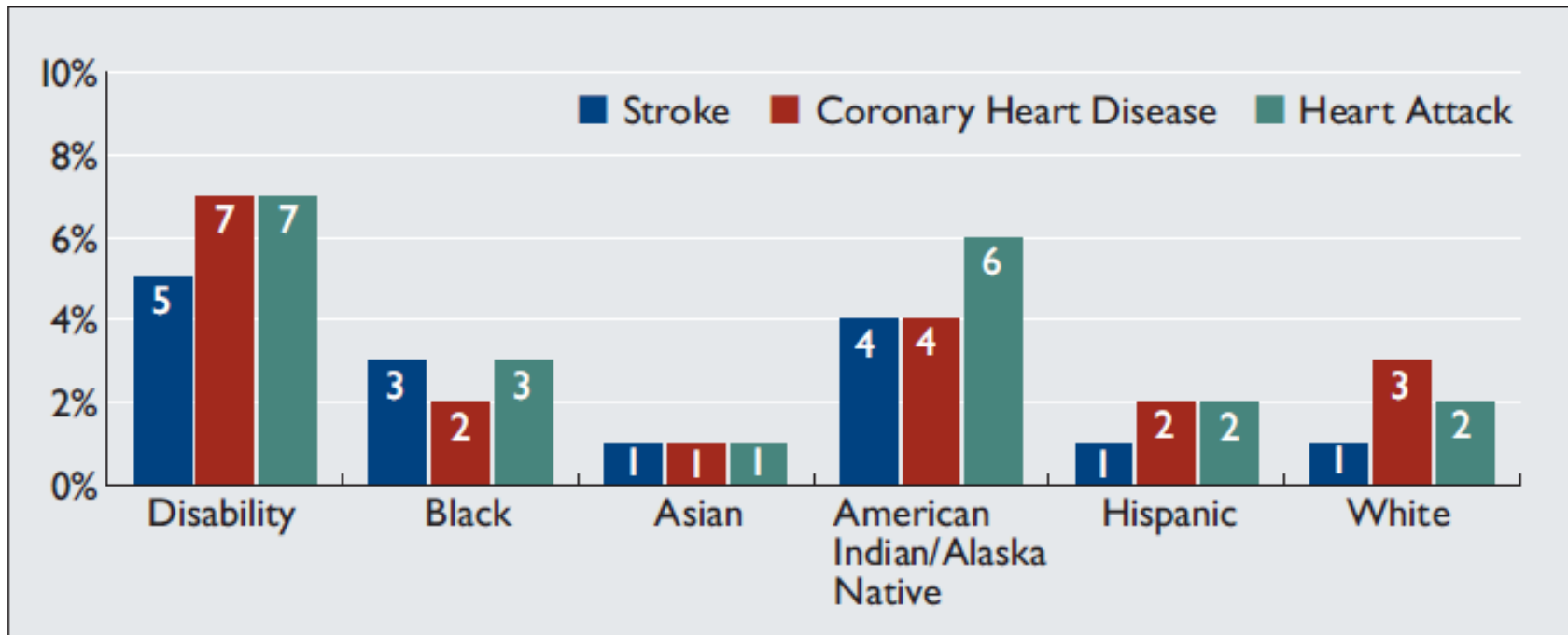
People with disabilities...

...have higher rates of obesity and diabetes than any other minority group.



