

Introduction to Disability Competency Training

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Overview of our Training Team

Four Vermont disability organizations with shared beliefs in

- The central importance of individual and family voices
- The need for advocacy at *both* the personal and at the systems level
- Collaboration trumps difference





The Values of the Federal DD Act

Self Determination

Being your own boss.



Independence

*Adventuring out on
your own.*





The Values of the Federal DD Act

Community Inclusion

I have a role to play.



Productivity

*Working hard
and achieving
your goals.*

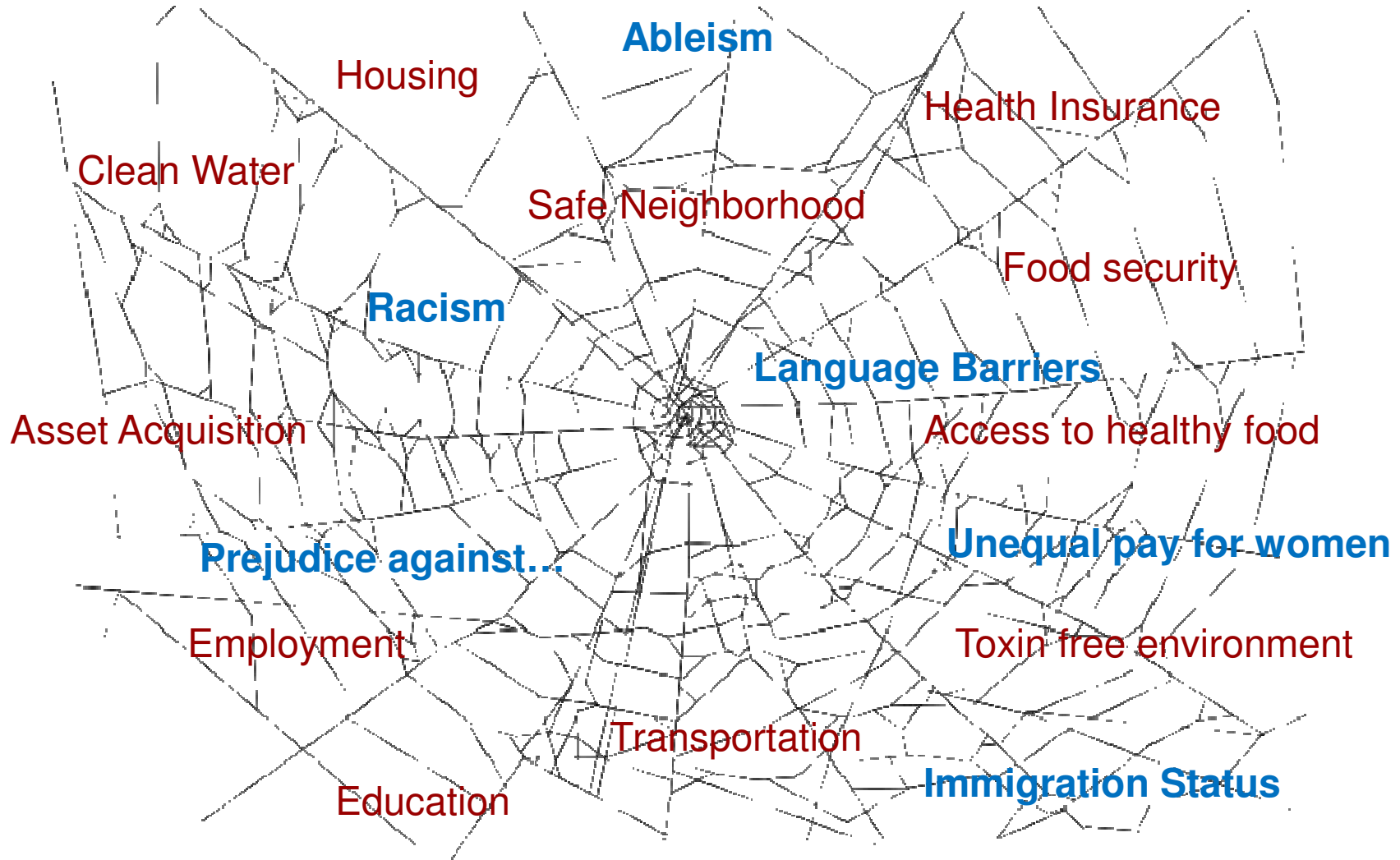




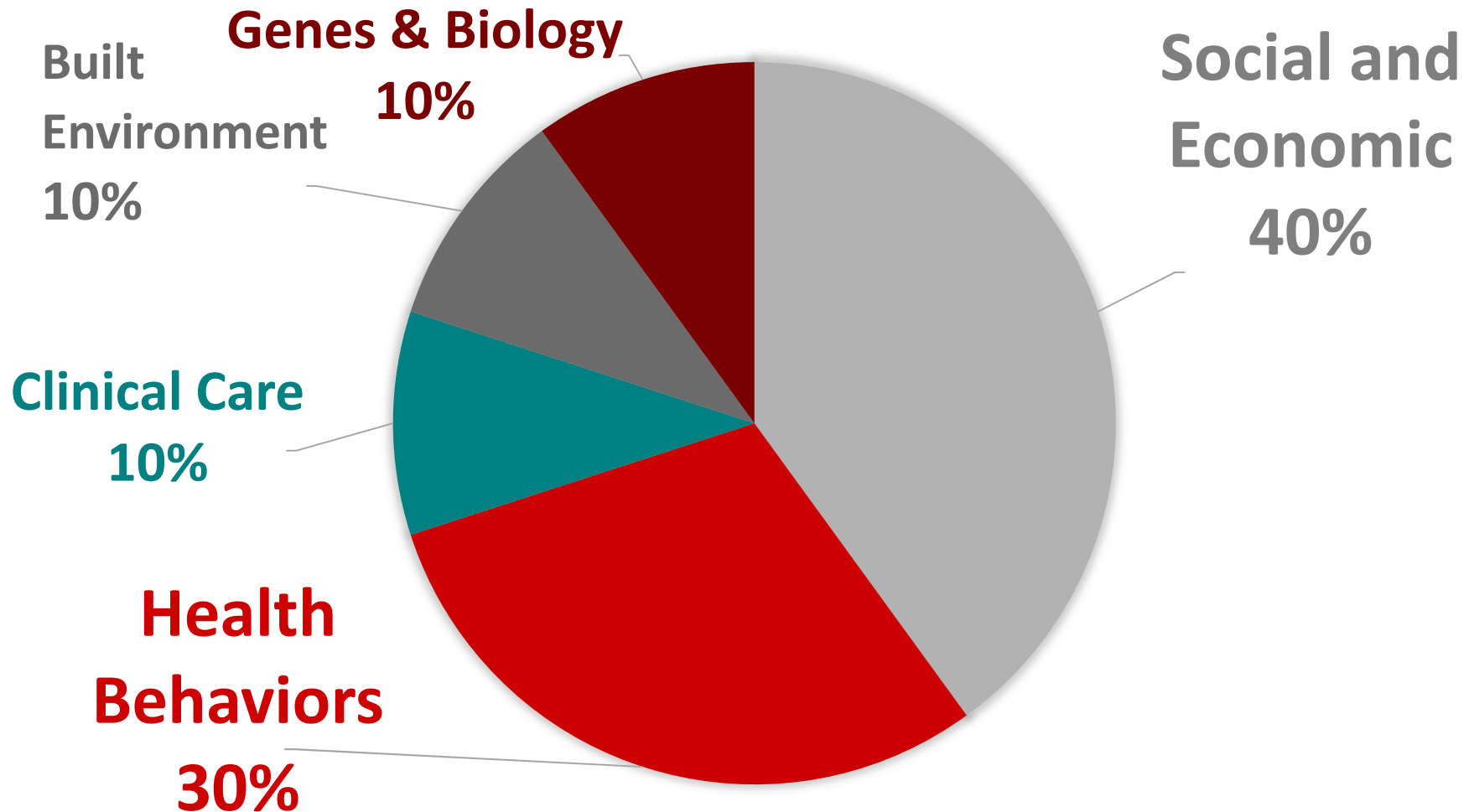
Three Stories

A MEANINGFUL ROLE IN COMMUNITY

Activity: the social determinant of health



Review: the social determinant of health



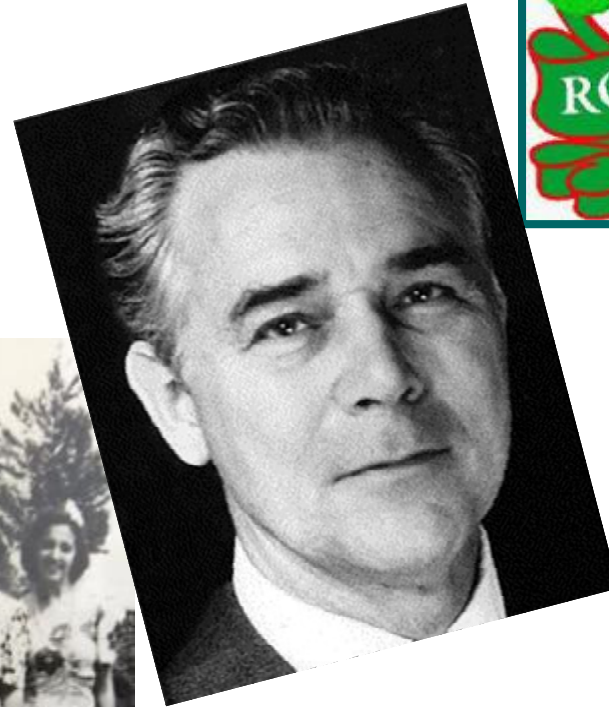
The Roseto Effect



How a small Pennsylvania town enjoyed unexpected good health

The Roseto Effect, *cont.*

How can we explain rates of heart disease that were only half the national average?



The Guinea Pig Club



*East Grinstead,
England
“The Town that
Didn’t Stare”*

Lessons from Grinstead, Sussex, England

For Video, See YouTube: “The Town that Didn’t Stare”
<https://www.youtube.com/watch?v=NfwP6vs6rCo>

First 4 minutes, 21 seconds

Lisa from Bennington, VT



Finding community in Vermont



Why Introduce Care Managers to Disability?

