

Ohio Disability and Health Partnership Statewide Needs Assessment of Ohio Adults with Disabilities

October 31, 2022



Agenda

- ODHP Overview
- Assessment Overview and Main Findings
- Healthcare Disparities
- Listening Session Results
- Discussion



ODHP Overview



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Ohio Disability and Health Partnership

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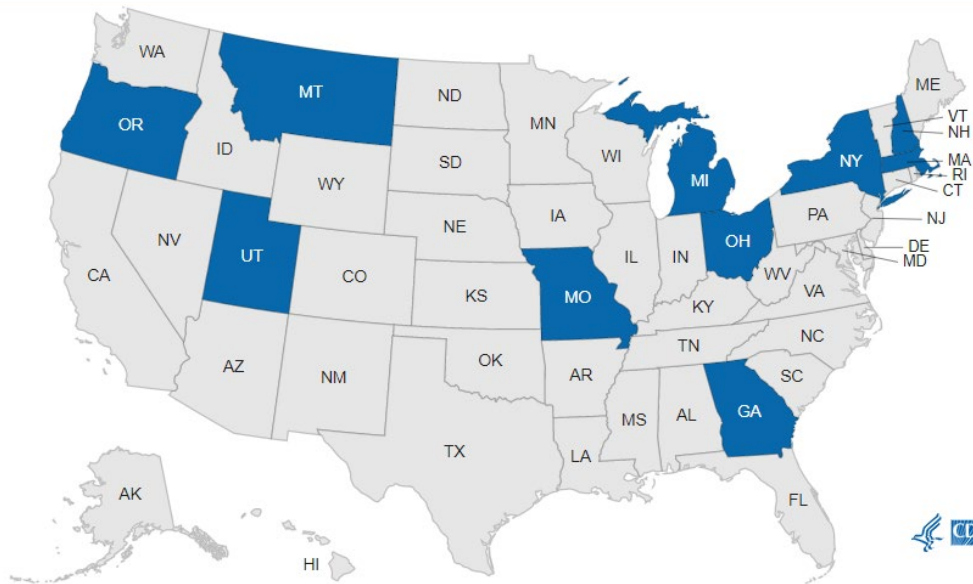
Ohio | Department of Health

 **ODHIP**
Ohio Disability and Health Partnership



Disability and Health State Programs

State Based Program Awardees 2021-2026





Establish, expand, and enhance partnerships with organizations that serve adults with disabilities



Train healthcare personnel on best practices in providing accessible preventive health care to adults with disabilities



Link adults with IDD to preventive health care and health promotion programs in their community



Identify gaps in resources and tools to promote health among adults with disabilities and define action steps to address those gaps



Implement and evaluate evidence-based health behavior interventions, as well as policy, system, and environmental changes



Disseminate key findings and lessons learned



Assessment Overview and Main Findings



Photo credit: Disabled And Hear by Chona Kasinger



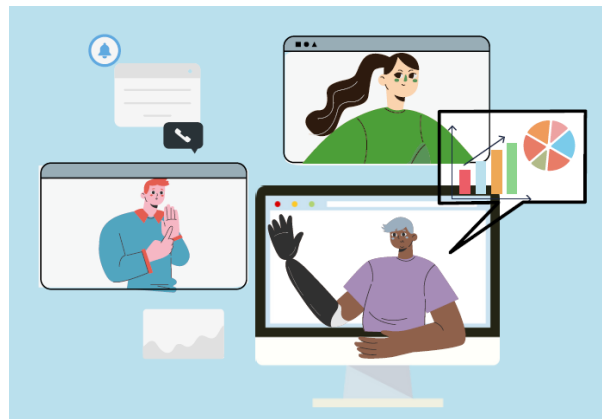
Why did we do a needs assessment?

- To better understand the healthcare needs of people with disabilities in Ohio



How did we collect information?

- Looked at data from existing surveys
- Had conversations with people with disabilities about their health
- Met with a team of self-advocates and disability experts



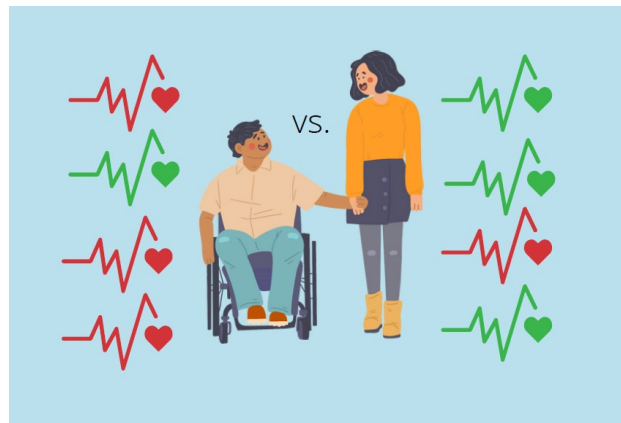
What did we find?