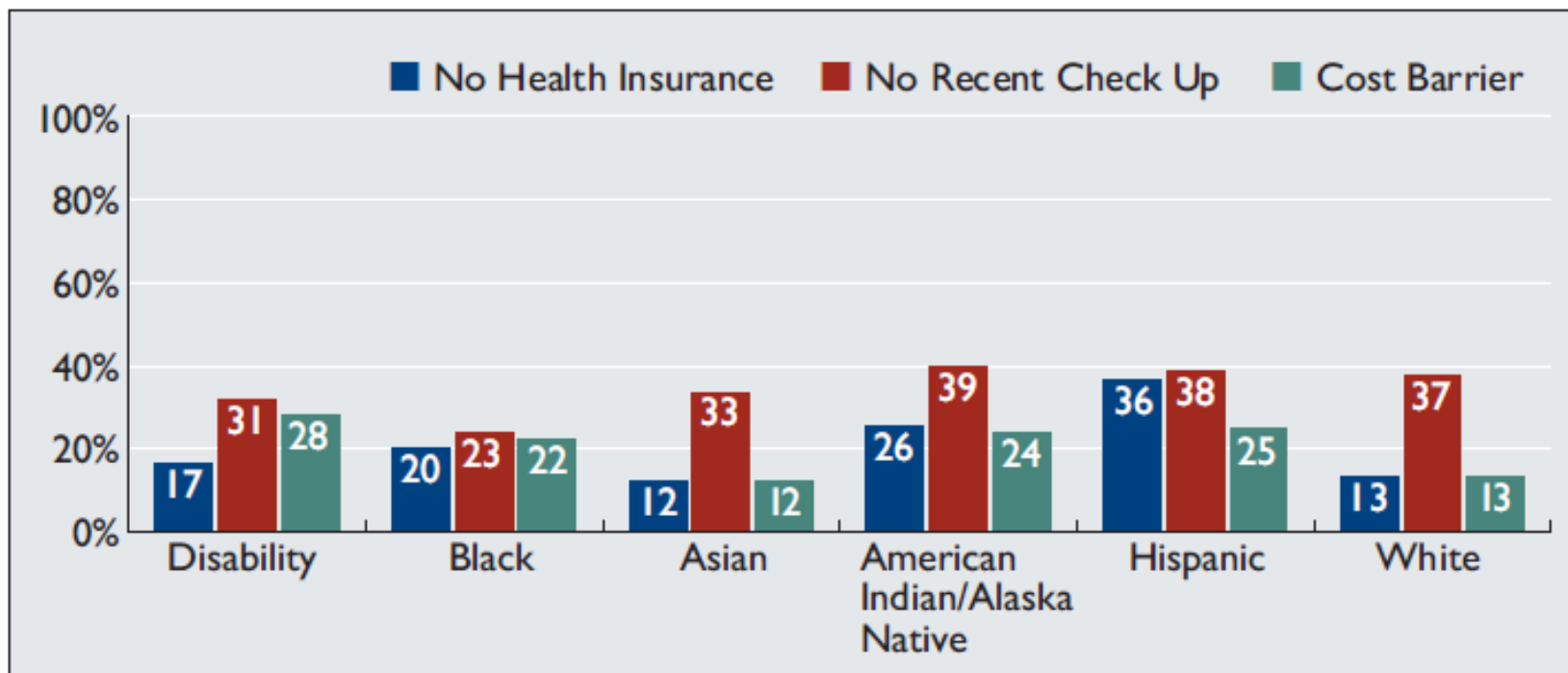
People with disabilities...

...are more likely to suffer from heart disease than any other minority group.

