A Healthier You

Using the National Core Indicator and state data to understand health status and the experiences of persons with intellectual/developmental disabilities served by the Michigan public mental health system

February 2015

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Background

This brief is one in a series of reports on findings from consumer interviews conducted in Michigan during 2012 as part of the National Core Indicator (NCI) Program. In 2011, Michigan joined the NCI program, which began in 1997 and is now used in over 41 states to provide a standardized way to measure and track indicators for persons with intellectual/developmental disabilities (I/DD) who are served by the public mental health system.

In January 2013, Michigan convened an NCI Advisory Group, which worked in collaboration with the Developmental Disabilities Practice Improvement Team and the Quality Improvement Council to analyze Michigan data and to make recommendations. Five priority areas were identified, which are also NCI indicators: person-centered planning, health, relationships, living arrangements and employment. This brief addresses health.

The Indicators summarize the surveyed results from personal interviews with individuals with I/DD and the background information provided by the community mental health system. Information from these interviews is helpful to understanding the experience of individuals served and their outcomes and can be used to compare Michigan's outcomes to other states. The consumer interview and family survey results can be found at:
http://www.nationalcoreindicators.org/

The information is used to identify areas for continued improvement in the delivery of public mental health services. Stakeholder discussion and analysis of the NCI resulted in identification of several areas of opportunity for improvement. These include:

- **Relationships**: increasing individual's connections in their community and supporting their relationships with friends and family (decreasing feelings of loneliness)
- **Employment**: improving employment outcomes
- **Living Arrangements**: increasing the number of individuals who have and who exercise choice over where and with whom they live, who have privacy and control over their home environment, and feel safe in their home
- **Health/Wellness**: increasing physical activity and preventive and routine health care to improve health
- **Person-Centered Planning**: improving the person-centered planning process, which in turn supports all of the above desired outcomes and experiences

Five briefs will be published to summarize Michigan NCI findings in the areas of: Employment, Living Arrangements, Person-Centered Planning, Health/Wellness and Connecting with Friends/Family/Community. The briefs are intended to generate discussion, as well as provide guidance and suggestions for activities that support improved outcomes and experiences for the individuals supported by the public mental health system. It is our hope that this information will be used to guide quality improvement initiatives and ultimately results in improved outcomes.

Health and Wellness Introduction

At the most basic level, our health conditions impact our day to day experience and quality of life. The key areas of health that are addressed in this briefing include:

- Use of preventive and routine health care
- Health and wellness practices, including physical activity, nutrition and weight loss
- Treatment of chronic health diseases such as diabetes, heart disease, asthma, and obesity

The analysis and recommendations provided in this report support other state and local efforts to assure that each person has information to make choices about their health care and practices, as well as access to competent and comprehensive care. Addressing health conditions is an expected part of the person-centered planning process for people with I/DD.

This brief includes a summary of the data on health status, including overall health status, access to primary care doctors, prevention and screening, physical activity, medications for mood, anxiety, behavior, or psychosis, and obesity status. The workgroup identified, and the report includes, a list of the barriers and difficulties to improving outcomes related to health. The issue of health has received considerable attention at the state and federal level. Michigan's "Health and Wellness 4 x 4 Plan" encourages all Michiganders to practice four key health behaviors:

1. Maintain a healthy diet
2. Engage in regular exercise
3. Get an annual physical examination
4. Avoid all tobacco use

The driver behind Michigan's Plan, as well as the changes fostered by the Affordable Care Act, is the "Triple Aim." The "Triple Aim" is a framework developed by the Institute of Health care Improvement that describes an approach to optimizing health system performance. It supports a belief that new system designs must simultaneously accomplish the following three critical objectives:

- Improve the health care experience of each individual served (including quality and satisfaction)
- Improve the health of individuals and populations
- Reduce the cost of care

Change requires local analysis, targeting relevant barriers and acting on the best information. Success occurs when the community mental health system works with multiple engaged stakeholders and the broader community.

