

Achieving Health Care Equity: Identifying our Resources, Challenges, and Next Steps

Lesley Cottrell PhD¹, Kathy Sheppard-Jones PhD², Caroline Gooden PhD², Fred Biasini PhD³, Jordan Kerr BSPH⁴, Tanisha Clarke MPH⁴, Adriane K. Griffen DrPH, MPH, MCHES⁴

¹ West Virginia University, Department of Pediatrics & Center of Excellence on Disabilities; ² University of Kentucky Human Development Institute and Department of Early Childhood, Special Education and Counselor Education, ³ Alabama University Center of Excellence in Developmental Disabilities; ⁴ Association of University Centers on Disabilities

Background:

- The largest health care consumer group in the United States is made up of individuals with at least one disability. Yet this group tends to have poorer health outcomes at a rate that is significantly higher than people who do not have disabilities
- Health care disparities have been documented consistently for various groups
- Women with significant disabilities are more likely to have fewer cancer screenings and preventive tests than women who do not have disabilities
- Adults who are deaf are 3X more likely to report poorer health
- Health disparities researchers have highlighted factors including: having limited to no resources that aid in one's understanding (interpreter services, materials), physical barriers within practice, provider knowledge about health disparity and needs, limited consideration of contextual factors that could impact patient compliance.
- Efforts to reduce health disparities are ongoing; helpful products for providers and others are increasingly becoming available

Purpose of Overview:

The purpose of this study was to highlight multi-state efforts within the UCEDD network that were designed and coordinated within AUCD's HEAT Initiative to collaborate with health care providers and provide different forms of training that would be effective at reducing factors associated with health disparities for individuals with disabilities.

Methods:

Participating Institutions and Initiatives:

University of Alabama at Birmingham: *Health is for Everyone*
University of Kentucky: *Teaching and Learning Initiatives*
West Virginia University: *Not Your Standard Patient* and *Project DOCC*

Procedures:

The HEAT Initiative met quarterly during the proposed period. Participating institutions were at various stages with their health disparities initiatives. Each continued to develop, implement, evaluate, and/or sustain initiatives during an 18-month period from 2018-2020. Team meetings included a review of current activities, planned activities in the next quarter, challenges experienced to date, proposed solutions, and if attempted, success of efforts to combat challenges.

Initiative Overview:

	<i>Health is for Everyone</i>	<i>Teaching & Learning Initiatives</i>	<i>Not Your Standard Patient</i>	<i>Project DOCC</i>
Overall Goal	Increase medical student knowledge and comfort providing services to children with special health care needs and their families.	University students taking courses in medicine and healthcare will report increased knowledge on topics related to disability and inclusion as a result of participating the Human Development Institute's University Lecture Series during the 2019-2020 academic year.	Health sciences students will increase their awareness of disability services, increase their person-centered care and people first language, and incorporate disability considerations in their clinical approach.	Health sciences students and families will discuss family experiences with clinical care to increase their knowledge of family-centered medical home.
Focus	Incorporate increased focus on disability services, service coordination, and developmental approaches within the medical school curriculum.	Disability transitions, development, and coordination of care	Etiquette and visit impressions	Patient-centered medical home
Learners	University third year medical students in Pediatrics and Family Medicine	University students and medical residents	Undergraduate medical students	pharmacy, medicine, nursing, students and medical residents.
Facilitators	UAB medical faculty	HDI staff	WVU faculty; simulation center team	5 faculty mentors and 5 family mentors
Procedures	Work with rotation coordinators for pediatrics and family medicine to provide a one week curriculum focused on: • Development • Special health care needs • Disability services	A catalog of 37 one-hour offerings was developed and marketed. Course catalog is available at: https://hdi.uky.edu/university-lecture-series 29 Lectures/rotations offered As part of HDI University Lecture series and Medical Resident Rotation with HDI • Disability Resources in KY • Disability Awareness Training Ableism • Early Childhood Transitions • Early Childhood Assessment Instruments • Getting Comfortable with Disability • Assistive Technology • Sexuality and Disability • Community Engagement • Road Map for Inclusion • HDI Research and Educational Opportunities for UK Students • Rural Rehabilitation and Access to Health Care • Allyship • Universal Design • Universal Design and Social Stories • Parenting a Child with a Disability • Universal Design and Including People with Disabilities in Education	Learners receive information on etiquette, Person First, and other materials prior to simulation through on-line module Learners are randomized to receive information from the following activities in a different order: panel member discussion, and 3 case scenarios with patient actors Group discussion closed the session to review interactions, next steps, and overall considerations	Faculty and parent mentors were identified for each session scheduled Learners receive information on patient-centered medical home model and person first language by on-line module Baseline assessments completed prior to simulation Video showcasing families with children with special health care needs shown at the beginning of the simulation Learners randomized to three breakout rooms to meet and ask questions of parent mentors Group discussion reviewed standard elements of patient-centered medical home
Setting	Classroom	University and Child Development Center of the Bluegrass	WV Steps Center and WVCED	WV Steps Center and WVCED
Delivery approach	F2F	F2F and virtually	F2F and virtually	F2F and virtually