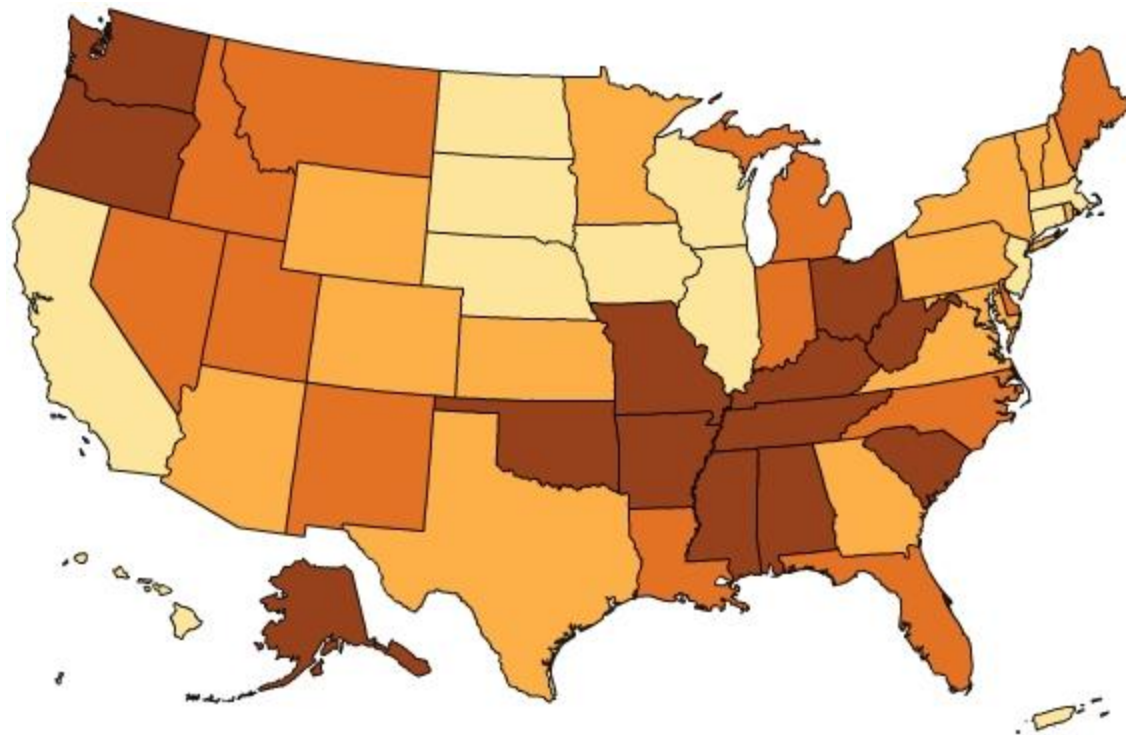


People with disabilities...

...are less likely to have access to regular medical care.



% of People with Disabilities by State



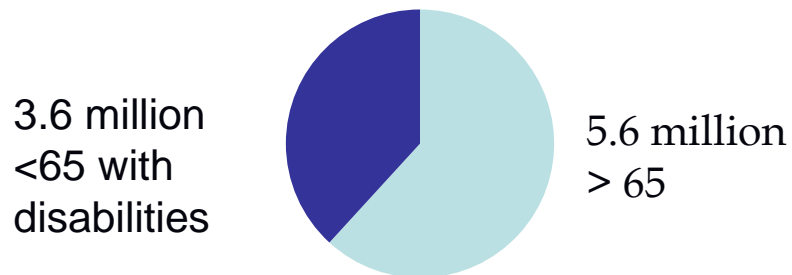
Legend

- 12.1 - 19.8
- 19.9 - 20.9
- 21.0 - 22.8
- 22.9 - 27.6
- NA
- U.S. Census Regions
- U.S. Census Divisions

People Dually Eligible for Medicaid and Medicare

Who are People Dually Eligible for Medicaid and Medicare?

People who are dually eligible include low-income seniors over age 65 and people with disabilities under age 65



Total population = 9.1 million

- Must qualify for Medicare and Medicaid separately
- Are among the sickest and poorest beneficiaries
- Medicaid eligibility is based on income as well as categories including disabilities
- Represent a small share of enrollment but a large share of spending, due to their health needs.

Benefits for Dual Eligibles

Medicare

- Primary payer of medical services
- Covers hospital (Part A), physician, diagnostic tests, post-acute and other services (Part B) and prescription drugs (Part D)
- Beneficiaries still have many out-of-pocket costs.

Medicaid

- Additional benefits such as dental, vision, and long-term care
- Covers some out-of-pocket costs

