

# Using Health Care Indicators to Improve Individual and Systemic Health Care Outcomes



National Core Indicators (NCI) Cross-State Data &  
Additional Health Indicators from North Carolina  
and West Virginia

Sarah Taub, HSRI  
NASDDDS Annual Meeting  
November 18, 2004

# Health & DD

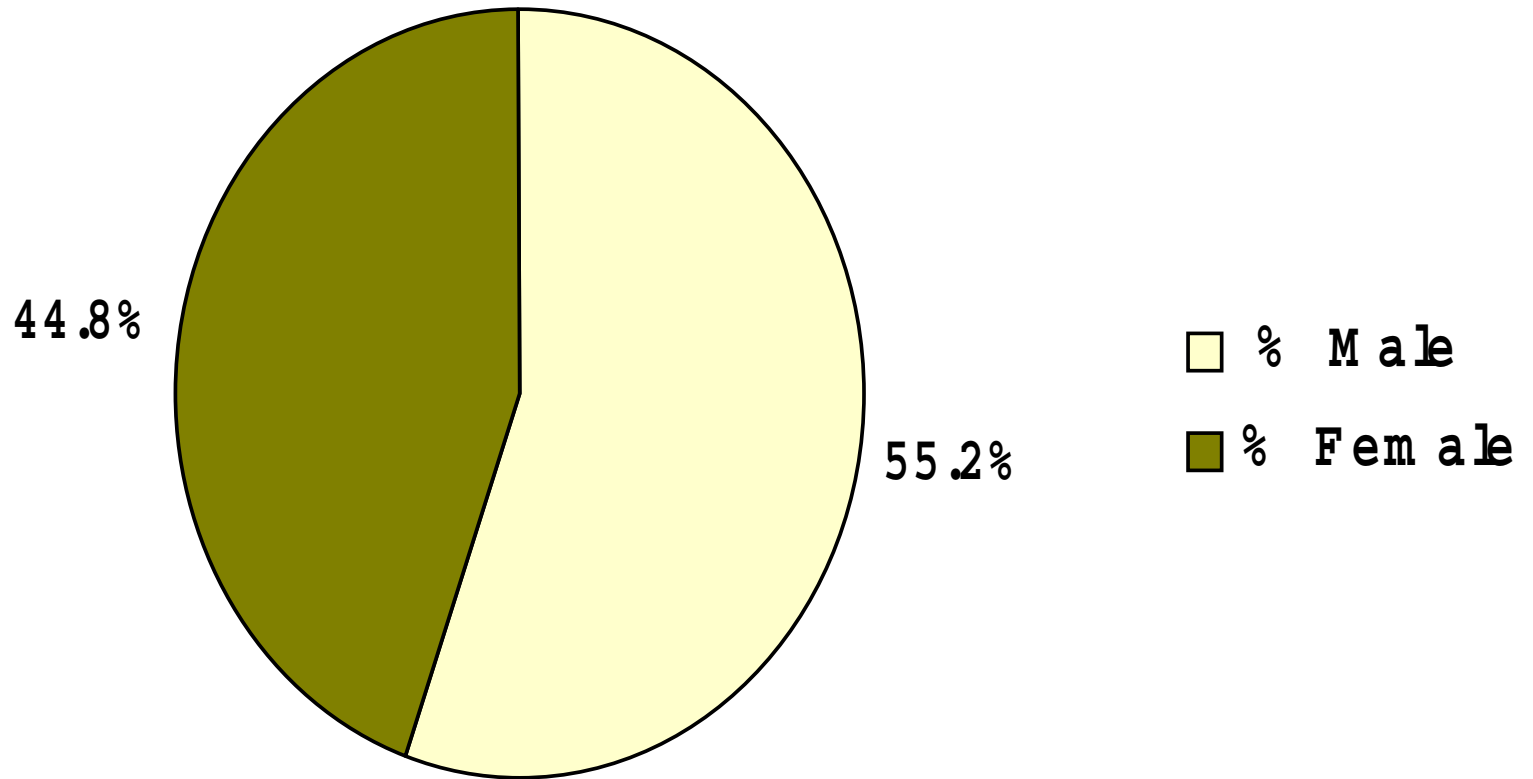
- ❑ Research suggests prevalence of health conditions is the same or higher in the DD population
- ❑ Communication difficulties, behavioral issues and functional limitations present challenges to healthcare access & delivery
- ❑ DD health tends to be overlooked by public health systems
- ❑ Healthcare access is a particular concern for people living in community settings

# NCI Health Indicators

- ❑ National Core Indicators are used for Quality Management in 22+ DD service delivery systems
- ❑ Sponsored by NASDDDS, coordinated nationally by Human Services Research Institute (HSRI)
- ❑ Standard Consumer Survey instrument, interviewer training, and methodology
- ❑ Three sources of information: self-report, proxy (informant), and case manager (file)
- ❑ Two states – WV and NC – have augmented survey with additional interviews on health status and access
- ❑ 2003-2004 Total sample: 9,192 individuals with cognitive/developmental disabilities across 17 states

