

# **Health Promotion for Persons with Disabilities through Advocacy and Public Health**

Margaret A. Turk, MD

Professor, Physical Medicine &  
Rehabilitation and Pediatrics

SUNY Upstate Medical University,  
Syracuse, NY

# Objectives

The presentation will identify:

- Current state of the science re: health promotion, from a Public Health and Advocacy perspective
- Research gaps
- Opportunities for collaborations
- Research recommendations

# Definitions

- Advocacy: Political process, individuals or groups, within macro/micro systems; policy change, wider impact/sustainability; organized disability systems – limited presence of health professionals
- Public Health: Surveillance, epidemiology, interventions/outcomes at population level
- Health Promotion: Process of enabling increased control over and for improved health; personal skills/behaviors change, education/awareness, health maintenance, policy change, social support, community action

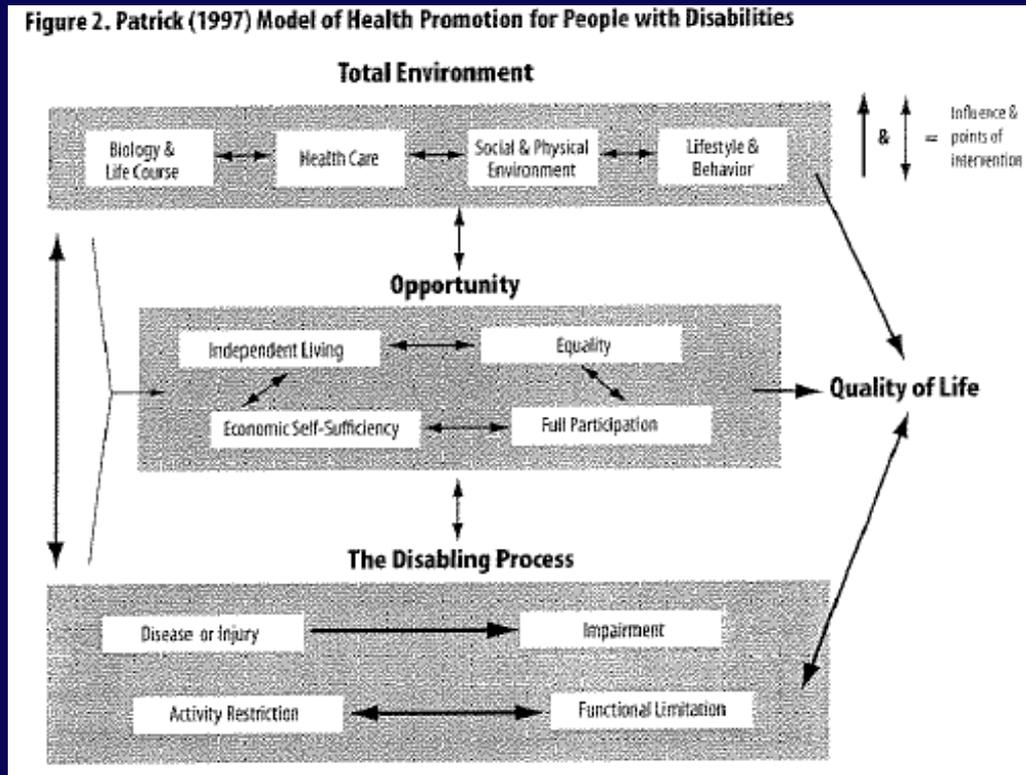
# Current State of the Science

- Health disparities exist for PWDs re: health maintenance/screening and health promotion (Iezzoni 2000; Chevarley 2006; Iezzoni, 2008MMWR 2008; NCD 2009)
- PWDs encounter negative attitudes, lack of skills (Finkelstein 1980; Iacono, 2003; Kroll 2003; Harrington 2009)
- Health profession students show improved attitudes and interactions from a variety of education programs (Packer 2000, Lindgren/Oermann 1993 1995, Andrew 1998, Chan 2002, Tervo 2004)

# Current State of the Science: Behavior Theories

- Transtheoretical Model: stages of change (Prochaska 1983)
- Social Cognitive Theory: self-efficacy, expectations (Bandura 1986)
- Ecological Model: transactions among individuals, groups, psychosocial milieu (McLeroy 1988)
- General sense re: PWD: Need for social support, combinations

# Current State of the Science: Patrick Model

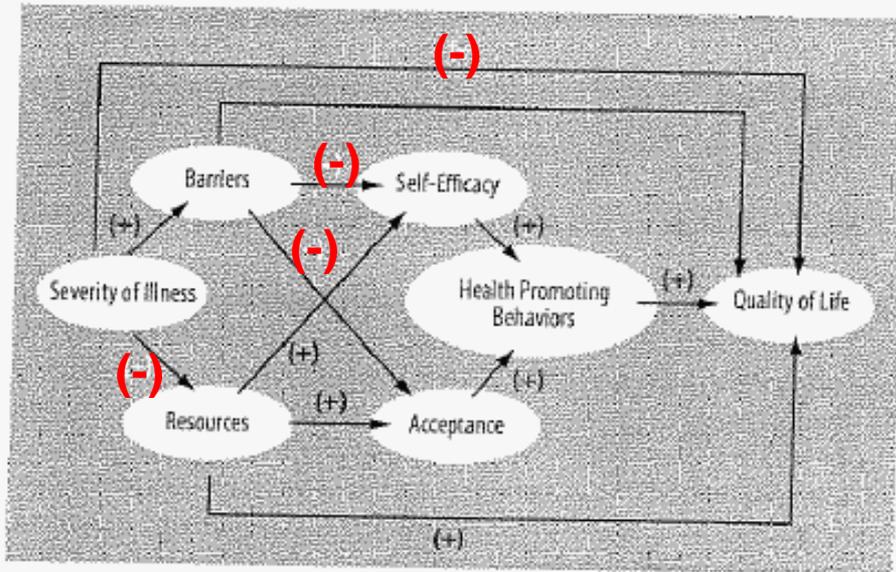


Patrick Model (1997): 4 planes (environment, opportunity, disabling process, QOL) for HP, arrows depict opportunities for intervention

