

Support Needs of Adults with Intellectual and Developmental Disabilities when Attending Annual Health Exams

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Introduction

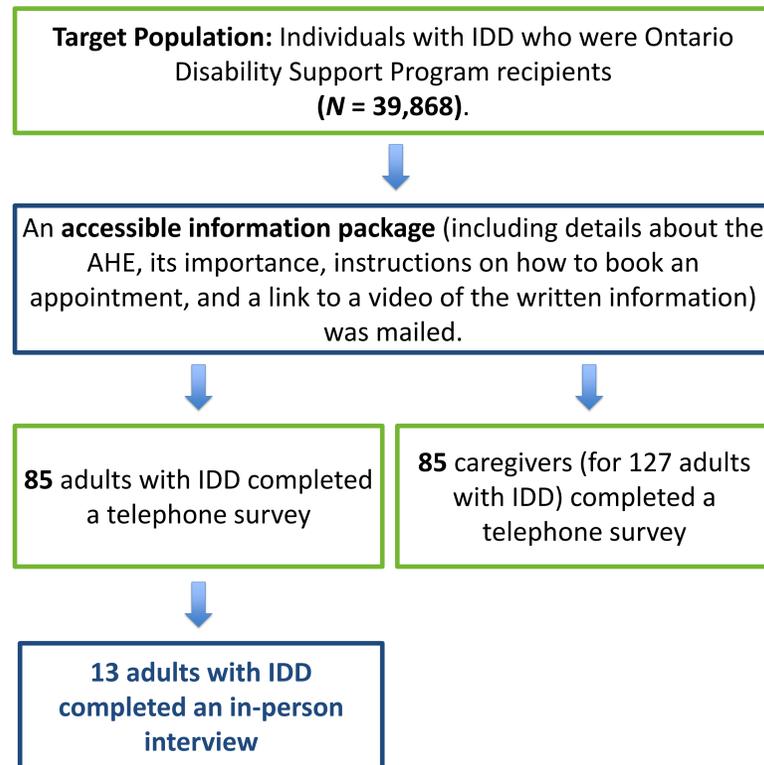
- Adults with intellectual and developmental disabilities (IDD) are more likely to have **chronic health problems**, experience **high rates of morbidity**, and have **complex health issues** [1,2].
- An **annual health exam (AHE)** is recommended for this population [3,4].
- Different aspects of physician-patient interactions **can be improved** for individuals with IDD, including **communicating medical information**, and **respecting privacy and autonomy** [5,6].
- A **needs-led approach to the primary care** of patients with IDD will likely improve **patient satisfaction** and **increase AHE uptake**.

Purpose

- To gain a deeper understanding of the AHE-related support needs of adults with IDD.

Methods

Figure 1. Overview of methods.



Data analysis: An a priori coding structure included categories relating to 1) type of support needs, 2) who provided support, and 3) how support needs were met. Interpretive themes were developed to explain how different categories related to each other, after all transcripts were coded.

Results

In-person interview participants

- Age range: 24 to 61 years of age ($M = 36.77$, $SD = 12.48$)
- Males: 8 (62%); Females: 5 (38%)
- Living Situation
 - Independently (alone, with friend, spouse, and/or children): 6
 - With family members (parents, siblings): 7

