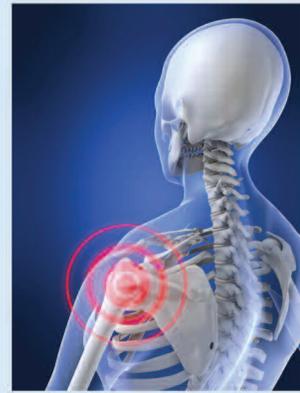
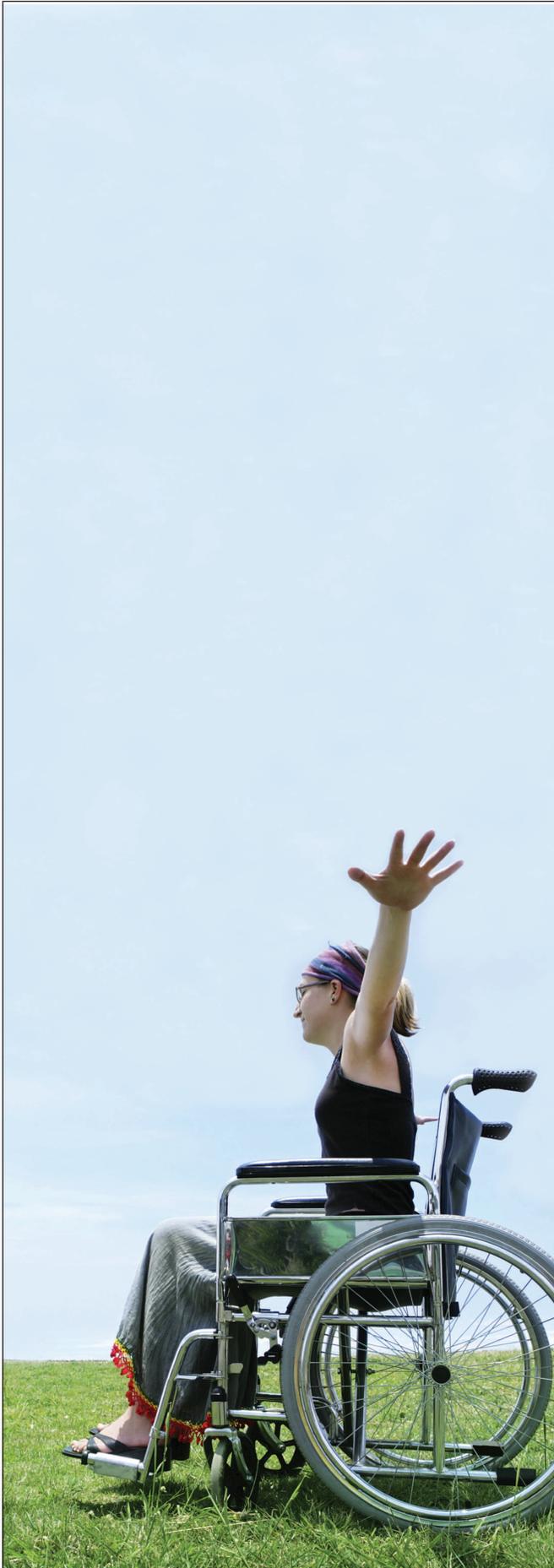




Health Promotion
for People with Disabilities

**Michigan Strategic Plan
2008-2011**





March 30, 2009

As Co-Chairs of the Steering Committee of the Michigan Health Promotion for People with Disabilities Initiative, we have been pleased to be part of the establishment of such an initiative in this state. Having a disability, whether it is physical, intellectual, sensory, or emotional means health promotion and prevention is critical. In fact, health promotion and prevention activities need to focus specific inclusion efforts on people with disabilities.

While having a disability does not necessarily mean poor health, many individuals with disabilities are at a higher risk of acquiring a preventable condition. Too often people with disabilities are not provided the needed accommodations to receive routine screening or participate in health promotion activities so necessary for improving health outcomes.

The action steps identified in this Strategic Plan are exciting and we are pleased to be underway. We believe success for this initiative will mean better lives for people with disabilities and will contribute to lower costs in the health care system.

Sincerely,

Handwritten signature of Barbara W. LeRoy in black ink.

Barbara W. LeRoy, Ph.D.

