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
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.
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.
MISSION—The Michigan Health Promotion for People with Disabilities Initiative is a state-wide 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.

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**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.

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**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.
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.

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<th>GOALS 2012-2014</th>
<th>STRATEGIES</th>
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| **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. |
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<th>GOAL</th>
<th>STRATEGIES</th>
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| **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.
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
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.”
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.
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