



Supporting the Health of Adults with Intellectual Disability

Susan M. Havercamp, PhD, FAAIDD

Director, Health Promotion and Healthcare Parity

The Ohio State University Nisonger Center

DISCLOSURE AND ACKNOWLEDGMENT

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WHAT IS INTELLECTUAL DISABILITY?

Three criteria for diagnosis (Schalock et al, 2010)

1. Significant limitations in intellectual functioning (IQ)
2. Significant limitations in adaptive behavior
(conceptual, social, and practical skills)
3. Onset of limitations before age 18

- Approximately 1.3% of US population
- Impact ranges from mild to profound



HEALTH RISKS

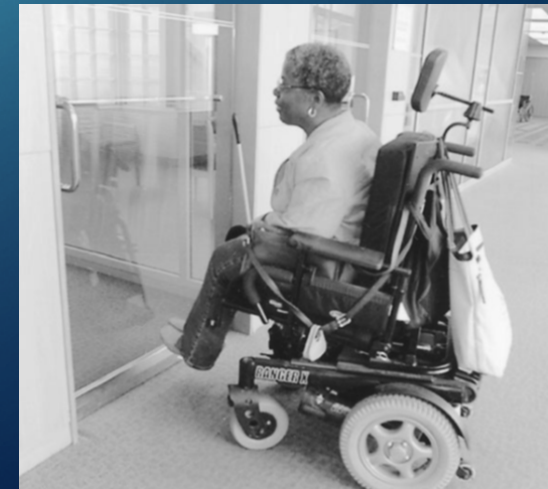


- Health disparities found across the lifespan (Prokup, Andridge, Havercamp, Yang, 2017)
- Social ties
 - Adults are isolated and lonely (Scott & Havercamp, 2018)
 - Social isolation is associated with anxiety or depression (Green, Berkovits, & Baker, 2015; Bigby, Bould, & Beadle-Brown, 2017; Solish, Perry, & Minnes, 2010)
- Mental Health
 - 4.5 relative risk of mental health problems (Totsika, Hastings, Emerson, Lancaster, & Berridge, 2011)
 - Psychiatric care- underdiagnosed yet over medicated
(Buck, Viskochil, Farley, Coon, McMahon, Morgan, & Bilder, 2014; Perry et al., 2018)



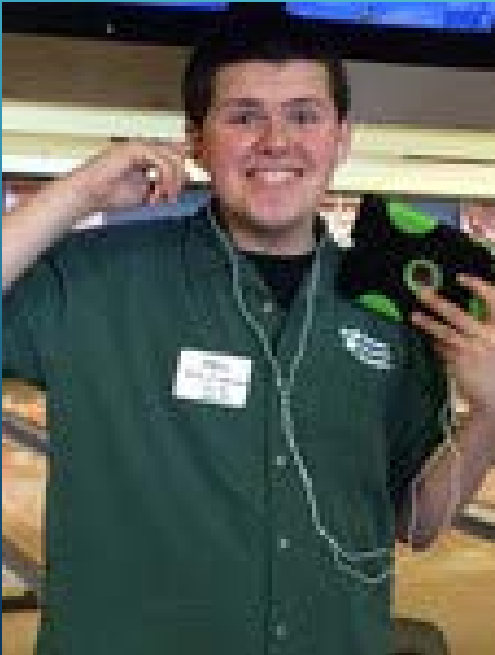
BARRIERS TO QUALITY HEALTH CARE

- more than 2X as likely to report health care provider skills inadequate to meet their needs,
- 4X more likely to be treated badly, and
- 3X more likely to be denied needed health care (Institute of Medicine, 2007)
- Health care providers are unprepared and uncomfortable (Chiri & Warfield, 2012; Vohra, Madhavan, Sambomoorthi, & St Peter, 2014)



HEALTH LITERACY IN INTELLECTUAL DISABILITY

- Limited understanding of health consequences of behavior



HEALTH RISKS

- Diet

- Excess sugar, fat, and fried food (Hsieh, Rimmer, & Heller, 2014) and food with low nutritional value (Humphries, Traci, & Seekins, 2009)
- Insufficient fruit, vegetables, fiber, and protein (Humphries, Traci, Seekins, 2009)