Director

Developmental Disabilities Institute

Wayne State University

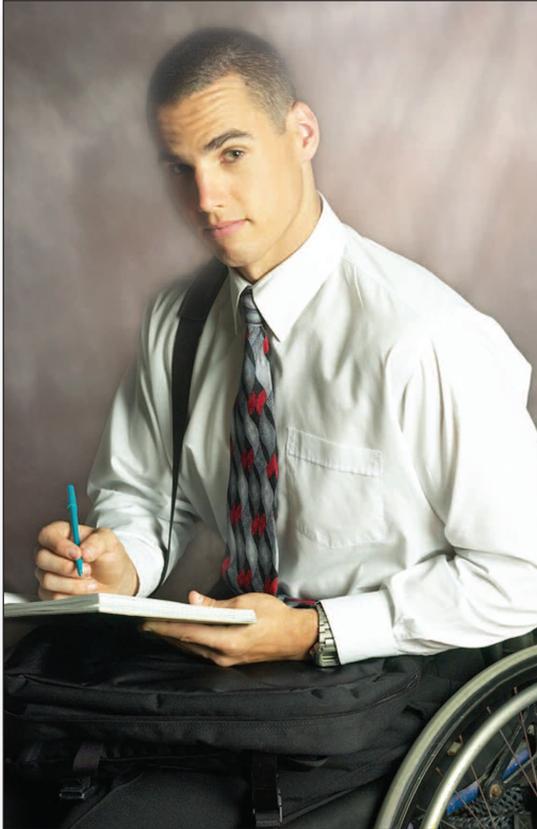
Handwritten signature of RoAnne Chaney in black ink.

RoAnne Chaney, M.P.A.

Health Policy Program Manager

Michigan Disability Right Coalition

INTRODUCTION: WHY THIS MATTERS



It is a common misperception that disability equates to poor health. But health and the absence of disability are not the same. People with disabilities can be healthy and well, and good health directly impacts their ability to work and to engage in their communities and families.

However, people with disabilities face 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 in 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.

Consider the following stories from real Michigan residents. All accounts are factual; names and identifying characteristics have been changed to maintain confidentiality.

Charlotte is a professional woman who uses a wheelchair. When her physician recommended she get a mammogram, she arrived at the radiology clinic to find her wheelchair was unable to fit into the exam room and the clinic could not accommodate her. Her appointment was rescheduled for another day at a clinic across town, requiring a separate trip and further time away from her job.

Joseph had been Deaf since birth and used American Sign Language (ASL) to communicate. When he was diagnosed with cancer, he entered a hospital far from his home to obtain care. Due to the distance and his family's economic constraints, they were unable to visit him, and Joseph's hospital had no video-phone for him to call his family and communicate with them in ASL. He was not well enough to write, and he passed away without the chance to make contact with his family a final time.

Becky is a person with a mental illness. When Becky was having sharp pains in her arm and a stomach ache she went to the emergency room. At the emergency room Becky provided information about the psychotropic medications she was taking. The medical staff then focused on her mental health diagnosis and provided a referral for a psychiatric assessment. Becky had a friend with her, who clarified the symptoms that brought her to the ER. Becky's heart condition could have been ignored if she had not had a friend with her to advocate for her physical health needs.

In addition to systemic obstacles to good health, people with disabilities are at greater risk for secondary conditions (e.g., diabetes, obesity and arthritis) than their non-disabled counterparts. These conditions may make it more difficult for people with disabilities to manage their disabilities. Conversely, having a disability may make it more difficult for them to manage their secondary disease or condition. In either case, people with disabilities experience increased obstacles to achieving good health when their disability is coupled with a secondary condition.

Given these challenges and barriers, it is not surprising that more than 40% of people with disabilities in Michigan report their health status as fair or poor, compared to only 7% of people who are not disabled. Yet, that need not be the case. Now is the time to improve health care and public health systems to facilitate people with disabilities living healthy lives, and, thereby, improving their ability to work and to engage in their communities and families.

In this plan, you'll find:

- An executive summary that includes the mission and vision of the program, and the strategic priorities and recommendations that have come out of the planning process.
- Data on the health status of people with disabilities in Michigan.
- The action plans currently being implemented by the initiative workgroup.
- A list of the partners in this initiative, including both public health and the disability community.



EXECUTIVE SUMMARY

The U.S. Surgeon General and the Centers for Disease Control and Prevention (CDC) have recognized the health disparities among people with disabilities as an important public health issue.

The Surgeon General has issued a Call to Action to Improve the Health and Wellness of Persons with Disabilities, to address these disparities, and to promote health and prevent secondary conditions among people with disabilities. Michigan is one of sixteen states in the U.S. to have received a competitive grant from the CDC designed to build capacity within the state for a coordinated public health approach to health promotion for people with disabilities.

There are four areas of focus in the Surgeon General's Call to Action:

- Increase understanding that people with disabilities can live healthy lives.
- Provide health professionals with tools to screen, diagnose and treat the whole person.
- Increase awareness among people with disabilities of the steps they can take to develop and maintain a healthy lifestyle.
- Increase access to healthcare and promote independence.

These four goals guide the strategic priorities of the Health Promotion for People with Disabilities initiative at the Michigan Department of Community Health (MDCH).

MDCH has provided the support and infrastructure necessary to house and staff the program and has formed an advisory council drawn from both public health and the disability community.