- Mental health is the largest healthcare need for Ohioans with disabilities



What did we find?

- Adults with disabilities have worse health outcomes compared to adults without disabilities
 - This includes mental health, physical health, and chronic conditions



What did we find?

- Many people have faced bias and ableism in a healthcare setting



What did we find?

- Many people say that healthcare providers need better training about caring for patients with disabilities



What did we find?

- Top barriers to healthcare include:
 - Providers don't understand disability
 - Denied accommodations
 - Physical and equipment inaccessibility
 - Insurance coverage
 - Transportation



Health & Healthcare Disparities

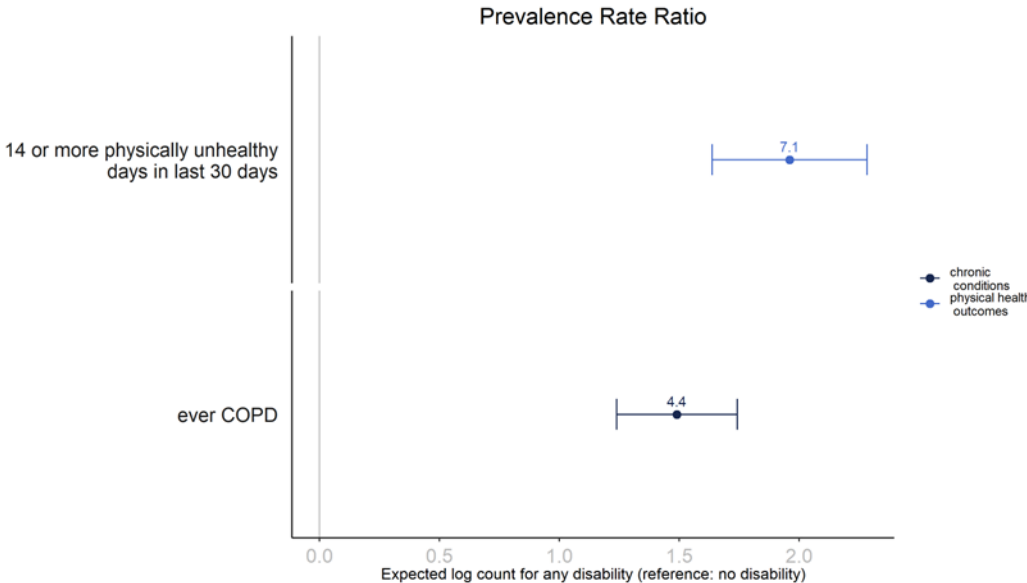


Health Disparities: Any Disability vs. No Disability

- What are the largest health disparities between adults with disabilities and adults without disabilities?
- Using OMAS and BRFSS survey data
- Topic areas:
 - Access to healthcare
 - Barriers to healthcare
 - Use of preventative healthcare and other health services
 - Unmet health needs
 - Health outcomes
 - Mental health
 - Physical health
 - Chronic conditions
 - Substance use
 - Healthy lifestyle behaviors



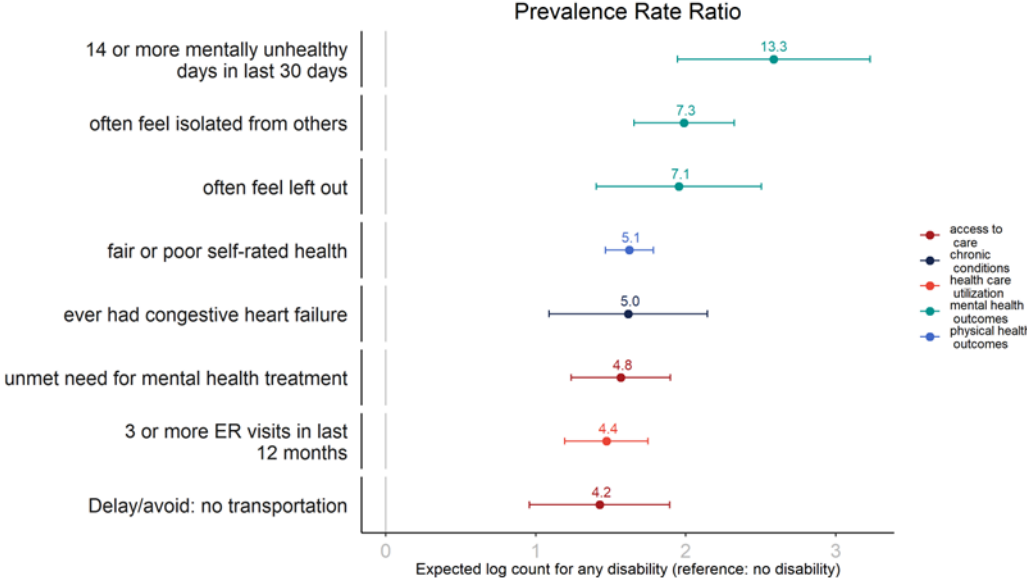
Largest Disparities between Ohio Adults with and without Disabilities



