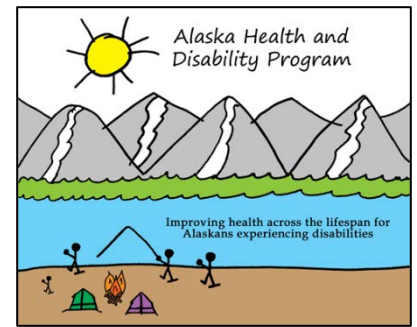


FACT SHEET

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
- Higher 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

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

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

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: <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.