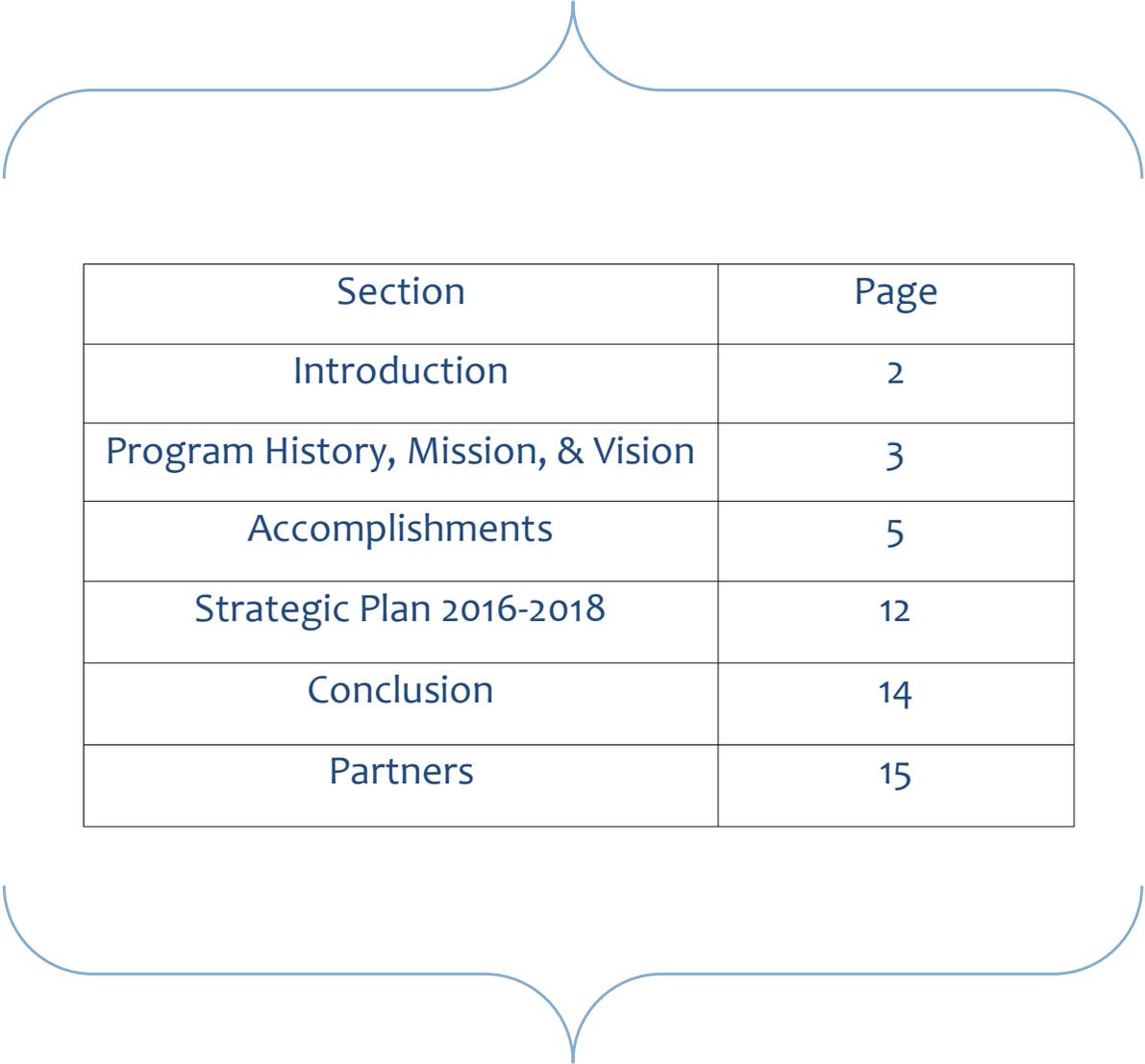


HEALTH PROMOTION FOR  
PEOPLE WITH  
DISABILITIES: STRATEGIC  
PLAN

2016-2018

# Table of Contents



Section	Page
Introduction	2
Program History, Mission, & Vision	3
Accomplishments	5
Strategic Plan 2016-2018	12
Conclusion	14
Partners	15

## Introduction

Since 1948, the World Health Organization has defined health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.” But too many of us still view health as something that can only happen in the absence of disease, something that is lost if a person is diagnosed with a chronic or disabling health condition.

