



## Project Fact Sheet: HCBS Waiver: Economic Utility and Related Health Outcomes

Our mission:

To increase and enhance the interdependence and full participation in the community of people with disabilities through the use of scientifically sound, theoretically driven sustainable interventions and measures that lead to effective community living solutions and policy change.



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### Background

This project creates an assessment model that state Medicaid programs can use to monitor the cost effectiveness and health outcomes of individuals with disabilities who are on a Home and Community-Based Services (HCBS) waiver.

The project is based on these hypotheses:

- Health care use and expenditures for individuals with physical disabilities will decrease when they move into a community setting using the HCBS waiver.
- Secondary health conditions will also decrease when they move into a community setting using the HCBS waiver.
- A person's level of community participation influences the extent of health care use and expenditures.
- Likewise, the extent of health care need and use influences the level of community participation among people with physical disabilities.

### How This Research Will Improve Community Participation for People with Disabilities

By measuring the relationship between health, personal assistance services and community participation, we can identify areas of concern to individuals with disabilities and advocate for change in those areas.

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### What's the Bottom Line?

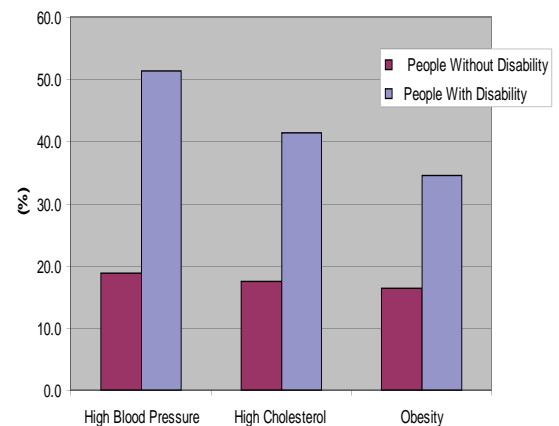
Overall, people with disabilities continue to have unacceptably high rates of disease. Major health disparities continue despite the implementation of the Americans with Disabilities Act and increased awareness regarding the health of individuals with disabilities.

### National data on health status, disease prevalence and risk factors for people with disabilities

Self-reported Health Condition for People With and Without Disabilities



Comparison of Risk Factors Among People With and Without Disabilities

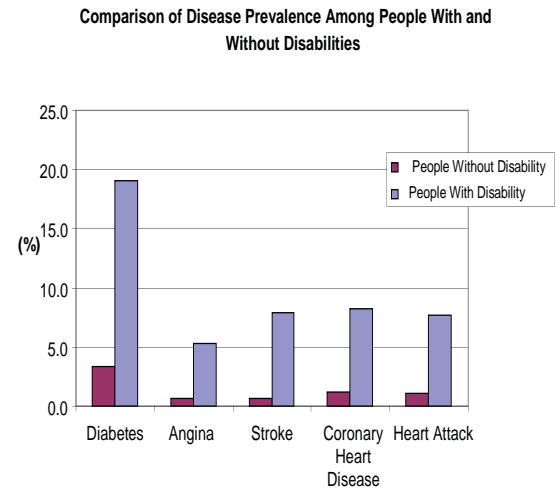


Translating  
research into  
enhanced  
community  
participation

In addition, we can use our relationships with state partners to create interventions that directly address these areas of concern.

### Research Progress

- We have started setting the context for our research by conducting analyses of state and national health surveys, using a similar model to the one we use with Medicaid data.
- We are gaining a good understanding of the health status and service utilization of people with disabilities in Kansas and nationally. **The charts on this fact sheet represent national data** on health status, disease prevalence and risk factors for people with disabilities.
- We have presented information at a state conference on health care disparities.
- We are identifying areas of concern to share with state agencies and maintaining contacts with staff at relevant state agencies.



### What We've Learned So Far

- People with disabilities are significantly more likely to report a poor or fair health condition (37.44% vs. 5.36%) and less likely to report an excellent or very good health condition (29.38% vs. 68.25%) than those without disability.
- People with disabilities have a greater prevalence of disease risk factors than those without disabilities.
- Prevalence rates for major disease categories were higher for people with disabilities than for those without disabilities.
  - **Diabetes is of special concern.** A person with a disability has a 6.64 greater chance of developing diabetes than a person without a disability.
- Women with disabilities were significantly less likely to receive a Pap smear and mammogram than women without a disability (70.4% vs. 83.8% for Pap smear, 69.3% vs. 73.7% for mammogram).

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