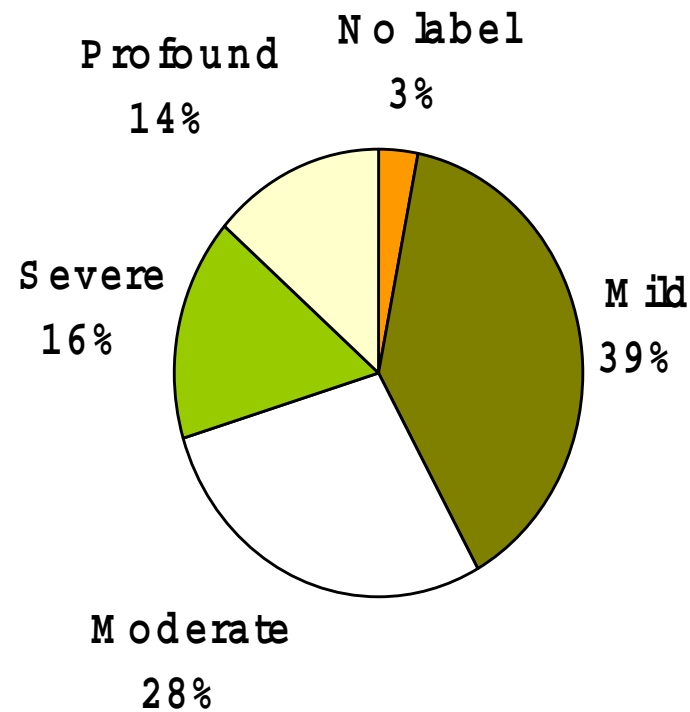
# NCI Consumer Survey 2003-2004

**Gender (N = 9083)**



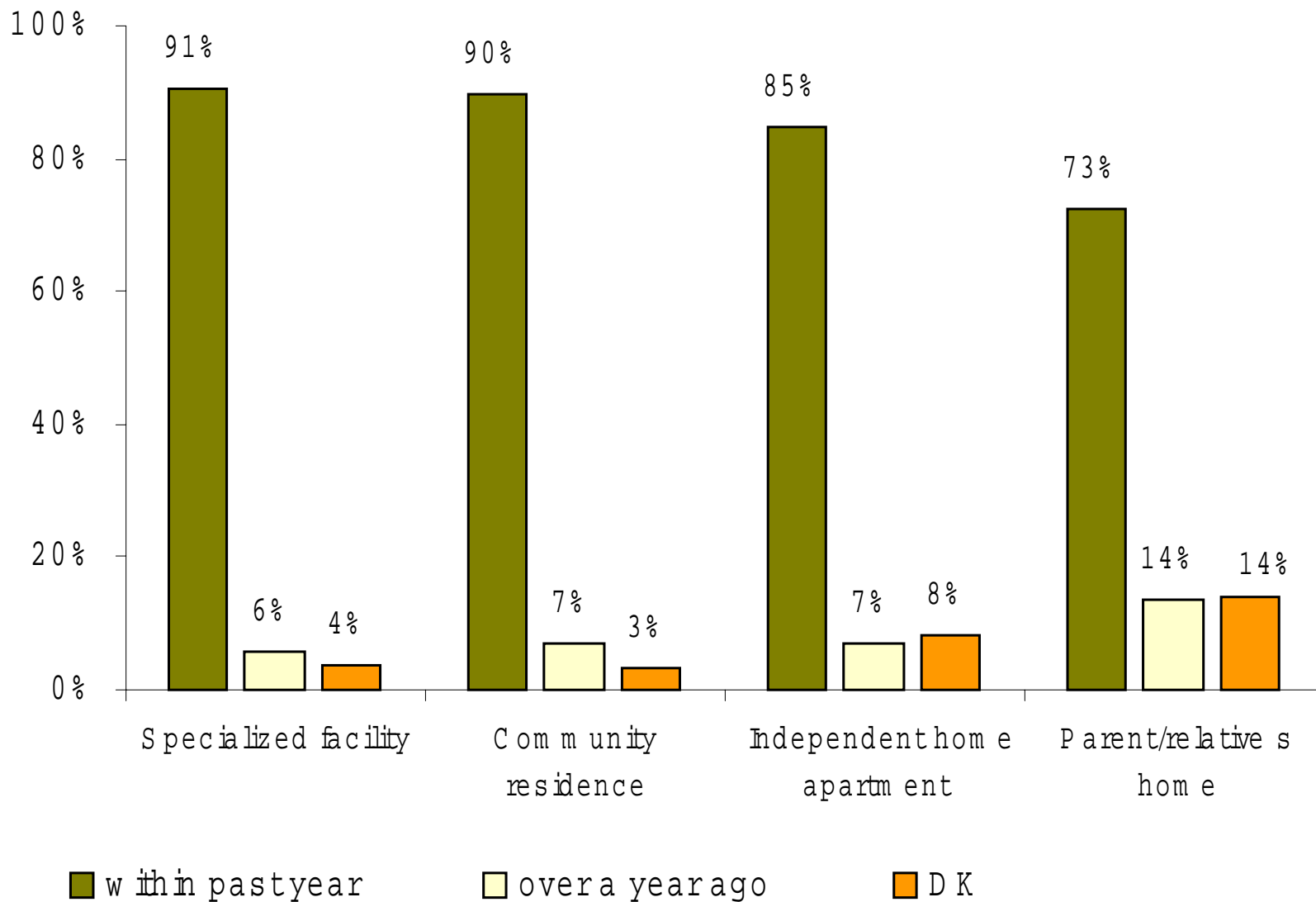
# NCI Consumer Survey 2003-2004

## Level of Mental Retardation (N = 8272)



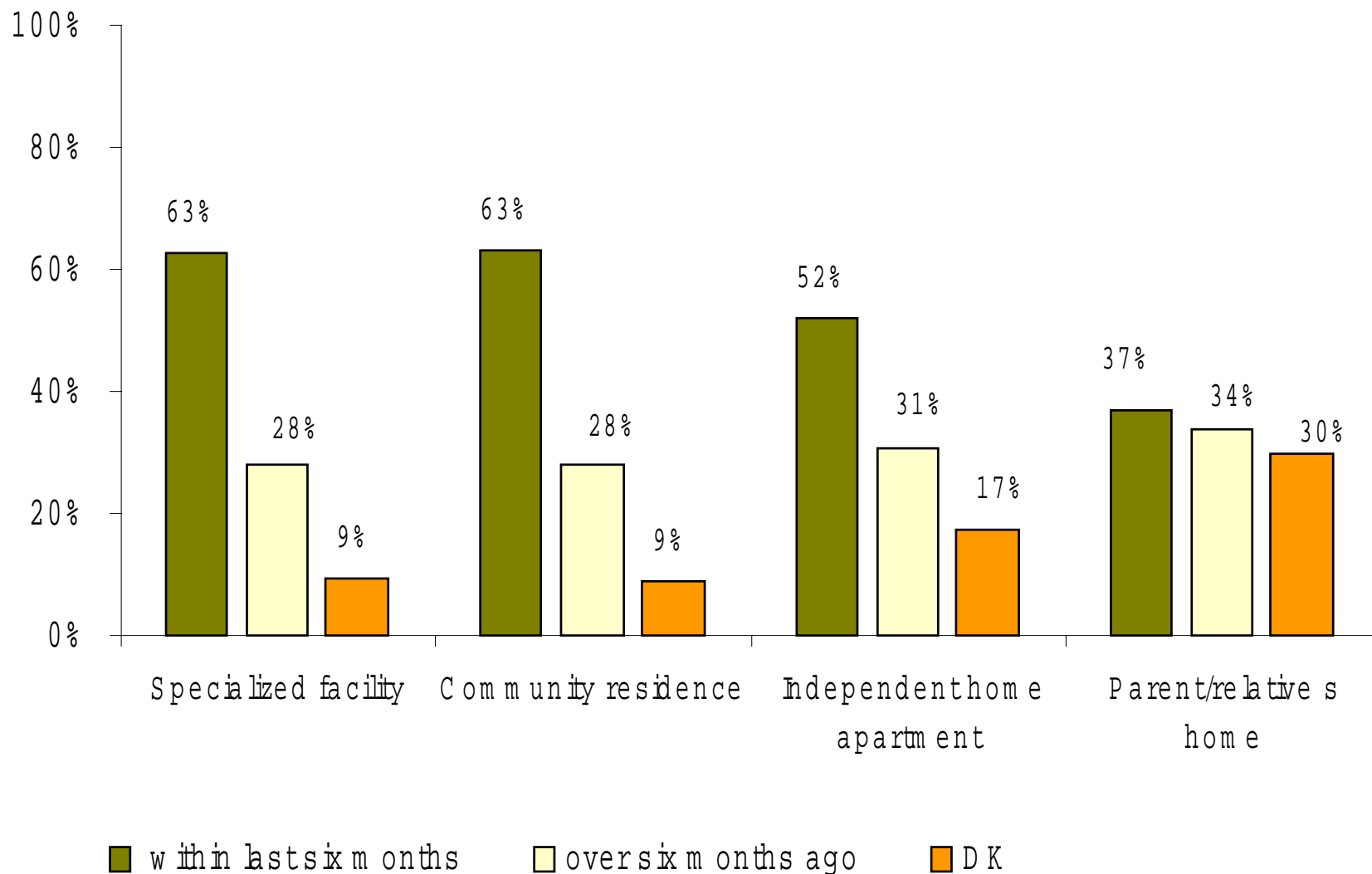
# NCI Consumer Survey 2003-2004

Time of last physical exam by type of residence (N = 8715)



