



American Academy of Developmental Medicine and Dentistry

Developmental Medicine and Dentistry Reviews & Reports



Message from the Editor: In this issue of the “Reviews and Reports,” Drs. Waldman and Perlman heighten our awareness of the unique challenges presented to individuals living in rural environments and also having a developmental disability. The old expression “out of sight, out of mind” certainly comes into play here. But there is hope; while limited, there

are examples of attempts to remedy this situation (see ruralinstitute.umt.edu/). As the authors reveal, a significant disparity exists between numbers requiring care and numbers of trained caregivers available. From these authors comes a “Call to Action.”

—Steven G. Zelenski, D.O., Ph.D. Co-Editor, R&R

Children with Special Health Needs in Rural Areas

H. BARRY WALDMAN, DDS, MPH, PHD AND STEVEN P. PERLMAN, DDS, MScD

Just mention the word “rural” to most people raised in metropolitan areas; they wistfully will imagine a setting of green meadows, pure air, “contented cows” resting in the shade under the single tree in the picture, a lot less people, (actually one-in-five Americans live in rural America) and the all important weather beaten barn in the distance. Unfortunately, these bucolic images belie the reality that exists in many rural communities—poverty, growing incidents of drugs and violence, inadequate medical and dental personnel, limited health insurance, and a greater prevalence of children with special health care needs than in urban areas.

Out of a total of more than 3,100 United States counties, only 35 counties have no individuals with disabilities in rural areas. Rural Americans with disabilities lack access to adequate transportation and housing, employment and self-employment opportunities, independent living services, health and wellness facilities, and inclusion in community planning and activities.^(1,2)

Numbers

Census Bureau reports for the beginning of the new millennium focus on the overall number of almost 21 million U.S. families

with at least one member having a disability. These families differ in important ways from other families, including lower incomes, a greater likelihood of receiving income from Social Security and public assistance as well as a higher incidence of family householders who are unemployed. In particular, 2.8 million families (almost 4 percent of all families and more than 9 percent of families raising children) have a child with a disability. Almost one million families have children with sensory or physical disabilities, and more than 2 million families have children with intellectual disabilities.⁽³⁾

Yes, almost 16 million urban families have at least one member with a disability, compared to “only” five million rural families. However, a greater proportion of families in rural areas have an individual with a disability. Almost 610,000 rural families are raising children with a disability, and almost 20 percent of these families are living in poverty. But there is one significant similarity between urban and rural populations; they both consist of multi-racial, cultural, and ethnic groups with varying customs and beliefs.^(4,5)

Now add further complications:

- 24 percent of the residents of remote, rural areas lack health insurance. More

than a quarter of children in these rural areas are dependent upon Medicaid for care.

- Physician and dentist shortages in rural counties, combined with hospital closures in the past 20 years and the lack of public transportation, have created barriers to health care for rural residents. Although 20 percent of the population lives in rural America, only 9 percent of physicians practice there; in particular is the concern regarding the limited numbers of specialists. Similarly, the supply of dentists in rural areas is especially low—less than half the supply of dentists available in urban areas.
- A seldom-mentioned component of the population of children with disabilities are the youngsters who are members of migrant farm worker families. Their frequent moves from community to community and state to state during the agricultural season make it especially difficult for them to secure continuous education and needed health services.
- In general, the many rural residents most in need of services (those in fair

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INSTRUCTIONS

For CME Credit read the editorial above and the article below and complete the Content Test and CME Evaluation Form at the end. Please read "Information and Instructions" following the article. Specific learning objectives for this CME activity (please refer to general objectives).

Upon completion of reading of this article the learner will be able to:

1. Appreciate the volume of people with a neurodevelopmental/intellectual disabilities who reside in rural environments.
2. Describe the challenges that continue to interfere with

timely and expert medical and dental care of people with neurodevelopmental/intellectual disability who live in rural environments which creates a significant health care disparity.