Source: BRFSS 2020
Point labels represent prevalence rate ratio for any disability (ref: no disability) estimated from a survey weighted poisson model with robust standard errors and controlling for age, race, and sex. Bars represent 95% confidence intervals.



Largest Disparities between Ohio Adults with and without Disabilities



Source: OMAS 2019
 Point labels represent prevalence rate ratio for any disability (ref: no disability) estimated from a survey weighted poisson model with robust standard errors and controlling for age, race, sex, and county type. Bars represent 95% confidence intervals.



Listening Session Results



Listening Session Participants

- 30 participants with disabilities
 - 10 participants with intellectual and/or developmental disabilities (IDD)
 - 10 participants with mobility disabilities
 - 10 participants with sensory disabilities



1) What are the priority health needs of Ohio adults with disabilities?

- Mental health (44 quotations)
- Healthy lifestyle (28 quotations)
- Dental care (16 quotations)



Mental Health

- *"It's a very complicated system, first of all. It's very hard to find somebody that is willing to take you with dual diagnosis. And for me, I have some - not only mental health issues, I have trauma...I am a victim of child abuse and domestic violence. It sometimes does play into my mental health, if there are certain triggers, or certain scenarios. It's just very hard to find a doctor who will A) take your insurance because I have Medicaid and Medicare B) be willing to work with someone with DD, and C) can see me on a consistent basis."*



Healthy Lifestyle

- *"Health care for me is a basic combination of what everyone has said. It's being healthy, it's being healthy mentally, physically, emotionally, spiritually, just your overall well-being"*



Dental Care

- "I have a dexterity problem with my left hand because of my disability. So, no matter how much I floss or try to floss, no matter how I brush or what I do... I am on medicine for epilepsy, which affects my gums, all this, all this, okay. So, the dental hygienist comes in and says, 'You're not taking care of your mouth well enough.' I said, 'I'm doing the best I can.' She said, 'You need a deep root cleaning.' I said, 'No, you are going to do what my insurance covers.' She said, 'No, I can't ethically do that.' I said, 'Well if you want to do a deep root cleaning, you are going to have to find a way to make it work.' She said, 'No. Here's how we are going to make it work.' She hands me a CareCredit card application. I had to finance-- because they do it in quadrants... I had to finance four cleanings, even though I try to take care of my mouth, okay. And I'm on a limited income. So, to cover my expenses plus paying payments about 28% interest on a credit card, excuse me is, a bunch of bunk. I hate going to the dentist because I keep hearing the same crap over and over and over."*



2) What are the gaps and barriers to accessible preventive health care?

- Access to Care
- Accessibility
- Financial Factors



Access to Care

Top Codes

Selected Quotation

Denied accommodation or insufficient accommodation (42 quotations)

"My issue is I can't physically use the normal call button they have in the room. So, I have to literally ask them to get the ones that I can blow into for me to call for the nurse. But I have to fight for it and tell them where to get it before it is even brought into my room. Because they don't even know it exists, where it is, is or even how to attach it. It's a fight every time."

Unmet health needs (35 quotations)

"I haven't had a proper physical in about 10-15 years. That's because when I go in there, I can't --they don't have equipment to help me get onto a bed for the exam."

Limited options for care (26 quotations)

"It's also hard to find providers that take your insurance and know about your disability."



Accessibility

Top Codes

Selected Quotation

Physical accessibility barriers (32 quotations)

"Too small of rooms for power wheelchairs, everybody, everywhere, even in new facilities. It's not big enough even if they take out a chair or two. You can't turn around because you hit the table that they insist on keeping at an angle. The footstep that they have out on every single table would be pushed in to make a little more room, but they don't ever think about doing that before you enter the room. Or taking the chairs out."

Equipment accessibility barriers (18 quotations)

"When asked about a mammogram, I was told that I could not get one because I physically cannot stand. They wouldn't even offer [alternatives] to get it done. So, they told me that they would take preventative measures, or reactive measures rather than doing the test and taking the preventative measure"

Documents or communications not in plain language barriers (12 quotations)

"Nothing is ever in plain language."



