

2003-2008

North Carolina Strategic Plan for Promoting the Health of People with Disabilities



NORTH
CAROLINA
OFFICE ON
DISABILITY &
HEALTH

INTRO...

Introduction

The NC Office on Disability and Health (NCODH) has been organized as a partnership initiative between the Women's and Children's Health Section, Division of Public Health and the FPG Child Development Institute at the University of North Carolina at Chapel Hill since 1994. NCODH's mission is to promote the health and wellness of persons with disabilities and eliminate health disparities between people with and without disabilities in North Carolina. Primary funding is from the Centers for Disease Control and Prevention.

The North Carolina Strategic Plan for Health Promotion for Persons with Disabilities: 2003-2008 was developed by the Advisory Committee on Disability and Health (ACDH) and forms the foundation for health promotion for persons with disabilities in North Carolina. As architect of this plan, the Advisory Committee, represents the collaborative relationships the NCODH has established with individuals with disabilities, state agencies and community organizations that provide services and advocacy for persons with disabilities. This plan is the second in a series and builds on the earlier work, the *North Carolina Plan for Prevention of Secondary Conditions Experienced by Persons with Disabilities: 1997-2002*. The Plan will be used to mobilize individuals with disabilities, health providers, and the public-at-large to recognize that persons with disabilities can and do benefit from health promotion opportunities.

Measurable health objectives for the nation are established every decade in a process known as "Healthy People." Healthy People 2010 defines health promotion among persons with disabilities as, "Efforts to create healthy lifestyles and a healthy environment to prevent medical and other secondary conditions, such as teaching people how to address their health care needs and increasing opportunities to participate in usual life activities." The Advisory Committee on Health and Disability endorses a similar definition of health promotion, with an emphasis on increasing access to needed health services and improving community environments for people with disabilities.

After consultation with persons with disabilities and experts in the field of health and wellness for people with disabilities, the Advisory Committee elected to focus the NC Strategic Plan on the following areas: health promotion and wellness, access to health care, information and resources, and data and surveillance. The plan reflects recommendations from the full Advisory Group as well as its workgroups.

IMPACT...

Impact of Disability

Data indicates that approximately 20 percent of Americans, or about 54 million people, experience an activity limitation due to an impairment or health condition. North Carolina data is consistent with national estimates. The 1998 and 1999 North Carolina Behavioral Risk Factor Surveillance System indicated that 21% of non-institutionalized adults experience activity limitation as a result of a health condition and/or perceive themselves to be a person with a disability. In another study based on the National Health Interview Survey, 20.5% of North Carolina children aged 3-17 reported having one or more special needs (disability or chronic health condition). Overall, Americans are living longer, which has contributed to persons with disabilities and chronic conditions becoming one of the largest and fastest growing minority groups in America.

Disability has historically been equated with inferior health status, with the assumption that since the health status of individuals with disabilities is poor they cannot benefit from health promotion or preventive practices. As a result, generally accepted preventive screenings or health promotion interventions, such as encouraging physical activity and good nutrition, mammography, prostate or other cancer screening, are often not offered or made accessible to persons with disabilities.

Until recently, the variety of diagnoses or conditions that cause activity limitation has prompted both the medical profession and advocates to concentrate on condition-specific issues. However, current models suggest that persons, regardless of diagnosis, who experience similar activity limitations share common risks for additional complications, known as secondary conditions. For example, persons who are wheelchair users are at increased risk for obesity, whether they are diagnosed with spinal cord injury or cerebral palsy. Many secondary conditions can be prevented by applying best practice interventions.

CONTENT...

Structure and Content

Because this initiative is led by the state's public health agency, recommendations tend to focus on health care and health-related behaviors. This is not to diminish the impact of other social issues, such as transportation, employment and communication barriers for persons with disabilities, but rather to build an initiative in which the lead agency leverages its unique potential to impact the direction and outcome of activities.

The plan outlines objectives in four areas, health promotion and wellness, access to health care, information and resources, and data and surveillance. Activities to be initiated in the next six years are highlighted. While the emphasis is on health and wellness, the impact of the social and physical environment will be addressed in all activities supported by the Office. The activities outlined in this plan are consistent with and were developed in consort with the objectives in Healthy Carolinians and Healthy People 2010.

The objectives and activities included in this document were required to meet at least three of four criteria. They must be a priority for persons with disabilities in North Carolina; be a priority for service providers in North Carolina; be activities that research has indicated are likely to be useful, or be built on existing programs or structures when and where possible. The objectives and their related activities vary considerably in breadth and specificity. The extent of progress toward goals may depend on the potential for collaboration among various players to identify resources and strategies that facilitate the conduct and expansion of proposed activities.