Keys to improving Health and Wellness outcomes through system change include:

- Involve multiple stakeholders (individual, family, service providers, and employer) in the planning, implementation and evaluation of health interventions and outcomes
- Engage individuals in collaborative care and self-management education, as much as possible
- Build collaboration and integration across the health care and I/DD systems
- Use benchmarks and data driven decisions to improve outcomes

Additional and more detailed information about best practices can be found beginning on page 17.

Each of us (the individual, family and friends, supports coordinators, business owners and associations, Community Mental Health Service Programs (CMHSP) / Pre-Paid Inpatient Health Plan (PIHP) leadership, staff at the Michigan Department of Community Health (MDCH), and legislators) has a role to play, and there are opportunities and actions that each can take to help create communities that provide and support access to competent health care and integrated health and wellness activities.

The Data Story

Health status and utilization results from the NCI surveys and related data from MDCH are provided in the following nine tables. Additional results from the NCI survey can be found at: www.nationalcoreindicators.org

Table 1: Demographic Characteristics (%)

Variable		State	National
		N=407	N=8,000
Age (mean)		44	44
Gender(male)		60	56
Race			
	White	75	72
	Black	19	19
Severity of Disability			
	Mild	40	35
	Moderate	22	29
	Severe/Profound	32	27
Dual Diagnosis		45	33
Means of Expression (spoken)		72	76
Mobility			
	Independent	71	77
	With Assistance	15	14
	Non-Ambulatory	13	9

Table 2: Health, Wellness & Medication of NCI Participants (%)

Variable	State	National
Overall Health Status		
Excellent	34	40
Fair	58	54
Poor	7	5
Uses Tobacco	8	6
Has Primary Care Doctor	99	95
Check-ups		
Physical	85	90
Dental	69	80
Vision	36	60
Hearing (last 5 years)	52	67
Prevention & Screening		
Flu vaccine in past year	73	77
Pneumonia vaccine ever	40	40
Pap test in past 3 years (Female)	66	72
Mammogram in past 2 years (Female)	80	81
Prostate Exam (PSA) in past year (Male)	20	52
Colorectal exam in past year	17	20
Physical activity	19	25
Medication for mood, anxiety, behavior or psychosis	57	54
Obesity	35	33