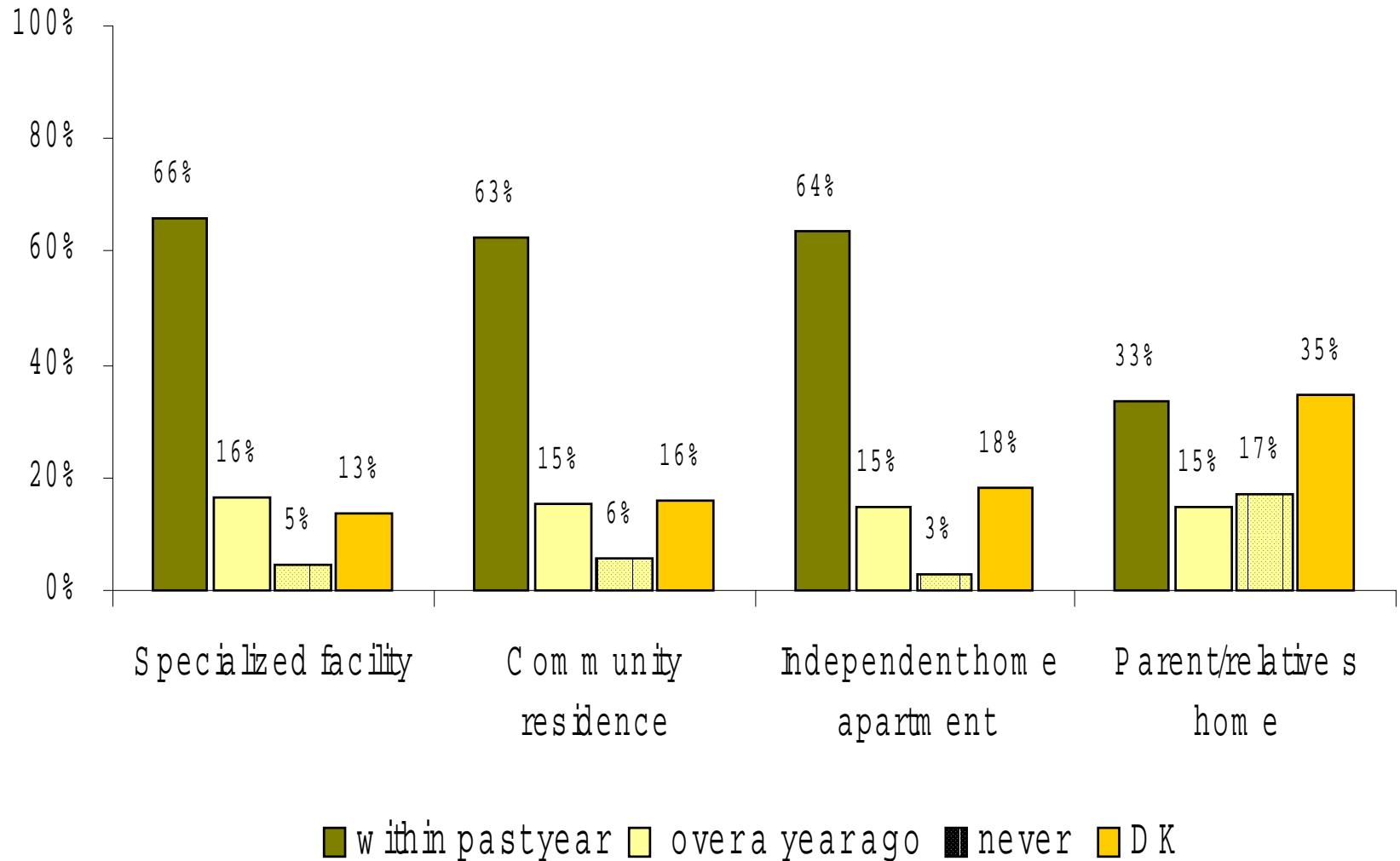
# NCI Consumer Survey 2003-2004

Time of last dentist visit by type of residence (N = 8322)