Since March 2008, the advisory council worked—in total and in specialized workgroups—to draft recommendations for each strategic priority and create an action plan for the remaining portion of the grant. At the same time, the staff of the Disabilities Health Unit worked internally with each chronic disease control and prevention unit

within MDCH to plan to integrate serving people with disabilities into their existing programming. Adults with disabilities are the focus of this initiative, to avoid duplicating existing programs designed for children with disabilities. The following report provides detailed information on the council's recommendations and corresponding action plans.

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.

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.



STRATEGIC PRIORITIES AND RECOMMENDATIONS

Each of the four areas of focus of the Surgeon General's Call to Action has been incorporated into a strategic priority for the Health Promotion for People with Disabilities initiative. Four workgroups were formed in 2008 to assess the challenges of each particular priority and make recommendations to address these challenges during the remaining years of the grant. The following represent the first steps to be made by the workgroups in the grant's first two years.

INTEGRATION

This group's strategic priority is to integrate people with disabilities into existing public health programs, increasing the understanding that people with disabilities can live healthy lives. They recommend:

- Integrating health promotion for people with disabilities into MDCH chronic disease and injury control strategic plans and work plans.
- Adding representation from people with disabilities on the advisory bodies of the MDCH programs.
- Educating public health professionals on disability awareness with respect to their programming, including how to market to people with disabilities.
- Creating a resource directory.
- Informing the development of surveillance.

HEALTH PROFESSIONALS

The Health Professionals workgroup is charged with improving the response of health professionals to people with disabilities, helping healthcare professionals obtain the tools to screen, diagnose and treat the whole person. They recommend:

- Assessing provider-related barriers to health care experienced by people with disabilities.

- Assessing the knowledge, awareness, resources, barriers and capacity of health providers and health care organizations in serving people with disabilities.
- Pilot-testing the California Curriculum on Access within the local medical community.

LIVING WELL

This group's strategic priority is to increase awareness among people with disabilities of the steps they can take to develop and maintain a healthy lifestyle. They will do this by:

- Encouraging the piloting of Personal Action Toward Health (PATH*) at the Capitol Area Center for Independent Living
- Encouraging Michigan Rehabilitation Services, the Michigan Commission for the Blind, and Community Mental Health to make PATH an option in individualized service plans.
- Examining the feasibility of having PATH covered under existing benefits programs.
- Evaluating and determining who and what is not being addressed by PATH, and proposing ways of addressing those needs.

ACCESS

The Access workgroup is charged with increasing access to healthcare to promote independence. They recommend:

- Creating or identifying a CEU-certified workshop that can be offered at professional health care conferences as a single module, covering the basics of all aspects of access to healthcare.
- Creating or identifying a brochure or information piece for people with disabilities on their rights, and how to take charge of their own healthcare.

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

DISABILITIES AND HEALTH PROMOTION IN MICHIGAN: DATA

With support from the Centers for Disease Control and Prevention (CDC), each state in the U.S. conducts the Behavioral Risk Factor Survey (BRFS) as part of the national health surveillance system. The Michigan BRFS is a randomly-dialed telephone survey of the state's adult population, designed to collect data on health status, risk factors and health behavior. While each state may add its own questions, there is a set of core questions that is asked by all 50 states and serve as a basis for inter-state comparison.

(All data in this section reflect the 2006 Michigan Behavioral Risk Factor Survey.)

Michigan has been including core questions on disability status in the BRFS since 2001 (with the exception of 2002):

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?

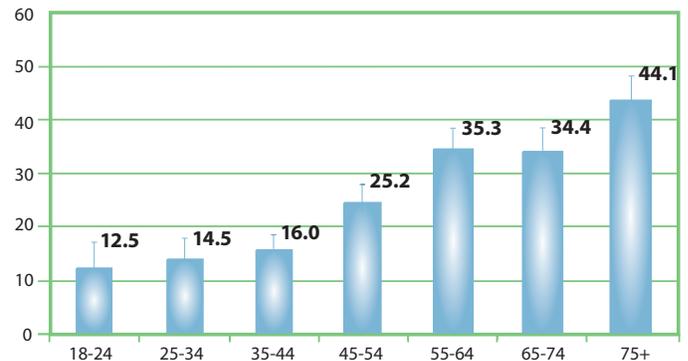
Answering yes to either of the above questions defines the respondent as having a disability. By this definition, approximately 1.8 million — or nearly one in four—adults in the state of Michigan are considered to have a disability.

