



## Learning from Community: Breaking Down Barriers to Chronic Disease Management for People with Disabilities

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# Introductions



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1. Introduction to disability and chronic disease
2. Overview of the *Chronic Disease and Disability Community Conversations* project
3. Key findings/learnings
4. In practice: CHW role in chronic disease prevention and management among people with disabilities
5. Q&A and wrap-up

**Disability** is defined as any condition of the body or mind that makes it more difficult to do certain activities and interact with the world around you.

**Disability is a vast topic, encompassing many conditions and impairments including:**

Mental illness

Hearing impairment

Physical/mobility

Autism

Traumatic brain injury

Learning

Visual impairment

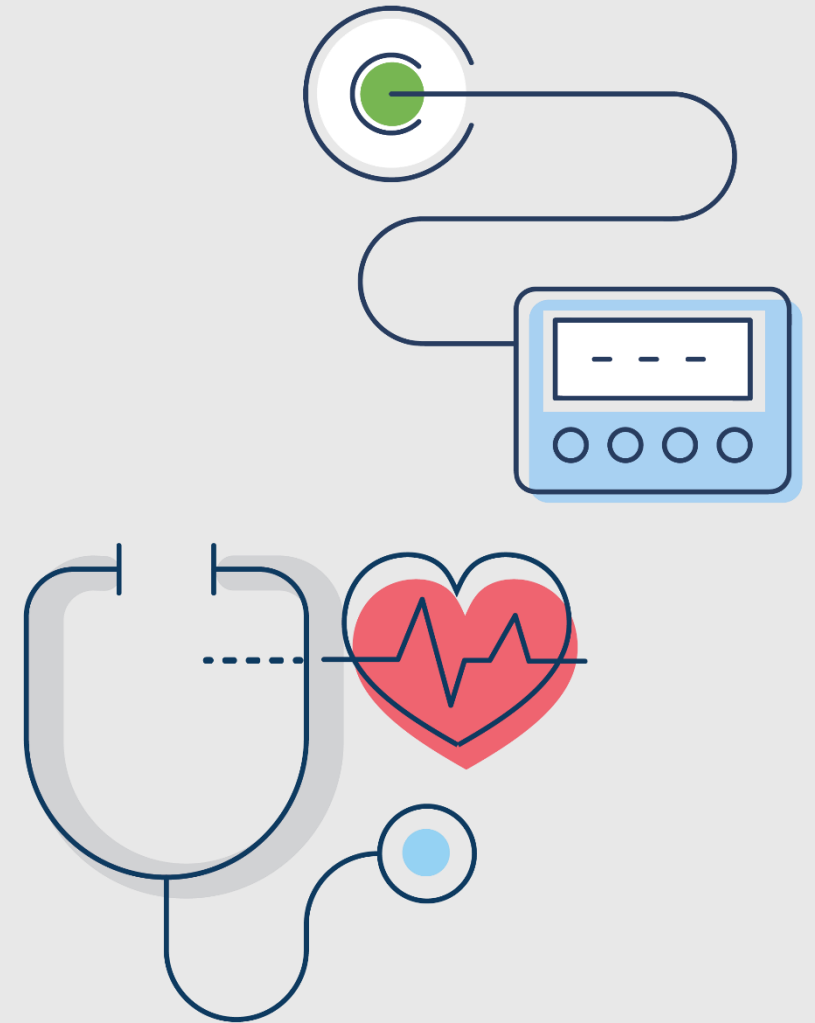
Others

# Deciding on Which Disabilities to Learn About

For this project, the diabetes team chose to pursue learning about the unique challenges of Minnesotans with **Intellectual** and **Physical/mobility** disabilities as a start for this work.

