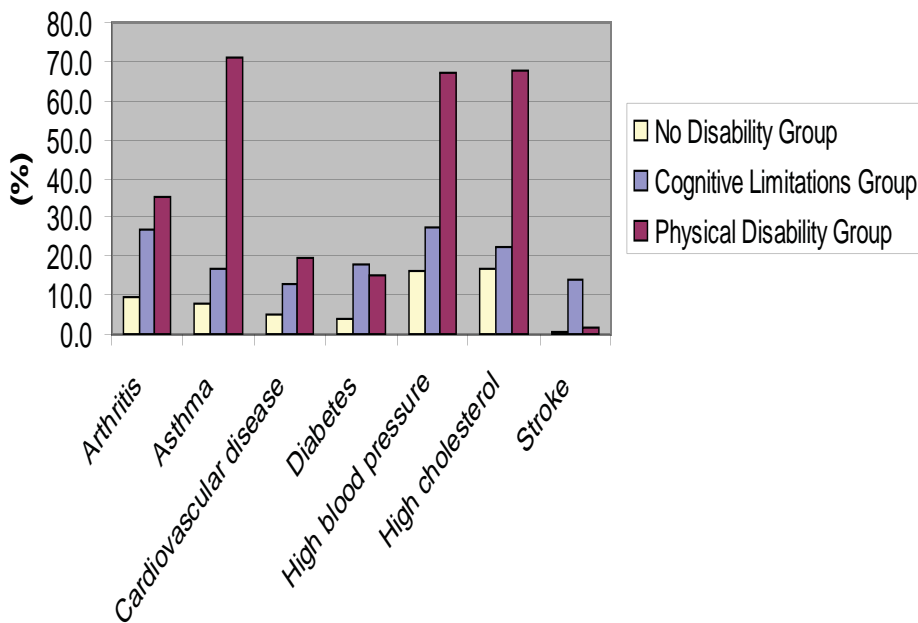


## Ways to Improve Health and Reduce Costs for Adults with Physical Disabilities or Cognitive Limitations

**Prevalence of Health Conditions Among No Disability and Disability Groups**



### What's the Bottom Line?

People with physical disabilities or cognitive limitations have higher prevalence rates for chronic diseases and are less likely to receive preventive services than persons with no disabilities.

This fact sheet presents policy strategies to improve the health of these individuals while reducing the related costs to Medicaid and other payors.

### What We've Learned

#### Disease Rates

- Adults with physical disabilities or cognitive limitations have an increased risk of developing seven major chronic conditions (arthritis, asthma, cardiovascular disease, diabetes, high blood pressure, high cholesterol, and stroke).
- More than 70% of those with physical disabilities are either overweight or obese compared to 62.7% of the cognitive disabilities group and 59.7% of the no disability group.

#### Associated Costs

- Individuals with *cognitive limitations* (\$11,487/year) had expenditures 4.8 times higher than those with no disabilities (\$2,375/year).

(over)

People with disabilities **can** be healthy if barriers to health promotion and disease prevention programming are addressed.

- Individuals with *physical disabilities* (\$10,288/year) had average expenditures 4.3 times higher than those with no disabilities (\$2,375/year).
- Much of this cost resulted from preventable conditions that required additional outpatient and hospital care.

## How Policy Change Can Help

Public health interventions and disease management programs must be designed to address the unique characteristics of adults with disabilities.

When programming incorporates the specific needs of individuals with disabilities, it will result in better use of health care expenditures and improved quality of life.

A three-pronged approach is needed to implement appropriate interventions:

- 1) **To increase the physical accessibility of medical facilities**, legal and regulatory reform is needed and could start with implementation of the Americans with Disabilities Act Accessibility Guidelines (ADAAG) at the community level.
- 2) **To improve the appropriateness of care received**, we must ensure that health providers receive sufficient training regarding proper disability etiquette and the unique health needs of those with disabilities.
- 3) **To improve health behaviors of people with disabilities**, especially those related to weight loss, physical activity and disease management, we must increase appropriate physical supports. This includes the development of physically accessible exercise facilities and integration with acute care systems to fully incorporate behavioral health strategies into disease management programming.



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