The Health Promotion for People with Disabilities program would like to change that.

We’re located within the Michigan Department of Health and Human Services (MDHHS), one of a handful of state programs funded by the Centers for Disease Control and Prevention (CDC) to address the growing inequality in health between people who have disabilities and people who don’t.

The Disability Health Unit (DHU) was created in 2008, with support from the Division of Chronic Disease and Injury Control at MDHHS. We were funded to gather data on the health of people with disabilities, and to develop a coordinated public health approach to promoting and improving health in this population – things which had not been done in Michigan before.

### **What is Disability?**

Disability is a natural part of the human condition, a state we can move in and out of as our life progresses. Disability is something people *experience*, not something they *are*. People experience disability on a continuum, from mild and temporary, to severe and lifelong. Many people who experience disability might not consider themselves ‘disabled.’ For these reasons, we describe disability as a functional limitation, rather than a specific diagnosis. One in four Michigan residents has such limitations.

### **Why Disability Health?**

There is currently a disparity, or inequality, in health status between people who have disabilities, and people who don’t. For example:

- Nearly half of people with disabilities describe their health as fair or poor. Only 8% of people without disabilities describe their health this way.
- People with disabilities acquire many chronic conditions (like diabetes, heart disease, and depression) at about three times the rate of people who do not have disabilities.
- People with disabilities report significantly higher rates of obesity, smoking, and physical inactivity.

These disparities exist in part because there are barriers for people with disabilities in obtaining the information, activities and services that are necessary to achieve and maintain good health. Such obstacles may include not being able to get into health providers' offices; not being able to get information in a format that is useable (like large print, Braille, or American Sign Language); not being offered the same health screenings as patients without disabilities; and barriers in attitude that might prevent healthcare workers from seeing the whole person, rather than just the disability.

In addition to these barriers, there is a strong relationship between disability and chronic disease. Having a disability puts a person at a higher risk of developing other ongoing health conditions, like diabetes, arthritis, or heart disease. These may make it more difficult for people to manage their existing disability, and even cause a person to have additional limitations.

Our program exists to address these inequalities, and to improve the health of people with disabilities in the state of Michigan. We believe good health is for everyone.

### **Our Mission and Vision**

**Mission.** The Michigan Health Promotion for People with Disabilities Initiative is a statewide partnership committed to reducing the health disparities between people with disabilities and people without disabilities through member collaboration, expertise, and leveraged resources.

**Vision.** This initiative will address health disparities in people with disabilities through four dimensions:

- Improving the **access** of people with disabilities to health care and health screening
- Promoting **management** by people with disabilities of their own health and risks
- Improving the response of **health providers** to people with disabilities
- **Integrating** disability and health into existing health promotion activities.

Our philosophy is founded on the principles of inclusion and equal access. We believe people with disabilities should be able to use and access the same kinds of information, programs and services that the general population uses in order to be healthy. Collaboration has been our program's strength, as we gather partners from the public health and disability communities to address our common goals.

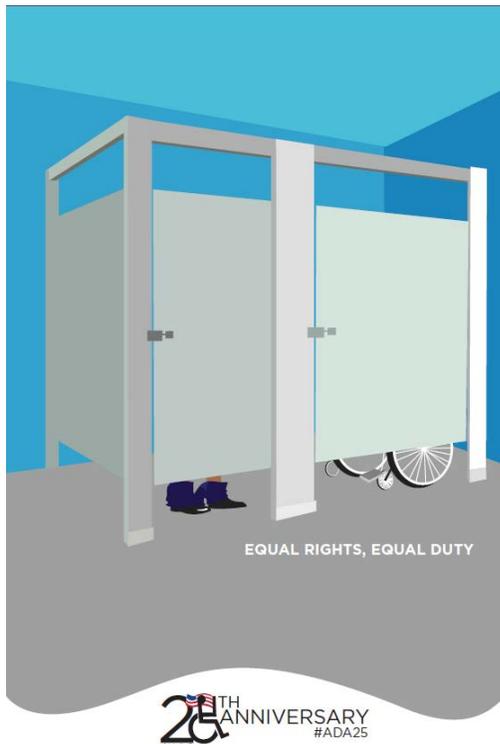
Our original mission and vision, developed in 2008, still hold true today. But changes and advancements in both the world and our program make it important to update and expand our goals and strategies for the future.

