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Health and Wellness

A Guide to Kentucky's Managed Care Programs

This guide is for persons with developmental disabilities, their families, and other professionals who provide services and assistance to individuals with disabilities.

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Although every question about Kentucky's managed care cannot be answered in this Guide, a number of common concerns about accessing and navigating Kentucky's managed care program are addressed.

This Guide is a reference book and a tool. It can be read from start to finish, or it can be used to answer a specific question. The Guide's health promotion section provides specific health and wellness strategies and may be useful for support staff in assisting consumers to live healthier lives.

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Part One: Health Promotion

Introduction

It's important to be healthy! No matter who you are, you owe it to yourself to be as healthy as you possibly can. Staying healthy means taking good care of your body. A healthier body will help you feel happier and make fewer trips to the doctor's office.

Sadly, people with disabilities have not always had chances to be active and involved in areas of community life that lead to good health. Also, people with disabilities have not always received the information and support they need to keep as healthy as possible. As a result, people with disabilities may have gotten health problems that could have been kept from happening. In the last few years, many people have seen that this needs to change.

People with disabilities need to know how to get healthy and stay healthy. That's exactly what this section of the *Guide to Healthy Living* is about. In this section, you and your family will learn about being healthy and getting the health care that you need. The rest is up to you. Everyone can lead a healthier life, and the time to start is now!

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HEALTH AND WELLNESS

Healthy Kentuckians 2010: Health and Wellness

Kentucky made a commitment to the national prevention initiative **Healthy People 2010**. It has two major goals, and they are to increase the quality and years of healthy living and to get rid of things that are not fair in the health care system.

Why do you think living healthy lives is important? It's not only because we all would feel better and enjoy living more, but also it can save us a lot of money by helping us need fewer medical and social services.

When people are sick they use health care services, and health care services are expensive. In addition, many people have no insurance and cannot afford health care (an issue we will discuss later in this section).

As a person with a disability, you might have Medicaid (a federal-state matching entitlement program that provides medical assistance to people who have a medical card). Medicaid, however, is in crisis in Kentucky, as in most states, due to budget shortfalls. States are addressing these shortfalls by reducing their costs and making changes in legislation and regulations. These changes sharply affect what health care services and community supports you may receive.

So what can we do? There are many things we can do as advocates and as individuals. In this section, let's focus on improving our health and decreasing our need for medical services.

Healthy Kentuckians 2010 provides directions for individuals to improve personal habits and for organizations and communities to support good health through health promotion policies.

The leading health indicators, selected by the US Department of Health and Human Services, reflect the major public health concerns in the United States. These leading indicators, which serve as a link to 350 objectives in **Healthy Kentuckians 2010**, are:

- **Physical Activity**
- **Overweight and Obesity**
- **Tobacco Use**
- **Substance Abuse**
- **Responsible Sexual Behavior**
- **Mental Health**
- **Injury and Violence**
- **Environmental Quality**
- **Immunization**
- **Access to Health Care**

The recommendations below have been further enhanced by information from the National Center for Chronic Disease Prevention and Health (CDC) at www.cdc.gov. The information below is intended as a helpful guide only. It is not intended to be used as a substitute for professional advice.

Physical Activity

Regular physical activity throughout life is important for maintaining a healthy body, enhancing your mental health, and preventing premature death.

Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, and is associated with a decreased risk of colon cancer. Regular physical activity prevents high blood pressure and helps reduce blood pressure in persons with elevated levels.

Recommendations: Regular physical activity means healthy body movement like walking, running, exercising, swimming, biking, etc. for at least 20 minutes 3 or more times per week. Before you start being physically active, talk with your doctor about ways to get started; choose something that fits into your daily life; choose an activity you like; ask a friend to start with you, or join a group.

Overweight and Obesity

Overweight and obesity are major contributors to many preventable causes of death.

Overweight and obesity increase the risk of illness from high blood pressure, high cholesterol, Type 2 diabetes, heart disease, and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and endometrial, breast, prostate, and colon cancers. Obese individuals may also suffer from social stigmatization, discrimination, and lowered self-esteem.

Recommendations: There is not an ideal weight that suits everybody. Each person has a different body and their healthy weight will be determined by different factors. The best measurement is using the body mass index (BMI). This can be determined if you know your weight and your height. At your next physical have your physician calculate your BMI. The Center for Disease Control (CDC) considers adults with a body mass index of 25 or more to be “overweight” and a BMI of 30 to be considered “obese.” To lose weight, eat a variety of foods, especially vegetables, fruits, dry beans, whole grains. Eat foods low in fat, saturated fat, and cholesterol, like fish, poultry, and low fat dairy products.