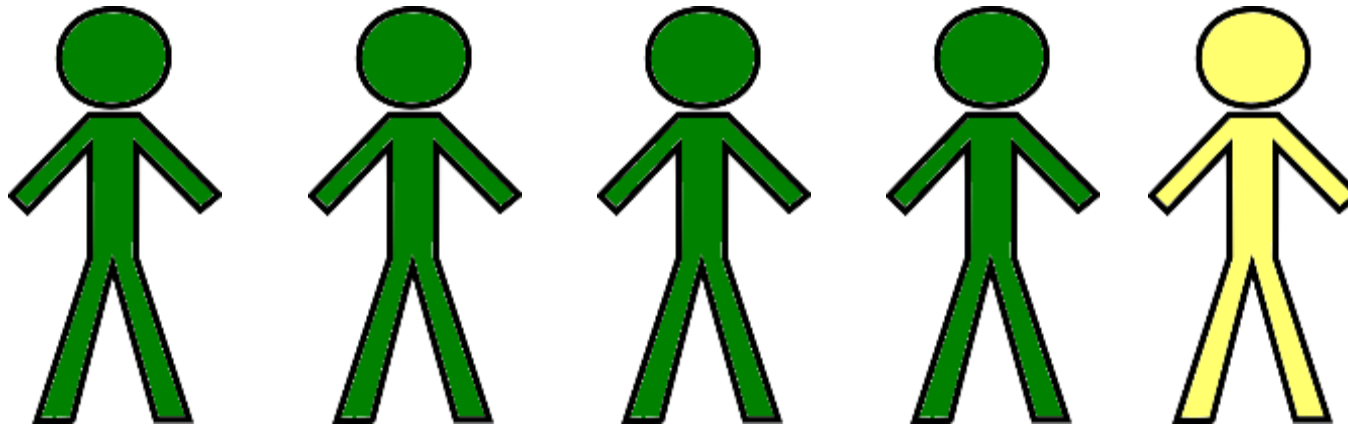
HEALTH DISPARITIES & DISABILITY

Disability is Common

Prevalence of disability 2013: 22% of adults

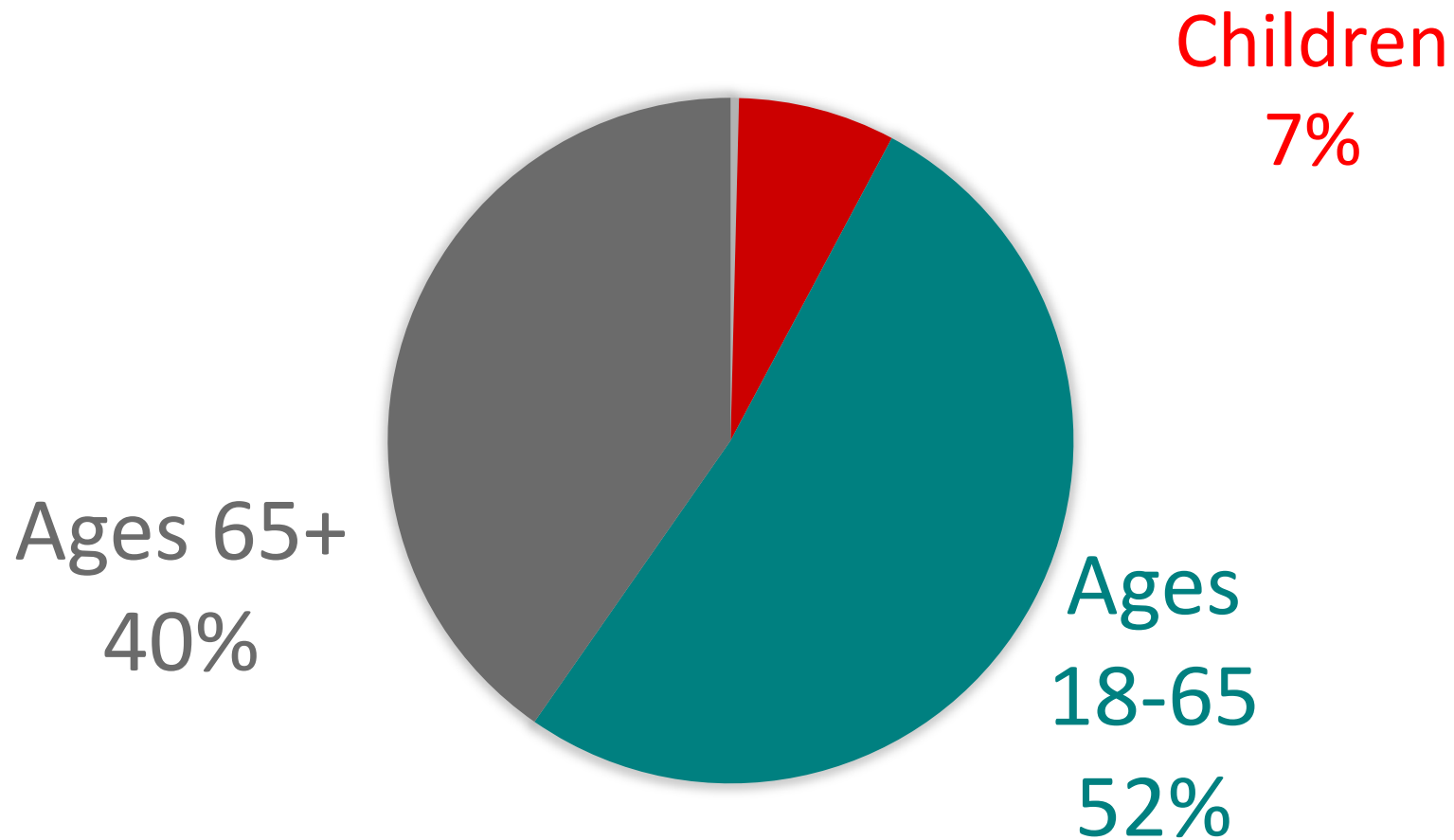
1 in 5 or 53 million Americans

Vermont prevalence: 17.8%



Disability is Common, *Cont.*

AGE RANGE OF PEOPLE WITH DISABILITIES



Disability leads to health disparities

Health disparity: Differences in health and health care between *population groups* that reflect a longstanding *history of unfair treatment and/or unequal access to resources*.

Examples

Health Status
Access to Care
Experience of Care

Pattern of Utilization
Adherence to Treatment
Mortality Rate

Disability and Health Disparities

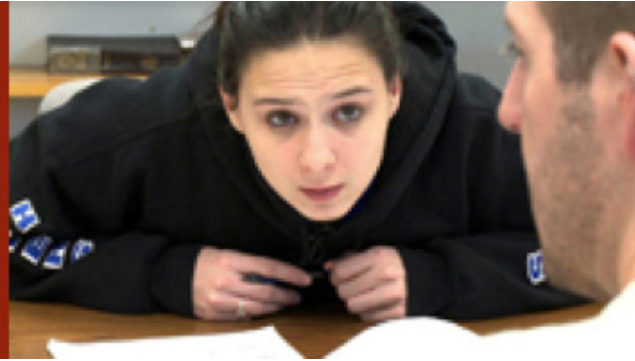
- Adults with disabilities are 4x more likely to report poor health status than adults without disabilities;
- Adults with disabilities are at a 2.5x greater risk for developing chronic diseases;



