

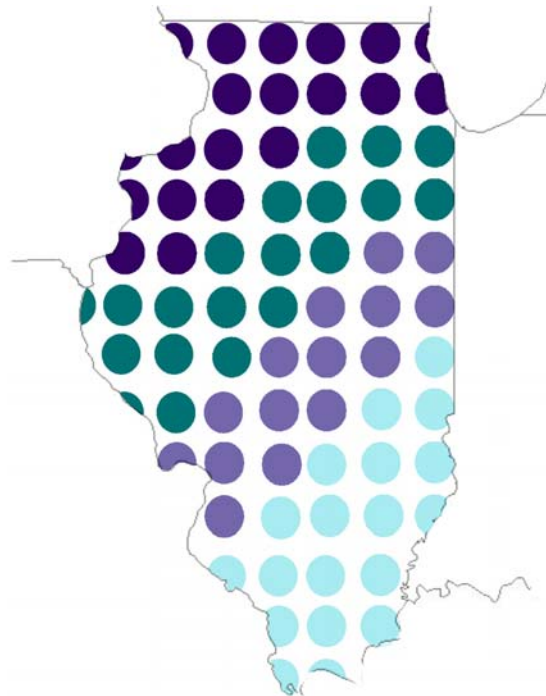


# Illinois Disability and Health Action Plan: 2007-2010

Illinois Department of Public Health  
Office of Health Promotion

Illinois Disability and Health Partnership

December 2007



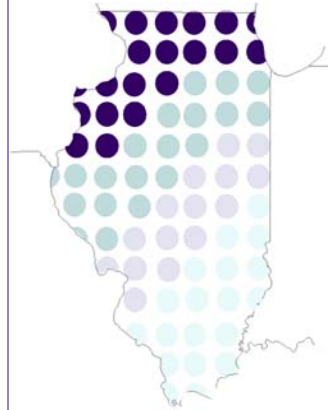
# Acknowledgements

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The Illinois Department of Public Health extends its appreciation to those who served on the planning committee and contributed their time and expertise to this effort.

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To learn more about the Illinois Disability and Health Program, or to receive the report in accessible formats, contact the Illinois Department of Public Health, Disability and Health Program at 217-782-3300, TTY 800-547-0466.



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Rod R. Blagojevich, Governor  
Damon T. Arnold, M.D., M.P.H., Director

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December 2007

Dear Colleague:

On behalf of the Illinois Department of Public Health (IDPH), Office of Health Promotion, Division of Chronic Disease Prevention and Control, I am pleased to share with you the *Illinois Disability and Health Action Plan: 2007-2010*.

Beginning in 2001, the IDPH and the University of Illinois at Chicago (UIC), Department of Disability and Human Development, began collaborating to address secondary chronic conditions among people with disabilities in Illinois. The *Illinois Disability and Health Action Plan: 2007-2010* provides a framework for addressing the magnitude of secondary chronic conditions among adults with disabilities in Illinois. The plan emphasizes—

- maintaining and expanding a scientific database on the prevalence and impact of secondary chronic conditions among adults with disabilities;
- adapting and developing health promotion and chronic disease prevention resources, materials, and evidence-based interventions to fit the needs of people with disabilities;
- identifying evidence-based strategies to increase awareness and education opportunities for health professionals; and
- promoting accessible health care and support services to increase independence among people with disabilities.

The Department extends its appreciation to those who served on the planning committee and contributed their time and expertise to this effort. This plan challenges public health professionals and communities to educate, inform and motivate the public in maximizing resources to reduce secondary chronic conditions and improve overall health among the 1.4 million non-institutionalized Illinois residents with disabilities. Together, we can ensure a better quality of life for all Illinoisans with disabilities.

Sincerely,

A handwritten signature in black ink that reads "Damon T. Arnold, M.D., M.P.H." The signature is written in a cursive style.

Damon T. Arnold, M.D., M.P.H.  
Director

# Executive Summary

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According to data from the Illinois Behavioral Risk Factor Surveillance System (IL BRFSS), 2001-2003, 15.5 percent of Illinois non-institutionalized adults (ages 18 and older), or nearly 1.4 million individuals, have a disability.

The Illinois Department of Public Health (IDPH), Office of Health Promotion, Division of Chronic Disease Prevention and Control, and the University of Illinois at Chicago (UIC), Department of Disability and Human Development, are collaborating to address health disparities, and in particular, secondary conditions among people with disabilities.

The state of Illinois, consistent with objectives identified in the U.S. Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005* and the *Healthy People 2010*, Chapter 6 - Disability and Secondary Conditions, related health objectives, has the commitment, capacity and resources to create data collection mechanisms, implement public and professional interventions and to enhance accessibility to achieve the following:

- promote healthy lifestyles that include an increase in physical activity participation, better nutrition, and greater access to community programs and support services among people with disabilities;
- minimize additional activity limitation associated with the secondary conditions among people with disabilities;
- prevent and control chronic conditions such as arthritis, asthma, high blood pressure, high blood cholesterol, cancer, diabetes and obesity among people with disabilities;
- support people with disabilities in accessing the resources they need to prevent, control and manage secondary and chronic conditions; and
- increase public awareness of arthritis as the leading cause of disability and as a frequently occurring secondary condition among people with disabilities.