- Physical activity

- More sedentary than peers (Havercamp, Scandlin, & Roth, 2004)
- Most adults report little or no physical activity

(Temple, Frey, & Stanish, 2006)

- Obesity

- Significant disparities in obesity (McCoy, Jakicic, & Gibbs, 2016)



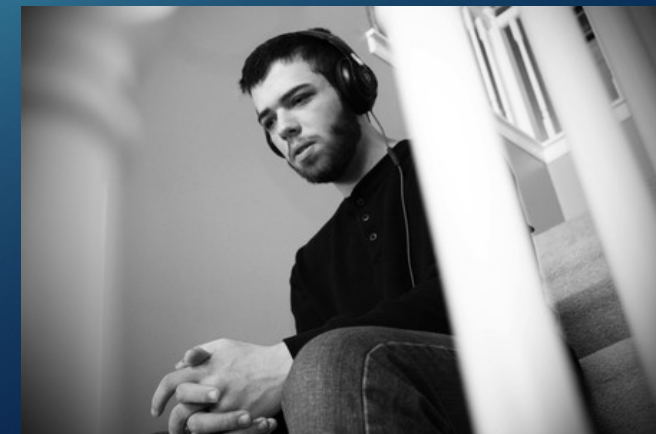
HEALTH CONSEQUENCES OF OBESITY

- Social and physical health (Liou, Pi-Sunyer, & Lafarrere, 2005; Rimmer, Rowland, & Yamaki, 2007)
 - mobility limitations,
 - extreme deconditioning,
 - fatigue,
 - pain,
 - depression,
 - social isolation
 - Hypertension
 - Heart disease
 - Type 2 diabetes
 - Respiratory problems



IMPACTS OF OBESITY AND RELATED CONDITIONS

- Can undermine independence and limit opportunities for community engagement in work and leisure activities (Liou, Pi-Sunyer, & Lafarrere, 2005; Rimmer, Rowland, & Yamaki, 2007)
- Especially for individuals who lived independently, shop for groceries, and prepare meals on their own (De Winter, Bastiaanse, Hilgenkamp, Evenhuis, Echteld, 2012; Stancliffe et al., 2011)



RIGHTS AND RESPONSIBILITIES

- Adults with ID have responsibilities
 - Chose what to eat
 - Choose what to do
 - To live with consequences
- Also have right to understand risk



PLAN FOR HEALTH PROMOTION

- Individual Support Plan
- Opportunities for healthy choices
- Support for making healthy choices
- Opportunities to improve ID Service culture?



ENCOURAGING HEALTHY CHOICES

- Availability of water
 - Flavored with fresh fruit
 - Cucumber
 - Herbs



- Compared to



ENCOURAGING HEALTHY CHOICES

- Plan *active* activities



- Instead of restaurant-focused activities



DIRECT SUPPORT PROFESSIONALS

- Teacher
 - Cheerleader
 - Mentor
 - Confidant
 - Role model
-
- Essential to quality of life and health promotion of adults with ID
 - What about the health of DSP workforce?



DIRECT SUPPORT PROFESSIONAL HEALTH

- Average wage is \$11.41 /hour, many live in poverty and work several jobs
- 65% have high school education
- 81% women
- 25% are single mothers (Smith & Baughman, 2007)
- 41% are racial or ethnic minorities, increasingly first generation Americans
- Limited opportunities for career advancement

-(Hewitt, Larson, Edelstein, Seavey, Hoge, & Morris, 2008)

DIRECT SUPPORT PROFESSIONAL HEALTH

- 40% obese (additional 25% overweight)
- 23.5% of DSPs use tobacco (Leser, Pirie, Ferketich, Havercamp, Wewers, 2018)
- What could be done to help?



PREVENTION MEANS BUSINESS

A healthy, thriving workforce makes for a healthier business. Investing in health—in the workplace and in the community—reduces health care costs, improves productivity and makes businesses stronger.

POOR HEALTH IS BAD FOR BUSINESS

Chronic disease drives health care expenditures, which cuts into company profits and productivity.



