



FACT SHEET

Multiple Chronic Conditions Among People with Disabilities

When a person has more than one chronic health condition – such as high blood pressure and diabetes – she has “multiple chronic conditions” or “comorbidities” (two or more coexisting diseases).

Why It Matters

With the addition of each health condition, an individual’s risk for negative health outcomes increases – including unnecessary hospitalizations, duplicative tests, impaired function, adverse drug events, conflicting medical advice and even death.

Each additional chronic condition and/or failure to manage existing conditions also threatens quality of life and independence.

For people with disabilities, multiple chronic conditions (MCC) increase the likelihood that they will:

- Need assistance with activities of daily living
- Reduce participation in community activities
- Need to move out of the community into a more restrictive setting, such as a nursing home
- Require increased medical care

Purpose of the Study

Increasing our understanding of the relationship between disability and chronic disease may help improve the health of people with disabilities. New

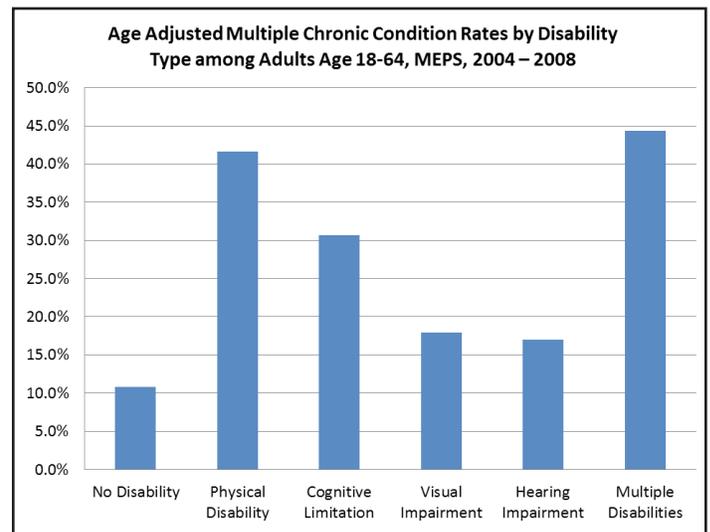


Table 1

information can lead to prevention and disease management strategies that are more targeted in nature, as well as changes in policies and programs to support these strategies.

We know that people with disabilities as a whole have a greater prevalence and more complex mix of multiple chronic conditions than do people without disabilities. But we have little information about the epidemiology (prevalence and distribution) of multiple chronic conditions for this group.

This project examines the distribution of MCC across disability subgroups. With this evidence, we are better equipped to develop focused approaches that address the unique health care needs of each disability group.

(continued)

Where We Looked: The Data

We used the Medical Expenditures Panel Survey (MEPS) data from 2004-08 for this project. This nationally representative survey includes demographic, health care expenditure and health care use information on individuals and families.

We identified 98,013 adults aged 18-64, then divided them into six mutually exclusive groups: those with cognitive limitation, physical disability, hearing impairments, visual impairments, multiple disabilities (two or more of the above), and no disability.

Multiple chronic conditions were defined as two or more of the following: high blood pressure, heart disease, stroke, high cholesterol, diabetes, arthritis, emphysema or asthma.

What We Learned

Health disparities research has demonstrated that people with disabilities have chronic disease at substantially higher rates than those without a disability. This new evidence shows that people with disabilities also have higher rates of multiple chronic conditions.

All five disability groups had a greater rate of MCC than working age adults with no disability (see Table 1 on reverse side). The highest rates of MCC are experienced by those with multiple disabilities and physical disability.

People with multiple disabilities or physical disabilities are also more likely to have a greater number of MCC (see Table 2).

This project also examined the common triads of MCC, which are groups of three conditions. Regardless of the triad combination of chronic diseases, people with multiple disabilities had the highest rates of MCC by a substantial margin (see Table 3).

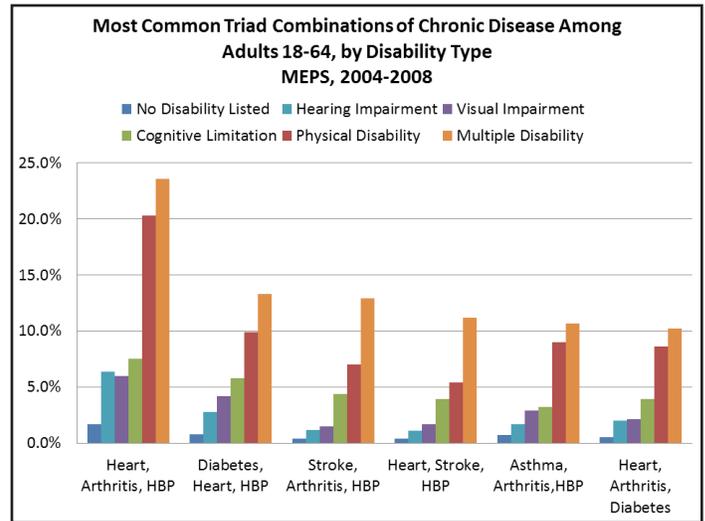


Table 2

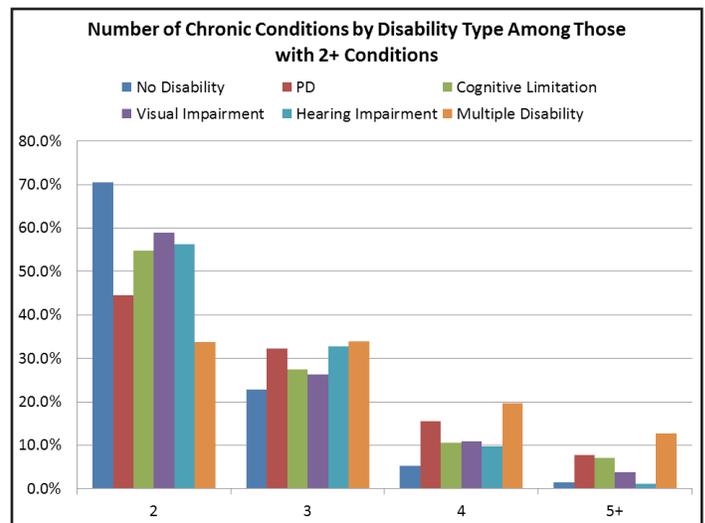


Table 3

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