Using Research Findings for Advocacy

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Context

- Medicaid provides safety net for people with disabilities who cannot afford health insurance
- Health care expenditures and use for this population poorly understood
- Legislators and policy makers typically focus only on LTC expenditures (HCBS, nursing homes) while ignoring associated health care expenses
- As a result, they lose chance to address opportunities for policy change on prevention and health promotion
Context

- To advocate effectively, we must bring concerns to those who can effect change
- Our research provides info that consumers and those who support them can use to advocate for themselves and for broader policy change in health care.

Research Results

Prevalence Rates for Chronic Disease Among People with Cognitive Limitations or Physical Disabilities Compared to Those with No Disability
Research Results

Preventive Screening Among Individuals with Cognitive Limitations or Physical Disabilities Compared to Those with No Disability

- No Disability group
- Cognitive Limitations group
- Physical Disability group

- Never had Pap test
- Never had mammogram
- No dentist visit for ≥ 5 years
- No Flu Shot within past year

Research Results

BMI Distribution

- No Disability
- Cognitive Limitations
- Physical Disability

- Underweight (BMI =1-18.5)
- Overweight (BMI =25.0-29.5)
- Obese (BMI ≥30)
Research Results

Mean Body Mass Index Among Obese Individuals with Cognitive Limitations or Physical Disabilities Compared to Obese Individuals with No Disability

Research Results

Average Yearly Medical Expenditures per Person
Implications for Advocacy
To view this video, go to http://www.youtube.com/RTCIL

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Discussion
Does this research validate your personal experiences with people with disabilities?

How would you prioritize related advocacy efforts?

How can we further integrate the IL philosophy into health care services?

What research needs do you as IL staff or consumers currently have?