PREVALENCE

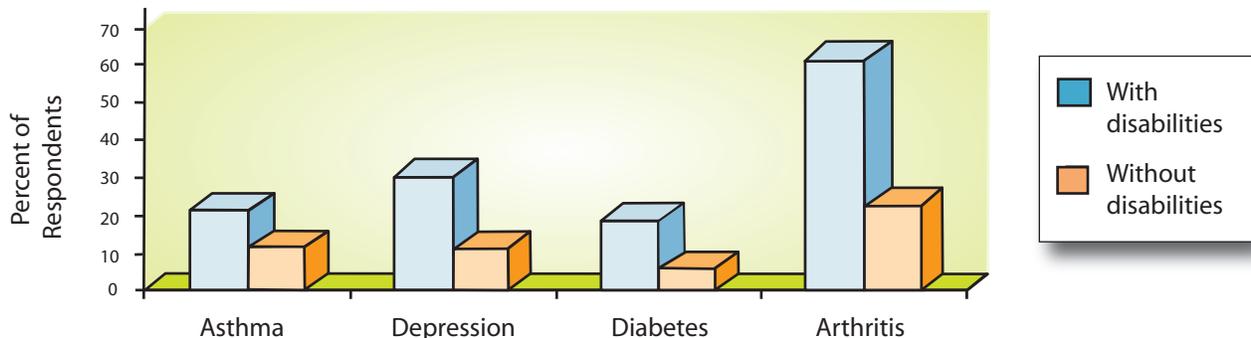
Michigan data reveal:

- The number of adults who are considered disabled increased by 375,000 between 2001 and 2006.
- The proportion of the population with disabilities increases with age, is higher for females than males, and declines as education and household income increase.
- Adults with disabilities report much higher rates for certain chronic diseases, such as asthma, depressive disorders, diabetes, and arthritis, highlighting the strong need for adapting and making chronic disease programs accessible to adults with disabilities.
- Hispanic adults have the lowest prevalence of disability (20.0%), followed by non-Hispanic blacks (21.4%), non-Hispanic whites (24.1%), and non-Hispanic other races (27.7%).

Percent of Persons With Disabilities By Age, Michigan Adults, 2006

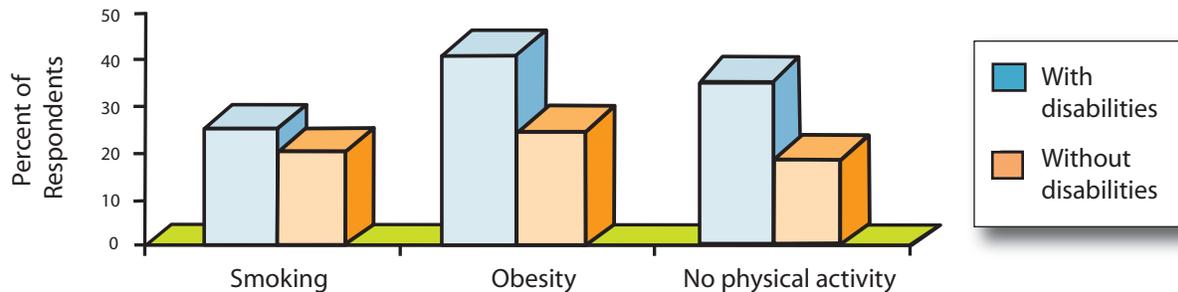


Source: 2006 Michigan Behavioral Risk Factor Survey



HEALTH RISK FACTORS

Adults with disabilities have higher levels of obesity and smoking, and lower levels of physical activity than adults without disabilities. 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 reduce their risk for developing disease-related complications.



HEALTH STATUS INDICATORS

The BRFSS included the following questions to assess each respondent's perception of his or her own health status:

1. Now thinking about your physical health, for how many days during the past 30 days was your physical health not good?
2. Now thinking about your mental health, which includes stress, depression, or problems with emotions, for how many days during the past 30 days was your mental health not good?

In addition, respondents were asked to label their general health status as excellent, very good, good, fair, or poor.

The gap in self-reported health status between adults with disabilities and those without is large, with 40.7% of adults with disabilities reporting their health as fair or poor, compared to 7.3% 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 (10.1 days, compared to 1.7 for adults without disabilities). Adults with disabilities also report more poor mental health days in the last month (6.9 days for adults with disabilities compared to 2.5 for adults without disabilities).

LIMITATIONS OF THE DATA

It is important to note the limits of this survey. Because the BRFSS is a telephone survey, the data reflects respondents who have land-line phones. Individuals who cannot complete a phone interview due to hearing or intellectual disabilities, or who are living in congregate care settings, are excluded from completing the survey. As a result of these exclusions, the actual disparities may be larger than those depicted here. In addition, current data on the status of disability in health in Michigan does not include cost information.





Health Promotion for People with Disabilities

2008-10 Action Plans

STRATEGIC PRIORITY 1:

Improving the access of people with disabilities to health care and health screening.