Financial Factors

Top Codes

Selected Quotation

Insurance coverage barrier
(27 quotations)

"Well, unfortunately the insurance I have, they only have one provider allowed for dental. When you are only allowed one provider, you can't go out and find somebody else. That's the trap I'm in. I mean, I can only say so much in the dentist office before the dentist will say, you are no longer a patient of mine."

Cost of care (15 quotations)

"I've had a problem with co-pays and stuff since I got my second insurance and then my eye doctor's bill went up, my copay for that went from \$3 to \$24. And then my dentist went from \$0 to \$60. So sometimes it's hard to get the money when your insurance doesn't want to pay for things, let alone when you get a secondary insurance, too."



3) What are the behavioral, attitudinal, and environmental factors associated with health disparities for Ohio adults with disabilities?

- Experience with Provider
- Experience with Staff



Experience with Provider

Top Codes	Selected Quotation
Provider bias/ableism (43 quotations)	<i>"I also have had a psychiatrist who when I tried to use my communication device in his office, he said 'no iPads in my office.' I said, 'it's a communication device.' He said, 'you're communicating just fine to me.' I was floored and frustrated. Don't tell me how I can or can't communicate, especially with barely knowing me."</i>
Lack of familiarity or understanding of disability (42 quotations)	<i>"I walk into the exam room and he says, I have no idea about your disability whatsoever. I have no idea what your syndrome is. And he is a primary care physician."</i>
Doesn't feel listened to by provider (41 quotations)	<i>"And they seemed to forget, oh, just because you have a disability doesn't mean you can't have something else wrong, like a friend of mine had cerebral palsy. They ignored her pain. Of that was different than normal, you know, aches and pains. And it turns out it was cancer. They just don't think, oh, you know, that you can have more wrong with you, like anybody else."</i>

Experience with Staff

Top Codes

Selected Quotation

Staff disrespectful treatment
(14 quotations)

"I just don't like when they have to be rude to you in the doctor's office."

Staff bias/ableism (9 quotations)

"They also seem to expect you to bring your own care provider to help you get up on the table, and then they are shocked that you travel without one! Yeah, we're capable of being out on our own and independent, thanks."



4) What predisposing, reinforcing, and enabling factors could be leveraged to address health disparities for Ohio adults with disabilities?

- Suggestions for Improvement
- Participant's View of Disability in Healthcare



Suggestions for Improvement

Top Codes

Selected Quotation

Training healthcare professionals (34 quotations)

- To be competent in the diversity of disability topics (10)
- Education on how to provide accommodations (7)
- To not make assumption about patients with disabilities (6)

"I want to add that deaf people, blind people, people who are autistic, we need to educate people, educate medical professionals, how to interact with all of us. There should be a whole list. And we have to make sure deaf/blind is on there as well. A whole list of people they need to learn to interact with."

Treat as individual (23 quotations)

"Ask us what we need, we will tell you. I'm willing to listen. I would tell medical students to see people with disabilities as human beings also, because we are human beings, you know. Treat us the way you would want to be treated when you go into a medical office or medical facility."



Participant's View of Disability in Healthcare

Top Codes

Selected Quotation

Self-advocacy in health appointment
(25 quotations)

"It's very important to know your rights and to know what's in the ADA and know what you need to fight for and what you need to do to stand up for yourself. Because there's always going to be that time when your parents and your good medical professionals that you have aren't always going to be there."

Asserting autonomy/involvement
(18 quotations)

"I have trouble finding doctors because I won't tolerate anybody talking down to me or acting like I don't know what I'm talking about when I'm telling them something."



5) What are the current capacity and resources in Ohio that may help us in successful program implementation?

- Health promotion program/resource: exercise (19 quotations)
 - *"I participate in an adaptive ice-skating program. I don't know if that's really a recommendation, but it's fun and it's an accessible opportunity to recreation. I also do agility dog training for those with autism and other disabilities, so that incorporates dogs and running. And also, I participate in the challenger adaptive baseball, so that's some exercising."*



Needs Assessment Conclusions

- People with disabilities experience large disparities in the areas of:
 - Mental health
 - Physical health
 - Chronic conditions
 - Access to care
 - Healthcare utilization
- Top 3 concerns discussed during listening sessions:
 - Familiarity/understanding of disability – barrier (42 quotations)
 - Provider: bias/ableism (42 quotations)
 - Denied accommodation/insufficient accommodation (42 quotations)



Next Steps

- Gather accessible healthcare resources for Ohioans with disabilities
- Train healthcare providers about people with disabilities
- Link people with disabilities to healthcare
- Offer healthy living programs to people with disabilities
- Make changes to systems
- Share what we learned from this report with others



How to find the Assessment

- Full report: <https://go.osu.edu/2022needsassessment>
- Plain language summary infographic: <https://go.osu.edu/needsassessmentinfographic>



Discussion