Table 3: Individual Outcomes by Residence: Health, Medication, Wellness

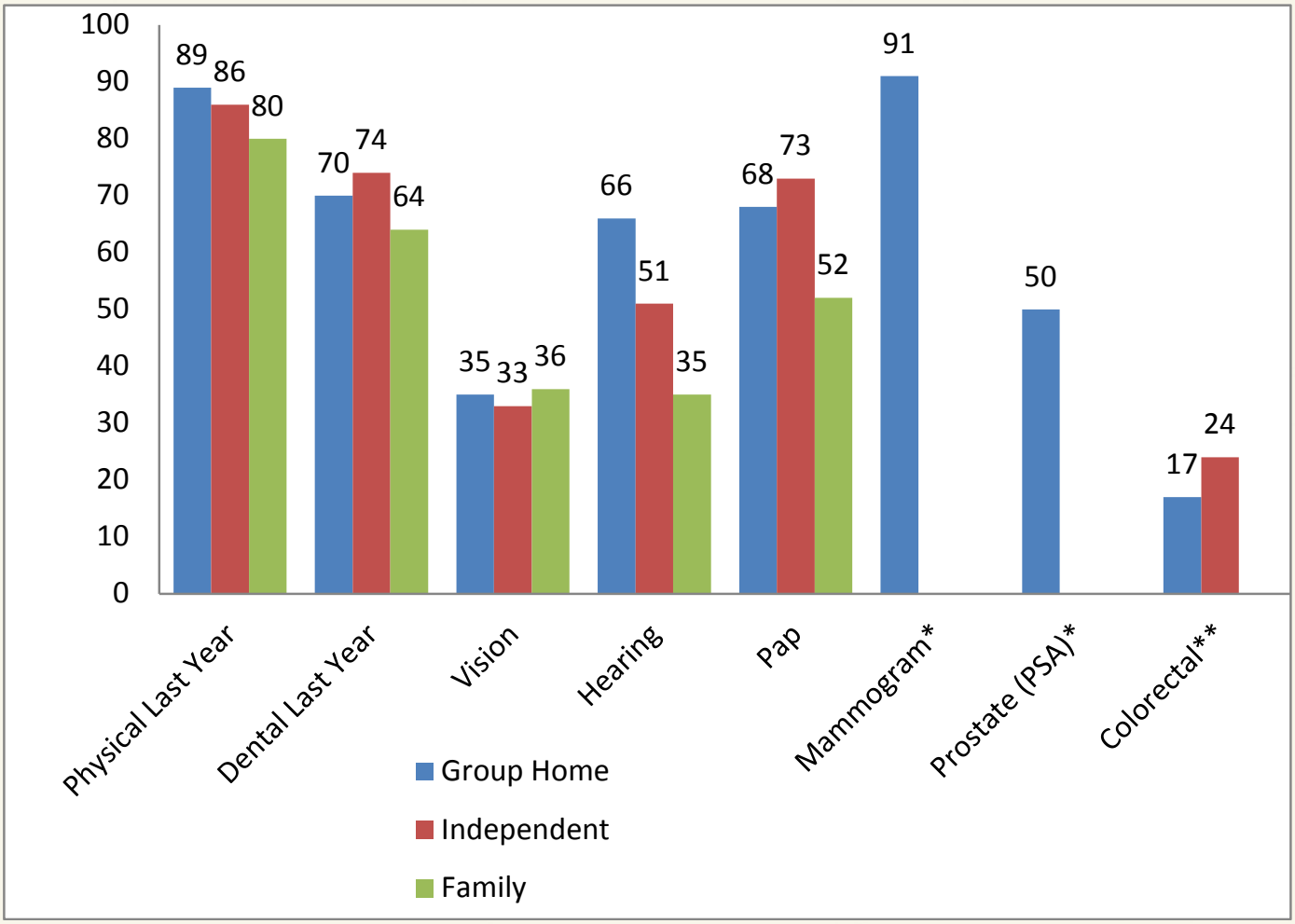

Table 3 Con't: Individual Outcomes by Residence: Health, Medication, Wellness

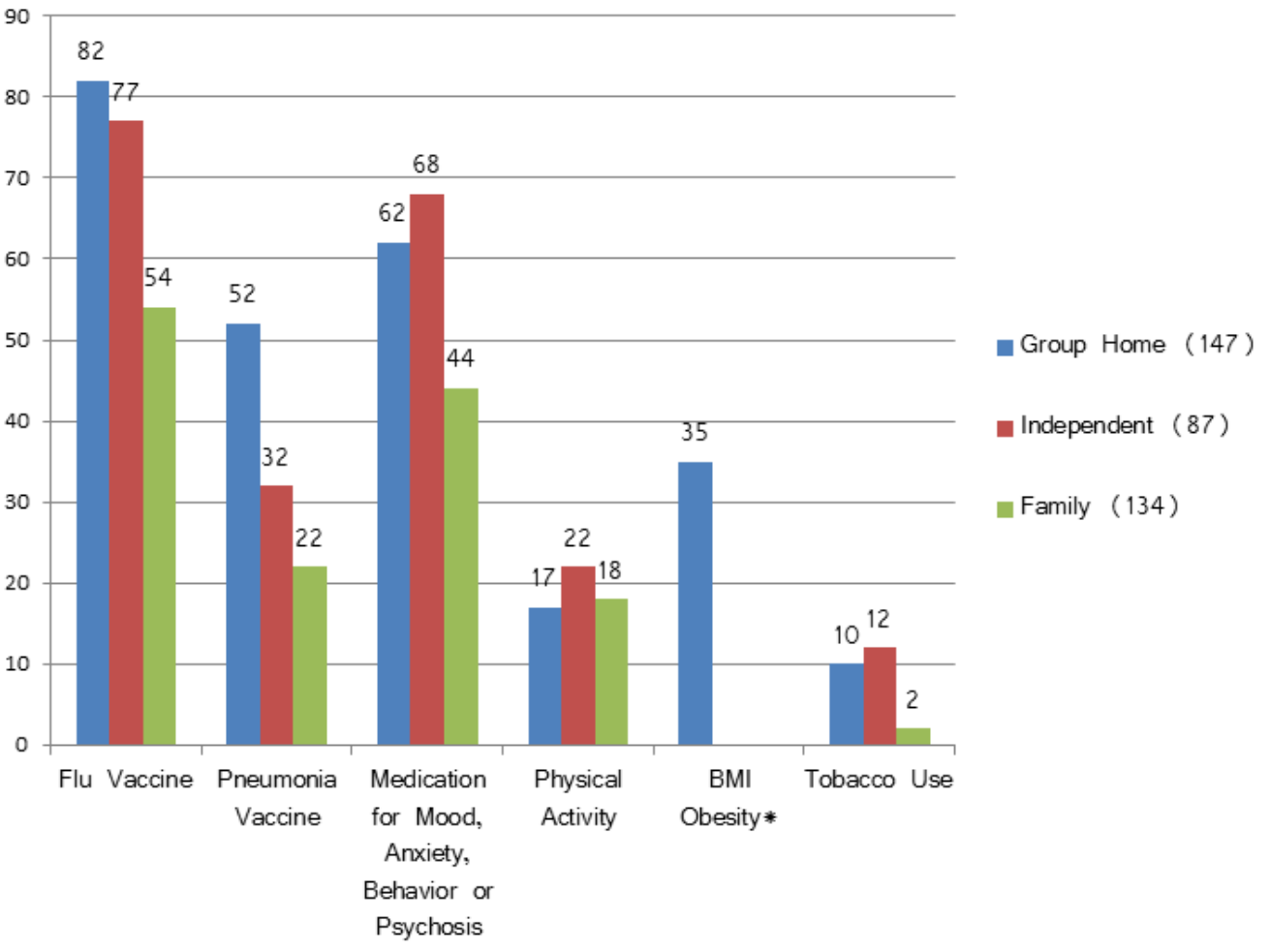

Table 3 Summary:

Generally speaking, data suggests that adults who live in family homes received less preventive health activities than adults who lived either in group homes or independently.

* BMI= Body Mass Index

Table 4: Percent Distribution of Health Indicators for Michigan Adults with Disabilities, with I/DD, and without Disabilities, 2011 BRFSS* and NCI

Indicator	Adults with Disabilities-BRFSS*	Adults with Developmental Disabilities-NCI	Adults without Disabilities-BRFSS
Health status (fair/poor)	39.5	65.0	8.3
Obesity	42.3	35.0	27.1
No Physical Activity	34.5	79.0	19.5
Uses Tobacco	29.3	8.0	21.0
Have Primary Care Doctor	89.6	99.0	82.6
Preventive Health Practices			
Mammogram past 2 years	75.4	80.0	79.2
Pap test 3 years	81.1	66.0	82.7
Colorectal exam	67.4	17.0	67.5
Physical check-up last year	72.1	85.0	64.3
Dental visit last year	64.6	69.0	75.0
Pneumonia vaccine last year	45.9	40.0	25.3
Flu vaccine last year	40.7	73.0	29.1

* Disability in the Behavioral Risk Factor Surveillance System (BRFSS) is defined as a positive response to either of the following two questions: "Are you limited in any way in any activities because of physical, mental, or emotional problems?" or "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?"

Table 5: MDCH Health Conditions Reported for FY13 to Date (10/1/12-9/30/13)

Obesity

	DD Only		Dual (DD &MI)	
	Count	Percent (%)	Count	Percent (%)
Not Present	22,701	82	10,163	72
Medical Diagnosis of Obesity BMI> 30	5,130	18	4,005	28
Total	27,831	100	14,168	100

The Data Story Continue

The National Core Indicators Project provides a unique opportunity to examine health indicators for adults with I/DD. As evidenced by the data, their outcomes differ significantly from other adults with disabilities and the general population. In general, adults with I/DD appear to have good access to primary care, routine examinations, and vaccines. This access may be attributable to the fact that the adults in this sample received Medicaid which assures them routine health care.