Medicaid Benefits for Dual Eligibles

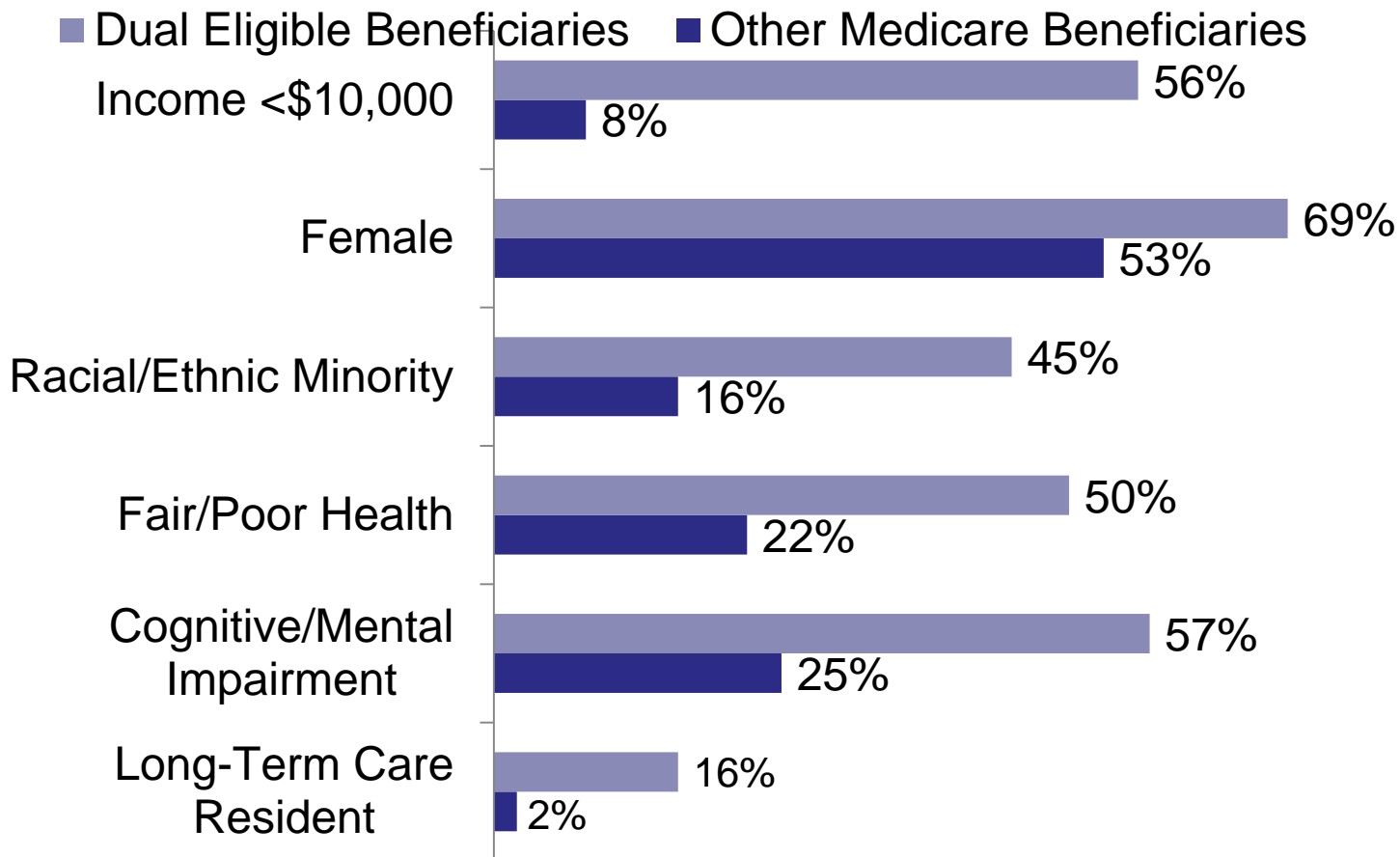
Full Duals (7 million)

- All Medicaid benefits and coverage for Medicare premiums and cost-sharing
- Dental, vision, and other services that are not covered by Medicare
- Long-term care, nursing home stays, home and community-based services (Medicare coverage is limited)

Partial Duals (2 million)