from Peterson 2009

# Current State of the Science: Stuifbergen Model

Figure 3. Stuifbergen, et al. (2001) Model of Health Promotion and Quality of Life in Chronic Disabling Conditions



from Peterson 2009

Stuifbergen Model (2001): QOL from direct/indirect, positive/negative influences context, attitude, behavior factors; tested across disabilities (2000, 2005)

# Current State of the Science

- HP activities for PWDs emphasize social/environment contexts, with success; exercise programs most studied; regional, often small numbers (Heller 2001; Abdullah 2004; CDC 2006; Ravesloot 2007; Cameron 2008; Block 2009; Stuifbergen 2010)
- Barriers to HP include engagement, access (equipment), cost (Bingham 2003; Neri 2003; Palsbo 2007;
- Potential of risk assessments/screening and HP to reduce care utilization and cost (USDHHS 2001; Haverkamp 2004; Turk 2004; Goetzel 2007; NCD 2009; CMS 2009)

# Current State of the Science

- Suggested Guidelines, developed from consensus, for HP Program developers

<b>Guidelines: Community-based HP Program Implementation*</b>	
Operational	Use underlying conceptual framework
	Incorporate process evaluation
	Plan for outcomes data
Participation	Involve PWDs, families, caregivers
	Consider beliefs, practices/values, personal choices
Accessibility	Provide social, behavioral, environmental accessibility
	Assure affordable

\* Modified from Peterson 2009, from Drum/OHSU

# Research Gaps – Theories

- Do PWDs respond in the same way to the Behavior Change Theories used as the basis for HP in general populations?
- What are important elements of HP or assurance of health screening for success with PWD? What are barriers?
- Which theory combinations work best for PWDs? For program initiation? For retention and continuation? (Dossa 2010)

# Research Gaps – Personal Characteristics or Constructs

- Are there personal characteristics for PWDs that improve success for HP?
- Do PWDs have a different construct for health promotion values (self-efficacy, expectations, stages for change, social support), just as they do for self-rating health? (Drum 2008)
- Do PWDs develop different constructs depending on type/onset of disability?

# Research Gaps – Health Care Professionals

- Since health professional students benefit from education and experience re: health interactions with PWDs, what are the barriers to inclusion in curricula?
- What are the incentives/barriers for health care professionals to participate in health care for PWDs? Can there be incentives? (Baron 2008; Shortell 2008)
- Why is there only limited participation among health professionals in advocacy for the health needs of PWDs?

# Research Gaps – HP Program Development

- How successful are the proposed Guidelines for HP Program development and PWD participation?
- Are large-scale multisite HP Programs possible for PWD involvement and successful outcomes? What are the barriers/promotions?

# Research Gaps – Cost of HP & Reductions to Health Costs

- Does HP and Risk Assessments/ Screening decrease the cost of health care? Improve outcomes?
- What is the cost of accessible health screening? Why is accessibility or tech training often avoided?
- What is the cost of HP Programs for PWDs (direct and indirect)?

# Opportunities for Collaboration

- Develop quality measures and best practices for preventive maintenance and screenings for specific and general disabilities. Res, Ser, Pol \*
- Review principles of coordinated care for PWDs with complex conditions, with replication of successful programs known nationally. Res, Ser, Pol, Data \*

\* Res=Research, Ser=Service, Pol=Policy, Fi=Finance, Ed=Education, Ad=Advocacy, Data=Data collection

# Opportunities for Collaboration

- Consider all incentives (e.g. financial, designation) to increase health care professional services and facility access for PWDs. Res, Ser, Pol, Fi, Data \*
- Establish surveillance (e.g. disability and intervention identification, outcomes measures) to capture HP participation and outcomes. Res, Pol, Data \*

\* Res=Research, Ser=Service, Pol=Policy, Fi=Finance, Ed=Education, Ad=Advocacy, Data=Data collection

# Opportunities for Collaboration

- Identify competencies for health care professionals' education, especially medical education, and promote through national education organizations. Res, Ser, Ed, Ad \*

\* R=Research, S=Service, P=Policy, F=Finance, E=Education, A=Advocacy, D=Data collection

# Research Recommendations

- Recognize and fund HP research through federal research entities.
  - Clarify the constructs of PWD related to health beliefs/QOL, behavior change theories.
  - Develop and implement a multisite HP program for PWD, with evaluation for outcomes, sustainability.

# Research Recommendations

- Investigate economic and systems implications for HP programs for PWDs.
- Address education and practice options of health care professionals.

# Summary

- Theoretic and applied research, although limited, supports the concept of Health Promotion benefits for PWDs.
- Health Promotion research and implementation involves more than Public Health strategies.
- There are economic implications for Health Promotion/Screening implementation.
- Education of professionals and the care delivery system is imperative.