Factors that affected support needs of individuals with IDD

Booking AHE

- Level of autonomy

Getting to AHE

- Socio-economic status

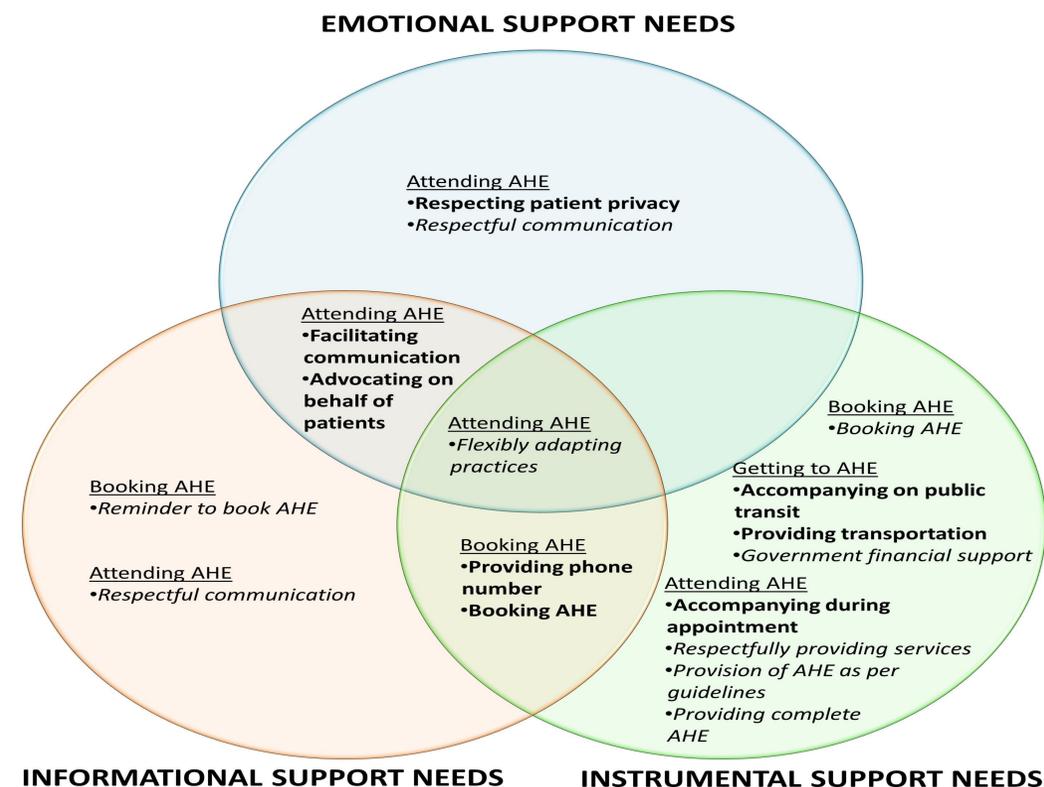
Attending AHE

- Self advocacy
- Continuity of care with the same physician

Support needs across different contexts

- **Booking and traveling to AHEs:** support needs were primarily instrumental, and typically met by family.
- **Attending AHEs:** support needs were predominantly emotional, and were expected to be met by physicians.

Figure 2. Support needs of individuals with IDD when attending AHEs.



Legend
Provided by informal caregiver = bold
Provided by formal caregiver = italic

Implications and Conclusions

- The **CanMEDS framework** is a Canadian tool to develop physicians’ abilities to provide high-quality, patient-centered care [7].
- The CanMEDS roles of **Communicator** and **Health Advocate** are especially relevant to deliver optimal care to individuals with IDD; individuals with IDD would benefit from interactions with physicians who are able to **communicate effectively** and **advocate for their health needs**.
- Physicians can **foster physician-patient rapport and trust** by providing **accessible health-related information**, and **engaging patients in decision-making**.
- Given that individuals with IDD often have difficulties advocating for themselves [8], and that health advocacy can reduce health inequalities [7], patients with IDD may **require additional health advocacy to help diminish existing health disparities**.

KEY MESSAGE:

Individuals with IDD have different needs and require varying levels of support. **Needs-led, patient-centered care**, in which caregivers and physicians adapt to individuals’ needs and preferences, is crucial to support adults with IDD in regards to the AHE.

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This study was supported by a Partnerships in Health Systems Improvement grant (PHE #103973) from the Canadian Institutes of Health Research (CIHR) and is part of the Health Care Access Research and Developmental Disabilities (H-CARDD) Program. We thank the Ministry of Community and Social Services for making this study possible by sending the information package to recipients of the Ontario Disability Support Program. The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by the Ministry of Community and Social Services is intended or should be inferred.