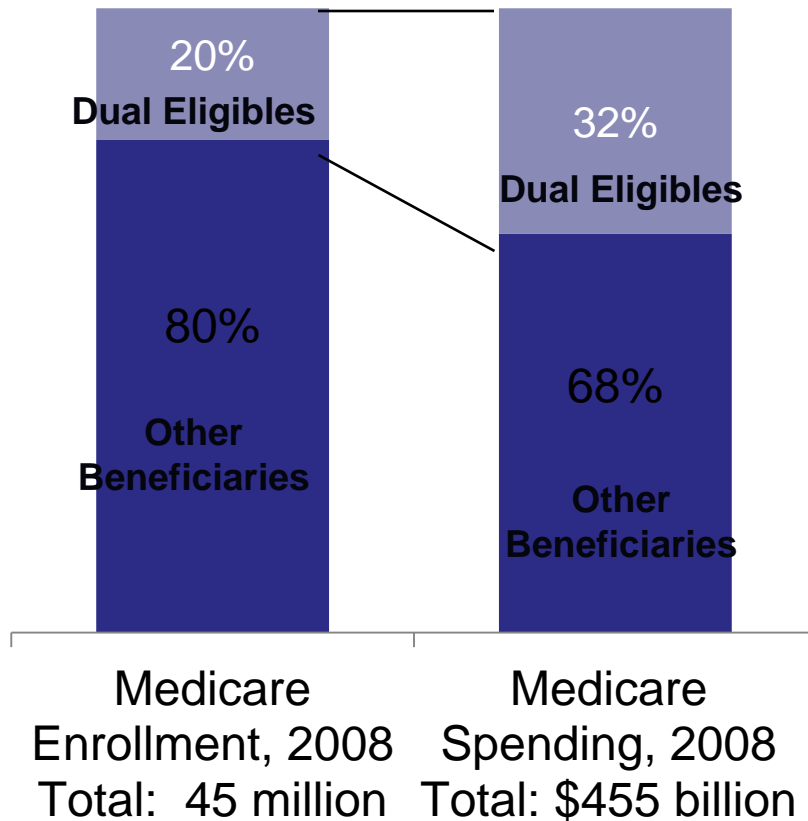
- Medicaid only pays for Medicare premiums and cost-sharing.
- Assistance level is based in financial need.

Who are the Dual Eligible Beneficiaries?

