Kansans with Disabilities CAN Be Healthy!

Dot Nary, PhD
Interhab Power Up!

October 13, 2016

Project Purpose

• To improve the health and quality of life among people with mobility limitations and/or intellectual disabilities (IDD) through programs that have been proven to effectively address these issues.

• By addressing two related problems:
  ▪ Lack of inclusion and accessibility in public health programs for people with disabilities
  ▪ Existence of significant health disparities for people with disabilities
How do you define health?

World Health Organization
Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

who.int/about/definition/en/print.html
Everybody Can Improve Their Health!

• An inclusive definition of health should include
  ▪ Maintenance of function
  ▪ Management of chronic conditions
• We all exist somewhere on a continuum of health at any given time.
  Stuifbergen, Becker, Ingalsbe & Sands, 1990

Goals of the KS Disability and Health Program

• To increase the health of Kansans with disabilities by:
  ▪ Improving physical activity access, opportunities, and supports
  ▪ Improving knowledge of oral health and oral health system capacity
  ▪ Improving knowledge of and access to good nutrition
Target Populations

• The Kansas program defines people with mobility limitations very broadly to include individuals of any age who have any physical characteristic or condition that limits their mobility.

• Likewise, for the purposes of this program, intellectual disabilities include all cognitive, developmental and intellectual conditions that affect an individual’s ability to process information.

Program Focus

• The program will particularly focus on two levels of influence:
  ▪ Consumer/individual level
  ▪ Service provider/professional level.

• In addition, other activities will be conducted to address changes at the community level.

• All activities will include the substantial inclusion and participation of people with mobility limitations and/or IDD and their family members, including several staff members working on the program.
Statewide Network of Partners

- Self-Advocate Coalition of Kansas (SACK)
- Oral Health Kansas
- Kansas Association of Centers for Independent Living (KACIL)
- Interhab
- KUMC Area Health Education Centers
- The Arc of Douglas County
- Special Olympics - Kansas
- Pednet
- Families Together
- Health Literacy Kansas
- SafeKids KS
- Disability Rights Center
- KS Council on Developmental Disabilities
- Statewide Independent Living Council of KS (SILCK)
- KS Department of Health & Environment
  - Bureau of Oral Health
  - Bureau of Health Promotion (BHP) Arthritis Program
  - BHP Early Detection Works
  - Bureau of Family Health
  - BHP Injury Prevention & Disability
  - BHP Community Health Promotion
  - Cancer Prevention and Control
  - BHP-BRFSS Science and Surveillance

Welcoming New Partners

- American Stroke Foundation
- MS Achievement Center
- KU School of Medicine
- KU School of Nursing
- KU School of Health Professionals
- Kansas Action for Children
- Kansas Association for the Medically Underserved (KAMU)
- Sunflower Health Plan
Challenges in Kansas

• **Rural** areas of the state
  ▪ Transportation
  ▪ Limited local resources

• **Tribal** areas and concerns

Health Disparities experienced by Kansans with Disabilities

• The program will cover address three areas of disparity:
  ▪ Physical activity
  ▪ Oral health
  ▪ Nutrition
Kansas Now: Physical Activity*

- Kansans with disabilities are **7 times more likely** to perceive their health status as fair or poor compared to those not having disabilities.
- Kansans with disabilities are **significantly less likely** to participate in recommended levels of physical activity compared to Kansans without disabilities. At the same time, however, Kansans with disabilities report wanting to be more physically active.
- **Barriers** to increased physical activity include:
  - lack of accessible exercise facilities
  - lack of provider knowledge of how to support physical activity for people with disabilities
  - lack of availability of physical activity programs designed specifically for people with mobility limitations or intellectual/developmental disabilities (IDD)

*Kansas BRFSS

Kansas Now: Oral Health

Based on our own survey of Medicaid beneficiaries*:

<table>
<thead>
<tr>
<th></th>
<th>Kansans w/ Physical Disabilities</th>
<th>Kansans w/ IDD</th>
<th>All Kansans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing at least one permanent tooth due to decay or gum disease</td>
<td>59%</td>
<td>44%</td>
<td>34%</td>
</tr>
<tr>
<td>Painful aching</td>
<td>65%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td>Uncomfortable to eat</td>
<td>63%</td>
<td>36%</td>
<td>17%</td>
</tr>
</tbody>
</table>

*Hall, Chapman & Kurth, 2012
Kansas Now: Nutrition

• More than 80% of Kansans with disabilities do not consume the recommended five servings of fruits and vegetables per day.*

• In a statewide survey we conducted, 76% of people with IDD and 74% of people with physical disabilities in Kansas reported being overweight or obese, compared to 63% of the general population.**

*Kansas BRFSS **Hall, Kurth & Hunt, 2013

Program Strategies

The Kansas Disability and Health Program will pursue the following seven strategies to achieve the goal of increasing the health of Kansans with disabilities.
Strategy #1 – Enhance and Expand Partnerships

• Recommission the Consumer Advisory Board (CAB)

• Participate in relevant local and statewide coalitions

• Work with the Kansas DD Council, the Self-Advocate Coalition of Kansas, the Kansas Association of Centers for Independent Living and others

Strategy #2 – Assess, Revise/Develop & Disseminate Health Promotion Resources, Tools and Strategies

• Use state-level BRFSS data, our own survey data, and the Disability and Health Data System to further refine our understanding of health disparities in Kansas

• Identify relevant existing interventions and resources

• In consultation with the CAB, other consumers, and partner organizations, modify selected resources and interventions to meet the needs of our target populations