To assure a community-based, multi-level approach to address secondary and chronic conditions among people with disabilities, the ***Illinois Disability and Health Partnership*** was formed. Partners include state and local agencies, community organizations in public health and disability venues, and people with disabilities with similar goals of reducing chronic conditions and promoting the health and wellness of people with disabilities. The Illinois Disability and Health Partnership is rich in capacity to coordinate and offer statewide chronic disease prevention and health promotion interventions to people with disabilities.

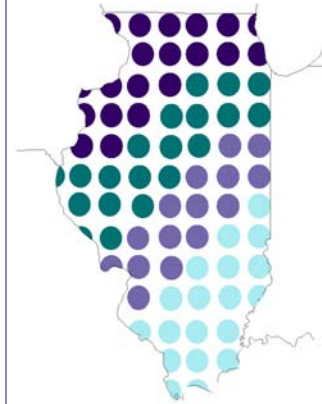


# Executive Summary (continued)

A state plan was developed through the collaborative efforts of the IDPH, UIC and the Illinois Disability and Health Partnership. The four priority areas as key components of the plan are:

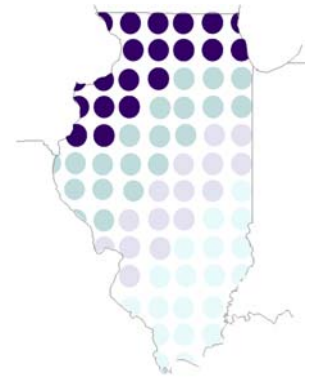
- **Surveillance and Data:** Maintain and expand an existing database on the prevalence and impact of secondary and chronic conditions among people with disabilities and providing technical data support to state and local users and to the project.
- **Health Promotion:** Identify appropriate program resources and materials, develop and utilize evidence-based health promotion strategies and interventions, and encourage the use of appropriate health education models.
- **Professional Development:** Identify evidence-based strategies to increase awareness and education opportunities for health professionals and to improve health care system outcomes.
- **Service Accessibility:** Promote accessible health care and support services to increase independence among people with disabilities to participate in chronic disease promotion and prevention events and services.

The development of this plan has created a framework for a statewide public health approach to prevent, manage and control secondary and chronic conditions among people with disabilities in the state. The work groups, consisting of the partnership members, will meet on a regular basis to address each of the four priority areas. Work group members will be actively involved in making sure that the strategies listed within the plan are prioritized and carried out.



# Part I: Defining Disability and Secondary Conditions

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This section defines disability according to the social model and provides an explanation of secondary conditions that can result in a significant decline in health status, functional capacity, and quality of life of people with disabilities.

## **A. Disability**

In the context of the present action plan, the Illinois Department of Public Health (IDPH) and the Illinois Disability and Health Project Partnership (Partnership) define disability as:

*“a limitation of a person’s functional ability in daily life activities, which is the result of interactions between the person and his/her physical, social and psychological environment.”*

The definition being used in the present action plan is based on the social model of disability that has been widely adapted in the Americans with Disabilities Act (1990), *Healthy People 2010* (2000), the Surgeon General’s *Call to Action to Improve the Health and Wellness of Persons with Disabilities* (2005), and the World Health Organization (2001). The social model defines disability as a social construct rather than as an illness. It perceives that disability is only a difference from an average, and that the dichotomy between disability and non-disability is arbitrary. Further, the model emphasizes that the limitation in daily life can be alleviated by altering the environment, which interacts with the person. By adapting the social model of disability, the IDPH and the partnership underscore that reducing physical, social and psychological barriers and increasing opportunities and access are critical agenda items for improving the health of people with disabilities in Illinois.

## **B. Secondary Conditions**

The IDPH and the partnership define secondary conditions as:

*“additional health problems that are directly related to, or that are exacerbated by, a primary disabling condition of persons with disabilities.”*

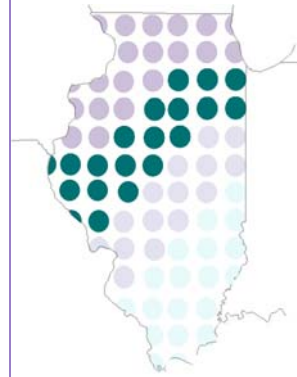
A secondary condition can include, but is not limited to, joint problems such as arthritis, stiffness/tightness of muscle and other body parts, pressure sores, lack of physical fitness, cardiovascular and pulmonary disease, depression, and obesity. Left undiagnosed and untreated, these secondary conditions can result in a significant decline in health status, functional capacity, and quality of life of people with disabilities.