DESCRIPTION

Regardless of the number and types of health-care issues faced by a person with a disability, access to the full range of health care and services to meet his or her specific needs is a key factor that can affect health for a lifetime. It is clear that existing healthcare and public health systems are not sufficiently responsive to the needs of people with disabilities. In part, this may be due to gaps in education and training. As a result, access to prevention, screening, diagnosis, treatment and services can be limited, incomplete, or misdirected.¹

DATA

An increasing number of studies have identified disparities in health care services for people with disabilities. For example, women in the United States with major mobility problems are much less likely to have received a Pap test in the past three years when compared to women without mobility problems. Just 45% of these same women report having had a mammogram in the previous two years, compared to 63.5% of women without disabilities.²

GOALS

The goals of this group are twofold:

1. To create a CEU- certified workshop that can be offered at professional healthcare conferences as a single module, covering the basics of all aspects of access.
2. To create a brochure or information piece for people with disabilities on their rights, and how to take charge of their own healthcare.

PARTNERS

The partners working on this strategic priority include:

- Cardiovascular Health (MDCH)
- DEAF C.A.N.
- Diabetes & Other Chronic Diseases (MDCH)
- Division on Deaf and Hard of Hearing
- Michigan Commission for the Blind
- Michigan Commission on Disability Concerns
- Michigan Department of Human Services, Office of Adult Services
- Michigan Developmental Disabilities Council
- Michigan Disability Rights Coalition
- Michigan Protection and Advocacy Services
- Michigan Chapter, Paralyzed Veterans of America

ACTION PLAN

GOAL	STEPS NEEDED	TIMELINE
<p>1. Create a CEU-certified workshop that can be offered at professional healthcare conferences as a single module, covering the basics of all aspects of access.</p> 	<ul style="list-style-type: none"> ● Identify an existing curriculum for use or adaptation as an access workshop. ● Examine curriculum for inclusion of all measures of access. ● Prepare supplementary material as appropriate. ● Pursue Continuing Education Units for two identified health professions. ● Pilot-test and evaluate original and expanded curriculum. ● Implement through confirmed venues. 	<ul style="list-style-type: none"> ● Initial development and pilot testing: 8/31/09. ● Ongoing implementation: 9/30/10.
<p>2. Create a brochure or information piece for people with disabilities on their rights, and how to take charge of their own healthcare.</p>	<ul style="list-style-type: none"> ● Select or develop a one-page consumer information brochure. ● Disseminate in response to consumer need and interest, as determined by workgroup. ● Develop web resources for linking with existing relevant program. 	<ul style="list-style-type: none"> ● Selection and development: 12/31/09. ● Dissemination: 9/30/10.

“
 “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





STRATEGIC PRIORITY 2:

Promoting management by people with disabilities of their own health and risks through use of the Personal Action Toward Health chronic disease self-management curriculum.

DESCRIPTION

Making and maintaining the personal choices that lead to good health is a concept promoted by public health for people of all ages. People with disabilities benefit from these same good lifestyle choices, such as smoking cessation, weight control, healthy eating, and physical activity.¹

Learning to control the aspects of health that are controllable can be as empowering for people with disabilities as it is for others. The Stanford Chronic Disease Self-Management Program (called Personal Action Toward Health, or PATH, in Michigan) is a six-week, evidence-based self-management course designed to help people with any kind of chronic condition promote their own good health.

DATA

The consequences of an unhealthy lifestyle can be serious, regardless of a person's disability status. For example, approximately 200,000 - 300,000 premature deaths occur each year in the U.S. because of the lack of physical activity. Only a quarter of the U.S. population meets the recommendations of the Centers for Disease Control and Prevention of at least 30 minutes of moderate activity per day at least five days per week. Activity levels are even lower among people with disabilities: here in Michigan, over 35% of adults with disabilities report having no leisure-time physical activity, compared to 18.9% for people without disabilities.*

Nationally, 56% of people with disabilities report no leisure-time activity, compared to 36% for their non-disabled counterparts.³

* 2006 Michigan Behavioral Risk Factor Survey

GOALS

1. Pilot Personal Action Toward Health (PATH - a chronic condition self-management course) at the Capitol Area Center for Independent Living.
2. Encourage Michigan Rehabilitation Services, the Michigan Commission for the Blind, and Community Mental Health to make PATH an option in individualized service plans.
3. Examine the feasibility of having PATH covered under existing benefits programs.
4. Introduce Personal Action Toward Health (PATH) led by Certified Peer Support Specialists to educate persons with serious mental illness on self-management techniques.
5. Evaluate and determine the reach of the PATH program, and propose ways to address those needs.