67%
of our workforce is overweight or obese



1 IN 4
Americans has heart disease



1 IN 3
Americans has high blood pressure



\$73 B
annual cost of obesity among full-time employees



50%
of company profits go towards health care costs



\$153 B
loss to employers annually due to absenteeism from workers who are overweight or obese and have other chronic health conditions



450 M
additional work days missed every year by full-time workers who are overweight or obese and have chronic health conditions

PREVENTION PAYS AT WORK

Even small investments in health within the workplace can create big returns:



WORKPLACE WELLNESS

For every **\$1** spent on workplace wellness programs, employers can save up to **\$6**

ADDRESS HEALTH RISKS

1% ↓

reduction in health risks would save as much as



\$83-103

annually in medical costs, per person.

SAVE MONEY



Workplace wellness programs can reduce sick leave, medical costs and worker's comp claims by as much as:



25%

HEALTHY COMMUNITIES = HEALTHY BUSINESSES

Building a healthier community saves lives and money.



BIKING SAVES MILLIONS

Do you have bike racks? Are there bike lanes on your streets? Bicycle commuters saved Iowa \$13.2 million a year in health care costs and \$73.9 million for those who cycle recreationally.



SMOKE-FREE SPACES SAVE LIVES

Are your shared community spaces and workplace smoke-free? Smoke-free strategies and education prevented 800 thousand deaths related to lung cancer between 1975-2000.



WALKABLE SPACES + ECONOMIC GROWTH

Do your workplace and community make physical activity easier? In one California city, \$10 million spent on more walkable public outdoor spaces spurred a \$125 million economic investment in the local downtown area, which led to the creation of 40 new businesses and 800 new jobs.



HEALTHY OPTIONS. HEALTHY CHOICES.

Are healthy foods affordable and accessible at work meetings, in vending machines and in your community? Research shows that making the healthier option the default can lead to healthier choices.

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HEALTH PROMOTION PROGRAMS

- Health education & behavior change
 - Include didactic and hands on activities
 - Practice skills (exercising, cooking)
 - Focus on sustainable behavior change
-
- Programs offered in small groups of peers



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DD PROVIDERS COULD OFFER HEALTH PROMOTION BUT...

- DSP turnover averaged 45.5% per year, 9.8%- 15.4% vacancy rate (National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute, 2016).
- Cost of health promotion program
- Staff time in program (unbillable time)

WORKPLACE WELLNESS PROGRAMS

- Address health literacy,
 - health behaviors,
 - work environment
-
- DSPs have similar needs as adults with ID



COOKING MATTERS PILOT

- 8 adults with ID
- and 7 DSP
- Nutrition didactics and preparing meals
- Each person left with a bag of groceries to make the same meal at home



EVALUATION

- Participants completed quantitative and qualitative surveys at 3 time points: pre-, post-, and 6-month follow-up
- *Cooking Matters for Adults* survey was developed by Share Our Strength (Pinard et al, 2015) and adapted to be more cognitively accessible.
 - *Healthy food* preparation- knowledge about nutrition, healthy cooking
 - *Balanced diet*- frequency of food/beverage intake
 - *Healthy choices*- frequency of choosing low-fat, low-sodium, options
 - *Cooking confidence*- confidence in buying, preparing healthy foods
 - *Cooking barriers*- frustrations and beliefs about cooking
- Qualitative interviews at 3 time points assessed knowledge, satisfaction, self-efficacy, and feasibility of program

FINDINGS -ADULTS WITH ID AND DSPS



- Improvements in healthy food preparation, eating a balanced diet, and reduction in cooking barriers were found post-test
- Improvements in healthy food preparation and eating a balanced diet maintained at 6-months.
- Cooking barriers decreased at 6-months for adults with ID but not DSPs
- Cooking confidence decreased for ID but increased for DSPs at follow-up
- Rich qualitative data highlight changes in health literacy and health behavior including healthy food choices, food groups, and avoiding food with no nutritional value.

INCLUSIVE HEALTH PROMOTION

- Health supportive relationships
- Health promoting culture
- Enable workplace wellness in ID sector



FOR MORE INFORMATION

- Susan M. Haverkamp, PhD
The Ohio State University Nisonger Center
1581 Dodd Dr
Columbus, OH 43210
Tel.: 614.685.8724
Email: Susan.Haverkamp@osumc.edu



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