The IDPH and the partners underscore that secondary chronic conditions are complex and often preventable medical, social, emotional, family, or community problems for which the health care system must be more prepared educationally, structurally and economically, and that the majority of secondary conditions can be mitigated with early intervention; many can be prevented all together.



# Part II: History of the Illinois Disability and Health Project

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The Illinois Disability and Health project has evolved significantly over the past several years. Many activities are underway and dedicated partners have guided the focus and development of this action plan.

## A. Current Activities in Illinois

The Office of Health Promotion, Division of Chronic Disease Prevention and Control within IDPH, and the University of Illinois at Chicago (UIC), Department of Disability and Human Development, began collaborating to address secondary and chronic conditions among people with disabilities in November 2001. Partnering with the IDPH, UIC was funded by the U.S. Centers for Disease Control and Prevention (CDC) from April 2002 to March 2005 as a primary recipient of the Level III State Infrastructure Development Project. In preparation for the 2005-2007 CDC funding period, the IDPH and UIC further enhanced their partnership by including *persons with mobility limitation* having, or at risk of, secondary chronic conditions in the scope of a proposed Illinois Disability and Health Project. In March 2005, a two-year resubmission to expand efforts in Illinois was recommended for approval *but not funded*. As a result, the work of the project was brought to a halt. The IDPH and UIC continued to provide limited activities to strengthen the capacity for the project and to develop the infrastructure in preparation for a strong CDC application in the next funding cycle.

The success of the CDC funded project during the first cycle of funding provided a solid foundation from which to significantly expand activities from April 2005 to March 2007. Project activities during this period included:

- 1) creating and maintaining the Illinois Disability and Health Partnership whose members provided input regarding the health promotion and secondary and chronic disease prevention activities which are included in this action plan;
- 2) strengthening the population-based data collection efforts to more effectively profile the magnitude of disability and health disparity between persons with and without disability;
- 3) conducting focus group interviews to explore personal perspectives of Illinois' residents with disabilities regarding their access to health promotion information, what factors affect their utilization of preventive health services, and what factors affect their ability to achieve and maintain a healthy lifestyle;
- 4) developing an *Illinois Disability and Health Data Report* and an *Illinois Disability and Health Action Plan* citing priorities, objectives and strategies for prevention and management of secondary chronic conditions among Illinois' citizens with disabilities; and
- 5) building increased capacity for the IDPH to promote the reduction of secondary chronic conditions among people with disabilities.

Within the IDPH, a staff member of the Illinois Arthritis Initiative has taken the lead in coordinating the Illinois Disability and Health Project. Funded by CDC, the Illinois Arthritis Initiative strives to improve the quality of life for Illinoisans affected by arthritis. Since arthritis is the leading cause of disability in our nation, and population-based survey data indicate that approximately one-half of persons with disabilities in Illinois are estimated to have arthritis, collaboration between the two projects aims to develop more comprehensive secondary chronic disease management and health promotion strategies for

people with disabilities in the state. Because the Arthritis Initiative is housed in the IDPH, Office of Health Promotion, Division of Chronic Disease Prevention and Control, this collaboration has resulted in strengthening partnerships with chronic disease programs in the division (e.g., Cardiovascular Disease, Stroke, Cancer, Asthma, Tobacco, Physical Activity/Nutrition) to create capacity to address disability and secondary chronic conditions.

The Illinois Disability and Health Project activities will reflect upon the following mission and vision statements, created by the IDPH, UIC and Illinois Disability and Health Partnership members.

### **Mission Statement**

The mission of the Illinois Disability and Health Program is to prevent and reduce secondary and chronic conditions among people with disabilities in Illinois, thus improving their quality of life.

### **Vision Statement**

The state of Illinois, consistent with objectives identified in the U.S. Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005* and the *Healthy People 2010*, Chapter 6 - Disability and Secondary Conditions, related health objectives, has the commitment, capacity and resources to create data collection mechanisms, implement public and professional interventions and enhance accessibility to achieve the following:

- prevent and control arthritis, asthma, high blood pressure, high blood cholesterol, cancer, diabetes and obesity among persons with mobility limitation;
- promote healthy lifestyles, that include increase of physical activity participation, encourage healthy diet, and smoking cessation, among people with disabilities;
- minimize additional activity limitation associated with secondary chronic conditions among people with disabilities;
- increase public awareness of arthritis as the leading cause of disability and as a frequently occurring secondary chronic condition among people with disabilities; and
- support people with disabilities in accessing the resources they need to prevent, control and manage secondary chronic conditions.

