Health Promotion for People with Disabilities

Health Promotion for People with Disabilities

Michigan Strategic Plan 2012-2014

March 30, 2012

As Co-Chairs of the Steering Committee of the Michigan Health Promotion for People with Disabilities Initiative since 2007, we are proud of the progress and activities this initiative has engendered. Health promotion is vitally important for anyone with any type of disability. Too often people with disabilities are not considered in health promotion or prevention activities, resulting in many people with disabilities having higher rates of preventable conditions and risk factors for chronic diseases.

In Michigan, our efforts have focused attention on the need for all health promotion and prevention programs to be inclusive. The implementation of our first strategic plan, 2008-2011, resulted in the development of training programs in universal design for health professionals, the training of peer support specialists in the PATH program, a targeted tobacco cessation campaign for people with disabilities, and the integration of disability and health content in many existing health promotion programs in Michigan. Additionally, we were able to use the Behavior Risk Factor Surveillance System to gather data about specific disability and health issues, including caregiver concerns and the prevalence and impact of secondary smoke on people with disabilities.

We look forward to expanding these efforts through our new strategic plan. We are confident its implementation will result in a better quality of life for people with disabilities and improve system efficiencies. We hope you will join our partnership and work with us to achieve these plan priorities.
Sincerely,

Barbara W. LeRoy, Ph.D.
Director Developmental Disabilities Institute
Wayne State University

RoAnne Chaney, M.P.A.
Health Policy Program Manager
Michigan Disability Rights Coalition

INTRODUCTION: WHY THIS MATTERS

The World Health Organization defines health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." This definition has not changed since 1948. Yet too often, people still view health as something that can only happen in the absence of disease, something that is lost once a person is diagnosed with a chronic or disabling health condition.

The Health Promotion for People with Disabilities initiative at the Michigan Department of Community Health is dedicated to improving the health of people with disabilities and chronic health conditions. We believe all people can be healthy within their own parameters, and that everyone can do something to improve their health and the quality of their lives.

WHAT IS DISABILITY – AND WHY DOES THIS MATTER?

Disability is a functional limitation. It is a universal, natural part of the life cycle, and it's something we will all experience, in varying degrees of severity and permanence, regardless of whether we identify ourselves as having a disability. Michigan's Behavioral Risk Factor Survey (BRFS), the annual telephone survey of the state's adult population that collects health data from participants, includes two questions to determine disability status:

1. Are you limited in any activities because of physical, mental or emotional problems?
2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Answering yes to either of these questions defines the respondent as having a disability. By this definition, one in four, or approximately 1.86 million adults in the state of Michigan has a disability.

People with disabilities face particular challenges when it comes to obtaining the information and services necessary to achieve and maintain good health. These challenges include difficulty in accessing hospitals and health care providers' offices, obtaining information in an accessible format (such as materials at the appropriate cognitive level, Braille, large print or American Sign Language), and experiencing attitudinal barriers that may prevent healthcare providers from seeing the whole person, rather than only the disability.

In addition to systemic obstacles to good health, there is a strong relationship between disability and chronic disease. Having a disability lowers the threshold for acquiring additional chronic conditions, like diabetes, arthritis, and heart disease – conditions that may make it more difficult for people to manage their disabilities. Conversely, having a disability may make it more difficult for them to manage their chronic condition. In either case, people with disabilities experience increased obstacles to achieving good health when their disability is coupled with a chronic condition.

THE FACES OF DISABILITY

TOM—*I'm 52, and I've worked in construction all my life. Six years ago my right knee started to hurt. It only gets worse as the years go by, and now it's swollen and stiff every day. My doctor tells me I have osteoarthritis in my knee. I didn't think that was the 'bad' kind of arthritis, but I learned I no longer have any cartilage in that knee. The doctor says I should have a knee replacement, but I don't have any health insurance, and I can't afford to take time off work for surgery. I wonder how much longer I can work pouring concrete for eight to ten hours a day.*

HEALTH OF PEOPLE WITH DISABILITIES

Many of the challenges to good health faced by people with disabilities can be illustrated by Michigan's BRFS data. (The source for most of the data in this section, unless otherwise indicated, is the 2010 Michigan Behavioral Risk Factor Survey.)