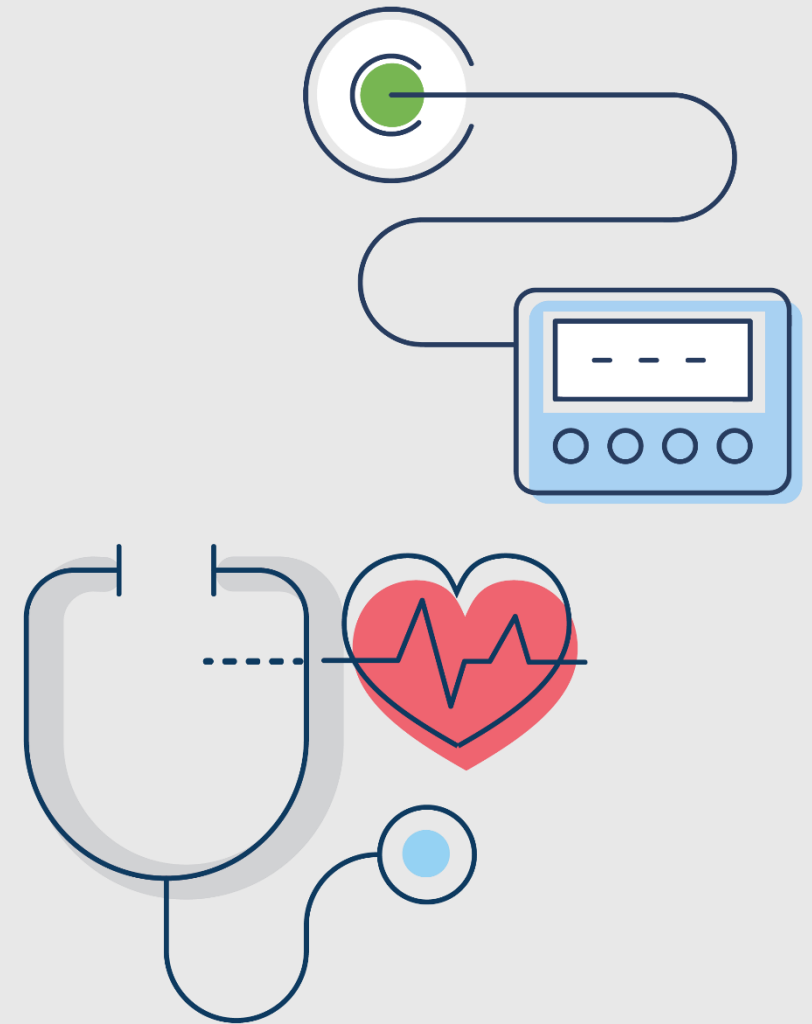
# Context for Community Engagement

- **People with disabilities are more likely to experience chronic conditions** like diabetes, arthritis, and cardiovascular disease.



# Context for Community Engagement

- Adults with any disability in Minnesota are over ***six times*** more likely to report frequent poor health than adults without a disability
- Feedback from those living with disabilities and chronic conditions is essential to reduce barriers and improve health outcomes





# Community Conversations Project

Our partners included:



The **Improve** Group

# What did we do?

A total of **19 virtual interviews** were conducted among people with physical disabilities and intellectual & developmental disabilities with our partners, Special Olympics MN and SMILES Center for Independent Living.

## We asked questions like:

- *“What does being well look and feel like to you?”*
- *“What is hard or gets in the way of doing things that support your wellness?”*
- *“If you wanted to improve your wellness, what would you do?”*



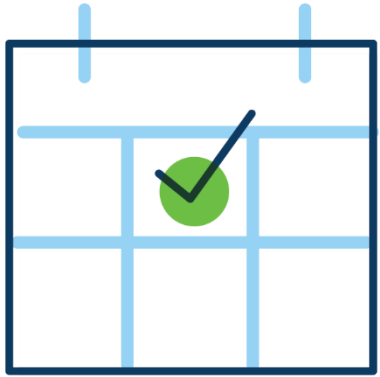
After the interviews were completed, we looked at the data together and compiled key findings and recommendations

# Key Learnings

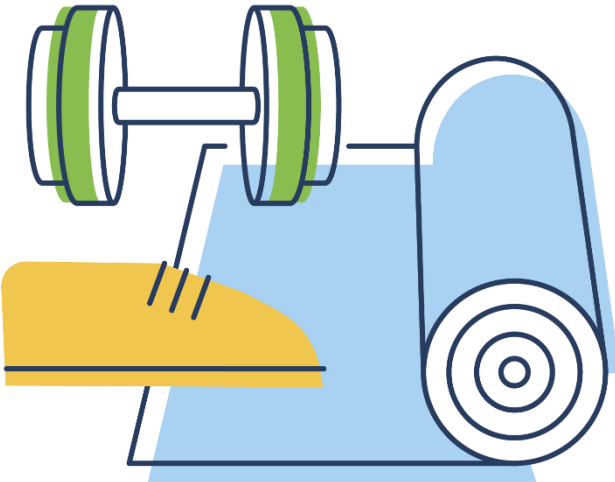
- People define health and wellness broadly, including pain levels and the ability to do activities they enjoy.
- Socializing and having fun are strong motivators for focusing on health and wellness.



