Progress in Disparities of People with Developmental Disabilities In Health Care

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Open Dialogue, 22-March-2019



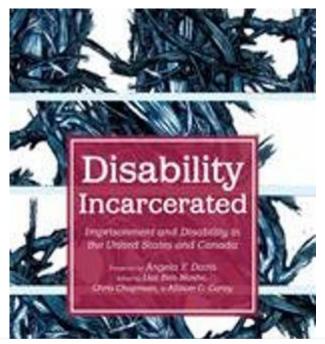






Presentation Outcomes

- ▶ Awareness of health disparities of developmental disabilities (DD) past and present progress
- ▶ Recognition of impact of challenging behavior on health disparities
- Awareness of supportive approaches and resources







"In 35 years, you're my first case of this!"

Historical Context

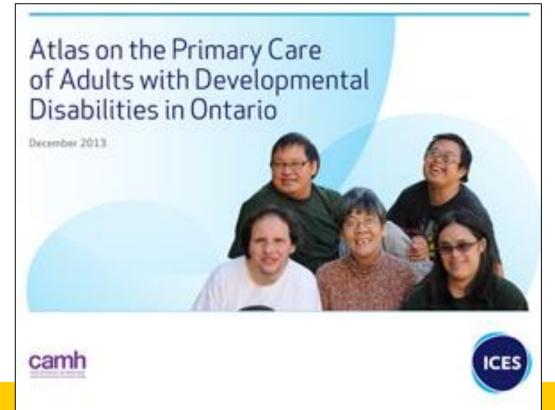


- Most individuals with any level of DD lived and received their health care in Ontario's institutions prior to the 1970s
- Ontario's 3 remaining institutions serving people DD closed in 2009
- In the last 4 decades there's been gradual deinstitutionalization into the community
- Studies indicate positive outcomes for individuals with DD who transitioned from the remaining 3 Ontario institutions
- Living and aging in institutions was dramatically different than living and aging in the community

HCARDD



Previous work from H-CARDD has shown that Ontario adults with developmental disabilities have poorer physical and mental health and use more health care services than other adults..."



Balogh et al. (2013). Atlas on the Primary Care of Adults with Developmental Disabilities.

www.porticonetwork.ca/web/hcardd/program/atlas-on-primary-care

HCARDD



Previous work from H-CARDD has shown that Ontario adults with developmental disabilities have poorer physical and mental health and use more health care services than other adults..."



Lin et al. (2019). Addressing Gaps in the Health Care Services Used by Adults with Developmental Disabilities in Ontario. https://www.porticonetwork.ca/web/hcardd/projects/health-care-outcomes

HCARDD



30-DAY REPEAT ED VISITS

Likelihood of having at least one return visit to an ED within 30 days of an earlier visit or hospitalization.

> Nearly 2X higher

34.5% vs. 19.6%

30-DAY REPEAT HOSPITALIZATIONS

Likelihood of having a repeat hospitalization within 30 days of a previous discharge.

> More than 3X higher

7.4% vs. 2.3%

ALTERNATE LEVEL OF CARE

Likelihood of having to remain in hospital despite being recovered enough for discharge.

6.5X higher

4.6% vs. 0.7%

LONG-TERM CARE

Likelihood of living in a long-term care facility.

17.5X higher

3.5% vs. 0.2%

PREMATURE MORTALITY

Likelihood of dying before the age of 75 years.

Nearly 4X higher

6.1% vs. 1.6%

https://www.porticonetwork.ca/web/hcardd/projects/health-care-outcomes

Developmental Disabilities in the ED



Medical

- Epilepsy
- Vision impairments/ cataracts
- Dental complications and disease
- Hearing loss/ ear infections
- Cardiac disorders (C MVP)
- Respiratory disorders



- Stress caused by change of routine
- Stress caused by social or situational anxiety
- Change in behaviour caused by pain
- Change in behaviour caused by anxiety

Pain

- Dental
- Constipation
- MSK Spasticity
- Scoliosis



www.porticonetwork.ca/web/hcardd





- ▶ "As early as 50 years of age, adults with developmental disabilities show levels of frailty comparable to older adults without developmental disabilities (80 years and older)
- ▶ By, 2021, it is projected that the number of adults with developmental disabilities over the age of 64 will almost double what it was in 2009/2010.

