PERCEPTION OF MEDICAL CARE AFTER TRANSITION

LEND Independent Research Project Spring 2018

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PURPOSE

- To assess how newly transitioned youth with disabilities and/or special health care needs feel about their health and healthcare access after transitioning to adults medical
- To determine barriers/difficulties during the medical transition process

RESEARCH QUESTIONS

How do newly transitioned young adults feel about their access to medical care?

What barriers exist during the medical transition process from the patients perspective?

BACK GROUND

- During informal interview with KASA members, youths that have transitioned expressed dissatisfaction with the medical transition process
- Lotstein, Inkelas, Hays, Halfron and Brooks (2008)
  - 24% lacked usual source of health care
  - 27% had gone without some needed healthcare since turning 21
- Young et al. (2009)
  - Lack of access to healthcare professional
  - Lack of knowledgeable professional
  - Lack of information provided
  - Uncertainty regard transition process

METHODS

- Hold focus group with KASA
- Partner with Path to recruit individuals for one on one interviews
- Target sample size 10-15 participants
- Interviews will be recorded, transcribed and analyzed for themes

PROGRESS TO DATE AND FUTURE STEPS

- Proposal completed
- Finalizing IRB for submission
- Conduct focus groups and interviews
  - Summer/Fall

ADDRESSING HEALTH AND HEALTHCARE ACCESS DISPARITIES THROUGH DISABILITY HEALTH NEEDS ASSESSMENTS: ANALYSIS AND RECOMMENDATIONS FOR IMPLEMENTATION

A Master of Public Health Capstone Project

Katie Straka

INTRODUCTION AND BACK GROUND

- Health needs assessments are powerful tools to learn what health problems a population faces, however not many are being used to target people with disabilities, let alone health and healthcare access disparities.
- People with disabilities experience health and healthcare access disparities
  - Less likely to access healthcare services even though they require more medical services
- Barriers are not captured by traditional survey methods
  - Unaccommodating equipment
  - Physician sensitivity to disability issues
  - Healthcare access is more then insurance access
- Connecticut is lacking data

PURPOSE

- Provide information about the health and healthcare access disparities PWD experience and review state-level disability health needs assessments to develop recommendations for Connecticut implementation

METHODS

Disability health needs assessments were identified through a Google search of the term 'disability health needs assessments'

Four assessments were found

Analyzed for goals, funding sources, topics covered and compared for methodological strengths and weaknesses

- Oregon
- Iowa
- Maryland
- Massachusetts

RESULTS

Assessment Comparison				
State	Oregon	Iowa	Maryland	Massachusetts
Funding	CDC Grant	CDC Grant	Private Institution	CDC Grant
University Partnership	Yes	Yes	No	Yes
Goals	1. Identify current needs in access to health care and emergency preparedness	1. Assess the burden of disability 2. Determine access to preventative care 3. Identify unhealthy behaviors	1. Unspecified	1. Meeting funding requirements of CDC HDP 2. Provide in depth data on health need of PWD beyond traditional sources 3. Present information on unmet health needs and priorities of disability community
Data Sources	• BRFSS • NSCH • NS-CSHCH • Oregon Healthy Teen Survey • The Pulse of Oregon	• BRFSS • ACS	• U.S. Census Data • MCDD Needs Assessment: Pathfinders Community Forum on Adolescent Transition • Maryland State Department of Education Parent Survey • Various Community Meetings	• BRFSS • Survey of Health Needs for People with disabilities in Massachusetts

RESULTS

Strengths and Weakness Comparison				
State	Oregon	Iowa	Maryland	Massachusetts
Strengths	• Community survey • Addressed life span	• Use of ACS • Many BRFSS indicators analyzed	• Explored barriers to Healthcare beyond traditional sources • Large community input from surveys and meetings • Action plan stated	• Large scale community survey • Informed Interviews • Community Partnerships • Explored barriers to Healthcare beyond traditional sources
Weaknesses	• Analysis of barriers limited to traditional sources indicators • No action plan stated	• Lack of community Input • Analysis of barriers limited to BRFSS indicators • No action plan stated	• Findings limited to children • Findings limited to several healthcare access barriers	• No action plan stated • Analysis not broken down by age group

RESULTS

State BRFSS Data Indicators Comparison.			
State	Oregon	Iowa	Massachusetts
Health	Fair/poor Health Obese Mental Health (Youth) Conditions affecting daily activities (Children) Oral Health (Children)	Fair/poor Physically unhealthy in the past 30 days Activity limitations Ever had, asthma, high blood pressure	Fair/poor health 15+ days of poor physical health
Risk		Drank alcohol in past 30 days Binge drank in the past 30 days Current smoker Inactive Obese/overweight Always use Seat belt	Tobacco Use Alcohol use Overweigh and Obesity Physical activity Vaccines
Access	Health Insurance Check up Flu HIV Screened for Colorectal Cancer Could not see a doctor because of cost Received Pap Mammogram Unmeet physical health care needs (youth and children) Unmeet mental health care needs (youth) Insurance (Children)	Private insurance (ACS) WIC Support (ACS) Free/Reduced Lunch (ASC) Cholesterol Checked (BRFSS) Routine Check up in past year Ever had Pneumonia Could not see doctor because of cost Have Health care coverage Have personal doctor No Flu No Mammogram No PSA Never Had Sigmoidoscopy	Health insurance Could not see a doctor because of cost Have health care provider Had check up Dental visit in past year Six or more missing teeth Colorectal Prostate Mammogram Cervical HIV Sexual Violence Unintentional falls
Chronic Conditions		High Blood Pressure Coronary Heart Disease Heart Attack Stroke Diabetes Arthritis	Diabetes Asthma COPD Heart disease Arthritis

Note. Indicators appear in the category the appeared in the initial assessment and are phrased as they appeared in initial assessment. Maryland did not use the BRFSS and is not included in this comparison

CONCLUSION

Each of the four assessments had different methodologies but all gathered valuable information

Only two assessment, Maryland, and Massachusetts, looked at the conditions supporting health, such as accessibility of physicians and finding physicians sensitive to disability issues

The strongest methodology, Massachusetts, used BRFSS data as a base-line and used community input to fill in gaps

RECOMMENDATIONS