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# Addressing Distinct Health Needs of People with Disabilities

Tyler Harkness  
Family Medicine Rotation  
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# Problem Identification

- According to CDC estimates, 21.2% of Connecticut residents have a disability. This count includes impaired ability in cognition (10%), mobility (10%), independent living (5%), hearing (5%), vision (4%), and/or self care (2%).
- When compared to people without disabilities, people with disabilities are at increased risk for adverse health outcomes such as diabetes, cardiovascular disease, and depression; are more likely not to be able to see a physician due to cost; and have worse self-rated health.
- There is an equity gap in care delivery with regards to the unique needs of people with disabilities.
- My project will address the following AHEC Areas of Focus: Interprofessional Education, Virtual Learning and Telehealth, and Social Determinants of Health



# Public Health Cost

- \$12.5 billion is spent on disability health care in the state of Connecticut (CDC)
  - That alone accounts for approximately 37% of the state's health care budget
- This cost evens out to approximately \$22,000 per person per year
- The majority of people with disabilities in Connecticut are reliant on state funds for their health insurance
  - In 2015, 25.4% of adults 21-64 with disabilities in CT had Medicare coverage, and 47.9% had Medicaid coverage.



## Community Perspective

“Most people with a disability have some sort of caretaker or guardian, whether that’s a family member or a conservator. A lot of barriers come down to how effectively I can communicate both with a patient and with whoever that caretaker is.” – Physician, Brookfield Family Medicine

“Our participants have a few health care providers they see because they know they can trust them. Even those providers, though, would certainly benefit from knowing more about health disparities that exist.”  
– Program Director, Local Community Organization

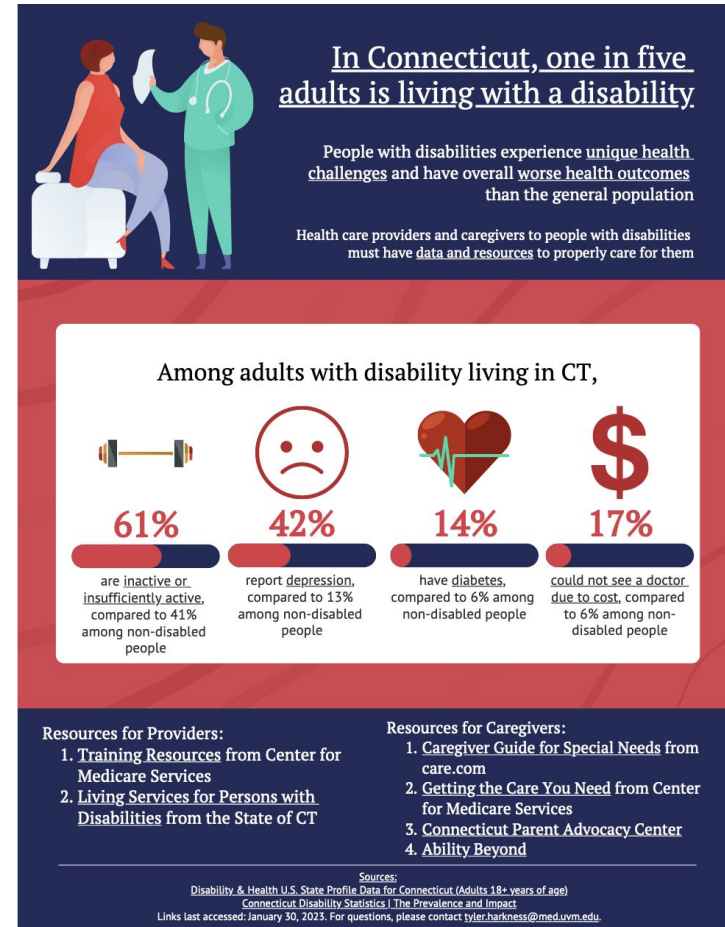


# Intervention and Methodology

- Virtual infographics have been demonstrated to convey health information to large, multidisciplinary audiences (Martin et al., Alyahya et al.)
- As such, an educational infographic on health statistics among people with disabilities was created using Venngage, an online software used to create interactive visual media
- In addition, qualitative interviews were conducted with a physician at Brookfield Family Medicine and a program manager at a community organization based in Fairfield County, CT
- The aim of the infographic is to provide information to relevant stakeholders, in this case caregivers and health care providers of people with disabilities

# Results

- Interactive infographic available at following link:
  - <https://infograph.venngage.com/pl/zkKKyHVdQQQ>
- The infographic has also been attached to the project upload
- The infographic features introductory text, key statistics on disability health in the state of Connecticut, and hyperlinks to resources for health care providers and caregivers





## Evaluation of Effectiveness and Limitations

- The nature of the infographic has numerous advantages, including the large text and graphics as well as the ability to include hyperlinks to outside resources
  - The format is engaging and interactive, thus encouraging caretakers and providers alike to use the infographic to learn more
- Limitations to the infographic format include accessibility – one needs a computer or tablet to access it in its full capacity, though printable versions do exist





## Recommendations for Future Interventions

- Next steps for this project include evaluating the infographic, including surveying providers and caretakers on their takeaways and feedback
- In addition, this infographic is tailored towards people administering care to people with disabilities, rather than speaking directly to them
  - A future intervention would be to create a similar infographic but filled with resources that people with disabilities themselves can utilize
- Finally, once the infographic is validated, it should be printed and disseminated among health care practices and relevant community organizations



# References

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