The NCI results related to obesity indicate that 35 percent of the individuals surveyed are considered obese, with a Body Mass Index (BMI) greater than 30. This is more than the MDCH FY13 Health Measures, which indicate that 18 percent of people with developmental disabilities are obese while 28 percent of people with dual diagnosis (developmental disabilities and mental illness) are obese, with an overall combined rate of 27 percent. The NCI results are more consistent with the average rate of obesity for the adult general population in Michigan at 31.5 percent and the average rate of obesity in the United States, per the Centers for Disease Control and prevention (CDC), at 35 percent. It should be noted that for minority groups, the CDC percentage is higher.

The NCI results show that only 19 percent of the individuals interviewed engage in regular physical activity, which is at least 30 minutes three times per week. This places Michigan's results in the range of "significantly below average" when compared to other states participating in NCI surveys.

The CDC statistics for physical activity for the United States indicates the following:

- Percent of adults 18 years of age and over who met the physical activity guidelines for aerobi- physical activity: 49.6 percent (2012)
- Percent of adults 18 years of age and over who met the physical activity guidelines for muscle-strengthening activity: 23.6 percent (2012)
- Percent of adults 18 years of age and over who met the physical activity guidelines for both aerobic physical and muscle-strengthening activity: 20.3 percent (2012)

Compared with adults without disabilities, inactivity was more prevalent among adults with any disability (47.1 percent versus 26.1 percent) and for adults with each type of disability. Inactive adults with disabilities were 50 percent more likely to report one or more chronic diseases than those who were physically active. Approximately 44 percent of adults with disabilities received a recommendation from a health professional for physical activity in the past 12 months.

The data helped to identify areas for health care improvement, with the following priority needs addressed in this report:

- Reduce obesity (especially among those with DD/MI and under 26 years of age)
- Develop healthy eating and nutritional habits
- Increase physical activity

Access to specific screenings for people with I/DD appears to be more limited than their peers with disabilities or the general population. In particular, vision exams, pap tests, prostate exams, hearing tests, and colorectal exams in Michigan results lag behind national statistics. This disparity regarding specific health screenings needs further investigation as these services are covered by Medicaid.

The data may be reflective of limited physical accessibility of specialized equipment or health care provider bias with regard to the needs of the population. Healthcare guidelines and measures in these areas need to be addressed in person-centered planning, with the establishment of healthy goals and objectives, as needed.

Overall, professionals involved in health promotion activities need to be aware of these indicators in order to better serve the needs of this specific population. Further, the unique learning styles and communication needs of people with developmental disabilities suggest that consultation with professional colleagues versed in disability issues is needed to assure that activities and materials are truly relevant. For example, the use of psychotropic medications can lead to weight gain and must be factored into any plan that addresses weight loss, healthy eating and physical activity.

Barriers and Challenges to Health and Wellness

In order to understand the issues, and to support choices and efforts to better target improvement activities, the workgroup solicited input and identified a number of barriers that impact the ability of individuals with I/DD to improve their health and wellness. This list summarizes comments heard in multiple focus groups; it is not intended as criticism. This information is provided to support local planning and efforts, and to stimulate discussion, conduct self-assessment, identify local priorities, and to help in the development of meaningful and appropriate quality improvement projects.

Individuals want more information regarding health care and wellness.

- Individuals may not know their role in the person-centered planning process and how to advocate for health and wellness objectives
    - The person-centered plan doesn't identify objectives, such as food journaling, identifying a buddy for exercising, healthy eating resources, etc.
- People may have a lack of knowledge about and motivational support for healthy eating and nutrition
    - Fast food is seen as a social, simple, and inexpensive activity
    - Few people experience community weight loss programs
    - There is limited access to healthy shopping, farmers markets, gardens, etc.
- Many individuals do not understand the health implications of being obese, such as diabetes, joint pain, cardio-vascular diseases, etc.
- People do not know about resources and may not have the motivation or support for regular physical activity
    - Access to community gyms / swimming, etc.
    - Health professionals who develop exercise plan for persons who use wheelchairs
    - Adequate and inclusive opportunities for participation in physical educational programs in schools
    - Safe places to walk
    - Community support groups
    - Available transportation
    - Funds to pay for memberships
- People have a misunderstanding or lack of knowledge about medication side effects.
    - Some medications impact weight and motivation to exercise.