# Key Learnings



- Barriers to health and wellness are more often tied to systemic issues like transportation and health care access, rather than to individual circumstances.
- To be healthy, people expressed a need for more opportunities to be active, help learning to cook healthy and enjoyable meals, guidance on managing dietary needs, and support from others.



**Design programs that center social connection and enjoyable activities.** Pair evidence-based practices with direct input from people with disabilities to ensure programs reflect their goals and needs.



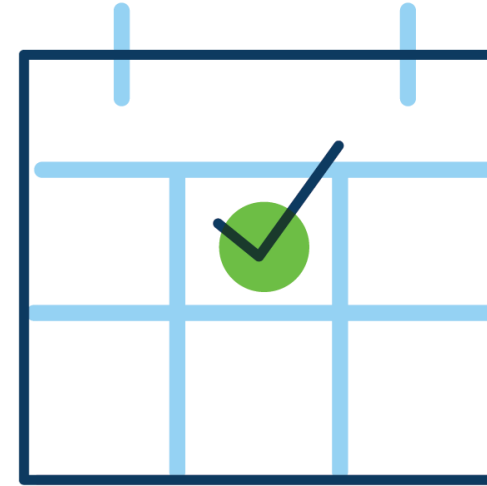
# Recommendations



**Support providers and organizations to offer disability-informed care.**

Create tools, training, and resources to increase awareness and build capacity. Collaborate with health care organizations to improve administrative processes to improve quality of care.

**Address systemic barriers—**  
Transportation, service costs,  
and insurance and health system  
complexities impact access to  
care. Leverage resources across  
sectors to overcome these  
factors.





## Patient Scenarios for CHWs



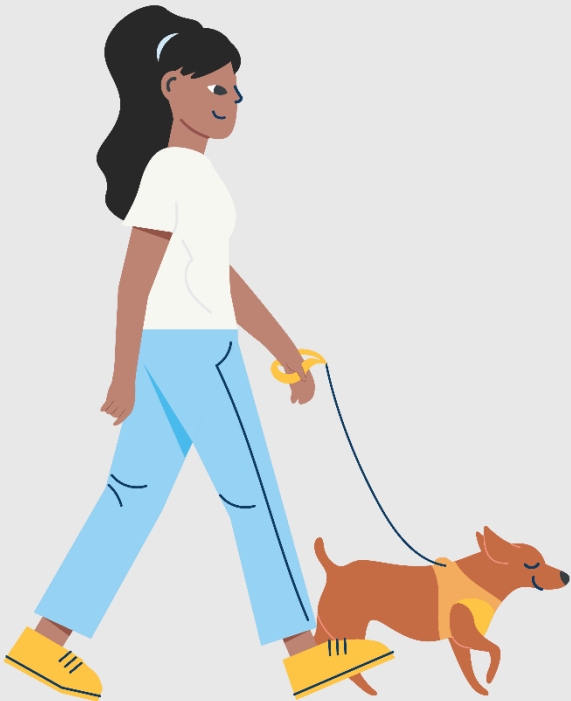
# Scenario 1



A man, 70 years of age, is living in a small town and has multiple chronic conditions including diabetes and arthritis. He has experienced significant hearing and vision loss in the last decade. While he has gotten hearing aids which have helped tremendously, he still struggles with activities of daily living and maintaining his health due to his progressive vision loss.

- **What potential barriers do you think he has in managing his chronic conditions?**
- **How could you work to address these barriers before, during, or after a visit?**

## Scenario 2



A woman, 40 years of age, comes in for an office visit related to her diabetes. She has an intellectual disability and lives with her family. She is unaccompanied at this visit. When asked how she is doing, she appears distraught and starts talking about the circumstances around having to put a pet down recently, including not being able to afford surgery due to her pay being low at her current job.

- **How could you acknowledge and address the things that are affecting one's life and mental wellbeing like a pet passing away, while keeping an appointment on track?**

## Scenario 3



A woman, 30 years of age, comes in for a regular checkup. She has been monitoring her blood pressure at home, but it continues to be high. She wants to lower her blood pressure so she can get necessary dental work. She has a developmental disability and depends on coworkers and friends to drive her places, as public transportation is not reliable and available in the rural area she lives in.

- **How might living in a rural area affect her ability to lower her blood pressure?**
- **How could you support her in managing her hypertension?**



# Questions?

Thank you for listening!

The findings and recommendations can be located here:

<https://www.health.state.mn.us/diseases/diabetes/docs/disabilitycomm.pdf>

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