Prevalence

Nearly 1 in 4 adults in Michigan (1.86 million) has a disabling condition. Michigan data also reveal:

- The number of adults who are considered disabled increased by 398,000 between 2001 and 2010, and is projected to rise to 2.25 million by 2030.
- The proportion of the population with disabilities increases with age (Fig. 1), is higher for females than males, and declines as education and household income increase.
- Hispanic adults have the lowest prevalence of disability (15.8%), followed by non-Hispanic adults other than whites or blacks (19.3%), non-Hispanic whites (24.7%), and non-Hispanic blacks (28.2%).
- People with disabilities comprise half or more of Michigan adults with chronic diseases like diabetes, cardiovascular disease, arthritis and major depression (Fig. 2). This highlights the strong need for making chronic disease programs accessible to adults with disabilities.

Health Risk Factors

Adults with disabilities have higher levels of obesity, smoking, and physical inactivity than adults without disabilities (Fig. 3). Reducing these risk factors among people with disabilities can improve functioning and decrease the numbers of new cases of arthritis, diabetes and cardiovascular disease in this population. In addition, reducing these risk factors helps people with these diseases better manage their condition and reduces their risk for developing disease-related complications.

Fig. 1 Percent of Persons With Disabilities by Age, Michigan Adults, 2010

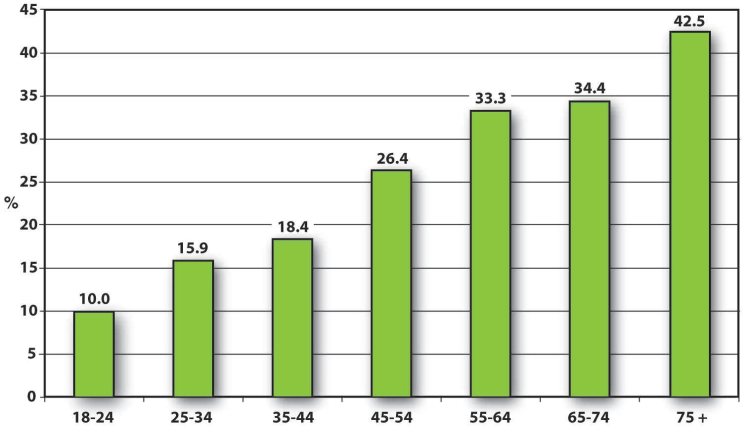


Fig. 2 Percent With Disabilities Among Michigan Adults Who Had Selected Chronic Diseases, 2010

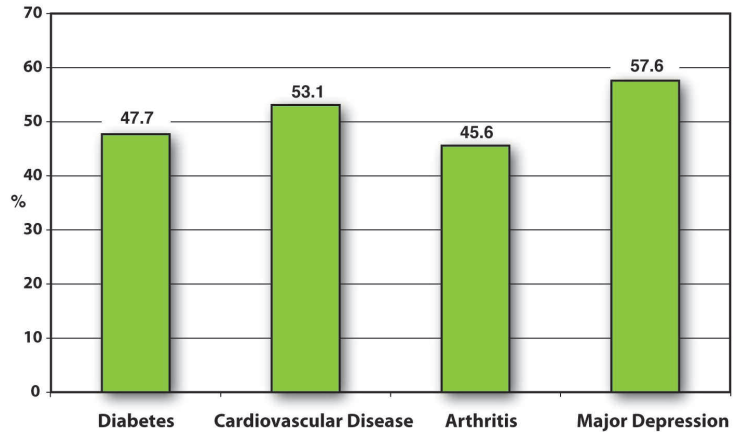
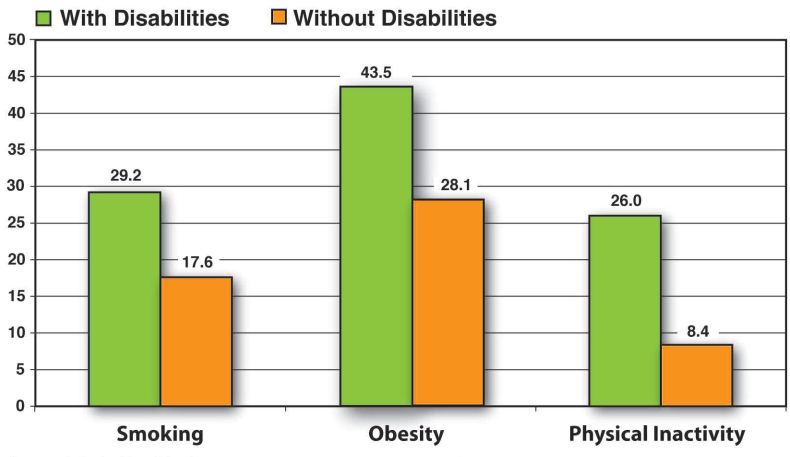


