



Diabetes among Adults with Cognitive Limitations Compared to Individuals with No Disabilities in the United States

Amanda Reichard, PhD Hayley Stolzle, MPH

Research and Training Center on Independent Living, University of Kansas



Background

- A substantial proportion of adults with intellectual or developmental disability are at risk for developing or may have already developed diabetes and other chronic conditions.
- Only limited research has investigated diabetes among people with disabilities, especially those with intellectual or developmental disability. This information is necessary to raise awareness and change behaviors among health care professionals, individuals with disabilities and their care providers.
- Higher rates of chronic disease among individuals with intellectual or developmental disability compared to people with no disability may be attributable to more barriers to health care access and limited opportunities for physical activity and healthy diet among individuals with disabilities.
- Chronic disease management can be more difficult for people with intellectual or developmental disability and their care providers compared to individuals with no disability.

Learning Objectives

- Describe the prevalence rate of diabetes among individuals with cognitive limitations in comparison to those with no disability
- Describe quality of care indicators for people with cognitive limitations and diabetes and the implications of these health measures
- Describe suggested methods for improving health care and health behaviors for people with cognitive limitations and diabetes

Methods

Retrospective study comparing data from the 2006 Medical Expenditure Panel Survey (MEPS) full year consolidated file

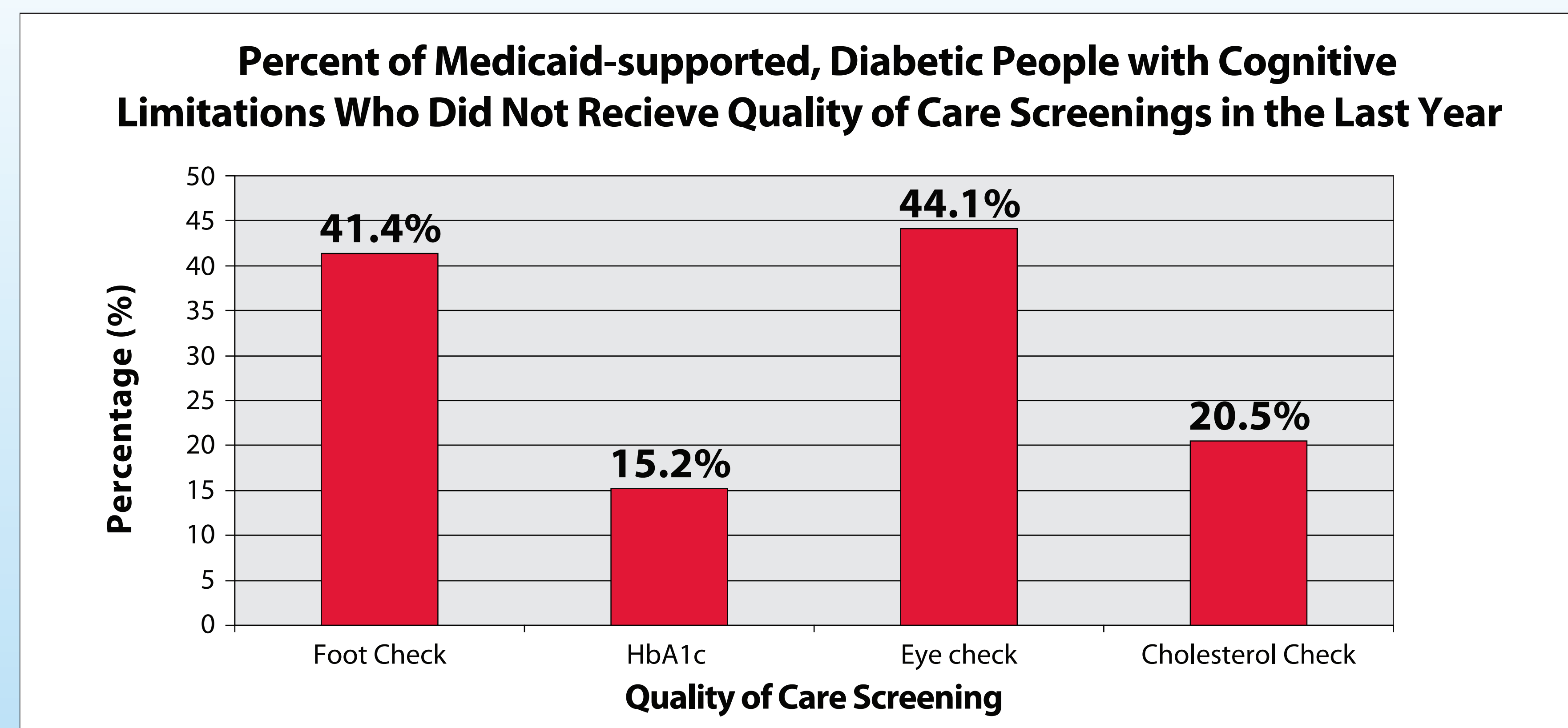
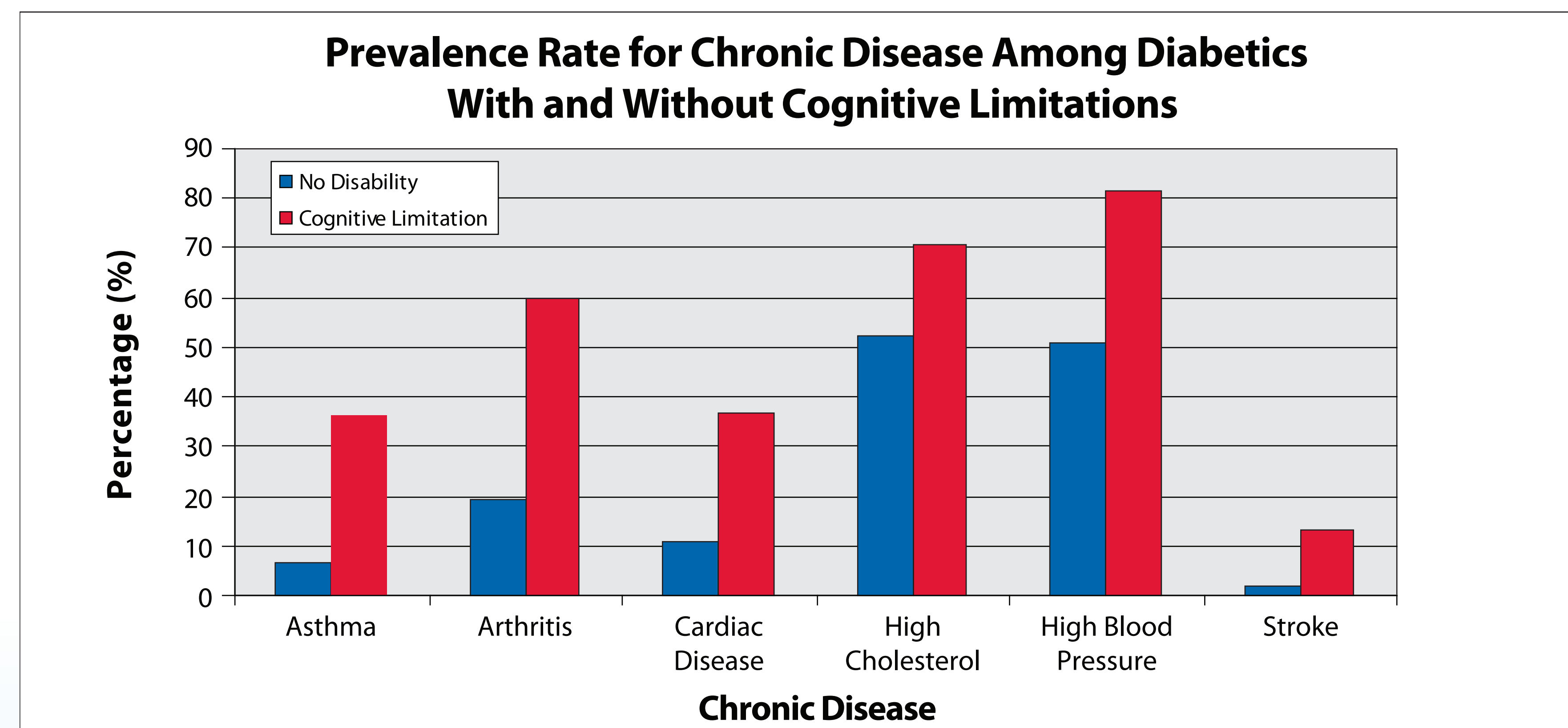
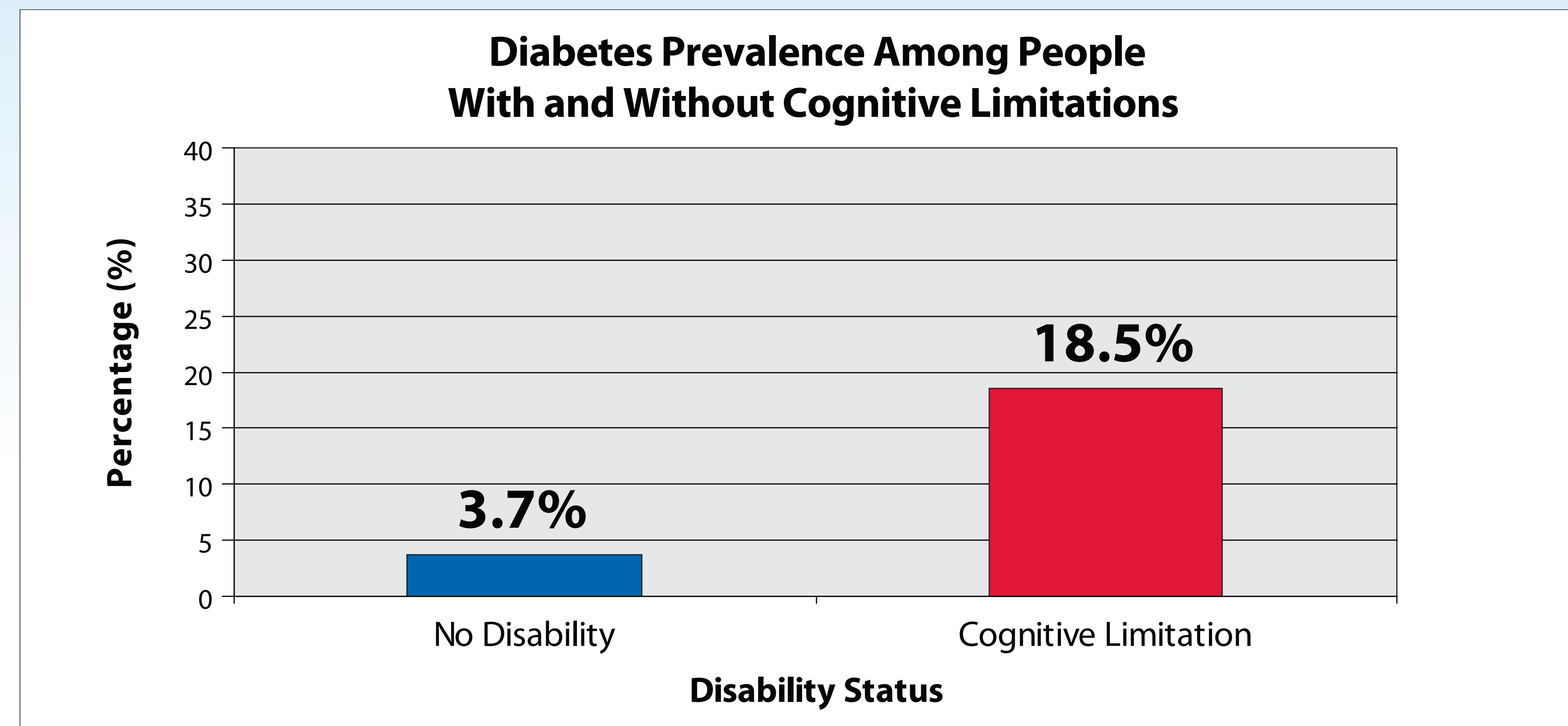
Sample Populations