Family and guardian expectations, assumptions, and fears impact their access and support for health care and wellness activities.

- Family members/guardians may not know their roles in the person-centered planning process and how to advocate for health and wellness objectives
- There may be a lack of support for families to assure routine (annual physical), preventive health care
    - o Respite and/or transportation needs may hinder accessing health care and wellness activities
- There may be a misunderstanding or lack of knowledge about medication side effects
    - o Some medications impact weight and motivation to exercise
- Family members/guardians may not know about resources or how to support the individual in participating in regular physical activity
    - o Access to community gyms/swimming, etc.
    - o Health professionals who are able to who develop exercise plan for persons who use wheelchairs
    - o Adequate and inclusive opportunities for participation in physical educational programs in schools
    - o Safe places to walk
    - o Community support groups
    - o Available transportation
    - o Funds to pay for memberships

Service providers have a need for increased knowledge, skills, and competencies related to heath care and wellness.

- Many supports coordinators and others involved in service delivery, policy, and planning need training and technical assistance on health and wellness interventions and outcomes
    - o Staff and practitioners need competency training to work with people with disabilities, including motivational interviewing techniques
    - o Direct care staff do not have the information or support for them to play a role in shaping the environment or communicating about healthy options

- Staff may not know about resources or how to support the individual in participating in regular physical activity
    - Access to community gyms / swimming, etc.
    - Health professionals who are able to who develop exercise plan for persons who use wheelchairs
    - Adequate and inclusive opportunities for participation in physical educational programs in schools
    - Safe places to walk
    - Community support groups
    - Available transportation
    - Funds to pay for memberships

- There is a misunderstanding or lack of knowledge about medication side effects
    - Some medications impact weight and motivation to exercise
- Providers need to understand the role that individuals with disabilities can play in their own health and wellness, as well as the role of peers in supporting healthy lifestyles

Other stakeholders impact health and wellness success for individuals with I/DD.

- While the Michigan legislature and state agencies have adopted policy and legislation to support improving health and wellness outcomes, more focused on understanding I/DD is needed
- Michigan is not yet advancing interagency policy and guidance to foster integrated healthcare and wellness for persons with I/DD
- School transition planning needs to increase its focus on health and wellness
- Physicians, specialty clinic staff, and other healthcare professionals need further training about the healthcare needs of individuals with disabilities

Recommendations and Best Practices

The following recommendations are organized by stakeholder group. Each individual and stakeholder is invited to identify and work toward changes where they can have the most impact. BHDDA and the workgroups can assist you to plan for and implement recommendations.

...for individuals with disabilities

Participate in the person-centered planning process, together with family and allies, to build support networks that can provide information about successful approaches in maintaining and improving health and wellness outcomes.

- Discuss health and wellness expectations and develop goals, as needed.
- Identify activities / sports that are of interest.
- Learn about healthy eating and nutrition.
- Find people / groups to support and 'champion' health and wellness outcomes.

Participate, together with family and allies, in a learning process to identify any barriers, fears, and / or concerns about health care and wellness activities.

- Talk to a 'champion' who provides information about how to address barriers and identify health and wellness activities.
    - o Peers can play a strong role in training and coaching.
- Ask for information about health care and wellness options.
- Take advantage of opportunities to meet or learn about how others have overcome the barriers.

Become informed of and engaged in one's own heath care. Self-management skills are more effective than information-only education in improving health outcomes.

- Attend / participate in training on self-advocacy, self-determination, and health and wellness.

Seek access to integrated, community health and wellness activities.

- Develop community connections
- Join a peer support network in local community.

Model Practice: Teri, age 49, lived with her brother until July 2008. She is 4'8" tall, and at that time weighed 191 pounds. Teri moved into a specialized residential group home in 2008, and, subsequently, in 2010 chose to live in her own home via a supported independent program model. Teri has Type II diabetes. Her blood sugar is now well controlled due to her diet and exercise. She had a dietician, but this service has since been discontinued due to Teri's progress. Staff received training from the dietician and a nurse regarding diabetes and weight control. The nurse also provided Teri's brother with one on one diabetic education at the request of her supports coordinator. Staff and family provided support and motivation for Teri's health care goals. Teri now weighs 138 lbs, and is engaged in healthy living and participates in annual health, dental, and vision exams.