## Disability and Health Today

There have been many positive changes in Michigan regarding disabilities since the writing of the last strategic plan in 2012. For example:

- The phrase “mental retardation” has been removed from all state statutes.
- The Michigan Veterans Trust Fund was expanded, and can now be used for the treatment and care of veterans with mental illness.
- Families with disabilities were included in Pure Michigan marketing materials.
- Tax credits are available for certain renovations made to the home of a person with a disability.
- Michigan celebrated the 25<sup>th</sup> anniversary of the Americans with Disabilities Act, the landmark civil rights legislation for people with disabilities.

As the nature of disability legislation evolves and changes, so will our goals and strategies. The purpose of this new plan is to review the accomplishments of the previous funding cycles, and create new goals and strategies for the next three years of the program.



## Accomplishments: A review of the 2012-2015 goals

In the previous strategic plan, six goals were outlined and potential strategies described. Over the past four years, the program has met all of these goals and achieved additional accomplishments not originally in the strategic plan.

### Goal 1: Increase the use of inclusion benchmarks by Michigan chronic disease prevention programs by at least 20% by 2014.

#### Implemented strategies:

- Obtain a baseline for chronic disease program usage of inclusion checklist and BRFSS disability screener questions; increase usage by 20% over baseline by 2014.
- Include disability as a demographic variable in program evaluation.

#### Goal Status: Met

Through the efforts of the Disability Health Program, disability has been included as a demographic in the program evaluation of chronic disease prevention programs. Specifically, the two BRFSS questions used to identify people with disabilities have been incorporated into data collection for the Stanford Chronic Disease Self-Management Program and its variants (i.e., PATH, Diabetes PATH, and Chronic Pain PATH); EnhanceFitness, an evidence-based physical activity program for people of all abilities; and the Michigan Tobacco Quit Line.

This accomplishment is significant because including disability as a demographic raises the awareness of program implementation partners that they are serving people with disabilities, and also allows them to track and report their reach.

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### Goal 2: Increase inclusion of people with disabilities in public health interventions by 10% over baseline by 2014.

#### Implemented strategies:

- Partner with the Michigan Arthritis Program to bring more PATH workshops specifically to people with disabilities.

- Foster the participation of people with disabilities in the PATH workshops offered in their communities.
- Identify and promote obesity reduction and physical activity programs for people with disabilities.
- Identify and promote tobacco dependence treatment programs for people with disabilities.

### Goal Status: Met

We have increased inclusion through a two-pronged approach: providing partners with the tools and training to ensure program accessibility, and supporting programming that ensures that people with disabilities will have opportunities to participate in health interventions.

