



## Comparing Diabetes Rates among Adults with Cognitive Limitations to Adults with No Disabilities in the U.S.

### New Information from the U.S. Medical Expenditures Panel Survey

#### What We've Learned

This project analyzed the most recently available data from the national 2006 Medical Expenditure Panel Survey (MEPS) to assess whether adults with cognitive limitations (i.e., an intellectual or developmental disability) experience higher rates of diabetes and other chronic diseases compared to people with no disability. We found:

- Individuals with cognitive limitations had a diabetes prevalence of 18.5% compared to 3.7% for people with no disability.
- The majority of Medicaid-supported diabetic individuals with cognitive limitations did not receive their yearly foot check, HbA1c check, eye check, or cholesterol check.
- Those with cognitive limitations and diabetes had a higher prevalence rate for six major chronic conditions (asthma, arthritis, heart disease, high cholesterol, high blood pressure, and stroke) than people who had diabetes but no disability.

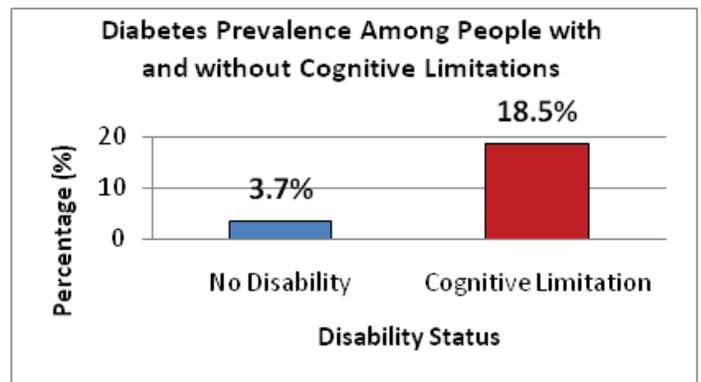
#### How Can We Improve Preventive Screenings and Health Services?

- Accurately identify individuals who are at risk by a) improving consumers' capacity to report health care needs and b) improving care providers' capacity to identify and report illness or disease

#### The Bottom Line

A substantial portion of adults with an intellectual or developmental disability are at risk for developing or may have already developed diabetes and other chronic conditions.

We can improve preventive screenings and health services to improve the health of these individuals and minimize the cost of their health care.



- Educate health care professionals on the importance of preventive care, health screenings and chronic disease management for people with cognitive limitations
- Incorporate education on how to improve health behaviors in high school curriculum for individuals with cognitive limitations

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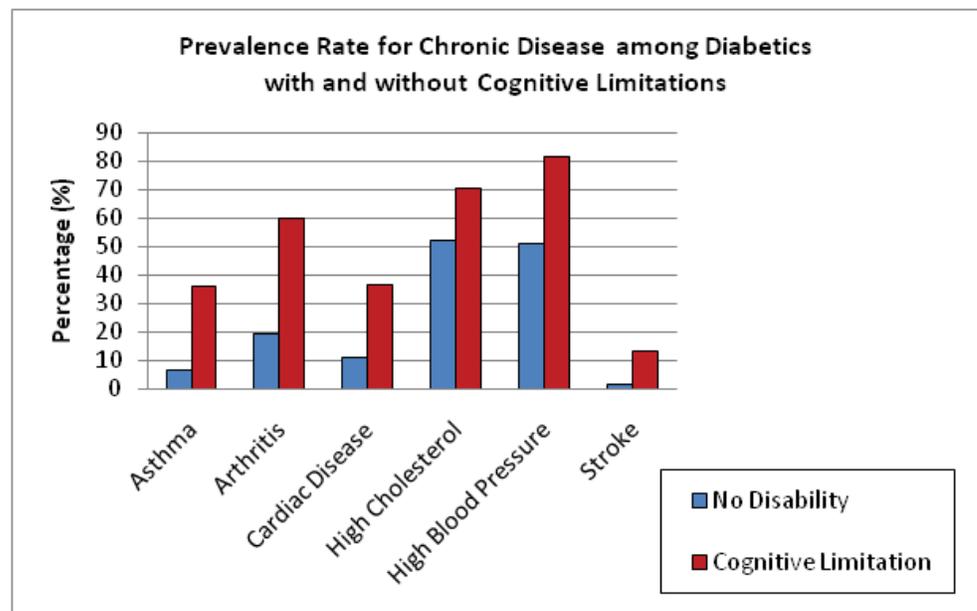
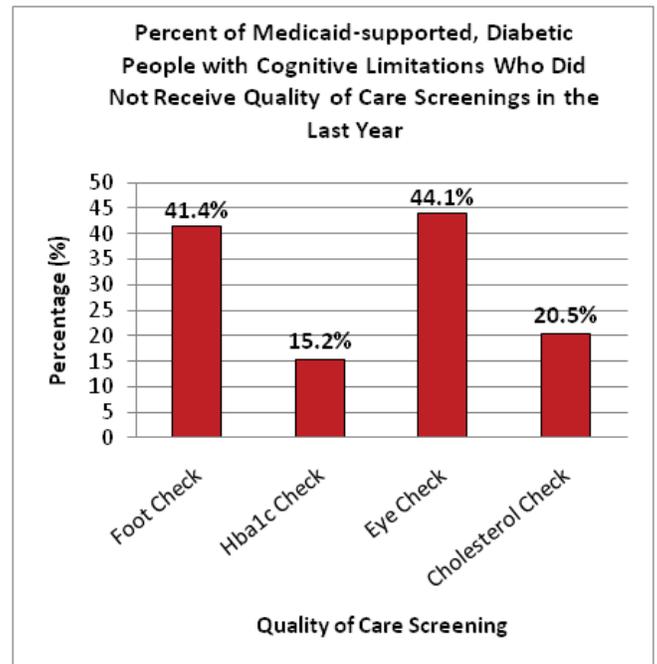
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- Offer opportunities to improve health behaviors, such as healthier food choices and ways to increase exercise
- Create affordable, accessible and reliable transportation services for individuals with disabilities to improve health care access
- Include diabetes screening, prevention and management as part of health and wellness standards for state and local agencies that support people with disabilities



### About the Data

This is a retrospective study of the 2006 MEPS full year consolidated file.

- No disability group: Weighted nationally representative sample of working aged (18-64) adults with no disability (n = 14,844, weighted n = 143,672,300).
- Cognitive limitations group: Weighted nationally representative sample of working aged (18-64) adults who 1) experience confusion or memory loss, 2) have problems making decisions, OR 3) require supervision for their own safety (n = 1,119, weighted n = 8,924,080).



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