

Health, Wellness and Cancer Prevention in Residential and Community Based Programs

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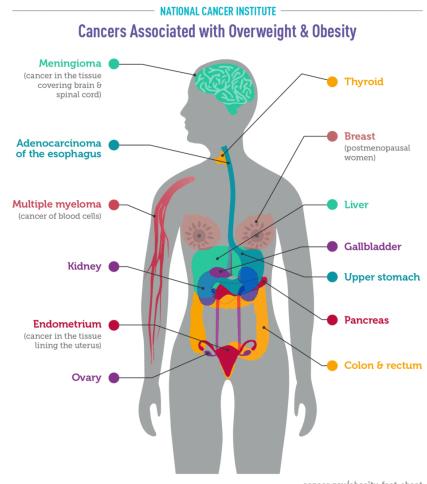








According to **The National Cancer Institute**, despite the limitations of the study designs, there is consistent evidence that higher amounts of body fat are associated with increased risks of a number of cancers.











42% of American individuals with disabilities are obese; more than 13% higher than people without disabilities.

American Journal of Preventive Medicine, 2011

Individuals with IDD are more likely to be on obesogenic medications.



Hsieh et al. (2014) reported that 45% of their adult subjects with intellectual disability were taking medications associated with weight gain like antidepressants (e.g., Paxil, Zoloft), anticonvulsants (e.g., Depakote), diabetes medicines (e.g., Diabeta, Diabinese) and antihypertensives (e.g., Cardura, Inderal).











Other studies suggest that those with IDD are at risk for UNHEALTHY weight:

Researchers have consistently reported that severe or profound intellectual disability is associated with being underweight and that relatively mild intellectual disability is associated with being overweight and obese and also caused a higher risk of obesity compared to being overweight

(Bhaumik et al., 2008; Hsieh et al., 2014; Melville et al., 2007; Stancliffe et al., 2011; de Winter et al., 2012). Hsieh et al. (2014), however, did not find any significant difference in the prevalence of morbid obesity across intellectual disability levels.









Accordingly, people with disabilities have greater incidences of chronic illnesses like diabetes, hypertension, high cholesterol, and other related health complications.









A Call To Action



"With the recognition that <u>disability is not an illness</u>, the emphasis increasingly is on continuity of care and the relationship between a person with a disability and the environment at the physical, emotional and environmental levels.

This approach is based on the knowledge that good health means the same thing for everyone, and that the best possible health status and quality of years of life should be a goal for everyone, whether experiencing a disability or not."

U.S. Department of Health and Human Services. The Surgeon General's Call To Action To Improve the Health and Wellness of Persons with Disabilities. US Department of Health and Human Services, Office of the Surgeon General, 2005.









Responding to a Call to Action

Promoting Public Health and Preventing Disease

Healthy People 2010 and 2020 identify overweight and Obesity as a public health issue and set national objectives for reduction in their prevalence.

Improving the health and well-being of a community must ensure that every individual has access to and benefits from the policy, systems, and environmental changes enacted on behalf of community improvement.









Regular preventive health screenings can help people with IDD remain healthy and have a good quality of life. Health and Wellness Education may improve mobility and lifestyle habits, and lower the risk of obesity related illness.

Each individual is unique and has a different set of needs and means for achieving those needs.









Sometimes policy, systems, and environmental changes are not applied equally to every member of a community.

This can actually increase health disparities among certain subgroups, including people with disabilities, by predisposing them to poorer social determinants of health.











The National Center on Health, Physical Activity and Disability (NCHPAD), funded by the U.S. Centers for Disease Control and Prevention (CDC), in partnership is working to correct this gap in order to create an inclusive community change process.

Inclusive Health Coalitions bring organizations and communities together to promote healthy outcomes for individuals with disabilities.

Working together, breaking down barriers, and building a network of support.











Essex County IHC: Community Exercise Partnership - Bing video









Focus on lifestyle changes that can be achieved

"5 pounds"

Mr. E's Story...

In an ABILITY APPROPRIATE Inclusive Health and Wellness Education class in a community setting Mr. E learned that water is healthier than soda and that water costs less than soda.

In 12 weeks at the routine weigh-in it was noted that he lost 5 lbs. by making this one change.













Mr. W's story:

After one year of structured ability appropriate classes taught by professional fitness instructors, twice a week, a participant no longer needed assistance sitting and standing. Support professionals reported that he likes to walk and participate in other physical activities, and is more enthusiastic about going out into the community.









Miss F participated in nutrition and health education classes. Classes addressed choices that can make us healthier and more energetic.

"The (exercise and nutrition) classes help me to feel confident," said a participant of in adult day program for people with developmental disabilities. "And, when I feel confident, I believe I can accomplish anything."









How Can we improve the health and wellness of adults with IDD in Disabilities Services Agency Programs?

Integrate programs in:

Community Support/Day Programs
Employment Services Programs: Lunch and Learn
Supportive Residential Programs

- Create a culture of health and wellness in disabilities services organizations and provide health and wellness onboarding training for direct support personnel.
- Role model healthy behaviors
- When possible, engage wellness professionals









Inclusion in services in the community:

- Special Olympics New Jersey- Local Programs
- Inclusive/adaptive Exercise programs at YMCAs and Fitness Centers
- Ability appropriate fitness and health coaching in one's own home or family home- with a certified and qualified professional
- Inclusive/adaptive exercise programs at YMCAs and Fitness Centers
- School Physical Education Programs with inclusive/adaptive programs
- Community Health Fairs and Education Outreach

*Functional exercises that include multiple joint movement help to improve ability to perform activities of daily living

* Involve caregiver/residential support staff in health and nutrition education processes







- Public Health Education and Screening Events: Do we know our neighbors?
- Fitness and Recreation Activities: Adaptive programs and support
- Personal fitness and health coaching in one's own home or Family home
- Community Recreation Programs with inclusive and adaptive programs (jnclude functional exercise)
- Dietition and Nutritionist Services
- Physical Therapy
- Health and Wellness Education: Engagement and Caregiver Support
- Built Environment: Accessibility
- Health Care: Treating the WHOLE person / Trauma Informed Care / Communication
- Preventive Screenings: Ability to Communicate, obtain personal and family health history, and helping patients relax/reduce anxiety
- Community Health Fairs and Education Outreach
- \$\$- Grants, private pay, Medicaid

On local and national levels:

National fitness, nutrition, wellness certifying agencies provide training and special needs certifications.

Establish best practices for screenings and sensitivity training using successful service models from other public health and healthcare systems.

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Cancer In





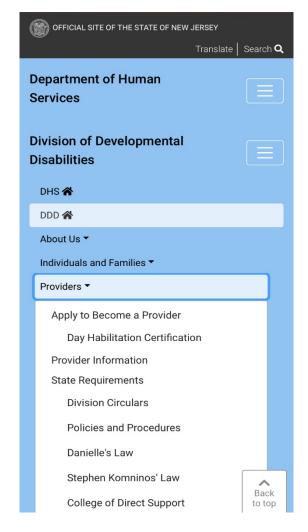


North Jersey Health Collaborative

health matters

Becoming a DDD Approved Provider

https://www.state.nj.us/humanservices/ddd/documents/goods-and-services-request-instructions.pdf









RUTGERS HEALTH









Join Us for Free Educational Webinars on Cancer Screenings for Individuals with Disabilities: With a Q&A!!

Hosted by: Laura O'Reilly Stanzilis RN, North Jersey Health Collaborative Executive

Presented by: Mary Ellen Zung BA Certified Health Coach



Oct. 18th @ 4pm: Introducing Information About Cancer Screenings for Individuals with

Disabilities