- Weighted nationally representative sample of working aged (18-64) adults with cognitive limitations
 - Included those who 1) experience confusion or memory loss, 2) have problems making decisions, OR 3) require supervision for their own safety
 - Those with cognitive limitations in this sample are cognitively similar to individuals with intellectual or developmental disability, but the sample likely includes people who acquired their disability after age 18. Thus, we refer to this group as having cognitive limitation rather than intellectual or developmental disability.
 - Individuals with cognitive limitations: $n = 1,119$, weighted $n = 8,924,080$
- Weighted nationally representative sample of working aged (18-64) adults with no disability
 - Excluded those with physical disability
 - Individuals with no disability: $n = 14,844$, weighted $n = 143,672,300$

Measures

- Diabetes Prevalence Rates
- Comorbidity
 - Asthma
 - Arthritis
 - Cardiac Disease
 - High Cholesterol
 - High Blood Pressure
 - Stroke
 - BMI
- Health Care Use
 - Health Insurance
 - Health Care Costs
- Quality of Care Screening Rates
 - Foot Check
 - HbA1c
 - Eye Check
 - Cholesterol Check

Results



How to Improve Health

Outcomes and Health Services

- Accurately identify individuals at risk by improving consumers' capacity to report health care needs and improving care providers' capacity to identify and report illness or disease
- Educate physicians and care givers about the importance of preventive care, health screenings and chronic disease management for people with cognitive limitations or developmental disabilities
- Begin incorporating education in high school curriculum for individuals with cognitive limitations on how to improve health behaviors
- Offer opportunities to improve health behaviors such as healthier food choices and ways to increase exercise
- Create affordable, accessible and reliable transportation services for individuals with disabilities to improve health care access
- Include diabetes screening, prevention and management as part of health and wellness standards of state and local agencies that support people with disabilities

Conclusion and Implications

- Adults with cognitive limitations are more likely to have diabetes and other chronic diseases than those with no disability.
- Research has documented that many social and environmental barriers preclude people with intellectual or developmental disability from obtaining the diabetes and other healthcare screenings they need to remain healthy.
- Few services are designed to address the unique learning needs of individuals with intellectual or developmental disability so that they can participate more fully and meaningfully in their own disease prevention and disease management.
- There is a tremendous need for health promotion programs that can appropriately target healthy diet, physical activity and regular health screenings for individuals with intellectual or developmental disability.

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For more information contact

Amanda Reichard, PhD, RTC/IL,
University of Kansas,
Suite 4089, 1000 Sunnyside Ave.
Lawrence, KS 66045
reichard@ku.edu