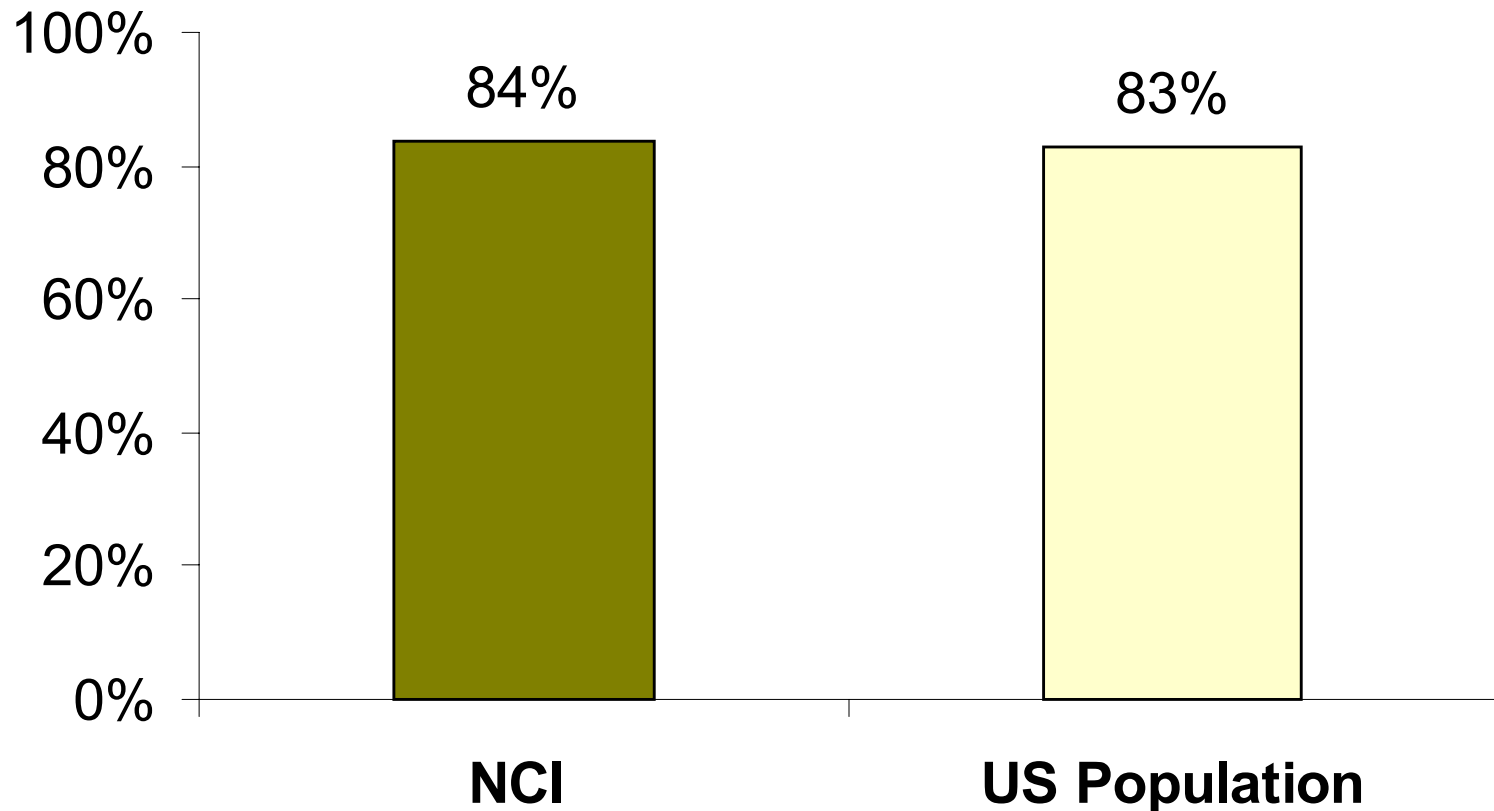
# NCI Consumer Survey 2003-2004

Time of last OB/GYN by type of residence (N = 3648)



# Comparison with US Population

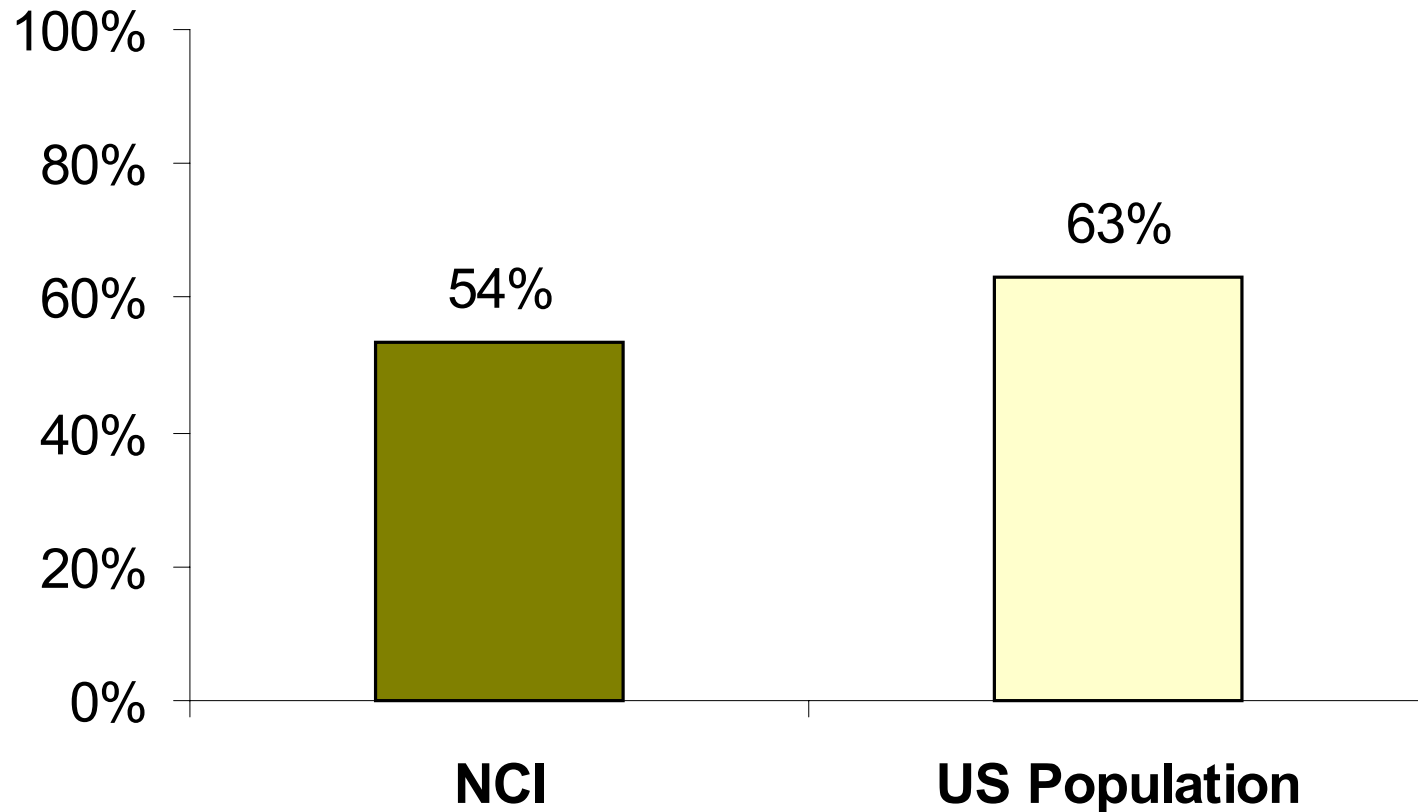
**Visited physician in the past year**



Source of US data: National Health Interview Survey (2002)