• Conduct outreach and provide technical assistance and training to community organizations and providers to address access and attitudinal barriers
Strategy #3 Assess, Revise/Develop & Disseminate Health Promotion Resources, Tools and Strategies

- Use public health guidelines and recommendations to customize evidence-based physical activity programs for people with disabilities
- Use public health guidelines and recommendations to customize evidence-based oral health and nutrition programs for people with disabilities
- Implement these programs

Strategy #4 – Promote Evidence-Based and Innovative Programmatic, Policy, Systems and Environmental Changes

Program staff will work with:
- State public health agency
- Disability service providers
- Advocacy organizations

To assure that evidence-based strategies to increase access to the following are promoted and disseminated statewide:
- Physical activity
- Oral health services and supports
- Nutrition information
Strategy #5 – Provide Training and Education

- Train health care professionals, including oral health care professionals, on how to make their services fully accessible to people with disabilities and how to support and encourage health promotion activities for this population.
- Using existing training materials developed previously and through the efforts of program staff, we will provide training to health care professionals to increase their disability cultural competence, make their facilities and materials accessible to people with disabilities, and assist them in understanding how to best support and encourage a variety of health promotion activities for people with disabilities.
- The program director is on the faculty of the state’s school of medicine and has unique access to medical and allied health student curricula.

Strategy #6 – Provide Technical Assistance

Support...
- People with disabilities and their families
- Health care providers
- Organizations serving people with disabilities
- Community health promotion programs
- General public
...in increasing opportunities for physical activity, improved oral health, and nutrition for people with disabilities.
Strategy #7 – Evaluate Program Impact

- Develop and utilize tools to document and monitor program performance and track outcomes
- In consultation with CDC, program staff will develop work plans to assure that we are achieving agreed upon short-term and intermediate program outcomes and tracking progress appropriately.
- In addition, program staff have expertise in using state Medicaid data, state BRFSS data, and other data sources to monitor health disparities among Kansans with disabilities and will use this expertise to assess program progress in addressing disparities for people with mobility limitations and/or IDD.
- If needed, we will work with the state BRFSS program to add questions to better be able to assess program outcomes. In addition, we stand ready to develop and administer other surveys or assessments to measure program progress.

Support from the Centers for Disease Control and Prevention

- The Kansas Disability and Health Program is funded by a federal agency, the Centers for Disease control and Prevention (CDC), whose mission is to:
  - Protect America from health, safety and security threats, both foreign and in the U.S.
  - To fight disease and to support communities and citizens to do the same.
CDC’s National Center on Birth Defects and Developmental Disabilities (NCBDDD)

Mission: promote the health of babies, children and adults and to enhance the potential for full, productive living.

Disability and Health Branch (DHB)

Promotes the health of people with disabilities across the lifespan and their full participation in society.
**DHB’s Core Principles**

- Inclusion & Accessibility for People with Disabilities
- Research to Practice Model
- Multi-Level Approach to Address Health Disparities
- Diverse and Integrated Network of Partners
- Evidence-based and Innovative Interventions

**Making healthy living easier for all people where they ...**

- LIVE
- LEARN
- WORK
- PLAY

Kansas Disability and Health Program  Kansans with disabilities can be healthy!
Disability Impacts ALL of US

One in five American adults has a disability.

Disability is especially common in these groups:

- **Women**
  - 1 in 4 women have a disability
- **Minorities**
  - 3 in 10 non-Hispanic blacks have a disability

Adults living with disabilities are more likely to:

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>With Disabilities</th>
<th>Without Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be obese</td>
<td>38.4%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Smoke</td>
<td>30.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Have high blood pressure</td>
<td>41.7%</td>
<td>26.3%</td>
</tr>
<tr>
<td>Be inactive</td>
<td>36.3%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

3x more likely to have:
- Heart disease
- Stroke
- Diabetes
- Cancer

DHB’s Network of Partners

Public Health is for ALL of US

Promoting Healthy Living

Supporting National and State Programs

Monitoring Public Health Data

Building Inclusive Health Programs

Researching and Reducing Health Disparities

CDC and its partners work together to improve the health of people with disabilities.
Healthy People 2020

• Healthy People is another program of the CDC that provides science-based, 10-year national objectives for improving the health of all Americans.

• Vision: A society in which all people live long, healthy lives.

• Mission: Healthy People 2020 strives to:
  ▪ Identify nationwide health improvement priorities.
  ▪ Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
  ▪ Provide measurable objectives and goals that are applicable at the national, State, and local levels.
  ▪ Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
  ▪ Identify critical research, evaluation, and data collection needs.

Example Disability and Health Objectives from Healthy People 2020

• DH-3 Increase the proportion of U.S. MPH-granting public health schools and programs that offer graduate-level studies in disability and health

• DH-5 Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care

• DH-8 Reduce the proportion of adults with disabilities aged 18 and older who experience physical or program barriers that limit or prevent them from using available local health and wellness programs

• DH-17 Increase the proportion of adults with disabilities who report sufficient social and emotional support
Surgeon General’s Call to Action to Improve the Health and Wellness of Persons with Disabilities, 2005

“Persons with disabilities must have accessible, available, and appropriate health care and wellness promotion services. They need to know how to—and be able to—protect, preserve, and improve their health in the same ways as everyone else.”


Call to Action – Goal 1

People nationwide understand that persons with disabilities can lead long, healthy, productive lives
Call to Action – Goal 2

Health care providers have the knowledge and tools to screen, diagnose, and treat the whole person with a disability with dignity.

Call to Action – Goal 3

Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles.
Call to Action – Goal 4

Accessible health care and support services promote independence for persons with disabilities

What is needed in your community...

To increase opportunities for people with disabilities to be healthy, active and included?

Florida Office on Disability and Health
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