Because racial and ethnic minority groups are often at higher risk for disabilities, modifications in the focus and design of programmatic efforts will be made as appropriate. Such adjustments may include increased attention to broader risk factors such as poverty, unemployment, and discrimination, as well as efforts to engage community members and community groups in health improvement.

The North Carolina Plan for Promoting the Health of People with Disabilities: 2003 - 2008 will be revisited annually to review progress and adjust priorities. An annual progress report will provide a detailed description of performance in meeting plan recommendations as well as outline objectives and timeframes for the upcoming year.

IMPLEMENT...

Implementation

In order to put this plan into action, the Advisory Committee on Disability and Health has been restructured into three task-oriented work groups to assist in the design and implementation of interventions for plan recommendations. The NCODH will provide the staff support to convene each work group, and will share the progress of each team with all members of the work groups and other interested parties. A full meeting of the Advisory Committee on Disability and Health will be held annually to share successes and discuss strategies to overcome identified barriers. An executive committee consisting of NC Office on Disability and Health staff and chairpersons of the Physical Activity Workgroup, the Task Force on Women's Health and Disability, and the Health Access Task Force will provide ongoing guidance and oversight.

The Plan

Objective 1

Foster the development of targeted health promotion, physical activity, and wellness initiatives.

Rationale

It is well documented that attention to diet and exercise can reduce the risk of osteoporosis, obesity, heart disease, arthritis, diabetes, high blood pressure and cholesterol in the general population. It is also recognized that routine exercise is associated with less depression and anxiety and improved mental outlook. Many people with disabilities have health profiles similar to that of the general population and are at risk for developing these chronic conditions.

Health promotion is the process of enabling people to increase control over and to improve their health. Health promotion programs can help people develop lifestyles or behaviors to maintain and enhance their well-being in areas such as physical activity and nutrition, preventive health, and injury prevention. Many of the health promotion programs available in the community and clinical settings for the general population can include or be modified to be inclusive of and responsive to persons with disabilities.

Attention should be given to the accessibility of community health, violence prevention, and fitness services. Health promotion services, recreation programs, domestic violence shelters, school systems and fitness gyms need to be prepared to meet the needs of individuals in an informed manner. Providing physical and communication access, adaptive equipment and programmatic accommodations will support the participation of many individuals who might not otherwise engage in an array of prevention and wellness activities. Strategies that promote participation of persons with disabilities also benefit a wide segment of the population who are aging or have a chronic disease.

Health Promotion and Wellness

Activities

- ◆ Collect and review, develop and disseminate existing educational materials on health promotion, nutrition, physical activity and preventive health care.
- ◆ Increase awareness among persons with disabilities and professionals of the importance of health and wellness opportunities for persons with disabilities.
- ◆ Integrate with existing statewide and local fitness and recreation efforts, such as the Healthy Weight Initiative, Be Active North Carolina and the Physical Activity and Nutrition Unit.
- ◆ Facilitate the development or enhancement of statewide and targeted projects for health promotion, physical activity and recreation including work site health programs.
- ◆ Collaborate with existing public health programs to ensure that health education efforts and health promotion services include methods, strategies and formats that will reach persons with disabilities.
- ◆ Educate persons with disabilities about their rights to access health promotion, violence prevention, and wellness services.
- ◆ Educate state and community providers on responsibilities under the Americans with Disabilities Act and practical approaches to creating universally accessible service environments.
- ◆ Develop and conduct regional disability awareness and accessibility training for fitness and recreation providers.
- ◆ Participate in media advocacy and community education efforts that promote healthful environments and healthy living.

Access to Health Care

Objective 2

Ensure access to preventive and primary health care.

Rationale

Health care staff need information, support and training to provide services which are truly accessible to persons with disabilities and are comparable to those offered to persons without disabilities. Public and private providers can benefit from a greater understanding of the Americans with Disabilities Act, disability awareness and sensitivity, as well as the principles of universal design. This understanding ranges from providing health care information in different formats, to allowing more time for appointments, to ensuring that space, equipment, and clinical practice accommodate special needs.

Individuals with disabilities must also be prepared to play an active role with their health care providers. Increasing emphasis is being placed on consumer directed health care among all segments of the population. The current trends in health care have heightened the need for each individual to be well educated about his/her health care needs, history, and appropriate interventions.