## **B. Statewide Partnership**

To assure a community-based, multi-level approach to address secondary chronic conditions among people with disabilities, the *Illinois Disability and Health Partnership* was formed. Partners include state and local agencies, community organizations in public health and disability venues, and people with disabilities with similar goals of reducing chronic conditions and promoting the health and wellness of people with disabilities. Examples of partners include, but are not limited to, individuals and organizations working in the field of disability advocacy, health promotion, public health, rehabilitation, assistive

technology, recreation and other relevant fields. Partners have been participating in quarterly conference calls to assist in conducting project activities. Each partner brings their own expertise to the project in supporting people with disabilities and promoting their health. Partners also provide input on health promotion strategies targeting people with disabilities. Their knowledge and resources enable the Illinois Disability and Health Project to widen its perspective and to prioritize its activities.

## **C. Purpose, Function and Structure**

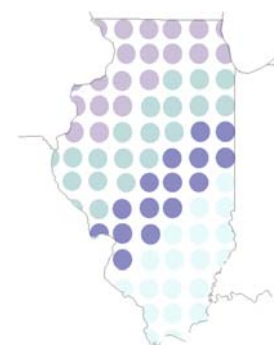
After establishing the Illinois Disability and Health Partnership, the group met several times to begin developing the *Illinois Disability and Health Action Plan*. The purpose of the plan is to develop a working document to guide statewide efforts for promoting the health, wellness and quality of life for people with disabilities in Illinois through the year 2010. To address the various aspects of reducing secondary and chronic conditions among people with disabilities, partnership members selected the following four priority areas as key components of the plan.

- ***Surveillance and Data:*** Maintain and expand an existing database on the prevalence and impact of secondary and chronic conditions among people with disabilities and provide technical data support to state and local users and to the project.
- ***Health Promotion:*** Identify appropriate program resources and materials, develop and utilize evidence-based health promotion strategies and interventions, and encourage the use of appropriate health education models.
- ***Professional Development:*** Identify evidence-based strategies to increase awareness and education opportunities for health professionals.
- ***Service Accessibility:*** Promote accessible health care and support services to increase independence among people with disabilities to participate in chronic disease promotion and prevention events and services.

The real work of the program will take the efforts of many dedicated partners working together. Each partner has a role to play in promoting health and preventing chronic disease and secondary health conditions among persons with disabilities. The partnership will meet bi-annually, and the work groups will meet quarterly, to address each of the four priority areas. Work group members will be actively involved in making sure that the strategies listed within the plan are prioritized and carried out.

# Part III: Chronic Conditions Among People With and Without Disabilities

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Analysis of the state specific population data suggested that: (1) a considerable proportion of community residents in Illinois have a disability and that the extent of disability in Illinois varied across gender, age, race/ethnicity and different regions within the state, (2) gaps in socioeconomic status existed between Illinois' adults with and without disabilities, (3) a substantial proportion of Illinois' population with disabilities reported having arthritis and other chronic conditions, (4) Illinois' adults with disabilities participate in lower levels of physical activity than persons without disabilities, and 5) people with disabilities report a lesser degree of quality of life than those without disabilities.

## **A. Prevalence of Disability**

According to data from the Illinois Behavioral Risk Factor Surveillance System (IL BRFSS), 2001-2003, 15.5 percent of Illinois non-institutionalized adults (ages 18 and older), or nearly 1.4 million individuals, have a disability. Because these estimates do not include children or individuals using long-term care services such as nursing homes, hospitals, and state operated institutions, the true magnitude of disability in Illinois is likely to be greater than the present estimates. The following demographics relate to people with disabilities in Illinois:

- A higher proportion of women versus men reported having disabilities.
- Although disabilities affects people of all ages, the likelihood of having a disability increased as people aged.
- Persons of Hispanic/Latino origins reported a lower prevalence of disabilities than their counterparts.
- The prevalence of disabilities was higher in rural than metropolitan areas.

## **B. Socioeconomic Characteristics of Adults with Disabilities**

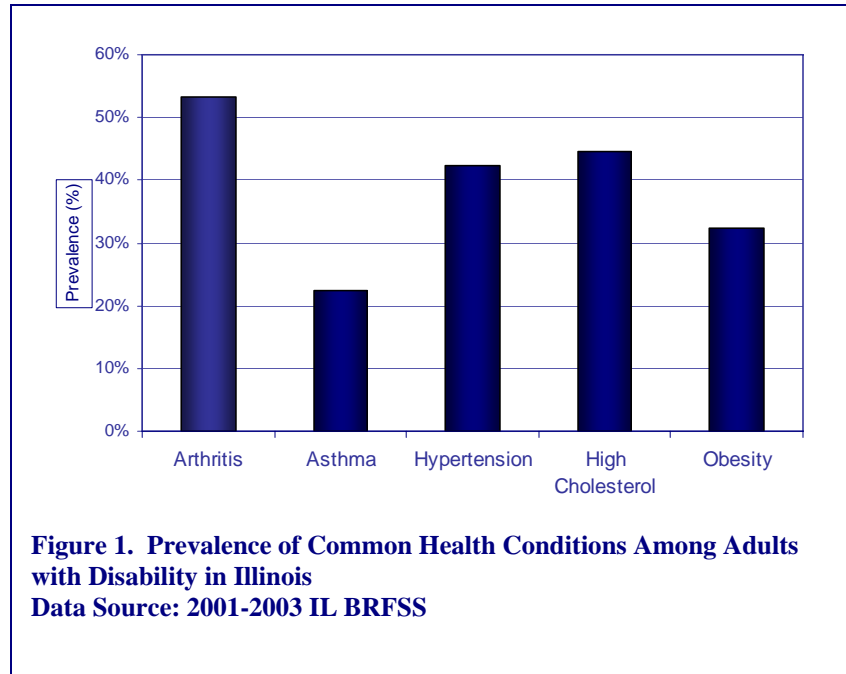
Compared with their counterparts without disabilities, Illinois adults with disabilities were more likely to not be employed, to have limited income, to have less educational attainment, and to live alone as evidenced by following data:

- Among Illinois' working adults, those with disabilities are less likely to be employed compared to their counterparts without disabilities -- 54.7 percent vs. 77.8 percent, respectively. In contrast, the rate of those who were "retired from work" or "unable to work" was 27.5 percent for people with disabilities compared to 3.6 percent for persons without disabilities.
- Seventeen percent of adults with disabilities reported that their annual household income was less than \$15,000; the rate was 6.9 percent for adults without disabilities. The proportion reporting a household income greater than \$50,000 was 29.4 percent for those with disabilities compared to 45.1 percent for those without disabilities.
- Compared to the group without disabilities, high school graduates were over-represented and college graduates were under-represented among people with disabilities.

## **C. Common Health Conditions Among Adults with Disabilities**

Persons with a disability are more likely to have chronic health conditions than those without disability. Figure 1 summarizes the prevalence of five common chronic conditions (i.e., arthritis, asthma, hypertension, high cholesterol and obesity) among Illinois's adults with disabilities. The graph suggests a close link between secondary chronic conditions and disability status in Illinois.

- More than half (53.4 percent) of adults with disabilities reported having doctor-diagnosed arthritis compared to 17.4 percent for those without disabilities.
- About one in every four adults with disabilities has asthma. For those without disabilities, the rate is one in every 10.
- The prevalence of high blood pressure for adults with disabilities, 42.4 percent, is twice as high as that for adults without disabilities, 20.7 percent.



- Forty-five percent of people with disabilities who had their cholesterol checked were told by health professionals that their cholesterol was high. Among adults without disabilities who had their cholesterol checked, the prevalence of high cholesterol was 27 percent.
- Of adults with disabilities, 32.3 percent were obese compared to 20.1 percent for those without disabilities.

## D. Physical Activity Participation Among Adults with Disabilities

Health benefits associated with physical activity are well-known. A person who engages in physical activity regularly can lower blood cholesterol and blood pressure levels, burn more calories and reduce body weight, therefore, reducing their risk of acquiring a chronic condition, especially heart disease, the leading cause of death in Illinois and in the United States. Even a small increase of physical activity may have a measurable improvement on health status, particularly for people who are physically inactive. Illinois adults with disabilities were less likely to exercise when compared to those without disabilities as evidenced by the following:

- The proportion of adults who have *not* exercised during the past 30 days was higher for adults with disabilities than adults without disabilities -- 41.2 percent vs. 23.9 percent, respectively.
- Compared to adults without disabilities, the proportion of adults with disabilities who engage in regular physical activity at the federally recommended level (i.e., 30 minutes of moderate physical activity most days of the week or 20 minutes of vigorous physical activity three or more days of the week) was two-thirds of their counterparts without disability -- 31.6 percent vs. 43.7 percent, respectively.

## **E. Health-Related Quality of Life Among Adults with Disabilities**

Quality of life is defined as the degree of happiness and satisfaction with both one's life and environment. It encompasses health, recreation, culture, rights, values, beliefs, aspirations, and the conditions that promote a life containing these elements. Health-related quality of life specifically refers to an individual's sense of physical and mental health and well-being, and the ability to respond to the physical, social and behavioral environment. In Illinois:

- adults with disabilities were less likely to rate their own health status as “excellent” or “very good” compared to their counterparts without disability. While few adults without disability rated their health as “poor,” 17.8 percent of adults with disabilities did so.
- adults with disabilities had an average of 16 healthy days a month, which indicated that they reported 53.3 percent of all days as healthy. In contrast, adults without disability had 26 healthy days in the past 30 days, which corresponded to 86.6 percent of all days.

A more detailed description of the magnitude of these secondary chronic conditions among people with disabilities in Illinois can be found in the “Illinois Disability and Health Data Report.”