Results:

	<i>Health is for Everyone</i>	<i>Teaching & Learning Initiatives</i>	<i>Not Your Standard Patient</i>	<i>Project DOCC</i>
Stage in Development	D/P	I/E	I/E	I/E
# stakeholders involved	--	736	26	452

Note: D = Development; P = Planning; I = Implemented; E = Evaluated

Challenges:

- COVID-19 led to shift to virtual delivery of lectures and materials.
- During the development stage, discussions often shifted to not having space within the curriculum for an additional topic.
- Faculty and administrators needed to decipher how the new course or activity fit within their established curriculum and met established accreditation guidelines.
- Meetings with College of Medicine faculty were cancelled in the spring, 2020 semester as a result of COVID.

Solutions that Worked in these Scenarios:

- Discuss and offer previous training and other experience offering accessible learning (face-to-face or virtual).
- Offer multiple events and opportunities during semesters (including summer months) for the initial trial. Other options may arise once they have experienced the initiative directly.
- Consider offering these initiatives as Interprofessional Education (IPE) experiences across various health sciences schools. This is an increasing interest among accreditation boards and often provides more than one contact/support person for the initiative.
- Additional connections within the college or school from other revenues (grants, community service programs, research led to additional opportunities to incorporate learners over time

Conclusions:

- While COVID transitioned all initiatives to virtual format, learners were more comfortable with this format and it could be more easily woven into the curriculum than those that required on-site learning.
- Families (if involved) also enjoyed the virtual format in that it reduced the need for them to travel to the university and offered more of their time for other sessions as a result.
- Now is an ideal time to convey the importance of including disability in medical curricula as there is increased awareness and understanding of environmental factors that are disabling us all.



University of Kentucky



Refrences:

1. Center for Medicaid Services. National Health Expenditure Highlights. Accessed at: <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/downloads/highlights.pdf> on September 15, 2020.
2. Krahn GL, Walker DK, Correa-De-Araujo R. Persons with disabilities as an unrecognized health disparity population. 2015. Am J Public Health. 105(2): S198-206.
3. Reichard, A, Stolze, H. and Fox, M.H. 2011. Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States. Disability and health journal. 4(2), pp.59-67.
4. Horner-Johnson, W., Dobbertin, K., Lee, J.C. and Andresen, E.M., 2013. Disparities in chronic conditions and health status by type of disability. Disability and health journal. 6(4), pp.280-286.
5. Drum, C.E., Krahn, G., Culey, C. and Hammond, L., 2005. Recognizing and responding to the health disparities of people with disabilities. Californian Journal of Health Promotion, 3(3), pp.29-42.
6. Nosek, M.A. and Simmons, D.K., 2007. People with disabilities as a health disparities population: the case of sexual and reproductive health disparities. Californian Journal of Health Promotion, 5(special issue), pp.68-81.