Access to Health Care

Activities

- ◆ Continue to educate professionals and policymakers on the issues of health disparities and access including environmental, informational, attitudinal and policy barriers.
- ◆ Develop or adapt tools to assess and modify clinic accessibility reflecting a cross-disability and universal design perspective.
- ◆ Market and provide information to providers on improving accessibility, including equipment, environment, disability awareness, and etiquette.
- ◆ Educate health providers about disability, the nature, treatment and prevention of secondary conditions, health concerns and health experiences of persons with disabilities.
- ◆ Educate consumers with disabilities on methods to educate and advocate with their health providers.
- ◆ Educate public and private health services and practices, including the offices of primary care physicians, independent living services, domestic violence shelters, schools, rehabilitation centers, and others on issues of access.
- ◆ Educate developmental disabilities professionals on the importance and implications of health-related issues and concerns, and their relationships to functional capacity, self determination, and community inclusion.
- ◆ Develop targeted educational interventions and materials on women's health for women with disabilities and providers.

Objective 3

Increase consumer and professional access to health promotion information, training, resources and social support.

Rationale

People with disabilities cannot adequately address their situational needs without knowledge of their options. Increasingly, information on federal, state and community services and resources on ADA, accessibility, health promotion, assistive technology and home and community support are available to persons with disabilities and their families. However, accessing this information can be challenging. Having materials and resources that are accessible or available in alternate formats facilitates the inclusion of people with disabilities and enhances communication and understanding. In addition, educational sessions, conferences, and meetings that are truly accessible will increase the interaction and participation of persons with disabilities. Health promotion information that reflects the commonalties of experience across disability, chronic disease, and aging can be applicable and appropriate to the needs of broad groups of individuals.

Living with developmental or acquired disability is often accompanied by a cycle of lifestage and transition issues. An example is the need to find new sources of social supports and services as a young adult moves from school to work and living independently in the community. Another example is the change in abilities and needs inherent in the dynamic process of aging and living with a disability or experiencing an acquired disability. Because persons with disabilities constitute a minority group which typically does not transmit culture from generation to generation via family, it is important for people to have contact with others who have similar life experiences and who can help them address current needs and anticipate solutions to future ones. This kind of peer support may also have a positive effect on the mental health and well being of persons with disabilities.

Information & Resources

Activities

- ◆ Explore opportunities to integrate cross-disability health and wellness information, educational and training materials and resources for use by consumers and providers.
- ◆ Provide disability and health information and resources to organizations that house hotlines, central directory of resources, publish and disseminate information, and provide health or disability services.
- ◆ Maintain and make optimal use of an accessible web site and other electronic means (email and listserve) to disseminate materials and reach a wide audience.
- ◆ Ensure that all materials produced are available in alternate formats.
- ◆ Ensure that all materials produced embody accessible design principles.
- ◆ Facilitate networks for technical assistance, training, information, and support.
- ◆ Develop a meeting and conference accessibility guide.

Data and Surveillance

Objective 4

Facilitate the collection, analysis, and dissemination of data on disability with a focus on health status, health behaviors, and preventive care utilization, and identifying health disparities.

Rationale

Data serves as the foundation for public health action. It informs the design, monitoring, and evaluation of policy and intervention strategies. Efforts to collect information should integrate with existing surveys and data collection projects to ensure inclusion of persons with disabilities and disability as a demographic variable. Emphasis should be on data that has application for state and local health promotion, planning, intervention, program evaluation, resource allocation and reporting. The data will assist government policymakers, advocates, researchers, and providers to make informed choices that promote the health status and well being of people with disabilities.

Data and Surveillance

Activities

- ◆ Support the annual collection and analysis of the Behavioral Risk Factor Surveillance System (BRFSS) data as a means of assessing the health of North Carolina adults with and without disabilities.
- ◆ Continue the health-related component of the Core Indicators Project to collect health data on persons with significant developmental disabilities.
- ◆ Continue to support the inclusion of disability screening questions in the Youth Risk Behavior Surveillance System (YRBSS).
- ◆ Support the integration of disability into state efforts to identify and eliminate health disparities.
- ◆ Explore the use of additional state population-based surveys and qualitative methods such as focus groups to inform the understanding of disability and community participation in North Carolina.
- ◆ Support specific studies of NC children with disabilities and chronic health conditions to better understand prevalence, health status and their health-related experiences and needs.
- ◆ Continue to improve capacity to evaluate the impact and effectiveness of health interventions.
- ◆ Provide technical assistance to researchers on adaptation or accommodations to increase participation of persons with disabilities in surveillance and research studies.

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