## **F. Access to Health Promotion Resources**

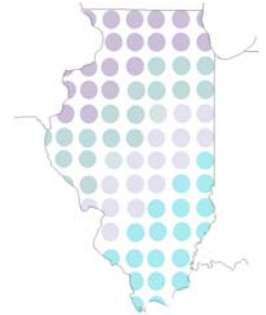
People with disabilities frequently face unique challenges in accessing common preventive health and health promotion resources. Illinois residents with disabilities who participated in a series of five focus group interviews across the state reported the following:

- Health information is gained through a variety of sources including health professionals, health advocacy organizations, mass media and word of mouth.
- Factors prompting their access to health promotion resources include the desire to improve personal wellness, prevent secondary conditions and acquire adequate health insurance coverage.
- Factors that hinder their access to health promotion resources may include cost of services, transportation availability, physical accessibility to health promotion resources, activity limitations associated with their primary disability or secondary chronic conditions, and difficulties in communicating with health professionals.



# Part IV: Disability and Health Priorities for the Years 2007 Through 2010

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The following sections provide an overview of existing capacity within Illinois, describe some of the barriers and challenges of providing health promotion and disease prevention services for people with disabilities and outline the Illinois Disability and Health Objectives and Strategies for 2007-2010 to improve the health and quality of life of people with disabilities in Illinois.

## **A. Existing State Capacity**

The Illinois Disability and Health Partnership is rich in capacity to coordinate and offer statewide chronic disease prevention and health promotion interventions to persons with disabilities. Many committed partners have begun creating “win-win” relationships, such as utilizing the project’s goals to achieve their agency’s goals and will continue to do so.

The partnership between the UIC and IDPH has proven to be extremely beneficial to the overall project. The UIC staff have been instrumental in coordinating partnership efforts; developing the Illinois Disability and Health Data Report; assisting to develop this plan; conducting focus group interviews to assess the need for health information, health services and a healthy lifestyle; developing a disability and health Web site; sharing resources, knowledge and experiences; and educating others, including partnership members, about reducing secondary chronic conditions among people with disabilities.

Dedicated Illinois Disability and Health Partnership members lead many of the project’s efforts by sharing personal experiences, insights and knowledge, and offering resources to address public and professional education, access, surveillance and policy issues. Project staff continuously assesses the need for additional partners and resources, and actively seeks out new members as necessary. The partnership and work groups also explore methods to increase fiscal resources.

## **B. Challenges**

There are many challenges faced in providing health promotion and disease prevention services for people with disabilities in Illinois. The biggest challenges include the lack of public knowledge about the magnitude of disability, the risks of acquiring secondary chronic conditions, and how much bigger this issue will become as a result of the aging of our population. Another challenge is the limited number of medical and public health professionals who are knowledgeable about communication, diagnosis, treatment and access to care issues for people with disabilities. Further, Illinois’ diversity creates unique challenges for addressing secondary and chronic conditions among people with disabilities. Approximately one-half of the adult population with disability resides in the metropolitan region around the city of Chicago. The balance is dispersed widely in the central and southern regions of the state, which are predominantly rural. In the metropolitan region, minority race/ethnic groups represent two-thirds of the population with disability. In the rest of the state, a population with disability is represented predominantly by individuals of European descendents. The development of this plan is the first step toward enhancing health promotion activities for people with disabilities in Illinois. Resources including staff, funding, materials and expertise, just to name a few, are needed to implement the strategies herein.

## **C. Rationale, Objectives and Strategies**

The rationale, objectives and strategies for 2007-2010 across the four priority areas are addressed in this section. These were developed through the collaborative efforts of the IDPH, UIC and the Illinois Disability and Health Partnership. The resources used for the development of these objectives and strategies include various CDC reports and documents, the U.S. Surgeon General's *Call to Action to Improve the Health and Wellness of Persons with Disabilities 2005* and *Healthy People 2010* disability-related health objectives (Chapter 6). This Action Plan has created a framework for a statewide public health approach to prevent, manage and control secondary conditions among people with disabilities in the state.

## Surveillance and Data

**Rationale:** Surveillance and data collection, and analysis and monitoring, can provide an important impetus to plan, develop, implement and evaluate program interventions and policies to address reducing secondary chronic conditions among people with disabilities in Illinois.

**OBJECTIVE**     **By 2010, maintain and expand an existing scientific database on the prevalence and impact of secondary conditions among people with disabilities.**

- Strategy 1.     Monitor changes in the prevalence of secondary chronic conditions and the impact on disability and quality of life.
- Strategy 2.     Identify disparities in chronic disease prevalence in different populations of people with disabilities.
- Strategy 3.     Expand and promote utilization of state- and county-specific chronic disease- and disability-related BRFSS data to assess risk behaviors and health status by age, gender and ethnicity.
- Strategy 4.     Monitor progress toward achieving *Healthy People 2010* disability-related objectives.
- Strategy 5.     Update a comprehensive disability and health data work plan, on an annual basis, that assesses and evaluates existing data sources.
- Strategy 6.     Develop a *Disability and Health Reach Report* documenting the number of people with disabilities reached with prevention and awareness messages and/or interventions annually through 2010.
- Strategy 7.     Update the *Illinois Disability and Health Data Report* every year.
- Strategy 8.     Develop a data distribution plan, outlining methods to disseminate disability data every three years.
- Strategy 9.     Assess, prioritize and make provisions for the data needs of the partnership and work groups on an annual basis.
- Strategy 10.    Maintain a Surveillance and Data Work Group that meets quarterly.
- Strategy 11.    Assess the processes and completion of surveillance and data strategies and actions on an annual basis.