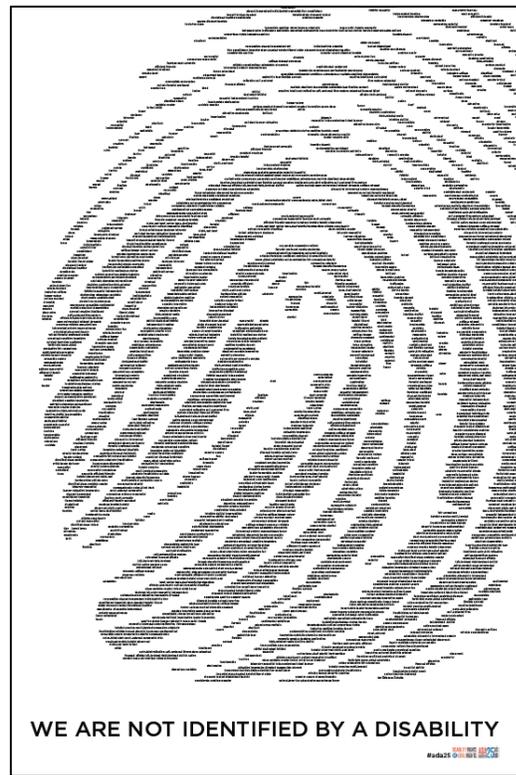
### *Awareness*

- Various facets of access were presented to stakeholder audiences at four annual statewide partnership meetings of MI Partners on the PATH. Likewise, access and appropriate accommodation for people with a variety of disabilities were presented at four annual statewide MI EnhanceFitness Network meetings. Each of the statewide meetings is attended by approximately 100 leaders, instructors, and program coordinators.
- The DHU created webcasts on accessibility for health providers and leaders of health promotion programs, and a patient-centered webcast on getting the most from a healthcare visit.
- Through the Partnership for Health and Disability, the DHU disseminated information encouraging mammograms and influenza vaccinations to approximately 10,000 people with disabilities, caregivers, and family members.

### *Participation*

- Through partnerships with the Michigan Arthritis Program, Bureau of Mental Health Services, Peckham Industries, Capital Area Center for Independent Living, the Bureau of Services for Blind Persons, and the National Kidney Foundation of Michigan (NKFM), PATH workshops have reached people with disabilities, both at community sites and at places that serve people with disabilities: 1) Since 2009, there have been 228 PATH workshops either specifically for people with mental illness or where 1 or both leaders are certified peer support specialists with mental illness. Over two thousand participants were enrolled in those workshops. 2) Peckham Industries maintains a team of trained PATH leaders among their staff, and offers employees two workshops each year. 3) In partnership with the NKFM,

four PATH workshops have been conducted at Services to Enhance Potential (STEP) in Southeast Michigan for people with developmental disabilities; 52 participants enrolled and 94% completed the workshops. In addition, 11 people (Four STEP skill trainers and seven STEP consumers) were trained as PATH leaders/PATH promoters.



- Self-management is promoted among people with disabilities through DHU presentations at events sponsored by partners such as the Michigan Library for the Blind, and the Association of State Employees with Disabilities. In addition, people with disabilities are encouraged to take PATH workshops in their own communities through DHU marketing efforts that included creating disability friendly promotional materials, and distributing them through disability advocacy and service agencies. Finally, because our partners have included disability as a demographic variable, we know we are reaching significant numbers of people with disabilities through public health interventions:
- Roughly 49% of PATH participants have a disability (of either limited ability or use of special equipment); 44% indicate they have limited ability and 25% use special equipment.
- Approximately 26% of EnhanceFitness participants have a disability.
- The Tobacco Quit Line serves roughly 3,000 callers with disabilities per year.

### Goal 3: Create and implement a comprehensive communication plan.

#### Implemented strategies:

- Continue to update the [MI Disability Health webpage](#) website with relevant information and data.
- Promote the [MI Disability Health webpage](#) website to increase traffic and public interaction.
- Develop social media messages to be put out through the HHS communications office.
- Continue to send quarterly BeingWell electronic newsletters.
- Expand the distribution of the quarterly electronic newsletter.

#### Goal Status: Met

The communication plan incorporates a variety of media, messages, and materials to communicate information to stakeholders and partners, including people with disabilities, caregivers, disability advocates, public health and health professionals.

#### *Meetings*

- The Partnership for Health and Disability annual conference attracts between 75-100 participants each year. Topics are relevant to disability and health, and have included pain management, universal design, and obesity among many others.
- Periodic conference calls and annual planning meetings keep the advisory council connected.

#### *Internet/electronic communication*

- Website— The [MI Disability Health webpage](#) website contains resources, data, and items of interest for partners and stakeholders. It is consistently updated and maintained to maximize ease of use.
- Newsletter— Over 150 people receive the quarterly Partnership for Health and Disability electronic newsletter by email. It is also available on the Partnership Website.
- Social Media—5-6 social media messages specifically tailored for people with disabilities are disseminated through the MDHHS Facebook and Twitter accounts each month. Social media messages also include relevant information for people with disabilities related to other chronic diseases.
- Webinars— Webinars were created for consumers and health professionals on topics ranging from access and disability etiquette, to getting the most from a visit to your provider.

In addition, a webinar was created for presentation to the national Arc on tobacco use and people with developmental disabilities. As a result, DHU staff was invited to join a national community of practice on this issue (see also Goal 5).