# Comparison with US Population

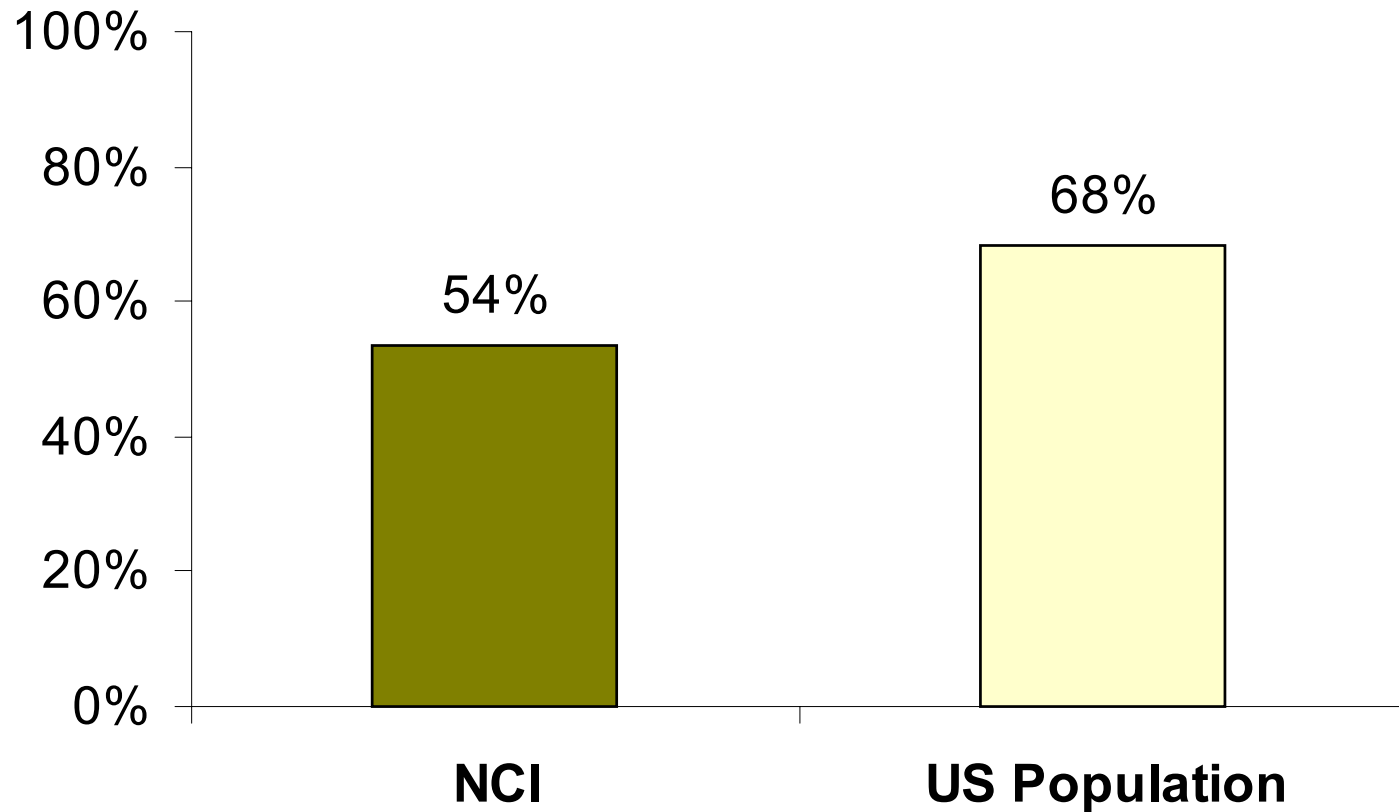
**Went to the dentist in the past 6 months**



Source of US data: Joint Canada/United States Survey of Health (2002-2003)

# Comparison with US population

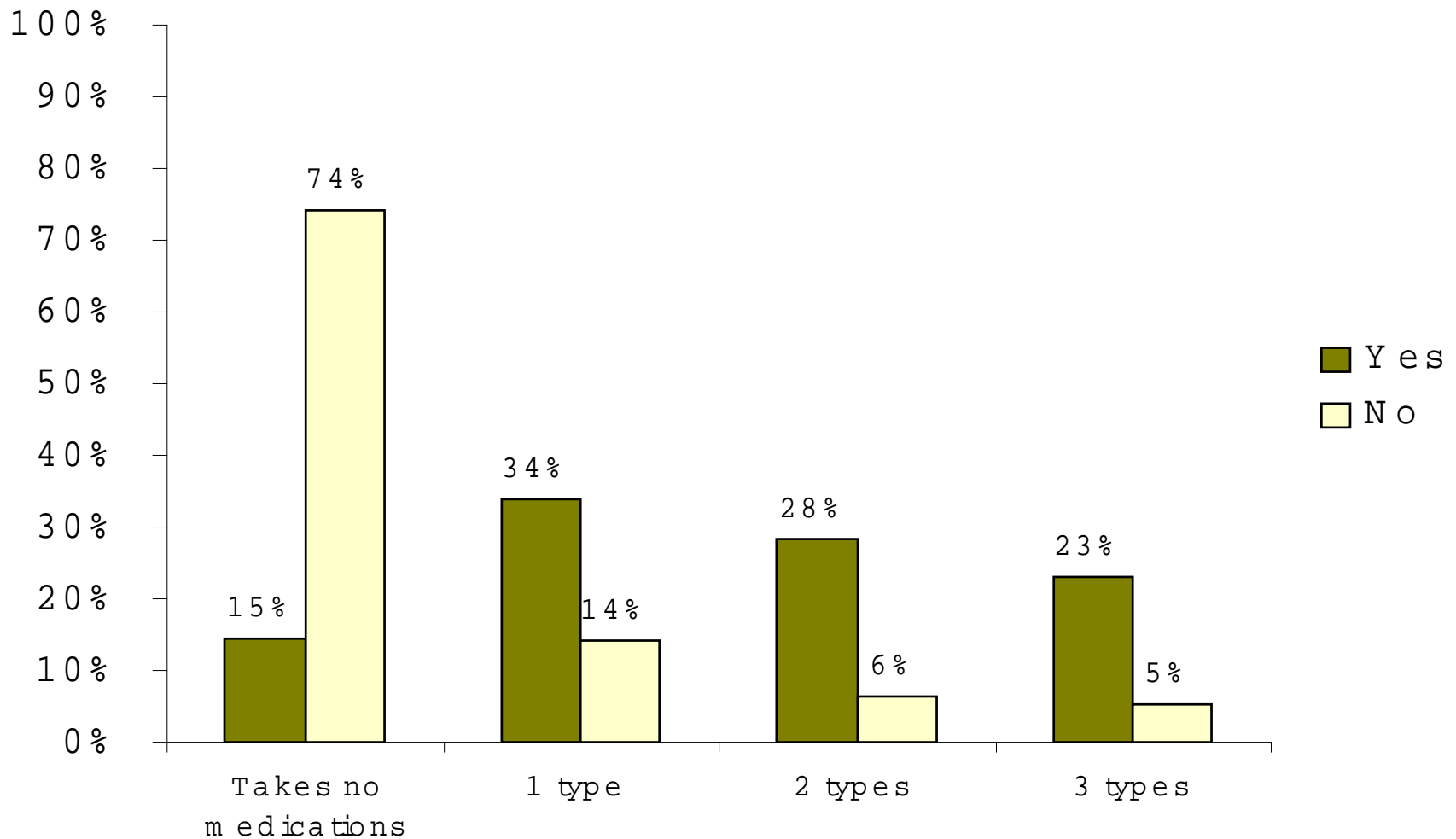
**Had OB/GYN visit in the past year**



Source of US data: Behavioral Risk Factor Surveillance System survey (2002)