PARTNERS

The partners working on this strategic priority include:

- Arthritis Foundation of Michigan
- Arthritis Program (MDCH)
- Cancer Prevention and Control (MDCH)
- Capital Area Center for Independent Living
- Cardiovascular Health (MDCH)
- Diabetes Prevention and Control (MDCH)
- Disability Network of Michigan
- Epilepsy Foundation of Michigan
- Henry Ford Health System
- Mental Health and Substance Abuse Administration (MDCH)
- Michigan Developmental Disabilities Council
- Michigan Rehabilitation Services
- National Kidney Foundation of Michigan
- Presbyterian Villages of Michigan
- YMCA of Lansing



2008-2009 ACTION PLAN

GOAL	STEPS NEEDED	TIMELINE
1. Pilot Personal Action Toward Health at the Capitol Area Center for Independent Living.	<ul style="list-style-type: none"> ● Conduct course with CACIL staff. ● Conduct course with CACIL consumers. ● Approach Disability Network about offering PATH through CILs statewide. 	<ul style="list-style-type: none"> ● Staff pilot completed 3/30/09. ● Consumer pilot completed 6/30/09. ● Approach disability network upon successful completion of pilot.
2. Encourage Michigan Rehabilitation Services, the Michigan Commission for the Blind, and Community Mental Health agencies to make PATH an option in individualized service plans.	<ul style="list-style-type: none"> ● Complete successful pilot of PATH (see goal number 1). ● Via the connections of individual workgroup members, approach all three agencies. ● Present at annual Michigan Rehabilitation Conference (MRC). 	<ul style="list-style-type: none"> ● If pilot is successful, present at MRC fall 2009. ● Work with all three agencies on an ongoing basis.
3. Examine the feasibility of having PATH covered under existing benefits programs.	<ul style="list-style-type: none"> ● Determine if Michigan has the capacity to make the case to health plans. ● Meet with Medicaid to explore options for Medicaid coverage. ● Compile data and feasibility report with recommendations for next steps. 	<ul style="list-style-type: none"> ● Feasibility study completed by 09/30/2009.
3. Evaluate the reach of PATH, and propose ways of addressing unmet needs.	<ul style="list-style-type: none"> ● Identify people with disabilities not currently served. ● Propose ways to address unmet needs. 	<ul style="list-style-type: none"> ● 09/30/2010.



“Maintaining good health by adopting healthy lifestyle choices, both physical and mental, is a key component of a satisfying life.”

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





STRATEGIC PRIORITY 3:

Improving the response of health providers to people with disabilities.

DESCRIPTION

When visiting a health provider, it is reasonable for people, regardless of disability status, to expect that the provider will: listen and respond to their health concerns; see them as a whole person, not just their disabling diagnosis; and communicate clearly and take the time necessary to respond. Unfortunately, this is not always the case¹.

DATA

People with disabilities often encounter health providers who are not prepared to treat their primary and secondary health conditions, or who do not provide the same array or quality of preventive care that they provide to their patients without disabilities¹. For instance, a nationwide study in 2004 found that family practice and internal medicine physicians engage patients with disabilities less frequently in health promotion practices than their non-disabled patients.⁵ Barriers to good care can also be exacerbated in managed care settings, where patients with disabilities can encounter difficulties in navigating the managed care system and accessing specialists who are knowledgeable about disabilities.⁷

One of the most subtle and pervasive barriers to good healthcare for people with disabilities is attitude. Negative attitudes among professionals can mirror those of society in general, creating a 'significant deterrent to good quality care.'⁶

GOALS

1. Assess provider-related barriers to health care experienced by people with disabilities.
2. Assess the knowledge, awareness, resources, barriers and capacity of health providers and healthcare organizations in serving people with disabilities.
3. Pilot-test Access to Medical Care: Adults with Physical Disabilities (a dvd on access for health providers, distributed by the World Institute on Disability) within the local medical community.

PARTNERS

The partners working on this strategic priority include:

- Arthritis Program (MDCH)
- Asthma Program (MDCH)
- Capital Area Center for Independent Living
- Henry Ford Health System
- Injury & Violence Prevention (MDCH)
- Michigan Academy of Family Physicians
- Michigan Health Alliance
- Michigan Health and Hospital Association
- Michigan State University
- MSU College of Internal Medicine
- University of Michigan Health Systems





2008-2009 ACTION PLAN

GOAL	STEPS NEEDED	TIMELINE
1. Assess provider-related barriers to healthcare experienced by people with disabilities.	<ul style="list-style-type: none"> ● Develop and pilot-test consumer survey. ● Conduct survey. ● Analyze survey data. 	<ul style="list-style-type: none"> ● Initial development and pilot testing: 6/30/09. ● Conduct survey: end data collection by 12/31/09. ● Provide report on data analysis: 3/31/10.
2. Assess the knowledge, awareness, resources, barriers and capacity of health providers and health care organizations in serving people with disabilities.	<ul style="list-style-type: none"> ● Develop and pilot-test provider survey. ● Conduct survey. ● Analyze survey data. 	<ul style="list-style-type: none"> ● Initial development and pilot testing: 9/30/09. ● Conduct survey: end data collection by 12/31/09. ● Provide report on data analysis: 3/31/10.
3. Pilot test the <i>Access to Medical Care</i> curriculum to the local medical community.	<ul style="list-style-type: none"> ● Start with initial presentation at Sparrow Hospital Grand Rounds; assess further interest from there. 	<ul style="list-style-type: none"> ● Initial presentation conducted 2/24/09. Further presentations ongoing.