Fig. 3 Percent of Persons With Selected Health Risk Factors By Disability Status, Michigan Adults, 2010



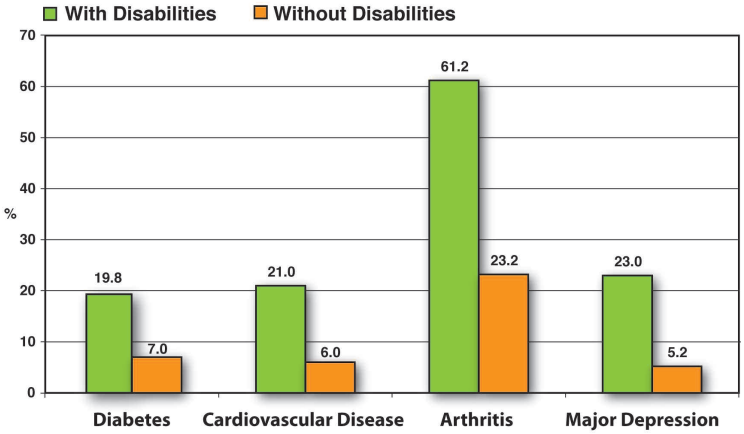
Source of physical inactivity data: 2009 Michigan Behavioral Risk Factor Survey

Health Status Indicators

The gap in self-reported health status between adults with disabilities and those without is large, with 36.8% of adults with disabilities reporting their health as fair or poor, compared to 7% of adults without disabilities.

The average number of poor physical health days in the last month is almost six times greater for adults with disabilities (9.5 days, compared to 1.7 for adults without disabilities). Adults with disabilities also report more poor mental health days in the last month (6.7 days, compared to 2.7 for adults without disabilities). In addition, adults with disabilities also tend to have much higher rates of certain chronic conditions, such as cardiovascular disease, depressive disorders, diabetes, and arthritis, than people without disabilities (Fig. 4).

Fig. 4 Percent of Persons With Selected Chronic Conditions By Disability Status, Michigan Adults, 2010



Economic Impact of Disability

Total disability-associated health care expenditures in Michigan (in 2006 dollars) were $13.6 billion, eighth highest in the U.S.* Twenty-eight percent of all health care expenditures in Michigan were associated with a disability.

Medicaid was a core component of health care funding for people with disabilities. Medicaid paid for $4.9 billion (36%) of total disability-related health care expenditures in Michigan, and 74% of all Medicaid expenditures were disability related.

* Anderson, WL, Armour, BS, Finklestein, EA, Wiener, JM. Estimates of State-Level Health-Care Expenditures Associated with Disability. Public Health Rep. 2010 Jan-Feb; 125(1): 44-51. A small percentage of this total includes the cost of personal and community support services covered under the waiver system in Medicaid.

PROGRAM HISTORY, MISSION, AND VISION

The Centers for Disease Control and Prevention (CDC) recognizes the health disparities among people with disabilities as a public health issue, and Michigan is one of sixteen states with grant funding from CDC to address issues of disability and health. This funding, along with support from the Division of Chronic Disease and Injury Control at the Michigan Department of Community Health, formed the foundation of the Health Promotion for People with Disabilities initiative, started in 2007. The program's purpose was to build capacity within the state for a coordinated public health approach to health promotion for people with disabilities, and to develop a surveillance system that would provide data on the health of people with disabilities in Michigan.