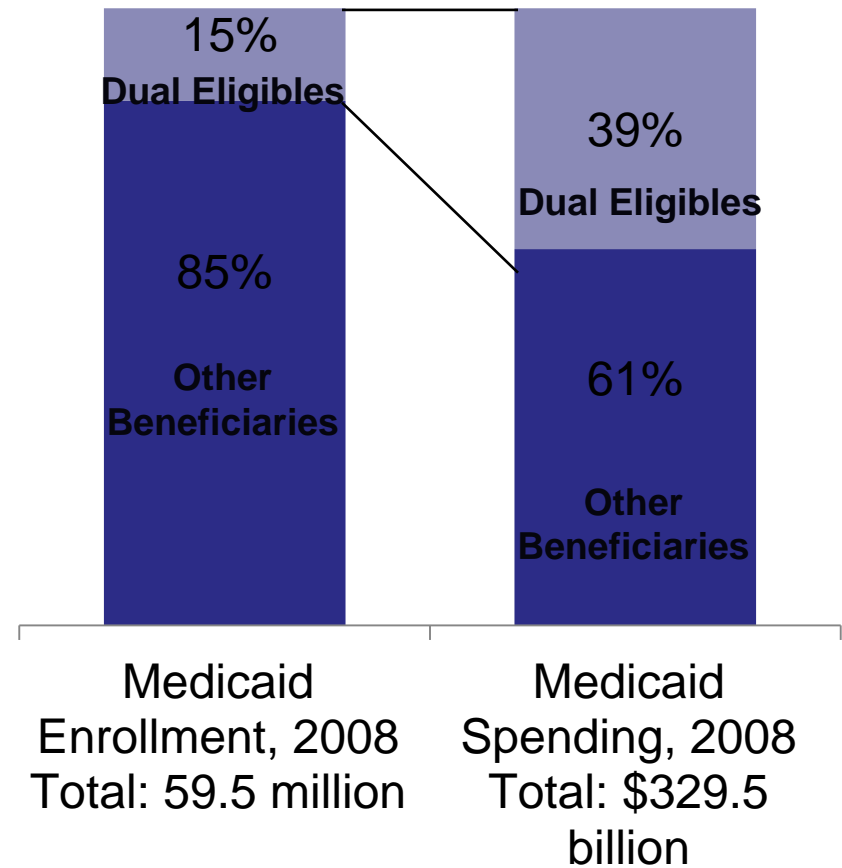


Dual Eligible Enrollment and Spending

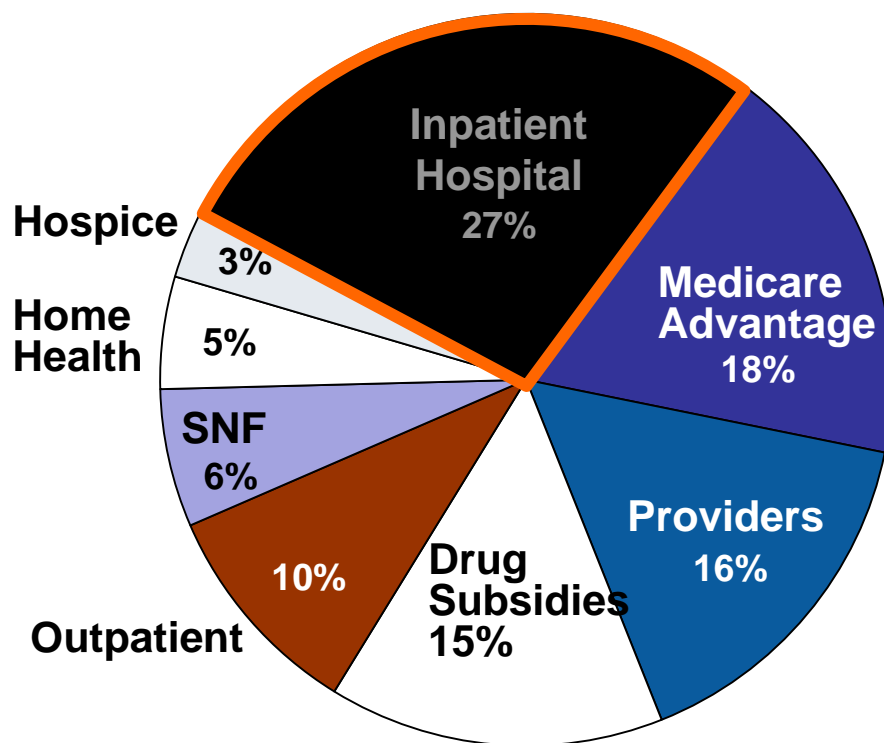
Medicare



Medicaid



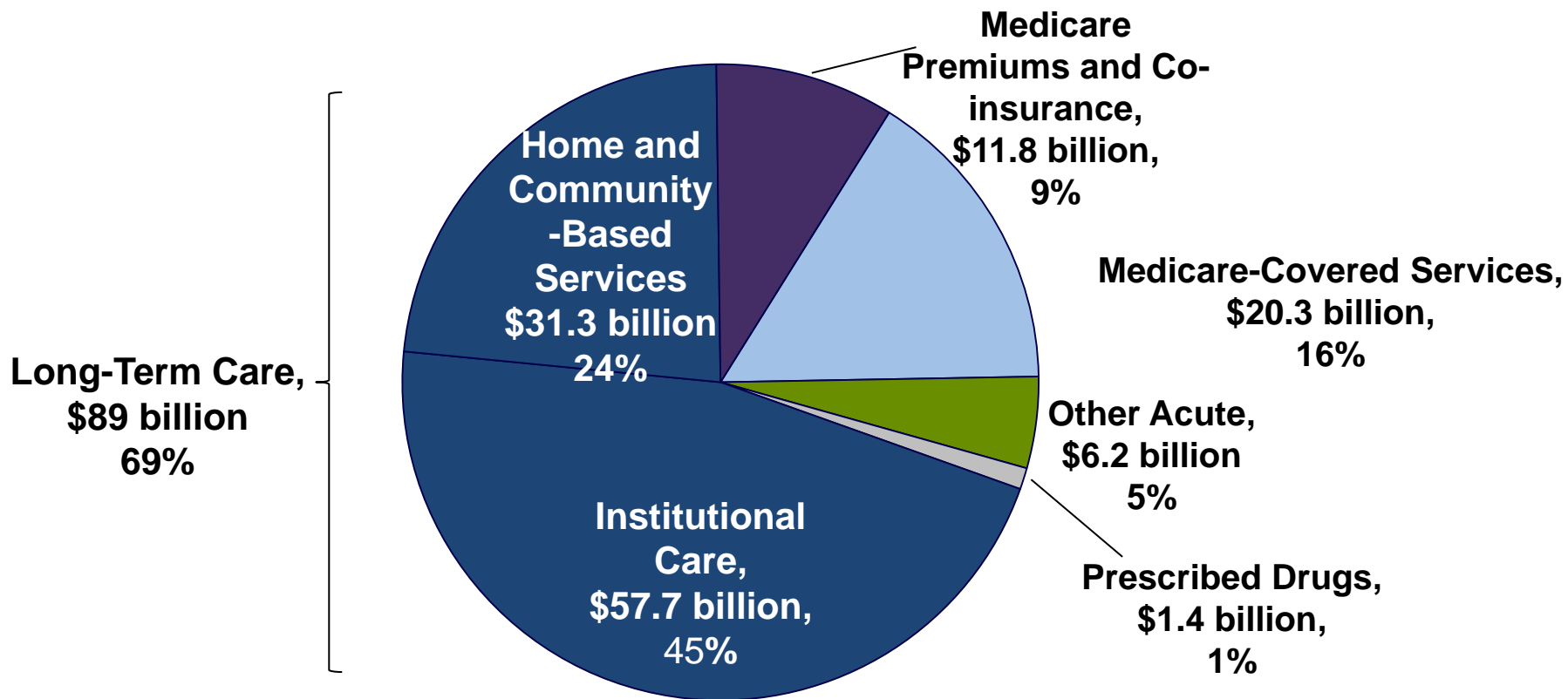
Medicare Expenditures for People Who Are Dually Eligible



