The Need for Disability Standards in Healthcare Education

Health Care Disparities Exist for Individuals with Disabilities

- An estimated 1 out of 5 people in the United States has a disability.¹
- Adults with disabilities are 12.7 times more likely to report poor overall health status compared to adults without disabilities.²
- Among other disparities in health risks and behaviors, adults with disabilities are 9.4% more likely to experience cardiovascular disease, are 10.4% more likely to be obese, and significantly more likely to smoke (10.8%) or have a sedentary lifestyle (22%) than adults without disabilities.³
- Adults with disabilities require the same cancer and age-related health screenings, yet receive preventative health services at lower rates.¹
- Multiple barriers exist for people with disabilities when trying to access health care services that include inaccessible health care facilities, communication issues, lack of adequate medical information, and lack of health care provider’s understanding of disability.²
- Negative attitudes can affect the quality of care and medical treatment options for people with disabilities within the clinical setting.⁴
- The United States will experience an estimated shortage of 40,800 to 104,900 physicians by 2030. Optimized training on delivering efficient, high quality health care to a diverse population will be necessary for providers to adequately manage the resulting increased demand for services.⁵

Disability Standards in Health Care Education as a Means to Improve Care

World Health Organization
Poor coordination of services, inadequate staffing, and weak staff competencies can affect the quality, accessibility, and adequacy of services for persons with disabilities. World Health Survey data from 51 countries revealed that people with disabilities were more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to be treated badly and nearly three times more likely to be denied needed health care.

World Report on Disability⁶

Institute of Medicine (U.S.)
Health care professionals are not necessarily well informed about the primary health care needs of people with disabilities, the prevention and management of secondary health conditions, the challenges that adults face in aging with disabilities, and the transition of young people with disabilities from pediatric to adult services. Among other actions, this report recommends strengthening education in chronic illness and disability management in curricula for health care professionals, including education on the specific topics of secondary conditions and aging with disability.

The Future of Disability in America⁷

Office of the Surgeon General (U.S.)
Due to insufficient ongoing education and training for health care professionals and wellness service providers, the needs of persons with disabilities are often overlooked when decisions about community adaptations, health and service delivery and health care policy are made. Enhance and broaden the content and expand the use of educational and training materials for health care providers that focus on the health care and wellness needs of persons with disabilities, including secondary conditions. The Surgeon General’s Call to Action to Improve the Health and Wellness of Persons with Disabilities⁸

111th United States Congress
Section 5307 amends Title VII, Sec. 741 and Title VIII, Sec. 807 of the Public Health Services Act to include the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs.

Patient Protection and Affordable Care Act⁹

National Council on Disability (U.S)
The absence of professional training on disability competency issues for health care practitioners is one of the most significant barriers that prevent people with disabilities from receiving appropriate and effective health care.

The Current State of Health Care for People with Disabilities¹⁰
Core Competencies on Disability in Health Care Education

The Alliance for Disability in Health Care Education (the Alliance) and the Ohio Disability and Health Program have partnered to improve the disability training that health care students receive. The purpose of this project is to develop a consensus on the disability competencies required for health care providers to provide quality care to patients with disabilities and to have them integrated into health education curricula. These competencies are designed to be cross-disability and interdisciplinary.

Who are we?
The Alliance on Disability in Health Care Education is a not-for-profit organization of medical school faculty, nursing school faculty, and other health care educators who are working to integrate disability-related content and experiences into health care education and training programs. The Ohio Disability and Health Program is a Centers for Disease Control and Prevention-funded project that works to improve the health of Ohioans with disabilities through physical activity, nutrition intervention, tobacco cessation, and training and education initiatives.

What was the consensus process?
We asked for the help of medical professionals, educators, and people who live and/or work with disability to help us refine a draft set of disability competencies as part of a Competency Development Committee. Using the Delphi Method, the Committee first reviewed and offered feedback on the draft competencies and the competencies were then revised based on the provided feedback. The revised draft was sent out to the Committee and a second wave of feedback was collected and the draft competencies again were revised. Survey responses about this third draft set of competencies were collected and it was determined that they included what health care providers need to understand about disability to provide quality care to patients with disabilities. As of April 2018, the Competency Development Committee therefore reached consensus on a final draft of the Core Competencies on Disability Health Care Education.

What is the next step for integrating the competencies into health education curricula?
The Alliance is asking for endorsements of the Core Competencies from those whose who would like to see them integrated into existing curricula for future health care providers. Please complete and submit the following endorsement contact form if your organization, institution, board or council would like to endorse these competencies as necessary standards for health care education.

To read and learn more about endorsement of the Core Competencies, please visit:
http://go.osu.edu/disabilitycompetencies

References

This document was supported by the Cooperative Agreement Number, NU27DD000015-02, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers of Disease Control and Prevention or the Department of Health and Human Services.