Tobacco Use

Cigarette smoking is the single most preventable cause of disease and death in the United States.

Smoking is a major risk factor for heart disease; stroke; lung, bladder, mouth and throat cancer; and chronic lung diseases. These are leading causes of death.

No safe tobacco alternative to cigarettes exists. Spitting tobacco causes cancer of the mouth, inflammation of the gums, and teeth. Cigar smoking causes cancer of the mouth, throat, and lungs and can increase the risk of heart disease and chronic lung problems.

Recommendations: Don't start smoking. If you smoke then quit. It is never too late to stop smoking. Half of all people who have ever smoked have quit.

When you are getting ready to quit:

- Pick a date to quit.
- Begin by not smoking in places where you spend a lot of time, such as at home or in the car.
- Get support and encouragement- you may want to join a quit smoking program.
- Talk with your doctor about using nicotine replacement products.

Once you have quit:

- Don't smoke even once, and try to keep yourself away from cigarettes.
- If you fail the first time, don't give up. Keep trying and learn from your experiences. Ask yourself what helped or did not help in trying to quit.

Substance Abuse (Alcohol and Other Drug Use)

Alcohol and illegal drug use are associated with many of this country's most serious problems, including violence, injury, and HIV infection. Alcohol includes beer, wine and mixed drinks. Illicit (or illegal) drugs include things like marijuana, cocaine, crack, LSD, heroine, and amphetamines. Alcohol and drug use are associated with child and spousal abuse; sexually transmitted diseases, including HIV infection; teen pregnancy; school failure; motor vehicle crashes; escalation of health care costs; low worker productivity; and homelessness. Alcohol and illicit drug use also can result in substantial disruptions in family, work, and personal life. Also, because it is against the law to use and sell some drugs, you could be arrested and put in jail for having or using them. The only drugs that are safe to use are prescription drugs that your doctor gives you.

Recommendations: Do not start using. Don't use illegal (street) drugs of any kind, at any time. If you drink alcohol, limit the number of alcoholic drinks – no more than one drink a day for women and two drinks a day for men. Do not drink alcohol before or while driving a motor vehicle or operating heavy machinery. If you have concerns about your alcohol or drug use, talk to a doctor or seek alcohol or drug counseling from a health care provider.

Responsible Sexual Behavior

Sexually transmitted diseases (STDs), such as herpes, syphilis, gonorrhea, and chlamydia, are passed easily from one person to the next through sexual intercourse. You can lower your chances of getting an STD by using a latex condom every time you have sex. Unintended pregnancies and sexually transmitted disease (STDs), including infection with the human immunodeficiency virus (HIV) that causes AIDS, can result from having sex without using a condom.

Recommendations: The only way to be completely safe is not to have sex. Condoms, if used right and used every time you have sex can help prevent both pregnancy and STDs. Act responsibly.

Mental Health

Mental health is when your mind, feelings and emotions are working in a way that helps you be productive, enjoy fulfilling relationships, adapt to change, and cope with adversity. Mental health is central to personal well-being, family and interpersonal relationships, and one's contribution to society.

Of all mental illnesses, depression is the most common disorder. Everybody feels "down" or "blue" at times. If these feelings are very strong or last for most of the day, nearly every day, for several weeks in a row, they may be due to depression. The good news is depression can be treated. But first you have to know you have it and seek help.

Warning Signs of Depression

Changes in the way you feel:

Feeling sad and hopeless
Feeling tired, low energy, or "slowed down"
Crying a lot
Having thoughts of suicide or death

Changes in eating and sleeping habits:

Sleep problems, either too much or too little

One generation plants the tree; 7 another gets the shade . . .

Changes in appetite or weight (up or down)

Changes in your daily living:

Loss of interest and pleasure in daily activities
Problems making decisions or thinking clearly

Recommendations: The earlier you get treatment for depression; the sooner you will begin to feel better. Depression usually is treated with medicine, counseling, or medicine combined with counseling. Find ways to manage your emotions; reduce your personal stress by solving your problems; surround yourself with friends and family members who promote good mental health; seek out a self-help group to share your experiences and emotions; get regular physical activity; learn relaxation techniques such as deep breathing and meditation to combat effects of stress; think positively; set personal goals; make a contribution through paid work or volunteer activities.

Injury and Violence

More than 400 Americans die each day due to motor vehicle crashes, firearms, poisonings, suffocation, falls, fires and drowning. The risk of injury is so great that most people sustain a significant injury at some time during their lives.

