Introduction to the Disability Population

• 1 in 6 people (37.6m adults or 16% of us population) report serious limitations in functioning, leading to a health care cost of $400 billion dollars annually related to disability.

• 5 fold increase in self reported fair or poor health in patients with a disability. Higher risk of poor mental health, obesity and physical activity, smoking, and being the victim of sexual and physical violence.

Service Project Summary

• The target population was young adults aged 18-22 in the Transition Program, designed to facilitate further learning and adaptation for persons with disabilities after high school.

• Medical students prepared a presentation to the young adults, focusing on independent living and learning about medical visits with the intention of empowering them to realize their own voice in the healthcare setting. Another goal was to teach medical students how to better interact with patients with a diverse set of disabilities.

• Medical students prepared interactive small-group sessions in order to engage the young adults from the Transition Program and hone skills and knowledge that may benefit them in future medical visits.

• Both medical students and Transition Program students enjoyed their time together. In small groups, medical students were better able to individualize their teaching approach, and Transition Program students were better engaged and interested in the teaching points.

Key Lessons and Future Recommendations

• View each patient as a whole person, not just their disability diagnosis. This accounts for individual goals, aspirations, and lifestyles. Do not overlook conditions that are unrelated to the disability.

• An important role for the healthcare provider is as the community advocate, pointing the individual to resources for employment, adaptive athletics, weight and activity counseling and community integration.

• Recognize and enforce accessibility for all patients, including wheelchair accessible scales, full-height adjustable exam tables, and staff trainings to understand intricacies communicating with patients who are deaf or hard of hearing. Continued support and use of adaptive technologies in the healthcare setting, as well as referrals to organizations and agencies that can aid individuals in finding the more suitable adaptations is essential for patient care.

• Ways to ensure access include: new buildings designed and built in compliance with ADA, handicap parking spaces and appropriately sized adjacent access aisles, clear external paths of travel, curb cuts, 32 inch wide doors either automatic or with lever handle, braille on elevator numbers and high contrast color buttons, counters accessible to wheelchairs, waiting areas with space available for wheelchairs, closed captioned television in public spaces, unobstructed internal corridors and hallways, accessible bathroom, accessible scales, signage with braille and images.

Acknowledgments:

Thank you to the following individuals and agencies: Judy Freedman Fask and the Worcester Public School Transition program, Worcester Center for Living and Working, Sharon Strazalkowski and the Massachusetts Commission for the Blind, Commonwealth Community Care, Rose Bissonette and Dean Carlson and New England Amputee Association, Peter Lindblad, MD and Bifr Joyce and Disability Evaluation Services, Brian Forsythe and Beneplan Massachusetts, Cindy Purcell, Maryellen MacRae and Massachusetts Rehabilitation Commission, Cheri Blauwet, MD and Spaulding Rehabilitation Hospital, Commissioner Heidi Reed, Diane Shearer, Jonathon O’Dell and the Mass Commission for the Deaf and Hard of Hearing, Reed Nixon, Karen Dempsey, Charlie Croteau, Tammy Rayess, Lisa Iezzoni, MD, Patrick Gleason and John Rochford and the Shriver Center.

References