3. Describe key factors that might begin to remedy the deficiencies noted.

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or poor health) may not be receiving adequate care.⁽⁵⁻⁸⁾

Providers

One of the most recalcitrant problems of the rural health countryside is the uneven distribution of and relative shortage of health providers. Despite considerable efforts by federal and state governments over the past decades to address these problems, rural provider distribution and shortage issues have continued to plague efforts to meet the health requirements of the general rural population and, in particular, the requirements of children with special health needs.

Repeated reports consistently emphasize the failure of local healthcare systems in non-metropolitan areas to address adequately the complex medical and related needs of individuals with disabilities—in particular the absence of specialized expertise, facilities, and primary care providers trained specifically to care for individuals

with disabilities. As a consequence, local programs rely heavily on the use of local allied health practitioners. No solutions for the future of rural healthcare for youngsters with special needs can come to fruition if they do not promote stable, rewarding, and fulfilling professional and personal lives for rural health workers.^(9,10)

Challenge

Numerous incentive and educational programs have been attempted, including:

- 1) the National Health Service Corp education loan forgiveness program for physicians and dentists who will practice in underserved areas,
- 2) the Medicare Modernization Act with financial incentives for practice in rural areas,
- 3) programs to educate practitioners in rural setting (to some degree these students tend to remain in these areas),
- 4) practitioner exchange arrangement

(where providers rotate to rural areas), and 5) advanced educational programs for nurses and allied health personnel.

However, limited attention in the professional and lay literature has been directed to the particular difficulties faced by youngsters with special healthcare needs. For example, the most recent study by the Health Resources and Services Administration, *The National Survey of Children with Special Health Care Needs*, provides an extremely detailed picture of the vast array of difficulties faced by this population of children on a national and state by state basis, but no differentiation on an urban and rural basis.⁽¹¹⁾

Maybe this is the real challenge in bringing services for children with special health needs who reside in rural areas—awakening the public, legislators, and the health professions to the particular underserved requirements of these youngsters. Surely, it is worth the effort! •

References

1. Strengthening Rural Families: America's rural children. Web site: www.prb.org/rfdcenter/Americasruralchildbroch.pdf Accessed February 1, 2005.
2. Mather M. Rural kids lagging in health, education. Population Reference Bureau. Web site: www.prb.org/rfdcenter/ruralkidslagginginhlth.htm Accessed February 1, 2005.
3. Dey AN, Schiller JS, Tai DA. Summary health statistics for children: National Health Interview Survey, 2002. Vital Health Statistics, Series 10 (221). Hyattsville, MD: National Center for Health Statistics, 2004.
4. Annie E. Casey Foundation. Kids Count Special Report: City and Rural Kids. Web site: www.kidscount.org Accessed February 1, 2005.
5. University of Southern Maine. Health insurance coverage in rural America. Web site: <http://www.KFF.org/uninsured/4093.cfm> Accessed August 3, 2006.
6. Census Bureau. Household and Family Characteristics: March 1998. Current Population Reports, P20-515. www.census.gov/prod/www/abs/popula.html#pop Accessed February 3, 2005.
7. Health United States, 2004. National Center for Health Statistics. Web site: www.cdc.gov/nchs/hs.htm Accessed February 3, 2005.
8. Dental Services and Oral Health, 1989. Data from the National Health Interview Survey. Vital Health Statistics, Series 10 (183). Hyattsville, MD: National Center for Health Statistics, 1992.
9. Hart LG, Salsberg E, Phillips DM, Lishnere DM. Rural health providers in the United States. *J Rural Hlth* 2002; (18 Suppl): 211-232.
10. Contrary to popular belief, rural physician incomes on par with urban physicians. Health System Change news release, January 26, 2005. Web site: www.hschange.org/CONTENT/726/?PRINT=1 Accessed February 3, 2005.
11. Maternal and Child Health Bureau. The National Survey of Children with Special Health Care Needs Chart Book 2001. Rockville, MD: Department of Health and Human Services, 2004.