Model Practice: David is a young man with Down's syndrome, who moved to his own apartment in 2008, has a DJ business, volunteers his time at an animal shelter, and co-hosts a television show about disabilities. By managing his budget via a self-determination arrangement, David has hired staff to assist him, but he also has a family who is very supportive of his dreams and goals. David maintains good health by focusing on "Healthy Living – My Wellness Pledge." He joined Weight Watchers, weighing in weekly and attending support group meetings. He loves to cook, and had pledged to buy and prepare foods that ensure a "Healthy Living" lifestyle. By joining the YMCA, David has also increased his exercise activity. This combined approach has allowed a steady progress in losing and maintaining his weight. David promotes wellness by speaking at conferences, writing wellness articles for newsletters, and encouraging friends and other peers to come up with their own personal "Wellness Pledge."

...for families and allies

Participate in the person-centered planning process to obtain information about successful approaches in maintaining and improving health and wellness outcomes.

- Discuss health and wellness expectations and develop goals, as needed
- Identify activities / sports that are of interest
- Learn about healthy eating and nutrition
- Find people / groups to support and 'champion' health and wellness outcomes

Participate in a learning process to identify any barriers, fears, and / or concerns about health care and wellness activities.

- Talk to a 'champion' who provides information about how to address barriers and identify health and wellness activities
    - o Peers can play a strong role in training and coaching
- Ask for information about health care and wellness options
- Take advantage of opportunities to meet or learn about how others have overcome the barriers

Seek access to integrated, community health and wellness activities.

- Develop community connections
- Provide assistance, as needed, for family member to join a peer support network in local community

...for Community Mental Health Service Provider(CMHSP)/ Pre-Paid Inpatient Health Plan(PIHP)

Incorporate principles that involve people in their healthcare and lead to healthy outcomes, such as:

- Treat individuals and families with dignity and respect
- Provide clear, comprehensive information in ways that are useful and empowering.
- Create opportunities for individuals and families to participate in ways that enhance their control and independence.
- Ensure that collaboration is inherent in policies, programs, education and delivery of care

Ensure that the person-centered planning process includes an assessment of health and wellness status and creates a support plan with related goals, objectives, implementation/intervention strategies, and measurements.

- Provide health and wellness opportunities for discovery and participation to each person
- Deliver individualized health and wellness supports

Ensure that people become informed of and engaged in their own heath care.

- Advance self-management skills as they are more effective than information only education in improving health outcomes
- Design materials for individuals and families to support an understanding that health and wellness are part of person-centered planning discussions, and that their personal involvement is important and necessary
- Identify a 'champion' for the person who provides information about how to address barriers and identify health and wellness activities
    - Peers can play a strong role in training and coaching

Provide for and assure that supports coordinators and others involved in service delivery, policy, and planning receive training and technical assistance on health and wellness interventions and outcomes.

- Develop and provide to staff and practitioners competency training to work with people with disabilities, including motivational interviewing

Advance integrated, community opportunities for health and wellness activities.

- Identify community resources for nutritional education and food skills development.
- Identify Federally Qualified Health Plans (FQHC) that can provide health care to those in need

Identify respite and / or transportation resources to assist in accessing health care services and health and wellness activities

Evaluate the medication status of individuals to determine the impact on health, weight, and motivation to exercise

Partner with providers, individuals and their families, and the community to leverage knowledge, skills, and funding to develop initiatives which improve health, personal experience and affordability

...for Communities

- Seek training about inclusive, integrated communities
- Participate in collaborative efforts to improve access to health care and wellness activities in local communities
- Incorporate environmental and policy approaches, such as following ADA design guidelines for fitness centers, worksites, schools, and playgrounds; maintaining safe and accessible parks and trails; and designing sidewalks and streets that are safe and accessible to all people

...for State Policy Leaders

- Support Anti-Stigma campaigns
- Ensure that policy and practices include language that supports inclusive, integrated communities, including access to healthcare and wellness activities
- Fund services based on practices that support inclusive, integrated communities
- Support training for physicians and other health care professionals that focuses on the physical health, mental health and substance use disorder needs of individuals served by the public mental health system.