As first steps, the Disability Health Unit (DHU) was established at MDCH, and an advisory council was formed. In March of 2008, the Partnership for Health and Disability (PHD), a statewide partnership consisting of sixty partners representing both the public health and disability communities, convened for the first time. This group developed the first strategic plan in 2008, establishing the Program 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.

ACCOMPLISHMENTS

The Partnership for Health & Disability made each dimension of the vision statement a strategic priority in the first strategic plan (2008-2011). The following accomplishments are highlights from this cycle, and represent ongoing activities. Many of them intersect with more than a single priority.

Access

- Educated over 500 healthcare, public health and allied health professionals in face to face workshops on access to care for people with disabilities.
- Designed and implemented questions in the BRFS to identify barriers to health care among people with disabilities.
- Analyzed and reported on the nature and extent of preventable hospitalizations among people with disabilities on Medicaid. Preventable hospitalizations are often an indicator of lack of access to ambulatory care.

Self-Management

- Placed Personal Action Toward Health (PATH)* workshops at the Capitol Area Center for Independent Living, the Michigan Commission for the Blind Training Center, and other disability service and support organizations.
- Promoted participation in PATH workshops by people with disabilities in their own communities.
- Began collection of disability demographic information on statewide PATH evaluation forms. These data show that over half of the people participating in PATH workshops in Michigan have a disabling condition.
- Collaborated with the Bureau of Mental Health Services to train over 100 Peer Support Specialists as PATH leaders, bringing PATH workshops to people with mental illness across the state.

Health Providers

- Identified two CEU-certified workshops for health professionals that cover the basics of access to healthcare for people with disabilities. These professional development modules are offered free of charge on **www.midisabilityhealth.org**.

Integration/Inclusion

- Created BeingWell, a quarterly electronic newsletter, and **www.midisabilityhealth.org**, a partnership website.
- Provided technical assistance within the Division of Chronic Disease and Injury Control at MDCH to help mainstream public health programs become inclusive and accessible.
- Hosted a symposium annually.
- Partnered with the Michigan Tobacco Control program to produce an informational brochure on tobacco cessation for people with disabilities and their health providers.

- Incorporated questions into the BRFS to gather information on the characteristics of caregivers in Michigan, and the challenges they face.

*Personal Action Toward Health, or PATH in Michigan, is the Stanford Chronic Disease Self-Management Program, a six-week evidence-based workshop designed to help people manage their chronic or disabling conditions.

THE FACES OF DISABILITY

NANCY—*I have an invisible disability. It causes me overwhelming fatigue, pain, and has drastically reduced my mobility. I can't walk far, and sometimes when I use my accessible parking permit, I'm subjected to glares or harsh words when people "don't see anything wrong" with me. I've had airline ticketing agents refuse to accommodate me with extra time to board the plane because I don't use a wheelchair – yet. My condition hurts my joints; experiences like this hurt my soul.*

LOOKING TO THE FUTURE: STRATEGIC PLANNING 2012-2014

In the fall of 2011, the DHU convened a small group of key partners to chart the program's priorities for the upcoming three years. The following partners were involved in two half-day planning sessions.

Michigan Department of Community Health

- Michigan Arthritis Program
- Michigan Diabetes Prevention & Control Program
- Cancer Prevention & Control Section
- Injury & Violence Prevention Section
- Tobacco Prevention & Control Program
- Cardiovascular Health, Nutrition & Physical Activity Section
- Bureau of Mental Health Services

Disability Community Partners

- Developmental Disabilities Institute, Wayne State University
- Michigan Disability Rights Coalition
- Peckham, Inc.
- National Kidney Foundation of Michigan
- Family-to-Family Health Information & Education Center
- Michigan State University Disability Services
- Michigan Rehabilitation Services

To understand how PHD arrived at goals and strategies, it may help to understand the environment the partners worked within, and how this initiative fits into the larger picture of national and state public health.