Recommendations: This list is incomplete but here are a few things you might be able to do to keep from getting hurt. Increase the use of safety belts, bicycle helmets, motorcycles helmets, smoke alarms, and sports related protective gear. Don't carry a weapon. If you keep a gun in your home, lock up the gun and the ammunition separately and keep them out of children's reach. Do not drive when drinking or ride with someone who has been drinking. Follow safety guidelines at home and work. Don't use electrical items, like hairdryers, curling irons, irons or fans, around water. To help prevent falls make sure that hallways and stairwells are well lit. Remove or repair things that could make you trip, such as loose rugs, electrical cords, and toys. Put handrails and traction strips on stairways. If you walk at night, wear bright clothing or reflective clothing and follow the rules for pedestrians.

Environmental Quality

Physical and social environments are major contributors to the health of individuals and communities. The physical environment includes the air, water, and soil, through which exposure to chemical, biological, and physical agents occur. The social environment includes housing, transportation, urban development, land use, industry, and agriculture and results in exposures such as work-related stress, injury, and violence.

Poor air quality contributes to respiratory illness, cardiovascular disease, and cancer. Millions of tons of toxic pollutants are released into the air each year from automobiles, industry, and other sources. Even if you don't smoke, breathing the cigarette smoke of someone who smokes can hurt your lungs and body. Home and workplace environments are major sources of exposure. Old, chipped paint off of walls can poison anyone who puts it in their mouth, especially children.

Recommendations: Conserve Heat and Air conditioning; report leaky faucets or toilets; turn off your lights when you leave a room; use the car less -bike, walk or take TARC; use a refillable mug; recycle as much as you can; conserve water; use less packaging.

Immunization (Shots)

Vaccines are among the greatest public health achievement of the 20th century. Immunizations, or shots, can prevent disability and death from infectious diseases for individuals and can help control the spread of infections within communities. Although infectious diseases are no longer the most common causes of death, pneumonia and influenza remain among the top ten causes of death for older adults.

Recommendations: First and foremost check with your doctor to determine what is best for you. If you have not gotten the following you should consider getting the Hepatitis B series, Influenza and Pneumococcal vaccine when living and working with a large group of people or if you are prone to illnesses and have difficulty recovering from them.

Oral Health

Before we leave health related behaviors it is important not to overlook oral health. Oral health problems can cause pain and suffering as well as difficulty in smiling, talking and laughing, chewing, swallowing, and maintaining a nutritious diet.

You may take medications that improve the health of one part of your body, but may not be good for your mouth. In an issue of The Wall Street Journal (March 2000), it was reported that over 500 medications produce dry mouth, which can be damaging to the gum tissue (see the medication section below). Other drugs may cause gingival enlargement, which means the gums become swollen and “grow over” the teeth. Medications with sugar as a main ingredient, such as over the counter cough drops and syrups, may increase plaque as well as enhance the ability of plaque to be more adherent to your teeth. In addition, medications, which have a depressant effect, may make people negligent with their oral hygiene habits.

Looking for more specialized services? If you are living in the Jefferson County, Kentucky area and are having difficulty finding quality dental care there is the Underwood and Lee Clinic, a comprehensive dental service for persons with mental retardation and other developmental disabilities, located at 1800 Bluegrass Avenue, Suite A. Louisville, KY. The phone number is 502-368-2348.

Recommendations: No matter what your age, you need to take care of your teeth. Teeth are meant to last a lifetime. Brush your teeth twice a day with fluoride toothpaste:

- Floss once a day
- Make regular visits to your dentist for a checkup and cleaning
- Eat a well-balanced diet
- Don't use tobacco products

Just as you tell your physician about the drugs you are taking, be sure to tell your dentist about all the medications that you are taking. Your dental professional can talk to you about effects, if any, these may be having on your periodontal (teeth and gums) health. Your dentist can work with you and your doctor to minimize negative effects.

Eye Care

Preventive eye care is important at all ages because eye conditions and diseases can affect a person at any age. Young adults and adults in a middle age group need to take preventive measures to protect eyes from injury and disease.

Getting your eyes examined regularly by an optometrist or ophthalmologist is the key to preventing or reducing serious damage to the eye and blindness. Plus, vision problems can limit your ability to learn, read and participate in activities you enjoy.

Eye examinations screen for conditions related directly to eye health and can detect diseases that may not be visible or felt by you. For example, your eye doctor can detect the earliest signs of undiagnosed diabetes as part of a routine eye examination.

The risk of eye diseases and conditions can increase with age. These conditions may include: diabetes, glaucoma and age related macular degeneration.