- Continue to participate in national projects and learning efforts that increase access to integrated health care, such as the 'Statewide Integrated Healthcare Learning Community,' Health Homes initiative, and Dual Eligible Project

Are we making a difference?

As part of your quality improvement effort identify measures that you will use.

Possible measures include:

- Percentage of adults who have a Body Mass Index (BMI) greater than 30 (obese) and decrease in percentage as a result of identified health and wellness activities
- Weight loss as a result of goal setting to reduce calories and improved dietary choices. (Ideally 1 – 2 pound weight loss per week.)

- Increased physical activity; at a minimum, more activity than present. (Ideally 30 minutes of moderate physical activity such as brisk walking most days of the week.)
- Number and increase in staff training provided on key healthcare issues and wellness. Activities, such as obesity, diabetes, nutrition, exercise
- Number and increase in number of persons who participate in wellness activities, such as exercise, health eating, etc.
- Availability of healthcare and wellness resources in the PIHP/CMHSP

The final section identifies some additional resources to assist you in planning for improvement.

This report is offered as a resource to you and others, including Community Mental Health Specialty Providers (CMHSP), Prepaid Impatient Health Plans (PIHP), and Service Providers. The workgroup welcomes suggestions and identification of additional resources or model programs.

Please feel free to send suggestions that you want shared with the various workgroups to Charlyss Ray, MDCH, at rayc7@michigan.gov.

Health and Wellness Resources

The following additional resources are provided to assist in planning for improvements in health and wellness initiatives.

Exercise

- Dr. Suzanna Dillion, Wayne State University - inclusive and integrated physical education
- National Center on Health, Physical Activity, and Disability: Exercise and Fitness http://www.ncpad.org/content/9/Exercise~and~Fitness
- Exercise for Individuals with Developmental Disabilities by Paul Spicer http://www.dswfitness.com/docs/DevDisab.pdf
- American Association of People with Disabilities www.aapd-dc.org
- Making a Difference: Movement Matters for People with Developmental Disabilities by Stephanie Getzen & Stacey Westphal https://www.sccmha.org/consumer-resources/Making%20a%20Difference%20Movement%20Matters%20in%20People%20with%20DD.pdf
- National Association of Councils on Developmental Disabilities http://www.nacdd.org/documents/The%20Fit%20Club.pdf

- President's Council on Physical Fitness and Sports
  https://www.presidentschallenge.org/informed/digest/docs/june2008digest.pdf
- Disability and Health Office www.midisabilityhealth.org
- Local, Federally Qualified Health Center (FQHC)

Healthy Eating/ Nutrition

- Michigan State University Extension – nutritional education and food skills
  http://msue.anr.msu.edu/topic/info/food_health
- Nutrition Education and Food Skills for Individuals with Developmental Disabilities
  www. healthyeatingaddsup.com
- National Center on Health, Physical Activity, and Disability:
  Health Promotion / Nutrition
  http://www.ncpad.org/content/12Health~Promotion~Nutrition
- Autism Now
  http://autismnow.org/blog/health-and-wellness-tips-for-people-with-developmental-disabilities-in-the-new-year
- County Health Department
- President's Council on Fitness, Sports, and Nutrition http://www.fitness.gov/

Weight Loss

- Michigan Quality Improvement Consortium – Clinical Practice Guidelines related to obesity, diabetes, etc. http://www.mqic.org
- National Institutes of Health – Obesity Education Initiative
  http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf
- Center for Disease Control: Overweight and Obesity
  http://www.cdc.gov/ncbddd/disabilityandhealth/documents/obesityfactsheet2010.pdf
  http:// www.cdc.gov/obesity
- Center for Disease Control: Healthy Weight http://www.cdc.gov/healthyweight/
- Center for Disease Control: Disability and Health
  http://www.cdc.gov/ncbddd/disabilityandhealth/index.html
- Weight Watchers, Inc. http://www.weightwatchers.com/index.aspx