Ouellette-Kuntz, H., Martin, L. (2014). Aging profiles of adults with and without developmental disabilities in Ontario. Prepared for Reena and the Seniors' Health Knowledge Exchange Network. Health Care Access Research and Developmental Disabilities (H-CARDD)

Behaviour = Communication



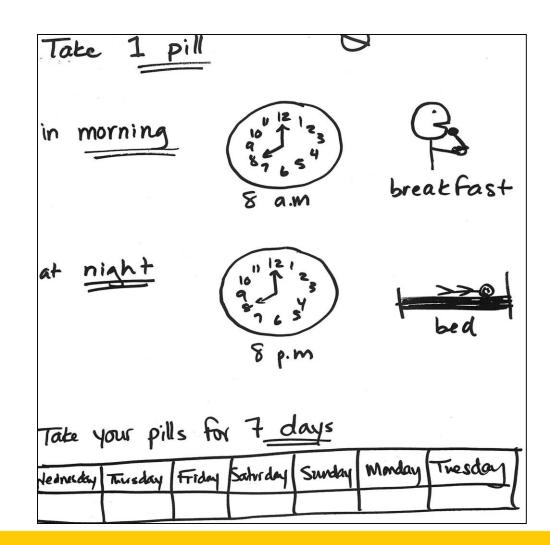
- Individuals with developmental disabilities have a wide range of communication skills
- Important to communicate as much as possible using gestures as well as words
- Behaviour may be related to challenges in communicating an unaddressed wish or concern or underlying physical health problem/illness
- ▶ Environment and surroundings have a major impact

DIAGNOSTIC FORMULATION OF BEHAVIOURAL CONCERNS Patient brought to family physician with escalating behavioural concerns Individual communicating concerns verbally? YES Caregivers expressing concerns?. YES Should there be concerns? (Is anyone at risk?) Medical condition? YES: Treat condition Problem with supports/. Adjust supports or Expectations? expections Emotional issues? Address issues Psychiatric disorder? Treat disorder NO © Bradley & Summers 1999; modified in 2009

http://ddprimarycare.surreyplace.ca/tools-2/mental-health/guide-to-understanding-behaviour

Visual Supports

- Examples of strategies:
 - Visual Schedules
 - Visuals for communication
 - E.g. visual pathway to a specific goal
 - Reinforcement
 - E.g. what are healthy preferred items or activities that could be used to reinforce?



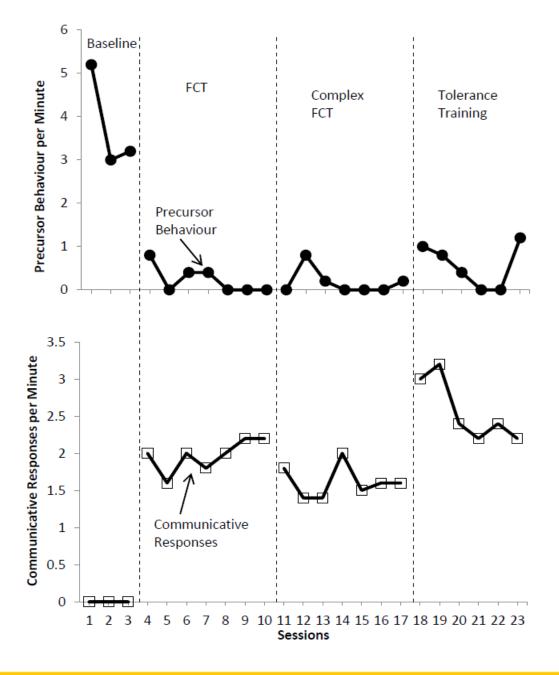
Crisis Tool

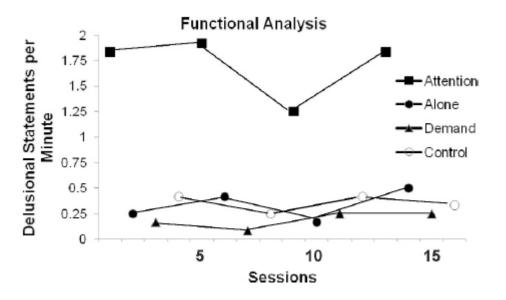
ddprimarycare.surreyplace.ca

Crisis Plan for:	DOB: Date
Problem behaviour:	
Stage of Patient Behaviour	Recommended Caregiver Responses
Normal, calm behaviour	Use positive approaches, encourage usual routines
Stage A: Prevention (Identify early warning signs that signal increasing stress or anxiety.)	Be supportive, modify environment to meet needs (Identify de-escalation strategies that are helpful for this patient with DD).
Stage B: Escalation (Identify signs of the patient with DD escalating to a possible behavioural crisis.)	Be directive (use verbal direction and modelling), continue to modify environment to meet needs, ensure safety
Stage C: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behaviour, e.g., acting out.)	Use safety and crisis response strategies
Stage R: Post-crisis resolution and calming	Re-establish routines and re-establish rapport
Individual responsible for coordinating debriefing after any significant crisis, and for regularly updating the Crisis Plan:	
Name:	Tel. #:
Name, Designation, Agency	

Why do people do that?

- ▶ It all happens for a reason
- What do you 'get' for behaving this way, what's the function or purpose?
- If behaviour results in a good outcome, it will strengthen motivation.
- ▶ A way to meet our needs or communicate
 - "I feel sick"
 - "I'm trying to tell you something"
 - "leave me alone"





Figuring it all out out systematically!

Similar Supportive Approaches



http://ddprimarycare.surreyplace.ca

https://www.porticonetwork.ca/web/ hcardd





See me, understand me and help me live with respect and dignity

Behavioural Supports Ontario

Discussion



Concluding Remarks & Contact Info

Thank You!

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