Recommendations:

Get your eyes examined regularly –every two years. Individuals that are at a higher risk for eye problems should be vigilant in receiving eye exams and screenings. Risk factors may include a family history of eye problems, diabetes, a personal history of eye injury, or being African American over the age of 40.

Protect your eyes from accidents and injury by wearing protective glasses.

Wear protective eyewear, like sunglasses, to protect your eyes from harmful UV rays. Fair people (particularly blondes and redheads) are more sensitive to harmful UV rays.

Medications

At www.b independent.com (B Independent), a website that assists people with head injuries to be independent, there is a useful section on Medications. It mentions, for example, that taking medicine the wrong way might cause your illness or condition to get worse. To be safe and effective, medications need to be taken as directed. For each of your medications ask your Pharmacist:

- the name of the medicine- both trade name and generic
- the strength of the medicine
- how much to take
- when to take it
- how long to take it
- what it should do
- possible side effects
- Potential food/drug interactions
- Precautions you should follow while taking the drug

Also find out:

- What is the medication used for?
- How does this medication work?
- Can you drink alcohol while taking this medication?
- How long before you see the effects of the medication?
- What do I do if I miss a dose?
- How should the medication be stored?

After you have the facts, follow the directions. Let your pharmacist or doctor know of any problems you may have experienced with the medication.

Never switch containers that your medicine comes in. Your prescription label shows your name, your doctor's name, and the name, address, and phone number of your pharmacy. It also has a unique reference number, the date of dispensing, and the name of the drug, the manufacturer, and the directions for use. Another good practice is to keep a medication record and keep it with you. It could save your life.

Medications Can Cause Dry-Mouth

Dry mouth is a common side effect of more than 500 medications. The biggest offenders are psychiatric drugs—including Paxil, Zoloft, Xanax,

Valium—and blood pressure medicines. By blocking the body's signal to produce saliva, such drugs may cause serious tooth decay. To combat dry mouth:

- Drink plenty of liquids
- Suck on ice chips
- Rinse your mouth frequently
- Dunk or soak foods in liquids
- Eat sweet or tart foods, if you don't have sores in your mouth
- Add sauces, salad dressing to your food
- Use artificial saliva

If you are taking medication that lists dry mouth as a side effect, you should also visit the dentist frequently.

Find out about financial assistance

The cost of medicine can be a big concern for many adults. Sometimes, a person may not fill their prescriptions, or they may cut back on their dose to try to save money. Another issue is when the health plan will only pay for the generic drug and not the brand name, which may compromise the treatment or cause a reaction. If your insurance company will not pay how can you get the brand name that you need?

Many pharmaceutical companies provide prescription medicines free of charge to individuals who cannot otherwise afford them. Arrangements are generally made through your doctor. In addition, many states have prescription assistance programs that may be age -or income-based. To locate prescription drug assistance programs go to The DRM Web Watcher @ <http://www.disabilityresources.org/RX.html>.

Voice of Experience: How a consumer lives a healthy life



My name is Mary Anne. I am 51 years old, and I have several disabilities. Because of my multiple disabilities I have had to adapt my life to my disabilities. I have scoliosis and congenital anomalies, arthritis, diabetes and a learning disability. Life has been one challenge after another for me from childhood into adulthood. With my limited use of my right hand I have found a

way to type on my computer using a pencil to type with, and being left handed has been a life long challenge when most kitchen items are made for right-handed people.

I live in my own apartment and fix/cook my own food, grocery shop and do my own laundry with help from my PCA (that I recently obtained) who comes in 3 days a week. I make my own bus rides, pay my own bills, and write all the checks needed, just like anyone else has to do everyday.

Diabetes runs in my family and my doctor would not confirm that I had diabetes so I went over his head and made phone calls to the local ADA (American Diabetes Association) and asked if the blood sugar count #245 is considered diabetic. I was told yes. So after doing the footwork I found out about classes available to learn about my diabetes. A friend told me about the Diabetic Clinical Service where I now have a good support system to help control my diabetes. I have learned the best way of taking care of my diabetes is by diet and exercise. I do this by taking a walk every morning, take my blood sugar when I am done, lost weight, and watch my food/calorie intake. I am allowed 1430 calories a day. I keep active as I can to stay mentally healthy. There are members of my family who have not accepted that they are diabetic and have done very little to control the diabetes.

Just because I have disability does not mean that I can't have a good quality life. I am very active in my church and work on several committees such as Service and Esquipulas. I am a reader and a Eucharistic minister. Outside in the community I am quite active. I am a board member of the Kentucky Self-Advocates for Freedom, a committee member on two more committees: one is the Citizen Advocacy committee at The Council on Mental Retardation and the second one is the Quality Assurance committee of Passport Healthcare, one of Kentucky's managed care programs.