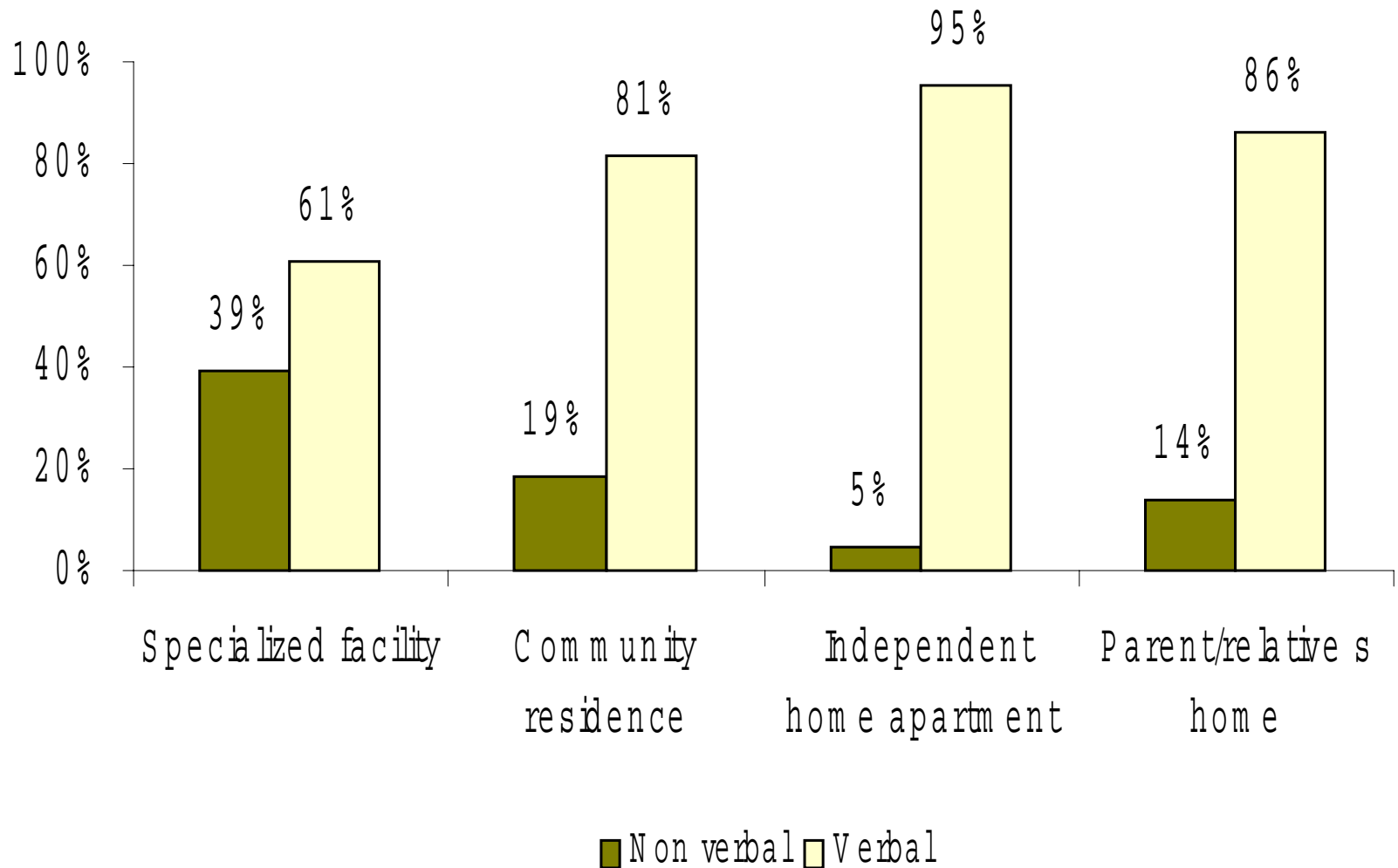
# NCI Consumer Survey 2003-2004

## Dual diagnosis by type of medications taken (N = 6951)



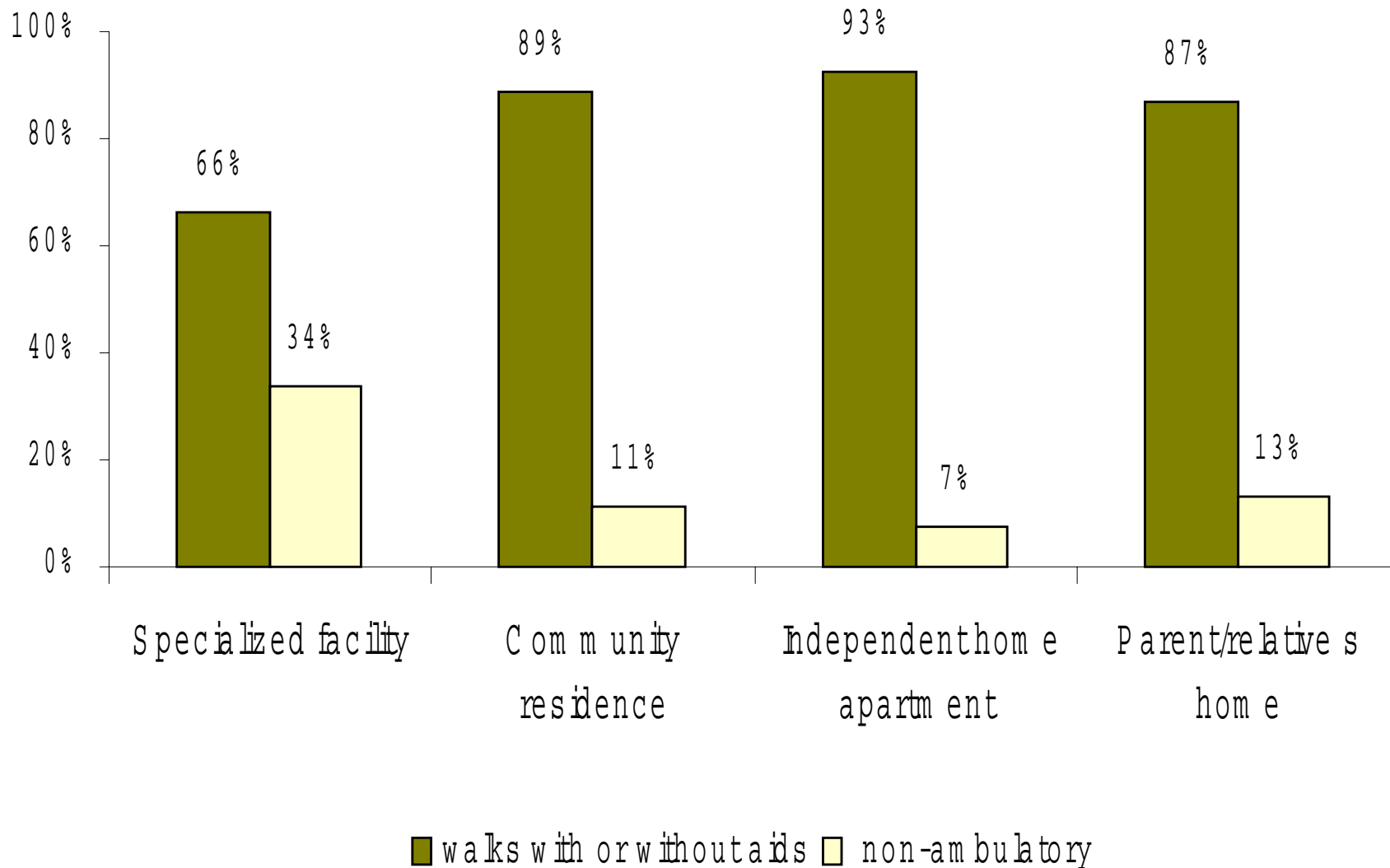
# NCI Consumer Survey 2003-2004

## Communication ability by type of residence (N=7761)



# NCI Consumer Survey 2003-2004

## Level of mobility by type of residence (N = 8308)



# Use of NCI Data to Improve Health

- Massachusetts DMR Health Promotion & Coordination Initiative
  - Tools to measure health status, manage risk
  - Enable DSPs to be better health advocates
- Rhode Island Quality Consortium
  - Health and Safety committee reviews data and makes recommendations to state
  - Results used in staff training and development
- Arizona
  - focused on improving women's health results
  - rate of GYN exams has increased from <30% to >70%

# For More Information

- NCI Website: [www.hsri.org/nci](http://www.hsri.org/nci)
- Email: [staub@hsri.org](mailto:staub@hsri.org)
- Related articles published in *Public Health Reports* July-August 2004 (special issue on MR population health issues)
  - Freedman & Chassler
  - Havercamp et al.