#### *Print Materials*

- Brochures, post cards—Materials to promote PATH, physical activity, tobacco dependence treatment, influenza immunization to people with disabilities have been developed and disseminated.
- Fact sheets, data reports—Fact sheets and data reports are created and disseminated (see also Goals 5 and 6, and Goal 2-awareness).

### Goal 4: Use data on co-morbidity among people with disabilities to support collaboration with other chronic disease health promotion programs.

#### Implemented strategies:

- Disseminate data to and educate program staff on elevated rates of selected chronic conditions among people with disabilities.
- Disseminate data to and educate program staff on high proportions of people with disabilities among target populations with selected chronic conditions.

#### Goal Status: Met

Co-morbidity data were used in several ways to promote and support collaboration with other chronic disease health promotion programs:

- The Disability Health Program was featured at a chronic disease division-wide meeting. Presentations included an overview of the program, comorbidities and disparities; disability and ethics, and steps to help bridge the disparity gap.
  - Social media messages were disseminated that included information for people with disabilities related to other chronic diseases.
  - A webinar on tobacco use among people with disabilities was delivered to the national ARC.
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Goal 5: Use data on health status, health risk factors and health care access of people with disabilities to raise awareness of health disparities in the MDCH chronic disease program, and among policymakers and the public.

Implemented strategies:

- Using BRFSS, Medicaid, and other data sources, document health disparities among people with disabilities.
- Distribute disparities information to policymakers and the public via [MI Disability Health webpage](#), professional listservs, program newsletters, fact sheets, and forums/seminars.
- Promote disease prevention efforts, including the flu shot, among the disability population.
- Promote disease detection efforts, including mammography, among the disability population.

Goal Status: Met

Data are used throughout all DHU and partnership communications to raise awareness about the health disparities that exist between people with and without disabilities. Materials about health disparities among people with disabilities have been updated using BRFSS, Medicaid and other data sources. Michigan's surveillance on this topic has created a snapshot of the health status of people with disabilities that did not previously exist. Disparities information has been updated and shared

through [MI Disability Health webpage](#), professional listservs, program newsletters, fact sheets and forums/seminars and used to promote disease detection and prevention. Noteworthy accomplishments include:

- Beginning with the 2012 Michigan Behavior Risk Factor Survey Annual report, disability status was added as demographic variable in every component. This inclusion brings the impact of disability on chronic diseases and risk factors to the forefront for consideration by policymakers and the public.
- More than 500 health professionals were educated through webinars and in person about the barriers people with disabilities face in trying to access good healthcare.
- As noted in Goal 2, DHU promoted mammography and influenza immunization through its partners to reach 10,000 people with disabilities, caregivers, and family members.

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*Goal 6: Collect and disseminate data on health status, health risk behaviors, and healthcare access on people with disabilities typically excluded from the BRFS.*

Implemented strategies:

- Identify data sources through collaboration with the Center for Medicaid and Medicare Services, and MDCH Behavioral Health and Developmental Disability Administration.
- Extract relevant data and incorporate into materials and presentations.

Goal Status: Met

Surveillance has had a central role in the DHU capacity building. The Needs Assessment, which is updated annually, incorporates analyses of Medicaid data in addition to BRFS. A survey of caregivers (MiBRFS Caregiver Module) has contributed to our understanding of needs, health risk, and health status. As mentioned previously, data are disseminated in a variety of ways: through formal reports, on the website, in fact sheets, brochures, social media and more.

## Other major accomplishments

### Emergency Preparedness



- In partnership with the Office of Public Health Preparedness, DHU staff developed disability-related scenarios to be used in the 2015 National Guard emergency preparedness exercise.
- DHU staff worked with the Michigan State Police Emergency Management and Homeland Security Division in the creation of the State's Mass Shelter Planning document.
- DHU staff are members of the Vulnerable Populations workgroup at the MDHHS Office of Public Health Preparedness.
- In partnership with the Developmental Disabilities Institute at Wayne State University, over 600 emergency responders have been trained in disability awareness in Wayne, Oakland and Macomb counties. In addition, workshops were held for over 720 people with disabilities, family members and caregivers on creating a personal emergency plan.

### Special Events

- DHU staff participated in the planning of the statewide ADA anniversary celebration events.
- DHU staff collaborated with a creative advertising class at Michigan State University to create a series of posters representing disability equality.