I have taken charge of all aspects of everyday life. I have many friends who assist and keep an eye on me. I am my own advocate and will speak up for others if need be or asked.

Mary Anne Ostertag

Access to Health Care, including Preventive Care

As stated in the **Healthy People 2010 -Access to Quality Health Services**, there must be improvement in accessing, or getting comprehensive, high-quality care services. Improving access to health care requires addressing barriers, involving those that involve you, the patient, the provider, and the system of care.

Things that may keep patients from getting what they need:

- Not knowing how to prevent avoidable conditions
- Not doing what is necessary to stay healthy
- Not having a regular primary care doctor
- Not having money to pay for preventive care

Things that keep providers from providing preventive health care:

- Lack of emphasis in training on prevention
- Don't understand the benefits of preventive care
- Don't have time for prevention
- Not paid for prevention services

Recommendations: All Americans must advocate for health insurance for all people that will buy quality health services. Coverage and benefits must be portable and without lifetime caps. Work disincentives must be eliminated and comprehensive benefits packages must be guaranteed and specific. Community health promotion about prevention should include people with disabilities in order to prevent secondary health conditions. Health promotion programs have been shown to be effective in reducing secondary conditions and outpatient physician visits among person with disabilities. Data must be gathered to assist consumers to make their case.

Disability and Secondary Conditions

A secondary condition is any condition that you may be more at risk of having due to your primary disabling condition. Examples include:

- Increased spasticity
- Pressure sores
- Infections
- Depression
- Osteoporosis
- Decreased balance, strength, endurance and flexibility
- Obesity
- High blood pressure
- Social isolation

The health and wellness strategies that we have discussed thus far are believed to reduce your chances of developing secondary conditions throughout your life. But it won't be easy. Many of the people you interact with daily do not understand that you can be healthy, active and an assertive participant and co-manager of your health and healthcare, nor do they themselves practice such wellness strategies.

Physical exercise, good nutrition, stress management and social support are important for every one, but they are actually **more** critical for people who are more vulnerable and susceptible to certain health and secondary conditions because of a disability. Everyone agrees that exercise and good nutrition is important, but helpful and specific information for people with disabilities is hard to find. (*See the Recreation and Leisure section for a list of local physical activity programs that include people with disabilities*).

Self-advocacy groups must advocate for the availability and access to services and programs that focus on preventing and reducing secondary conditions. Needed results are:

- Available and accessible medical facilities, private offices, fitness centers, shelters, mobile units, and transportation.
- Modified equipment and trained staff in all facilities.
- Web sites with approved accessibility features
- Policies that facilitate post-secondary education, hiring and purchase of the best technology
- Health coverage that buys quality health care that addresses the topics covered in this manual.
- Improved training to health care students, service coordinators, direct support providers and others in the health and wellness of people with disabilities.

Healthy Aging

By 2030, a variety of sources state that the number of older Americans will have more than doubled to 70 million, or one in every five Americans. Although the risk of disease and secondary disabilities increases with advancing age, poor health is not an inevitable consequence of aging.

Much of the illness, disability, and death associated with chronic disease is avoidable through known prevention measures. Above we have discussed many of those measures. One area we have not spent much

time on is early detection practice (e.g., screening for breast, cervical, prostate, and colorectal cancers, diabetes and its complications).

Early Detection and Screening - based on the guidelines recommended by the U.S. Department of Health and Human Services for age 19- up and the Blue Cross Blue Shield Preventative Health Model for Healthy Adults. **Remember preventive health procedures and timelines may change, check with your primary health care provider for the most current guidelines. If you have increased risk factors because of family history, race or ethnicity, your physician may want to perform certain exams sooner or more frequently than recommended in the following schedule.**

Ages 19 to 39 Years

Health evaluations with your primary care physician are recommended every 1-3 years until age 65, and yearly thereafter.

Basic preventive exams of the height, weight, eyes, ears, nose, throat, lungs, as well as basic exam of the nervous system, blood pressure, respiratory and circulatory systems and abdomen.

Complete oral and skin exam to identify and monitor moles, lumps, and dimpling and other skin cancer warning signs.

History of alcohol and drug use and/or the use of standardized screening questionnaires to detect substance abuse.