# Study of Health Indicators in West Virginia



Madeleine Kimmich  
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2004

# Goals of this Study

1. To assess the health care needs of West Virginians with developmental disabilities and the extent to which currently available medical and health-related services meet those needs.
2. To compare the availability of health care services for people with developmental disabilities to the larger population.
3. To expand the utility of the National Core Indicators (NCI) project for policy making in West Virginia and nationally.

# Health Interview Guide

- ❑ NCI interviewers were trained to administer the health interview
- ❑ The interview was conducted in conjunction with the NCI Consumer Survey
- ❑ The interview contained questions relating to health care access, quality of care, complaints and emergency services

# Study Sample

- Completed NCI surveys=8724 (2002)
- Completed WV NCI surveys=232
- Number of counties represented=45
- Completed health interviews=110
- Number of counties represented=42

# Topics Examined

- Healthy Lifestyles
- Health Care Access
- Quality of Care
- Complaints
- Provider and Case Manager Surveys



## Healthy Lifestyles

- 5 questions added to West Virginia NCI Consumer Survey
- Exercise, tobacco use and weight issues
- Contrasted with similar national figures for the entire U.S. population

# Exercise/Physical Activity



## Percent of Persons Who Have Not Participated in Physical Activity in the Past Month

<b>Group</b>	<b>Percent</b>
Persons with Developmental Disabilities in West Virginia	34%
Total West Virginia Population	29%
Total US Population	24%

# Tobacco Use



Percent of Persons Who Smoke	
Group	Percent
Persons with Developmental Disabilities in West Virginia	12%*
Total West Virginia Population	28%
Total US Population	23%

\*This included persons who smoke or chew tobacco

## Results from Provider and Case Manager Surveys

Similar results on two key measures:

- Dental care, eye care and therapy identified as the most difficult services to access
- Geography and unwillingness to serve people with Medicaid identified as the most important factors limiting health care choice

## Conclusions:

- Good access to basic medical care
- Insufficient awareness of dental needs
- Poor access to OB/GYN services

## Recommendations:

- Continue to track health access issues
- Educate consumers regarding health service needs

# Study of Health Indicators in North Carolina

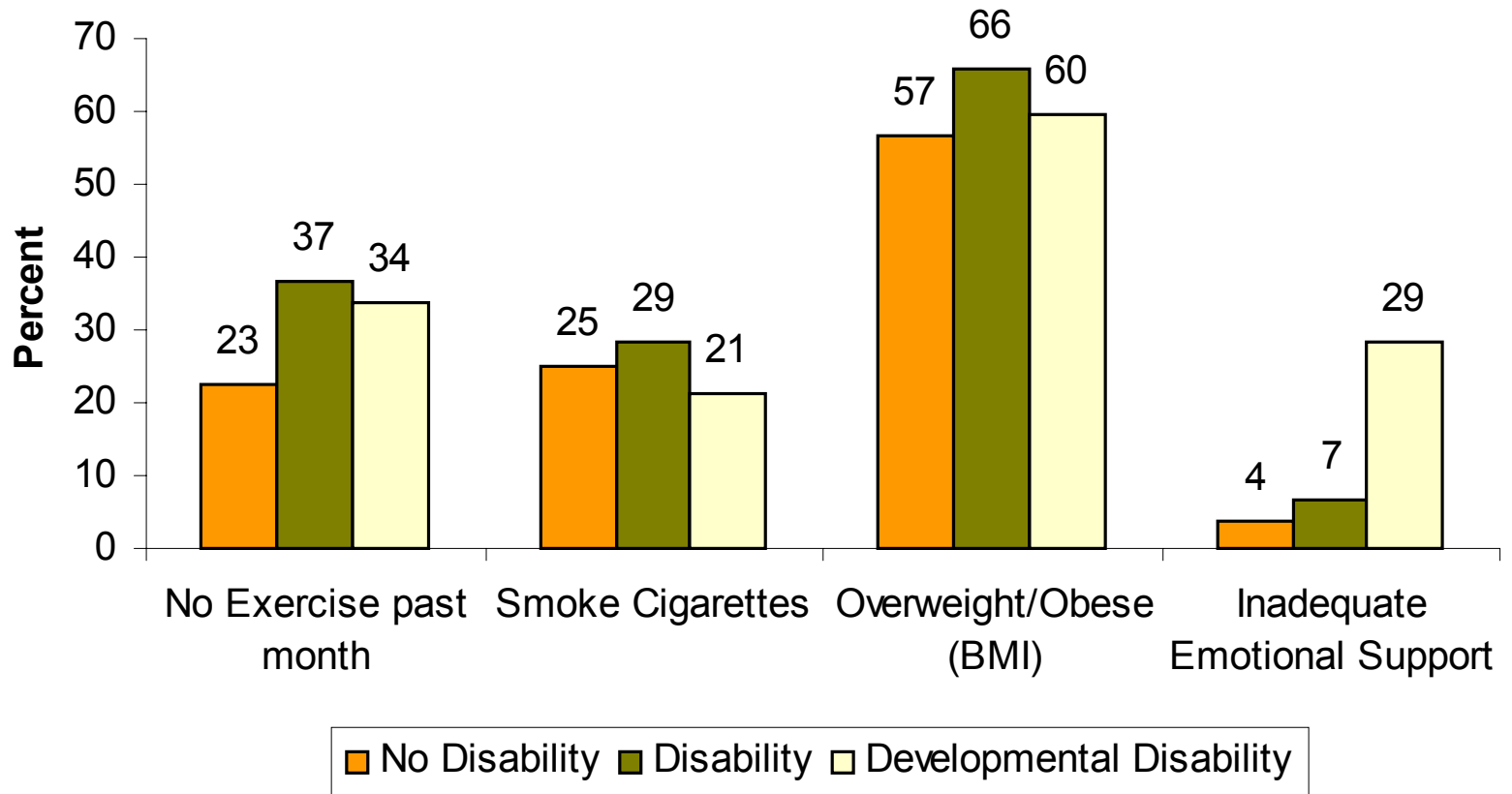
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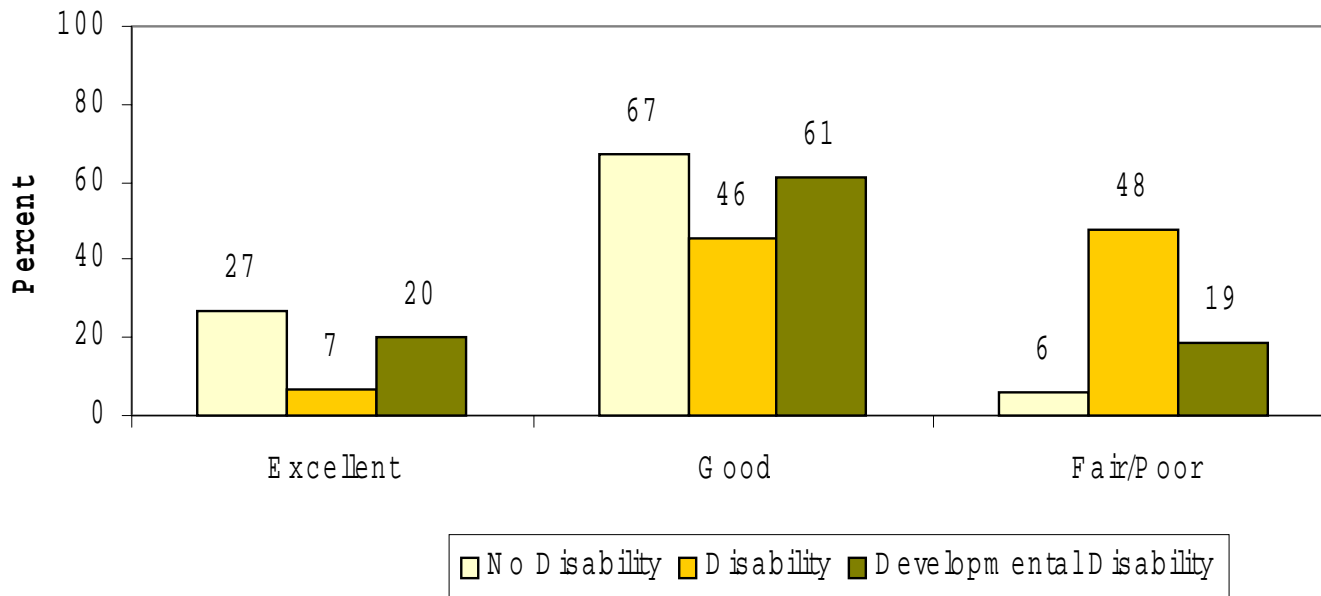
# Health Outcomes for 3 Groups:

- Adults with
  - Developmental Disabilities in community
    - 2000-2001 NCNCI
  - Other Disabilities
    - 2001 BRFSS
  - No Disability
    - 2001 BRFSS

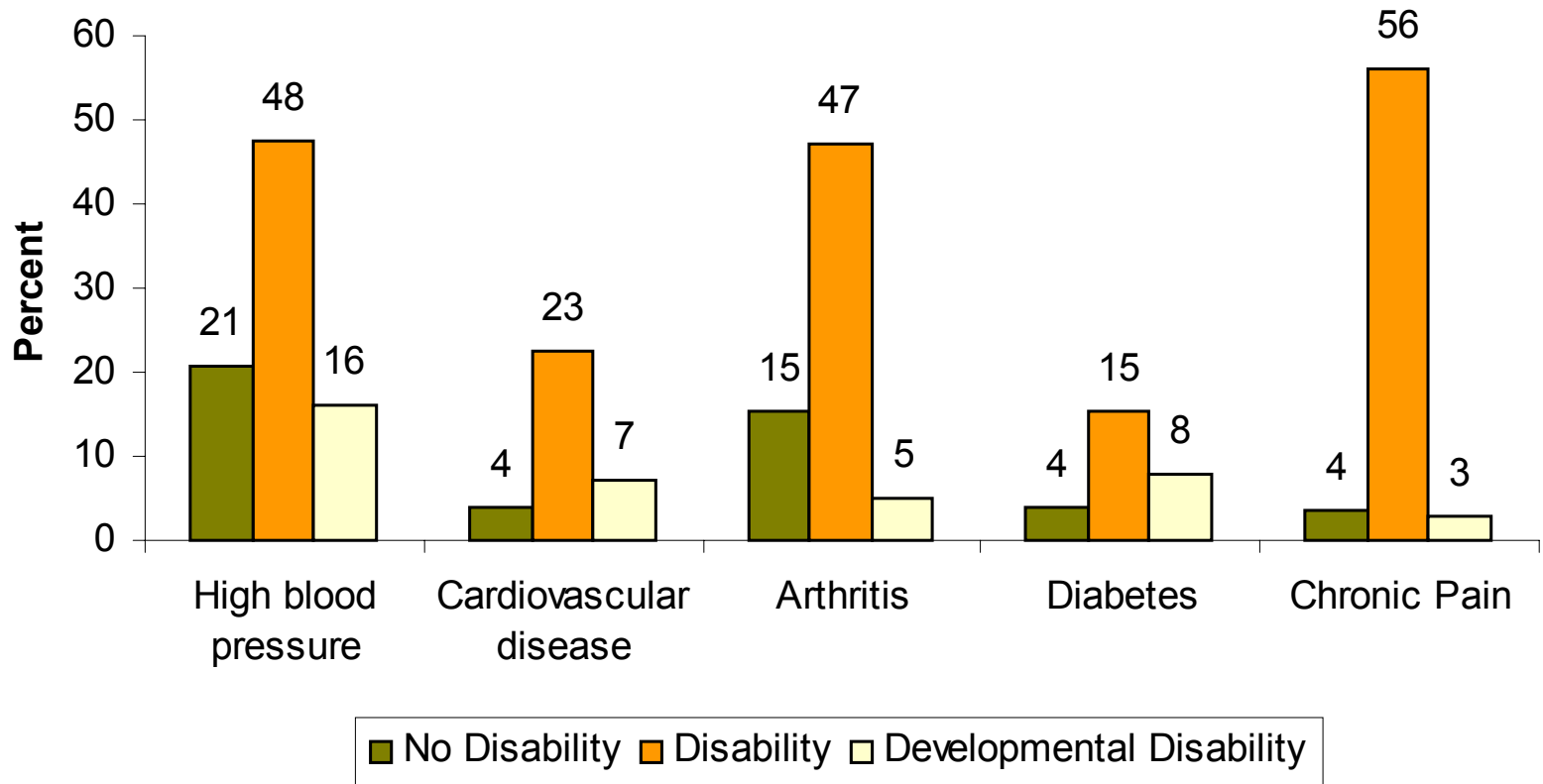
# Health Risk Behaviors



# Overall Health Status



# Chronic Health Conditions



# Conclusions

- Adults with DD have the same or greater health risks as general population
- They were more likely to report a sedentary lifestyle with more than  $\frac{1}{3}$  reporting no exercise in past month
- Alarming high rate of inadequate emotional support (relative risk 7.9) and mental health problems (35%)

# Conclusions

- ❑ Adults with DD have the same or greater risk of chronic health conditions as general population
- ❑ Access to health care services is a challenge in the community
  - Dental services and reproductive health services for women are particularly neglected
- ❑ Behavioral interventions could improve the health status of adults with DD
- ❑ People living with their families have lower utilization rates of basic health care