

FACT SHEET

CAREGIVERS, SUPPORT STAFF 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
- Higher rates of diabetes
- Lower rates of health care utilization

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

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

ALASKA'S CAREGIVER ROLES IN HEALTHCARE

- Successful visits require 40.0% more time for patients with disabilities
- Direct care staff arrange transportation to 50.5% of healthcare visits
- 41.4% of direct care staff request accommodations for healthcare visits on behalf of a person with a disability
- 57.0% of agency and support staff attend health appointments with those they support
- Support staff reported healthcare provider comfort level with people with disabilities as 3.3 on a 5 point scale (0=very uncomfortable to 5=very comfortable)
- Support staff who always attend healthcare visits report longer appointment times and increased provider comfort with people with disabilities

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ALASKA'S CAREGIVER ROLES IN HEALTHCARE (CONTINUED)

- Higher support staff caseloads means lower likelihood they attend healthcare appointments
- Family/guardian caregivers are more likely to always attend healthcare appointments than direct service workers, clinicians or case managers
- A person with a disability is more likely to access preventative health services if their support staff always attend healthcare appointments
- People with disabilities whose support staff never attend their healthcare appointments experience more difficulty accessing transportation and navigating the healthcare system

RECOMMENDATIONS TO IMPROVE HEALTHCARE SYSTEM

INCREASE ACCESS TO SERVICES

- Increase availability of peer support services
- Advocate for improved transportation access
- Increase use of preventative care, screening and diagnostic services, and therapeutic and specialist services

IMPROVE COORDINATION OF CARE

- Include people with disabilities in decisions
- Solicit feedback from people with disabilities
- Encourage family participation
- Improve health literacy of providers
- Assist with navigating healthcare system

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:

<http://dhss.alaska.gov/dph/wcfh/Pages/disability>

This fact sheet was supported by the Grant or Cooperative Agreement Number, DD000948, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

NEEDED CAREGIVER TRAINING

- Home health and hospice care
- Mental health first aid
- Challenging behaviors
- Effective communication
- Co-occurring behavioral health/developmental disabilities concerns
- Basic sign language
- Importance of working teams
- Person-centered services
- Healthy living
- Prevention of abuse
- Advocacy
- Available resources/services