Total Spending: \$132 billion

Source: Kaiser Family Foundation analysis of the CMS Medicare Current Beneficiary Survey Cost and Use File, 2008.
Notes: Payments to facilities comprise less than 1% of Medicare spending. Medicare Advantage payments are for Part A and B services only. Prescription drug subsidy payments include both the federal direct subsidy and the low income subsidy (LIS) payments.

Medicaid Expenditures for People Who Are Dually Eligible



Total Spending = \$ 128.7 billion

Health Concerns for People with Disabilities

Health Concerns for People with Disabilities

People with disabilities are more than twice as likely to have diabetes than those without disabilities.

Adults with disabilities are 10% more likely to have hypertension than adults without disabilities (29.3% versus 39.3%).

Health Concerns for People with Chronic Mental Illness

People with chronic mental illness die 25 years sooner than people without mental illness.

60% of people with chronic mental illness die from preventable diseases.

- (asthma, diabetes, cancer, heart disease and cardiopulmonary conditions)

Health Concerns for People who are Deaf



Adults who are deaf or hearing impaired

- are three times more likely than hearing people to report fair or poor health
- Those who use American Sign Language (ASL) as their primary language often are not provided with sign language interpreters during medical visits.



Health Concerns for People with Intellectual Disabilities

People with intellectual or developmental disabilities (IDD)

- experience disparities in oral health outcomes, a key factor in the quality of life and life expectancy of people with disabilities.



"Oral Health in America: A Report of the Surgeon General (Executive Summary)." *Oral Health in America: A Report of the Surgeon General*. 25 Mar. 2011. Web.

Health Solutions for People with Chronic Mental Illness

Treating tobacco dependence is effective in patients with severe mental illness.

- Treatments that work in the general population are equally effective for people with severe mental illness.
- Treatment does not worsen mental state.



L. Banham and S. Gilbody. "Smoking Cessation and Severe Mental Illness: What Works?" *PubMed.gov*. *Addiction*, 11 May 2011. Web. <http://www.ncbi.nlm.nih.gov/pubmed/20491721>

Health Solutions for People who are Deaf

Communicating with deaf or hard-of-hearing people:

- Trained sign language interpreter needed during medical visits
- Many individuals also communicate using Internet technologies:
 - Videophone/video relay interpreting services (VP/VRS)
 - Facsimile (FAX)
 - Text messaging
 - Instant messaging
 - Older technologies such as text telephones (TTYs)
 - Nationwide RELAY service (ADA)

"The Current State of Health Care for People with Disabilities." *The Current State of Health Care for People with Disabilities*. National Council on Disability, 30 Sept. 2009. Web.