Continuing Medical Education Offered by

The American Academy of Developmental Medicine & Dentistry

Continuing Medical Education Program

INFORMATION AND INSTRUCTIONS

1. Overall program goal. The goal of the AADMD Continuing Medical Education Program (CMEP) is to improve the overall health of adults with neurodevelopmental disorders (mental retardation and other developmental disabilities) by enhancing the ability of primary care physicians and specialists to effectively evaluate and manage those complex health conditions that frequently occur in this patient population.

2. Target audience. Our educational activities are designed for primary care physicians and specialists whose practice consists of significant numbers of adults with neurodevelopmental disorders, such as those physicians who practice in State Developmental Centers, State Mental Health facilities, public or private Intermediate Care Facilities for the Mentally Retarded, Family Practice Clinics, and General Internal Medicine Clinics.

3. General learning objectives of the AADMD Northeastern Regional CME Program. Our educational/training programs are designed so that trainees will be better able to:

- a. apply the concepts of the "Developmental Medicine Paradigm".
- b. determine an accurate neurodevelopmental diagnosis.
- c. evaluate and manage cognitive dysfunction in adults with neurodevelopmental disorders.
- d. evaluate and manage motor dysfunction in adults with neurodevelopmental disorders.
- e. evaluate and manage seizure disorders in adults with neurodevelopmental disorders.
- f. evaluate and manage behavior disorders of adults with neurodevelopmental disorders.
- g. evaluate and manage syndrome-related conditions in adults with neurodevelopmental disorders.
- h. evaluate and manage secondary health consequences of complications in adults with neurodevelopmental disorders.
- i. effectively practice "care-coordination".
- j. effectively work with families and other caregivers.
- k. apply a data-driven medical decision-making process to clinical practice, known as Longitudinal Graphic Analysis (LGA).

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AADMD Developmental Medicine and Dentistry Reviews & Reports

Content question: June 2007 Edition Release Date June 1, 2007—Expiration Date June 30, 2008

Children with Special Health Needs in Rural Areas

Specific learning objectives for this CME activity (please refer to general objectives).

Upon completion of the reading of this article, the learner will be able to:

1. Appreciate the extent of people with a neurodevelopmental/intellectual disabilities who reside in rural environments.
2. Describe the challenges that continue to interfere with timely and expert medical and dental care of people with neurodevelopmental/intellectual disability who live in rural environments which creates a significant health care disparity.
3. Describe key factors that might begin to remedy the deficiencies noted.

- 1) A conservative estimate of the number of people with intellectual disability in this country is:
- a) 1/2 million
 - b) 20 percent of the population
 - c) 2 million

- 2) Rural individuals with a disability:
- a) Often have transportation difficulties compounding their opportunity to obtain good medical/psychiatric/dental care
 - b) May be in migrant worker families, making continuity of care difficult
 - c) May be protected by their families and communities and not achieve recognition by county resources until a disruption in their environment occurs
 - d) All of the above

3) Numerous incentives and educational programs to resolve some of the problems of rural care access have been attempted. These include:

- a) National Health Service Corp
- b) Medicare Modernization Act
- c) Medical school emphasis on rural primary care
- d) All of the above

4) Improving medical/dental care for people with intellectual disability residing in rural areas is:

- a) A well-recognized problem
- b) A problem that is not well recognized
- c) Not only a problem that is not well recognized, but a problem which has very difficult solutions

CME evaluation form June 2007

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1. Educational value

	Strongly Agree		Strongly Disagree		
I learned something new that was important	5	4	3	2	1
I plan to seek more information on this topic	5	4	3	2	1
I will share this information with colleagues	5	4	3	2	1
This information will likely affect my practice	5	4	3	2	1

2. Commitment to change

What changes, if any, do you plan to make in your practice as a result of reading these articles?

Please explain: _____

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