Males Only:

- ✓ Clinical testicular exam to check for cancer of the testicles
- ✓ Electrocardiogram (EKG) 35 years and older

Females Only:

- ✓ A yearly gynecological exam as needed or as indicated. This includes pelvic, clinical breast, and digital rectal exams, a Pap Smear/ThinPrep, and screening for chlamydial infection.
- ✓ Clinical breast exam to detect breast disorders, including cancer.
- ✓ All asymptomatic pregnant women, ages 25 and under: screening for chlamydial infection.
- ✓ Baseline mammogram – between the ages of 35- 39
- ✓ Electrocardiogram (EKG) 35 years and older

Tests

Blood Glucose – for blood sugar level, used to detect diabetes. Given once every 3 years.

Complete lipoprotein profile – fasting total Cholesterol, LDL, HDL, triglycerides – blood test to determine cholesterol levels in the blood. Given once every 5 years, beginning at age 20.

Urinalysis - to monitor the functioning of the kidneys, bladder and pancreas.

Ages 40 to 64 Years

Health evaluation with your primary care physician- See above for the specific information under Ages 19 - 39

Males Only:

- ✓ Clinical testicular exam to check for cancer of the testicles
- ✓ Prostate exam – digital rectal exam to check for abnormalities in the prostate beginning at age 40, then yearly. Prostate Specific Antigen (PSA) annually from age 50.
- ✓ Electrocardiogram

Females Only:

- ✓ A yearly gynecological exam as needed or as indicated. This includes pelvic, clinical breast, and digital rectal exams and a Pap Smear/Thin Prep.
- ✓ Osteoporosis screening starting at age 60 for women who weigh less than 154 pounds and do not take estrogen.
- ✓ Mammogram – x-ray of breast to look for disorders, including cancer. Every year starting at age 40.
- ✓ Electrocardiogram (EKG)
- ✓ Appropriate immunizations should be done at the time of the annual visit. (*See the resource section for list of immunizations*).

Tests:

Blood Glucose – for blood sugar level, used to detect diabetes. Given once every 3 years.

Fecal Occult Blood – for blood in stool, used to detect colon cancer. Annually from age 50.

Fasting Total Lipid Profile – blood tests to determine cholesterol levels in the blood. Given once every 3 years.

Flexible Sigmoidoscopy plus annual occult blood test – to check for polyps, used to detect colon and rectal cancer; every five years from age 50, or

Colonoscopy with digital rectal exam every 10 years, at age 50, or Double contrast barium enema with digital rectal exam every 5 – 10 years.

Urinalysis – to monitor the functioning of the kidneys, bladder and pancreas.

Endometrial Biopsy – at menopause, if needed (females only)

Ages 65 Years and Above

Health evaluation is recommended yearly – see above under 19-39 for specific information. **Include:** Osteoporosis screening

Males Only:

- ✓ Digital rectal exam to check for abnormalities in the prostate and rectum.
- ✓ Prostate Specific Antigen (PSA) given yearly beginning at age 50

Females Only:

- ✓ Mammogram
- ✓ Pap Smear/ThinPrep
- ✓ Digital rectal exam

Tests:

Blood Glucose – for blood sugar level, used to detect diabetes. Given once every 3 years.

Fasting total Lipid Profile- blood tests to determine cholesterol levels in the blood. Given once every 3 years

Fecal Occult Blood – for blood in the stool, used to detect colon cancer. Given yearly from age 50.

Flexible Sigmoidoscopy plus annual fecal occult blood test – to check for polyps, used to detect colon and rectal cancer; every five years from age 50, or Colonoscopy with digital rectal exam every 10 years, at age 50, or Double contrast barium enema with digital rectal exam every 5- 10 years.

Urinalysis- to monitor the functioning of the kidneys, bladder, and pancreas.

Visual Acuity/Glaucoma Test – test for the ability to see and to measure the pressure inside of the eye. Given once at age 65 or older

Endometrial Biopsy- at menopause, if needed

You are **no less** susceptible to developing serious health conditions than the rest of the population- but you may be at greater risk for a negative outcome due to inadequate diagnosis and treatment. That is why it is so important to follow preventative health screenings.

Unfortunately, strategies for preventing disease and injury, including healthy behaviors and early detection and screening, are not widely applied. Lifestyle behaviors (e.g., physical activity and proper nutrition) are difficult to maintain for long periods. At the systems level, although there is a growing consensus regarding the value of preventive services among consumers and health care providers, health care providers are often limited by time and lack of reimbursement for preventive screening tests.