THE FACES OF DISABILITY

TAMMY—*I have what's called a developmental disability. But I have severe asthma too. My doctor wants me to come into the office when I have an asthma attack, but an asthma attack on top of my other health issues makes me too sick to travel. I also know the doctor's office gets frustrated when the bus drops me off late for my appointment. I'm only able to make it to the doctor when I'm doing well, so my doctor never sees how bad things get.*

National trends

The Affordable Care Act, the milestone health legislation passed in 2010, created a National Prevention Council headed by the Surgeon General and 17 other leaders from across federal government who are committed to prevention and wellness. They created the National Prevention Strategy, with the overarching goal of increasing the number of Americans who are healthy at every stage in life. This includes the elimination of health disparities.

CDC and Michigan public health priorities

In an effort to maximize efficiency in a time of diminishing resources, PHD made an effort to align the program's priorities with those of the Centers for Disease Control and Prevention (CDC) and with current public health priorities in Michigan. CDC is addressing the leading causes of death and disability in the US by focusing on ten select "winnable battles." These are public health priorities that have both a large-scale impact on health and known, effective strategies to address them. The winnable battles that directly impact disability health include nutrition, physical activity & obesity, and tobacco control.

CDC's Division of Human Development & Disability, the department responsible for overseeing the state disability health programs, identifies the following disability health specific priorities:

- Reduce disparities in obesity and other health indicators in children, youth and adults with disabilities.
- Identify and reduce disparities in healthcare access for people with disabilities.
- Integrate disability status as a demographic variable into CDC programs.

In Michigan, nutrition, physical activity, obesity, and tobacco use are among the key targeted behaviors for improving the health of the state's population as a whole.

Health Promotion for People with Disabilities

OPPORTUNITIES

Within the backdrop of state and national public health priorities mentioned previously, the partners developed the following six goals, with strategies that offer ways to focus resources for the most impact.

GOALS 2012-2014	STRATEGIES
Goal 1: By 2014, increase the use of inclusion benchmarks in MDCH chronic disease prevention programs by at least 20%. 	• Obtain a baseline for chronic disease program usage of inclusion checklist and BRFS disability screener questions; increase usage by 20% over baseline by 2014. • Incorporate standard language in grant applications and RFAs including people with disabilities as a priority population. • Include disability as a demographic variable in program evaluation. • Increase nontraditional partnerships. • Explore inclusion of accessibility requirements in contracts.
Goal 2: By 2014, increase inclusion of people with disabilities in public health interventions by 10% over baseline. 	• Obtain disability baseline in public health interventions. • Increase WiseWoman screening for women with disabilities. • Partner with the Nutrition, Physical Activity & Obesity program to ensure that people with disabilities are a priority population in Michigan's obesity reduction efforts. • Partner with the Diabetes program to bring the NuVal nutrition evaluation system to disability-specific venues. • Partner with the Michigan Arthritis Program to bring 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.

GOAL	STRATEGIES
Goal 3: By December 2012, create and implement a comprehensive communication plan.	• Maintain, promote and improve the partnership website. • Provide online and face to face training of health professionals in disability issues, including physicians, public health professionals and social workers. • Expand distribution of quarterly electronic newsletter. • Integrate messages about disability inclusion and access into the publications of chronic disease programs.
Goal 4: Use data on co-morbidity among people with disabilities to support collaboration with other chronic disease health promotion programs 2012-2014.	• 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 5: Use data on health status, health risk factors and health care access of people with disabilities to raise awareness of health disparities among MDCH chronic disease programs, policymakers and the public, 2012-2014.	• Using BRFS, Medicaid and other data sources, document health disparities among people with disabilities. • Distribute disparities information to policymakers and the public via www.midisabilityhealth.org, professional listservs, program newsletters, fact sheets and forums/ seminars.
Goal 6: Collect and disseminate data on health status, health risk behaviors, and healthcare access on people with disabilities typically excluded from the BRFS annually beginning in 2012.	• Identify data sources through collaboration with the Center for Medicaid and Medicare Services, and MDCH Behavioral Health & Developmental Disability Administration. • Extract relevant data and incorporate into materials and presentations. • 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.