## Health Promotion

**Rationale:** Achieving optimal health is a goal for everyone. The idea of health promotion for people with disabilities is a new and emerging area in health programming. Individuals with disability should engage in health promotion and wellness activities, and be encouraged to take personal responsibility for healthy behaviors to prevent or reduce the occurrence of secondary chronic conditions. Health promotion programs that focus on improving functioning can reduce secondary chronic conditions and visits to health care providers. Through the efforts of this plan, many health promotion activities already existing in Illinois will be adapted to the needs of people with disabilities and promoted to them through existing statewide disability networks.

**OBJECTIVE      By 2010, increase health promotion and prevention opportunities and resources for people with disabilities.**

- Strategy 1.      Increase the number and geographic dispersion of local agencies implementing health promotion and chronic disease prevention for people with disabilities:
- who have secondary conditions;
  - who are at high risk of secondary conditions;
  - who live in rural populations with limited access to care/services; and
  - who have limited access to health promotion and prevention provisions.
- Strategy 2.      Implement appropriate evidence-based self-management program(s) in multiple locations throughout the state.
- Strategy 3.      Develop and distribute health promotion and prevention messages (in English and Spanish) to people with disabilities through local disability providers.
- Strategy 4.      Disseminate a series of Web-based interactive guides to recreation and fitness, nutrition awareness and education, tobacco use reduction, arthritis and asthma awareness and a variety of other health promotion topics.
- Strategy 5.      Enhance the understanding of making nutritious food choices, preparing healthful foods and basic nutrition concepts to reduce the risk of secondary chronic conditions.
- Strategy 6.      Increase knowledge among people with disabilities about the benefits of, and opportunities for, physical activity in accessible locations.
- Strategy 7.      Increase knowledge among people with disabilities about the benefits of, and opportunities for, smoking cessation in accessible locations.

- Strategy 8. Increase knowledge among people with disabilities about the benefits of, and opportunities for, arthritis self-management in accessible locations.
- Strategy 9. Increase knowledge among people with disabilities about the benefits of, and opportunities for, having their blood cholesterol, blood pressure and blood glucose checked and controlled in accessible locations.
- Strategy 10. Increase knowledge among people with disabilities about the benefits of, and opportunities for, asthma management interventions in accessible locations.
- Strategy 11. Coordinate with IDPH chronic disease program staff to offer assistance to assure that programs are marketed to, and accessible for, people with disabilities.
- Strategy 12. Partner with state and local health promotion and chronic disease prevention programs to increase the number of people with disabilities who are aware of, and participate in, health promotion activities, and offer assistance where necessary to assure that clinical preventive services are accessible.
- Strategy 13: Partner with universities, centers of excellence, centers for independent living, advocacy organizations, vocational rehabilitation and senior elderly services to facilitate health promotion efforts targeting people with disabilities.
- Strategy 14. Maintain a Health Promotion Work Group that meets quarterly.
- Strategy 15. Assess the processes and completion of health promotion strategies and actions on an annual basis.

## Professional Development

**Rationale:** Health professionals must be able to meet a full range of health care needs, including the onset of secondary chronic conditions, presented by people with a disability, and to comply with laws designed to protect the rights of people with disabilities. They must be able to evaluate, manage and treat these individuals in a culturally appropriate and sensitive manner utilizing effective communication skills. Few education and training opportunities are currently available in Illinois to provide opportunities to enhance their skills and knowledge to meet the complex support needs of people with disabilities based on the social model of disability. Through the efforts of this plan, professional development strategies will be implemented to mitigate or prevent secondary and chronic conditions.

**OBJECTIVE**     **By 2010, expand the awareness of, and opportunities for, local health professionals to have the knowledge and tools to screen, diagnose and work effectively with persons with a disability.**

- Strategy 1.     Conduct an annual assessment to identify the professional development needs of targeted health professionals and prepare a report of findings.
- Strategy 2.     Develop partnerships between state and local health agencies and professional organizations to enhance professional development opportunities.
- Strategy 3.     Provide continuing education credits for professional development.
- Strategy 4.     Promote the use of medical equipment and devices that allow universal access for recommended screening, diagnostic tests and treatments.
- Strategy 5:     Produce an annual Web-based or satellite conference for health professionals addressing information regarding the health and wellness needs of people with disabilities.
- Strategy 6:     Coordinate an annual disability sensitivity and awareness training for health professionals.
- Strategy 7:     Coordinate regional trainings with fitness facility staff to adapt programs and exercise equipment for people with disabilities.
- Strategy 8:     Coordinate regional trainings with cooperative extension offices and other entities to adapt food preparation methods and nutrition education techniques for people with disabilities.
- Strategy 9.     Distribute education and training materials to health professionals that focuses on the health care and wellness needs of people with disabilities.