“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.”

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





STRATEGIC PRIORITY 4:

Integrating disability and health into existing health promotion.

DESCRIPTION

The definition of disability is changing. It is becoming understood that the experience of disability and illness are not the same. Achieving optimal health and quality years of life are goals for everyone, regardless of their disability status. Often people with disabilities are not benefiting from health promotion, screening and wellness programs because the focus of health care remains on their disabilities alone, and not on their needs as a whole person. This means people with disabilities are often not given health and wellness messages and information that are routinely communicated to people without disabilities.¹

The data cited throughout this report point to the barriers to living a healthy life that can exist for people with disabilities. In response to this, the Integration workgroup is dedicated to the inclusion of people with disabilities into currently existing programs at the Michigan Department of Community Health.

GOALS

1. Integrate health promotion for people with disabilities into MDCH chronic disease and injury control strategic plans and work plans.
2. Encourage representation from people with disabilities on the advisory boards of MDCH programs.
3. Educate public health professionals on disability awareness with respect to their programming, including how to market to people with disabilities.
4. Create a resource directory.
5. Inform the development of surveillance.

PARTNERS

The partners working on this strategic priority include:

- Asthma Program (MDCH)
- Chronic Disease Epidemiology (MDCH)
- Diabetes Prevention & Control (MDCH)
- Epilepsy Foundation of Michigan
- Michigan Fitness Foundation
- Obesity Prevention (MDCH)
- Oral Health Program (MDCH)
- Wayne State University





ACTION PLAN

GOAL	STEPS NEEDED	TIMELINE
1. Integrate health promotion for people with disabilities into MDCH chronic disease & injury control strategic plans and work plans.	<ul style="list-style-type: none"> ● Create and distribute a template on inclusion MDCH programs can use to review their own workplans. 	<ul style="list-style-type: none"> ● 3/31/09.
2. Encourage representation from people with disabilities on the advisory bodies of MDCH programs.	<ul style="list-style-type: none"> ● Disabilities Health Unit staff will serve on MDCH disparities work group; other representation as appropriate. 	<ul style="list-style-type: none"> ● Ongoing.
3. Use California Access Curriculum to educate public health professionals with respect to their programming.	<ul style="list-style-type: none"> ● Present a workshop on access to each chronic disease prevention section. 	<ul style="list-style-type: none"> ● First presentation 1/26/09; others ongoing.
4. Create a resource directory.	<ul style="list-style-type: none"> ● Identify opportunities for linking web-based resources among relevant programs. 	<ul style="list-style-type: none"> ● Ongoing.
5. Inform the development of surveillance	<ul style="list-style-type: none"> ● Review BRFSS disability-related data and data needs; propose annual disability-related questions. 	<ul style="list-style-type: none"> ● Ongoing.

“**For persons with disabilities, health promotion efforts can be of critical importance.**”

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



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Health Promotion for People with Disabilities: STEERING COMMITTEE

Roanne Chaney (Co-Chair)

Michigan Disabilities Rights Coalition

Barbara LeRoy (Co-Chair)

Wayne State University

Carol Callaghan

Division of Chronic Disease & Injury Control
Michigan Department of Community Health

Francesca Dwamena

Michigan State University, Internal Medicine

Sharon Milberger

Henry Ford Health System

Linda Potter

United Cerebral Palsy of Michigan

Dawn Robarge

Western Michigan University

Marjorie Sandoval

Capital Area Center for Independent Living

Verna Spayth

ADAPT of Michigan

Dan Vivian

Michigan Protection and Advocacy Services

Ellen Weaver

Capital Area Center for Independent Living

Pam Werner

Michigan Department of Community Health
Mental Health Services

Tom Wyllie

Presbyterian Villages of Michigan





DISABILITIES HEALTH UNIT STAFF:

Michigan Department of Community Health

Richard Wimberley

Diabetes & Other Chronic Diseases

Judith Swiss Lyles

Disabilities Health & Other
Chronic Diseases units

Candice Lee

Health Promotion for People with Disabilities

Sarah LyonCallo

Chronic Disease Epidemiology

Peter DeGuire

Chronic Disease Epidemiology

Amber Matthews

Disabilities Health & Other Chronic Diseases units

ADVISORY COUNCIL MEMBER PARTICIPANTS in the strategic planning process:

Allen Adams

Michigan Department of Human Services
Offices of Adult Services

Jennifer Aloff

Michigan Academy of Family Physicians

Nora Barkey

Office of Long Term Care Supports and Services

Patty Brookover

Cancer Section, Michigan Department of
Community Health

Cheryl Burda

Brain Injury Association of Michigan

Patrick Cannon

Michigan Commission for the Blind

Vendela Collins

Michigan Developmental Disabilities Council

Marcy Colton

DEAF C.A.N.