Disabilities and chronic conditions impact one another in amplified ways; people with chronic conditions are more likely to become disabled, and people with pre-existing disabilities are more likely to acquire chronic conditions. The result is costly–to the individuals affected, their families, and the state. Opportunities exist across the four vision priorities to reduce the health disparities between people with disabilities and people without, and to support those strategies which enable people with disabling and chronic conditions to live healthier lives.

PARTNERSHIP FOR HEALTH AND DISABILITY MEMBERSHIP 2008—PRESENT

AARP
Arab American Chaldean Council
ARC Michigan
Arthritis Foundation Michigan Chapter
Blue Cross Blue Shield of Michigan
Blue Water Center for Independent Living
Brain Injury Association of Michigan
Capital Area Center for Independent Living
Center for Independent Living Mid-Michigan
DeafCAN
Developmental Disabilities Institute, Wayne State University
Disability Advocates of Kent County
Disability Connect
Disability Connection
Disability Network Michigan
Disability Network of Oakland and Macomb
Disability Network of Northern Michigan
Disability Network of Wayne County
Disability Network Southwest Michigan
Epilepsy Foundation of Michigan
Flint Center for Independent Living
Henry Ford Health System
Justice in Mental Health Organization
Lansing parks and Recreation
Life Skills Center for Independent Living
Michigan Academy of Family Physicians
Michigan Association of Health Plans Foundation
Michigan Commission for the Blind

continued p. 10

"Good health is necessary for people with disabilities to secure the freedom to work, learn, and engage in their families and communities."

—U.S. Surgeon General's Call to Action

THE FACES OF DISABILITY

LEE—*I suffered a traumatic brain injury (TBI) during Operation Iraqi Freedom. I guess I'm lucky; not too many years ago, I wouldn't have survived my injury, and my body has recovered. But everything else is different; I have trouble controlling my temper, concentrating, and remembering. My marriage didn't survive the changes the TBI made in my personality, and the new me can't do my old job.*

PARTNERSHIP FOR HEALTH AND DISABILITY MEMBERSHIP (cont.)

Michigan Department of Community Health
- Asthma Prevention & Control Program
- Bureau of Mental Health Services
- Cancer Prevention & Control Section
- Cardiovascular Health, Nutrition & Physical Activity Section
- Children's Special Healthcare
- Developmental Disabilities Council
- Diabetes Prevention & Control Program
- Injury & Violence Prevention Section
- Michigan Arthritis Program
- Office of Longterm Care Supports & Services
- Office of Services to the Aging
- Tobacco Prevention & Control Program

Michigan Disability Rights Coalition

Michigan Fitness Foundation

Michigan Health & Hospital Association

Michigan Paralyzed Veterans Association

Michigan Poverty Law

Michigan Protection & Advocacy Services

Michigan Rehabilitation Services

Michigan State University
- College of Human Medicine
- Rehabilitation Medicine
- Student Disability Services

Michigan Statewide Living Council

National Kidney Foundation of Michigan

Paraprofessionals Health Institute

Presbyterian Villages of Michigan

Peckham, Inc.