- Strategy 10. Create a series of Web-based interactive guides for health professionals that include the best practices and current resources for reducing secondary chronic conditions among their clients with disability.
- Strategy 11. Maintain a Professional Development Work Group that meets quarterly.
- Strategy 12. Assess the processes and completion of professional development strategies and actions on annual basis.



## Service Accessibility Efforts

**Rationale:** People with disabilities must have access to a full range of health care and support services to meet their specific needs. These services promote independence for people with disabilities. Because of psychological, environmental and systematic barriers currently existing in our communities, this is not always the case for our citizens with disabilities. Through the efforts of this plan, strategies will be implemented to focus on increasing accessibility and reducing barriers for people with disabilities to participate in state and local health promotion and prevention activities and support services, present at and attend conferences, exhibit at and attend health fairs, and more easily utilize screening and clinical preventive services.

**OBJECTIVE**     **By 2010, increase the availability and accessibility of health promotion and prevention services, interventions and resources for people with disabilities.**

- Strategy 1.     Conduct a needs assessment of selected local health provider agencies to determine knowledge of accessibility issues and needs of their agency to assure services are Americans with Disabilities Act (ADA) accessible.
- Strategy 2.     Coordinate annual Web-based seminars that address accessibility issues for local providers.
- Strategy 3.     Provide awareness and education to fitness facilities to have adaptive equipment in their facilities.
- Strategy 4:     Provide awareness and education to local health agencies to assure their screening programs have universal equipment and that screening devices and facilities are accessible.
- Strategy 5:     Provide awareness and education to health professionals to assure health promotion instructions are written at the appropriate reading level for the general public and are available in accessible formats.
- Strategy 6:     Provide awareness and education to local providers to assure wellness programs, conferences, etc. are promoted directly to people with disabilities and are held in accessible facilities.
- Strategy 7:     Identify key elements of best practices in health service delivery for people with disabilities.
- Strategy 8.     Maintain a Service Accessibility Work Group that meets quarterly.
- Strategy 9.     Evaluate strategies and actions on an annual basis.

# Call to Action

According to the CDC's "Disability and Health State Chartbook: 2006," an estimated 16 percent of Illinois adults have functional limitation associated with a long-term health condition and/or use special equipment to accommodate such limitation (Centers for Disease Control and Prevention, 2006). Through the efforts of many dedicated partners, the Illinois Disability and Health Program identified a comprehensive set of objectives and strategies to provide a framework for a statewide public health approach to prevent secondary conditions among persons with disability and improve quality of life. Implementing specific interventions and activities with limited funding will be challenging. There are excellent health resources available, but people with disabilities are often overlooked and not viewed as a specific target group with the same health needs as the non-disabled population.

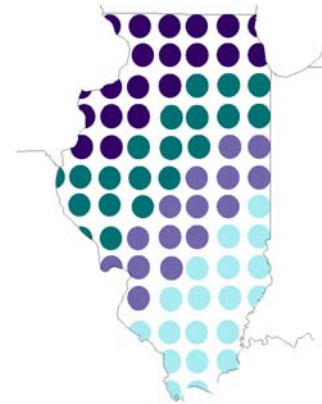
This report is intended to be used to increase public awareness of the "reality that persons with disabilities are just like everyone else. Their health and wellness needs are much the same as those of individuals without disabilities, although sometimes more difficult to achieve."<sup>1</sup> Healthcare and service providers, as well as the academic institutions that train them, can utilize the strategies outlined in this report to effect change. Myths about persons with disabilities can be dispelled and replaced by the understanding that persons with disabilities have a need for the same types of health and wellness services as persons without disabilities. Opportunities for health care providers to work more effectively with persons with disabilities can be identified, and partnerships in treatment, education, and health promotion can be developed.

At the local level, the objectives and strategies outlined in this report can be used by community leaders and agencies to increase awareness among policymakers about the need for accessible and affordable transportation and health and wellness services for persons with disabilities.

Achieving the goals outlined in this report will require: 1) maintaining and expanding a database on the prevalence and impact of secondary chronic conditions among adults with disabilities; 2) adapting and developing health promotion and chronic disease prevention resources, materials, and evidence-based interventions to fit the needs of people with disabilities; 3) identifying evidence-based strategies to increase awareness and education opportunities for health professionals; and, 4) promoting accessible health care and support services to increase independence among people with disabilities.

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<sup>1</sup> U.S. Department of Health and Human Services. (2005). *The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities*. Washington, DC: U.S. Government Printing Office.



**To learn more about the Illinois Disability and Health Program and how to become involved, contact the Illinois Department of Public Health, Disability and Health Program at 217-782-3300, TTY 800-547-0466.**