Stakeholders (those are people like you that are interested in health care and prevention) will have to work hard at a policy level to educate community decision- makers about the importance of health promotion and prevention policies and practices. Such as:

- ✓ Educate communities about opportunities to support choices that promote physical activities like walking and biking.
- ✓ Educate restaurants and grocery stores about opportunities to offer health food options.
- ✓ Encourage health care providers and insurance companies to provide health education and wellness information materials to consumers.
- ✓ Educate consumers and their caregivers about strategies to better manage existing chronic disease through healthy behaviors.
- ✓ Educate consumers and their caregivers about the importance of obtaining medical screenings to detect diseases at an earlier stage.

Final Words on Aging

Growing older is an issue that we all face. Individuals with disabilities also face aging issues beyond health and wellness. There are many different questions regarding future planning, housing and supports and dealing with death and dying. Caregivers and people with disabilities must gain a clear understanding of what happens when one ages, so that when it happens they can be prepared. www.qualitymall.org will keep you posted with current information on aging and disabilities.

Best Practice

The Center on Health Promotion Research for Persons with Disabilities (CHP) located at the University of Illinois at Chicago was established in July 1997 through a grant from the Centers of Disease Control and Prevention. The primary aim of the CHP was to reduce secondary conditions and improve health among individuals having the primary disabilities of stroke, diabetes, arthritis and mental retardation (Down syndrome). According to the National Health Interview Survey, these four conditions have reached almost epidemic proportions and rank among the ten primary limiting conditions with the highest prevalence in the United States. The secondary conditions that were targeted in this study were outlined by the Centers for Disease Control and Prevention in their public announcement of this funding priority and included lack of physical fitness, weight gain, poor nutrition, social isolation, emotional dependence, depression, behavioral problems and family stress. The project consisted of a 12-week intervention that was comprised of exercise sessions, nutritional training, cooking classes, and peer support groups. The intervention was located on the campus of the University of Illinois at Chicago using a single point-of entry design that allowed participants to receive all health promotion services (exercise, nutrition, health behavior) in one setting. Participants were grouped according to their disability in order to allow project staff to focus on common secondary conditions relevant to each disabling condition. The 12-week intervention included transportation, and the program was free of charge.

As written in the Final Report of the project, the results of this project demonstrated the substantial benefits that can be attained from a quality health promotion program in reducing various secondary conditions among people with physical and cognitive disabilities. Health promotion for people with disabilities must become a major focus for the new

millennium. Preventing or mitigating secondary conditions by empowering people with disabilities to take control of their own health will be more cost-effective, and certainly more humane, than watching people with disabilities decline in function from a lack of good health maintenance. The challenge for future interventionists will be to develop programs that are community-based, using existing facilities in a local neighborhood. This will require innovative transportation, subsidized memberships, staff training in disability and health promotion, and successful techniques that encourage people with disabilities to access these facilities. **To learn more about this project and others, contact The National Center on Physical Activity and Disability at (<http://www.uic.edu/depts/idhd/chp.htm>).**

Final comments regarding health and wellness...

So, what do you think? You have just been give a ton of information which gives you the knowledge you need to improve your health and promote system change in health care services. However, knowledge is not all you need. You will need to put this information into action by applying what you have learned in your daily living. In order to do that, you will have to come up with a plan adding all you have learned into your daily living. Beware- you cannot do this all in one day. However, you can make small changes each day, and gradually you will be living a healthier life.

As for the system level change, you can begin by taking a look around you and deciding what barriers in your life keep you from living a healthy life. If you live with a family, is the food prepared in a healthy way? If you go to the doctor, does your doctor encourage you to take screening tests? If you live in a neighborhood, are their opportunities for you to get out and walk or bike? If there is a fitness center in your neighborhood, is it accessible and can it support you to meet your fitness goals?

You may want to ask your local self-advocacy group to join you in advocating for changes, so that you can live a long, healthy and productive life!

The Internet Resource Directory

The Internet is full of valuable resources with more information about many of the topics covered in this Guide. If you do not have a computer at home then give us a call at the CMR Leadership Institute and we will make arrangements for you to come and use our computers to surf the Internet.

Medicaid

To keep up with what is happening on the Federal level concerning Medicaid and people with disabilities:

1. The Arc Legislative Action Center
(<http://www.thearc.org>)
2. The National Health Law Project home page –see “What’s New” (<http://www.healthlaw.org/index.shtml>)
3. Families USA web site –see Medicaid section (<http://www.familiesusa.org>)
4. Center for Medicare and Medicaid Services (CMS)
(<http://cms.hhs.gov/medicaid>)
5. Fathom- the Source for online learning- How to get the most out of your managed care plan (<http://www.fathom.com>)
6. A Resource Guide for Assessing the Performance of Managed Care Organizations (<http://aspe.hhs.gov/daltcp/reports/resource.htm>)
7. The Kaiser Commission on Medicaid the Uninsured (<http://www.kff.org>)
8. Medicaid Advocacy Guide (<http://www.nohla.org>)
9. Research and Advocacy Sites for Home and Community Based Services
(<http://hcbs.org/links>)
10. State of the States in Developmental Disabilities- The Coleman Institute
(<http://www.cu.edu/ColemanInstitute/>)
11. Advancing Independence: Modernizing Medicare and Medicaid
(<http://aimmm.org>)
12. Understanding Medicaid Home and Community Services: A Primer
(<http://www.keystonehumanservices.org/pdf/files/primerpt.htm>)
13. Information about lawsuits concerning Medicaid services for people with disabilities can be found at
(<http://www.qualitymall.org/online/litigation.html>.)
14. Murphy’s Unofficial Medicaid Page
(<http://www.geocities.com/CapitolHill/5974/>)
15. Federal Register
(http://www.archives.gov/federal_register/)

16. Medicaid and Persons with Disabilities
(<http://www.nls.org/medicaidanddisability.htm>)
17. Overview of Promising Practices Reports
(<http://www.cms.gov/promisingpractices/overview.asp>)
18. Glossary of Terms in Managed Health Care
(http://www.pohly.com/terms_c.html)
19. Managed Health Care Curriculum
(<http://www.qualitymall.org>)

Kentucky Sites

1. KY Cabinet for Families and Children –Go to the Jefferson Service Region
(<http://cfc.state.ky.us/>)
2. KY Cabinet for Health Services – Department of Medicaid
(<http://www.chs.state.ky.us>)
3. KY Cabinet for Health Services – Office of the Ombudsman
(<http://www.chs.state.ky.us/ombudsman>)
4. KY Cabinet for Health Services – Office of Aging
(<http://www.chs.state.ky.us/aging>)
5. Department of Medicaid Services – Regulations and Statutes
(<http://www.chs.state.ky.us/dms>)
6. Department for Mental Health and Mental Retardation Services
(<http://www.mhmr.chs.ky.gov>.)
7. Kentucky State Resources
(<http://www.nichcy.org>)
8. KY Managed Care Program – Passport
(<http://www.passporthealthplan.com>)
9. KY Managed Care Program – Ken PAC
(<http://www.chs.state.ky.us>)
10. Center on Self-Determination –State Contact
(<http://www.self-determination.com/states/kentucky/index.html>)

Health and Wellness

1. The National Center on Physical Activity and Disability – College of Health and Human Development- University of Illinois in Chicago (<http://www.uic.edu/depts/idhd/chp.htm>)
2. Rehabilitation Research and Training Center –A Health and Wellness Consortium (<http://www.healthwellness.org/index.htm>)
3. Health, wellness and Aging with Disability –Resource List (<http://www.jik.com/hwawd.html>)
4. Quality Mall- Aging (<http://www.qualitymall.org>)
5. Health, Wellness, & Disability: Perspectives of Persons with Disability (<http://www.ilru.org/>)
6. What You Can Do To Stay Healthy (<http://www.ahcpr.gov/ppip/50plus/50intro.htm>)
7. Healthy Kentuckians 2010 (http://chs.ky.gov/publichealth/healthy_ky_2010.htm)
8. National Center on Birth defects and Developmental Disabilities- Center for Disease Control and Prevention (<http://www.cdc.gov/ncbddd/dh>)
9. Healthy Aging – Health Information for Older Adults – CDC (http://www.cdc.gov/aging/health_issues.htm)
10. Preventive Health Services Benefit (<http://www.pensions.org>)
11. Overweight definition using body mass index (<http://www.halls.md/body-mass-index/overweight.htm>)
12. American Dental Specialty Institute (<http://www.milwaukeeperio.com/medicine.cfm>)
13. Prescription Drug Assistance Programs (<http://www.disabilityresources.org/RX.html>)
14. B- Independent – A resource to get independent and stay independent (<http://www.bindependent.com>)
15. The DRM Web Watcher – Disability Resources (<http://www.disabilityresources.org>)
16. The DRM Regional Resource Directory – Kentucky- The Bluegrass State (<http://www.disabilityresources.org/KENTUCKY.html>)
17. Closing the Gap: a National Blueprint for Improving the Health of Individuals with Mental Retardation. Report of the Surgeon General's Conference on Health Disparities and Mental Retardation (<http://www.surgeongeneral.gov/library>)
18. Agency for Healthcare Research and Quality – US Preventive Services Task Force (USPSTF) (<http://www.ahcpr.gov/clinic/uspstfix.htm>)