Health Solutions for People with Intellectual Disabilities

Decreasing obesity among people with intellectual disabilities:

- Studies show that people with intellectual disabilities become more active when health personnel and caregivers work together to encourage lifestyle changes.



Think Cultural Health

National Cultural and Linguistically Appropriate Services in Health and Healthcare

- Intended to advance health equity
- Improve quality
- Help eliminate health care disparities



<http://minorityhealth.hhs.gov/templates/content.aspx?ID=9232#3>

National CLAS Standards

- Provide Effective, Equitable, Understandable, and Respectful Quality Care and Services
- Advance and Sustain Governance and Leadership that Promotes CLAS and Health Equity
- Recruit, Promote, and Support a Diverse Governance, Leadership, and Workforce
- Educate and Train Governance, Leadership, and Workforce in CLAS
- Offer Communication and Language Assistance
- Inform Individuals of the Availability of Language Assistance
- Ensure the Competence of Individuals Providing Language Assistance
- Provide Easy-to-Understand Materials and Signage
- Infuse CLAS Goals, Policies, and Management Accountability Throughout the Organization's Planning and Operations
- Conduct Organizational Assessments
- Collect and Maintain Demographic Data
- Conduct Assessments of Community Health Assets and Needs
- Partner with Community
- Create Conflict and Grievance Resolution Processes
- Communicate the Organization's Progress in Implementing and Sustaining CLAS

Additional Resources

Assuring Health Equity for Minority Persons with Disabilities

<http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMHHealthDisparitiesReport.pdf>

The Current State of Health Care for People with Disabilities

<http://www.ncd.gov/publications/2009/Sept302009>

Smoking and Mental Illness

<http://www.samhsa.gov/data/2k13/NSDUH093/sr093-smoking-mental-illness.htm>

Developmental Disabilities and Oral Health

<http://www.nidcr.nih.gov/OralHealth/Topics/DevelopmentalDisabilities/default.htm>

Q&A

Please type your question into the chat box or press
14 on your telephone.

Upcoming DNCC Events

- **Office Hours—ADE Data Release**
 - August 21, 2013 2:00 ET
- **Webinar—Community Engagement**
 - September 10, 2013 2:00 ET
 - Speaker: Ella Auchincloss, ReThink Health
- **Virtual Conference—Data-Driven Action: Pathways to Equity**
 - October 1, 2013
 - Topics: Community Engagement, Interpreting Disparities Data

New DNCC Resources

Look for these new learning toolboxes during the month of August:

- Taking Action to Achieve Health Equity
- Health Disparities and People with Disabilities

Also coming soon:

- Consumer Diabetes Resource Kit

Affinity Groups

DNCC Affinity Groups will provide a forum for discussing useful, practical information with peers who share your interests and concerns.

Potential Topics:

- Disparities Data
- Rural Health
- Behavioral Health

Suggestions? Topic ideas? Contact us at dncc@sdps.org.

Next Steps

We want to hear from you.

The DNCC will be contacting your QIO soon to learn more about:

- Your disparities work
- Challenges and success stories
- How we can help you achieve your health equity goals



dreamstime.com

CMS Pulse Website

Your QIO's work could be featured on the CMS Pulse website.

- Success stories
- Pictures (with signed consent from beneficiaries, please)

Please send to: dncc@sdps.org.

Join the Disparities National Coordinating Center in Achieving Health Equity:

Strategies Adopted from the National Partnership for Action

- Awareness
- Leadership
- Data
- Cultural & Linguistic Competency
- Health Outcomes
- Action Plan

Success Stories

Information on Heart Disease Prompts Beneficiary to Seek Care - The instructor noticed during one of the classes that John didn't

What's NEW

Mind the Gap: Mapping Life Expectancy by Subway Stop

Environmental factors are so important to your health, that living just one stop away on the train can mean year's difference in how long you'll live, as these sobering maps show. Public health researchers have been mapping severe life expectancy disparities across

State & Local Resources

Thank you for participating in today's webinar.

At the close of the presentation, you will automatically be directed to an evaluation screen.