Social Security Administration

Superior Alliance for Independent Living

United Cerebral Palsy of Michigan

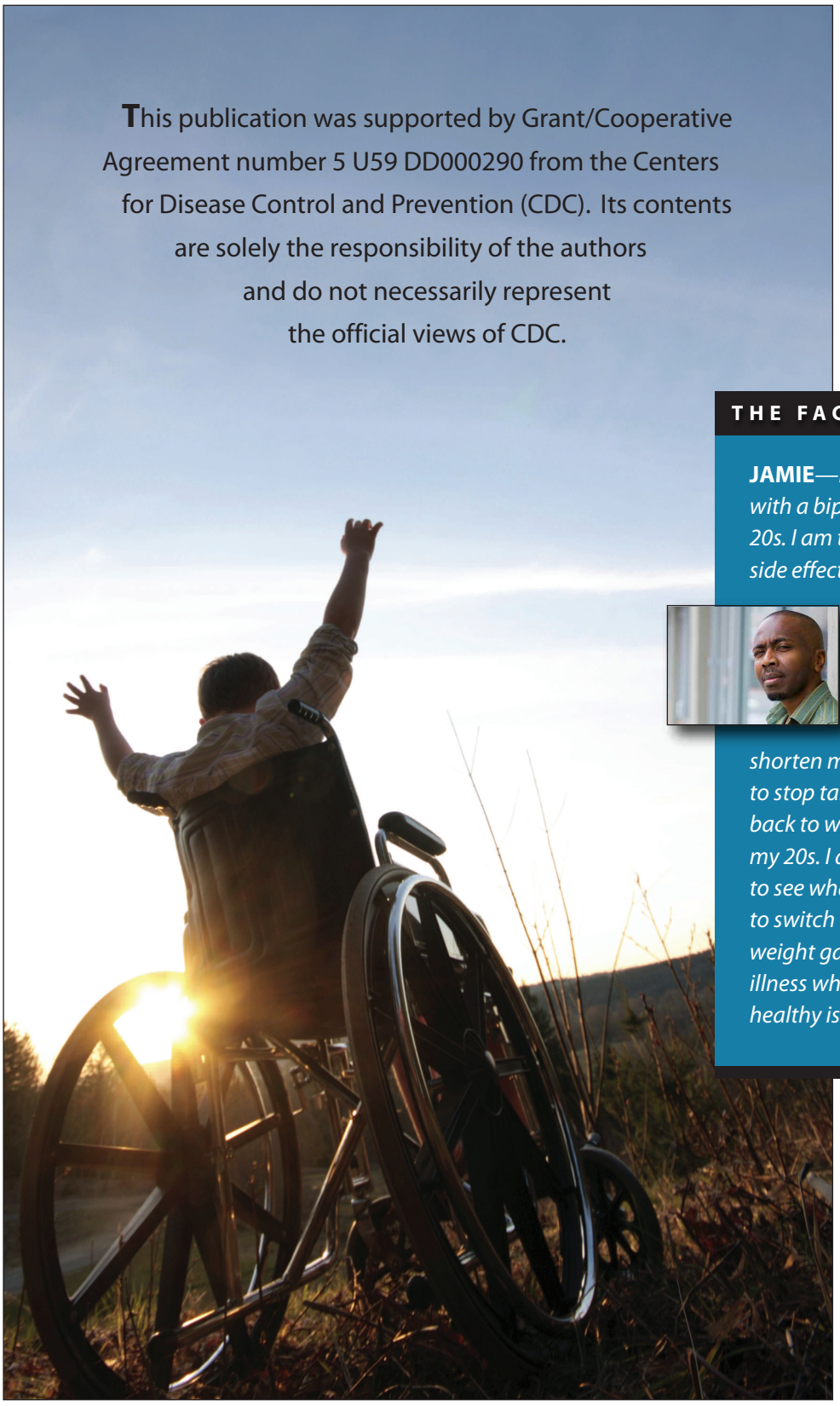
Washtenaw County Public Health

Western Michigan University

"Health also means that persons with disabilities can access appropriate, integrated, culturally sensitive and respectful health care that meets the needs of a whole person, not just a disability."

Health Promotion for People with Disabilities

This publication was supported by Grant/Cooperative Agreement number 5 U59 DD000290 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.



THE FACES OF DISABILITY

JAMIE—*I'm 36, and I was diagnosed with a bipolar disorder in my early 20s. I am taking medication and the side effects have caused me to gain quite a bit of weight. Now I've been diagnosed with prediabetes. I know the extra weight and the problems it causes can shorten my lifespan, but I don't want to stop taking the medication and go back to what it was like when I was in my 20s. I am working with my doctor to see what medication I may be able to switch to that doesn't cause weight gain. Controlling my mental illness while trying to be physically healthy is a real challenge.*

Michigan Department of Community Health

MDCH

Rick Snyder, Governor
Olga Dazzo, Director

This report was made possible through support from the Michigan Department of Community Health and the Michigan Public Health Institute. January 2012.