Mary Jo Cooley Hidecker

Michigan State University

Andi Crawford

YMCA of Metropolitan Lansing

Jacqui Day

Michigan Developmental Disabilities Council



**ADVISORY COUNCIL
MEMBER PARTICIPANTS
in the strategic planning process:**
continued

Russ Derry

Epilepsy Foundation of Michigan

Dan Diepenhorst

Diabetes Program, Michigan Department
of Community Health

John Dowling

Asthma Program, Michigan Department
of Community Health

Christi Downing

Cardiovascular Health Section,
Michigan Department of Community Health

Sara Duris

Alzheimers Association

Sheryl Emery

DEAF C.A.N.

Monty Fakhouri

Arab American Chaldean Council

Andrew Farmer

AARP Michigan

Mary Anne Ford

Michigan Association of Health Plans Foundation

Art Franke

National Kidney Foundation of Michigan

Erika Garcia

Chronic Disease Epidemiology,
Michigan Department of Community Health

Jill Gerrie

Disability Network of Michigan

Arlene Gorelick

Epilepsy Foundation of Michigan

Jessica Grzywacz

Injury & Violence Prevention,
Michigan Department of Community Health

Dawn Hafeli

Arthritis Foundation Michigan Chapter

Brandie Hagaman

Washtenaw County CSTS

Michael Harris

Paralyzed Veterans of America, Michigan Chapter

Paige Hathaway

Michigan Health and Hospital Association

Ted Haworth

Michigan Rehabilitation Services

Allison Hirschel

Michigan Poverty Law

Gwen Imes

Physical Activity, Nutrition and Obesity Program,
Michigan Department of Community Health

Sherri King

Michigan Offices of Services to the Aging



**ADVISORY COUNCIL
MEMBER PARTICIPANTS
in the strategic planning process:**
continued

Karen Larsen

Michigan Social Security Administration

Ruth Linneman

National Multiple Sclerosis Society

Cheryl Mattson

Michigan Commission on Disability Concerns

Karen Olson

Arthritis Program, Michigan Department
of Community Health

Sarah Panken

Michigan Fitness Foundation

Kristi Pier

Diabetes Program, Michigan Department
of Community Health

Ann Rafferty

Chronic Disease Epidemiology,
Michigan Department of Community Health

Mikelle Robinson

Tobacco Section, Michigan Department
of Community Health

Linda Scarpetta

Injury & Violence Prevention,
Michigan Department of Community Health

Steve Springer

Arthritis Program, Michigan Department
of Community Health

Denise Tate

University of Michigan
Department of Physical Medicine and Rehabilitation

Hollis Turnham

Paraprofessionals Health Institute

Tisa Vorce

American Lung Association of Michigan
Asthma Program, Michigan Department of
Community Health

Kim Walsh

Diabetes Program, Michigan Department of
Community Health

Terry Weaver

Capital Area Center for Independent Living

Judy Webb

Michigan Department of Community Health

Audrea Woodruff

Division of Health, Wellness, & Disease Control,
Michigan Department of Community Health

Damita Zweiback

Cardiovascular Health, Michigan Department
of Community Health



Please join us!

If you are interested in being a part of the Health Promotion for People with Disabilities initiative and participate in a workgroup, complete this form and mail, email, or fax it to:

Disabilities Health Unit
Diabetes & Other Chronic Diseases Section
Michigan Department of Community Health
PO Box 30195
Lansing, MI 48909
FAX: 517-334-9461
Email: Leec@michigan.gov

Name: _____

Credentials: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Email: _____

I would like to:

- Serve as a member of a Michigan Health Promotion for People with Disabilities Workgroup; please check the appropriate group(s)
 - Improving access for people with disabilities
 - Promoting self-management for people with disabilities
 - Improving health care provider response
 - Integrating disability and health promotion
- Provide a facility/location for a workgroup meeting
- Other, please specify: _____
- Other, please specify: _____



Health Promotion for People
with Disabilities

Tell us what you think!

Please take a moment to provide feedback about this document. The information you provide will assist with the development of future plans and initiatives.

Where did you obtain a copy of the plan? Mail Internet Other:

Was this plan useful to you? Yes No

I/we may be able to use this plan in my job/community.

Agree Disagree Unknown/uncertain

If you found this plan to be useful, what aspect was most useful?

If you did not find this plan to be useful, what would have made this plan useful to you?

Was the plan content practical and easy-to-read/understand? Yes No



If no, what changes would you recommend?

What additional information would you liked included?

Other feedback/comments you would like to share with us.

Thank you for providing your feedback on the Health Promotion for People with Disabilities Strategic Plan.

Please return this to:
Disabilities Health Unit, Diabetes & Other Chronic Diseases Section
Michigan Department of Community Health
PO Box 30195
Lansing, MI 48909
FAX: 517-334-9461



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*Michigan Department
of Community Health*



Jennifer M. Granholm, Governor
Janet Olszewski, Director

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