### Technical Assistance

Since 2012, there have been 1,143 technical assistance (TA) requests related to arthritis, PATH, EnhanceFitness, surveillance, and health of people with disabilities. DHU dedicated over 454 hours responding to requests; 100% of which received a response within 3 business days.



**Sit together, Stand together**

**ADA**25  
AMERICANS WITH  
DISABILITIES ACT  
1990-2015

## Looking to the future: Strategic planning 2016-2018

In the last strategic plan cycle (2012-2015), DHU was successful in convening public health and disability partners to accomplish our goals. For the next strategic plan cycle (2016-2018), the program will strive to continue having a positive impact on the disability community. Specific goals and strategies are laid out below.

Goal	Strategies
<i>Goal 1: Access</i>	<ul style="list-style-type: none"> <li>• Increase disability language use in contracts and RFPs by 2018.</li> <li>• Include disability as a demographic variable in program evaluation.</li> <li>• Continue to increase nontraditional partnerships.</li> </ul>
<i>Goal 2: Health promotion and inclusion</i>	<ul style="list-style-type: none"> <li>• Maintain inclusion of people with disabilities in PATH workshops.</li> <li>• Target physical activity interventions to increase inclusion of people with disabilities by 10% by 2018.</li> <li>• Identify and promote tobacco dependence treatment programs for people with disabilities</li> <li>• Host an annual key stakeholders/partners meeting to discuss future goals and develop new partnerships.</li> <li>• Promote disease prevention efforts, including the flu shot, among the disability population</li> <li>• Promote disease detection efforts, including mammography, among the disability population</li> </ul>
<i>Goal 3: Awareness</i>	<ul style="list-style-type: none"> <li>• Increase program awareness among partners, people with disabilities, and policy makers.</li> <li>• Maintain and update a comprehensive communication plan that includes:               <ul style="list-style-type: none"> <li>○ Continuing to update and promote the <a href="#">MI Disability Health webpage</a> website with relevant information and data.</li> </ul> </li> </ul>

Goal	Strategies
	<ul style="list-style-type: none"> <li>○ 5-6 social media messages a month to be put out through the MDHHS Facebook and Twitter accounts.</li> <li>○ Expanding the distribution of the quarterly BeingWell electronic newsletters.</li> <li>● Creating and sharing presentations and webinars with relevant information</li> </ul>
Goal 4: Emergency preparedness	<ul style="list-style-type: none"> <li>● Participate and contribute ideas to the MDHHS Vulnerable Populations workgroup</li> <li>● Participate in the planning of emergency preparedness training and exercises with the Bureau of EMS, Trauma, and Preparedness to ensure the inclusion of people with disabilities.</li> </ul>
Goal 5: Surveillance	<ul style="list-style-type: none"> <li>● Use data on co-morbidity among people with disabilities to support collaboration with other chronic disease health promotion programs and educate program staff.</li> <li>● Disseminate data on health status, health risk factors, and health care access of people with disabilities to the public and to policy makers.</li> <li>● Using BRFS and other data sources, document disparities among people with disabilities.</li> <li>● Work to develop new or expanded data collection tools that will capture health status, health risk behaviors, and healthcare access among people with disabilities typically excluded from the BRFS.</li> </ul>

## Conclusion

In creating this plan, we move forward with our long-term goal of improving the health of people with disabilities in Michigan. The plan, and the goal, are works in progress. With input from partners, we will respond to changes in the needs and strengths of Michigan's public health and disability communities to ensure an upward spiral of continuous improvement.

## Acknowledgements

We would like to thank the following partners for their sustained and significant contributions to our efforts.

- Centers for Disease Control and Prevention
- Developmental Disability Institute, Wayne State University
- Michigan Department of Health and Human Services
  - Bureau of Behavioral Health & Developmental Disability
  - Bureau of EMS, Trauma and Preparedness
  - Division of Chronic Disease and Injury Control
- Michigan Arthritis Program
- Michigan Diabetes Prevention and Control Program
- Michigan Disability Rights Coalition
- Michigan Injury Control Program
- Michigan Rehabilitation Services
- Michigan Tobacco Program
- National Kidney Foundation of Michigan
- Peckham Industries