Importance of and Intention to Book the Annual Health Exam The Perspective of Caregivers for Adults with Intellectual and Developmental Disabilities



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Introduction

HCARDD

- Compared to adults without IDD, adults with IDD are more likely to have chronic and complex health issues.
- Annual health exams (AHE), therefore, are recommended for individuals with IDD.
- Despite this recommendation, only 22% of Ontarian adults (18 to 64) with IDD attended the AHE in 2009-2010 compared to 26.4% of adults without IDD.
- Individuals with IDD sometimes require support communicating with health-care providers and experience **physical accessibility needs** getting to appointments.
- Engaging caregivers is therefore crucial to facilitate uptake.

Results (Continued)

Figure 3. Do you think it is important for the adult(s) in your care to see a doctor every year for a health check-up?

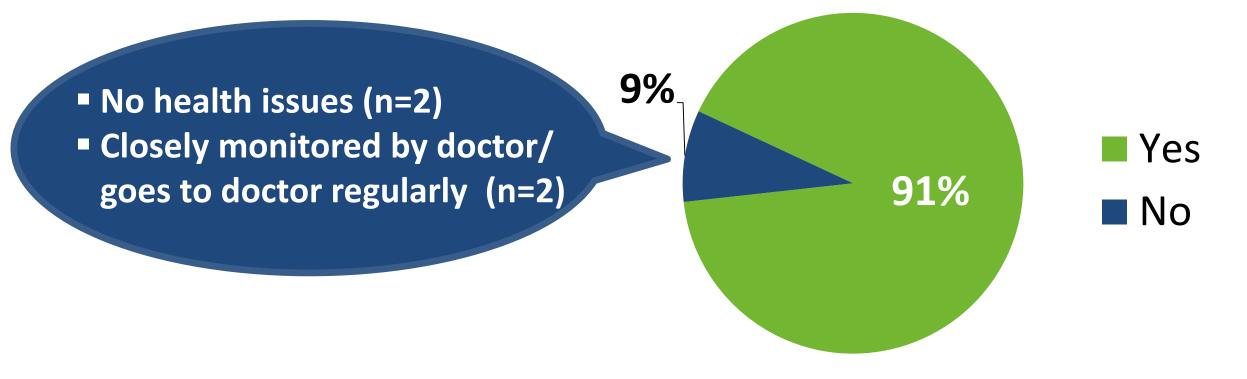


Figure 4. Did you, or someone else, make an appointment for the

Purpose

To explore the utility of an intervention to increase AHE uptake among adults with IDD.

Methods

Results

Figure 1. Overview of methods.

Target Population: Individuals with IDD who were Ontario Disability Support Program recipients (*N* = 39,868).

An accessible information package (including details about the AHE, its importance, instructions on how to book an appointment, and a link to a video of the written information) was mailed.

85 adults with IDD completed a telephone survey

85 caregivers (for 127 adults with IDD) completed a telephone survey adult(s) in your care to see his/her/their family doctor after receiving the study package?

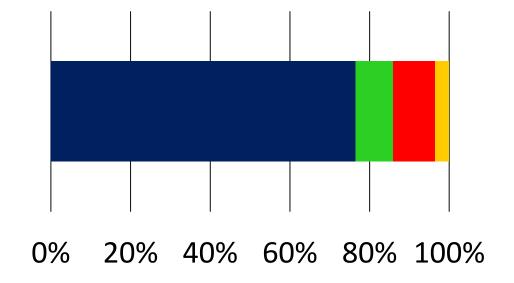
Caregivers responding on behalf of those who had a family physican (N = 83)		
Booked AHE following receipt of information (n = 32)	Intended to book AHE (n = 12)	Did not intend to book AHE (n = 39)

Reasons individuals did not intend to book an AHE:

- Appointment made before study package received , or had AHE recently (n=28)
- Saw doctor recently (n=4)
- Only goes when sick/only goes for specialized services (n=2)
- Sees doctor regularly for chronic health problems (n=2)
- Person doesn't like going to doctor (n=1)
- Don't think doctor would like it (n=1)
- No time to take person to appointment (n=1)

Implications and Conclusions

Figure 2. Respondent relationship to person with IDD.



Parent

Sibling or other non-spousal family member

Staff (group home)

Other (spouse, friend, etc.)

Characteristics of adults with IDD in their care

- Age range: 23 to 66 years of age (M = 39.38, SD = 11.92)
- Males: 77 (61%); Females: 50 (39%)
- Living Situation
 - Independently (alone, with friend, spouse, and/or children): 5
 - With family members (e.g., parents, siblings): 70
 - Group home: 50
 - Did not specify: 2

- Because of the small number of caregivers interviewed, we cannot generalize these findings to the overall population of caregivers for adults with IDD living in the province of Ontario, Canada.
- Nevertheless, it is encouraging that over 90% of respondents thought it is important that adults with IDD have an annual health check-up.
- It is also encouraging that the intervention prompted over half the caregivers to book an AHE for those in their care. Again, while these findings are not necessarily generalizable, interventions such as this deserve further study, particularly given the need to enhance primary care and health equity for adults with IDD.
- Some caregivers said they did not intend to book an AHE for reasons that could prevent adults with IDD from receiving guidelinerecommended primary care. Those with IDD may rely on caregivers to identify when it is necessary to see a primary care provider and to make the necessary arrangements to book and get to the appointment. Accordingly, similar interventions should be designed to increase awareness among caregivers of the importance of an AHE for individuals with IDD, even for those who may see their doctor regularly because of a pre-existing medical condition.





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