

Analyzing the Effectiveness and Prevalence of the Lifespan Model of Care and its Potential Benefit to Iowans

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Objective

Determine if the lifespan model of care is effective in reducing fragmentation of care during care transitions. Determine which organizations are using the lifespan model. Determine if the lifespan model is best suited to a specific disability. Determine disability prevalence and needs specific to Iowan counties and individuals with disabilities.

Methods

Conducted a narrative review using PubMed and Google Scholar. Exclusion Criteria: relationship to the Lifespan Respite Care Act. Surveyed organizations from the AUCD program directory to determine the prevalence of lifespan use and the specific programs it was used for. Mapped prevalence of disabilities per county in Iowa using American Community Survey data and cross-referenced disabled population with overall sum of disabilities per county to determine need severity.

Results

Narrative review results

Individuals with disabilities suffer from gaps in care continuity and medication adherence resulting from fragmented pediatric and adult care. Lifespan programs see higher rates of disabled adults seeking and receiving care post transition. Lifespan programs have higher rates if individuals engaged in their communities.

Survey of AUCD organization results

Twenty-one organizations of the seventy-three listed on the AUCD directory had a program or more utilizing the lifespan model. The model was used for different disabilities with the most common being metabolic related disabilities. Most lifespan programs were for a specific disability, but a few were different such as being community integration, education, or policy based.

Prevalence data results

The largest counts of disabilities per county were Polk county while rates favored rural areas more. Wayne, Lucas, and Monroe counties had the largest ratio of multiple disabilities per disabled individual.

Conclusions

Lifespan programs have shown to increase health and wellbeing of individuals with disabilities and reduce gaps in care. Many UCEDDs around the country are utilizing the lifespan model and in many different ways. This indicates that the lifespan model is suitable to being adapted to local populations and organizations. Disability prevalence indicates that southern Iowan counties may have the largest need and potential benefit from lifespan care and Iowa overall should pursue the adoption of lifespan models.