- 71% of adults over 40 with intellectual disabilities have at least 2 chronic diseases;

Disability and Health Disparities, *Cont.*

WHO CARES ABOUT
KELSEY?



A new
documentary
film by
Dan Habib

- Adults with intellectual disabilities are 6x more likely to be hospitalized than their peers;
- The risk of developing mental illness or suicidal tendencies is 3x higher in adults with intellectual disabilities compared to adults without disabilities;
- Students with disabilities are more likely to smoke cigarettes, use marijuana, or drink alcohol than students without disabilities.

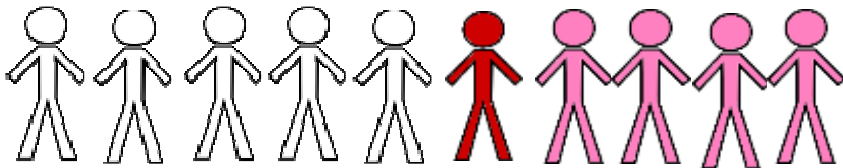
Health Status



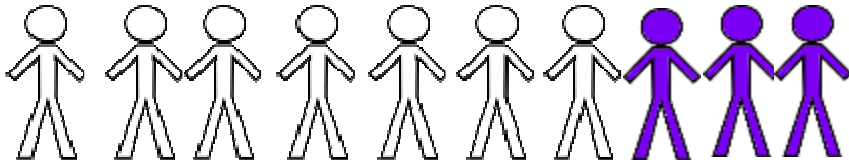
On a team of 10 athletes.



6 are obese or overweight



4 have obvious tooth decay and 1 needs an urgent referral to a dentist



3 fail a hearing test



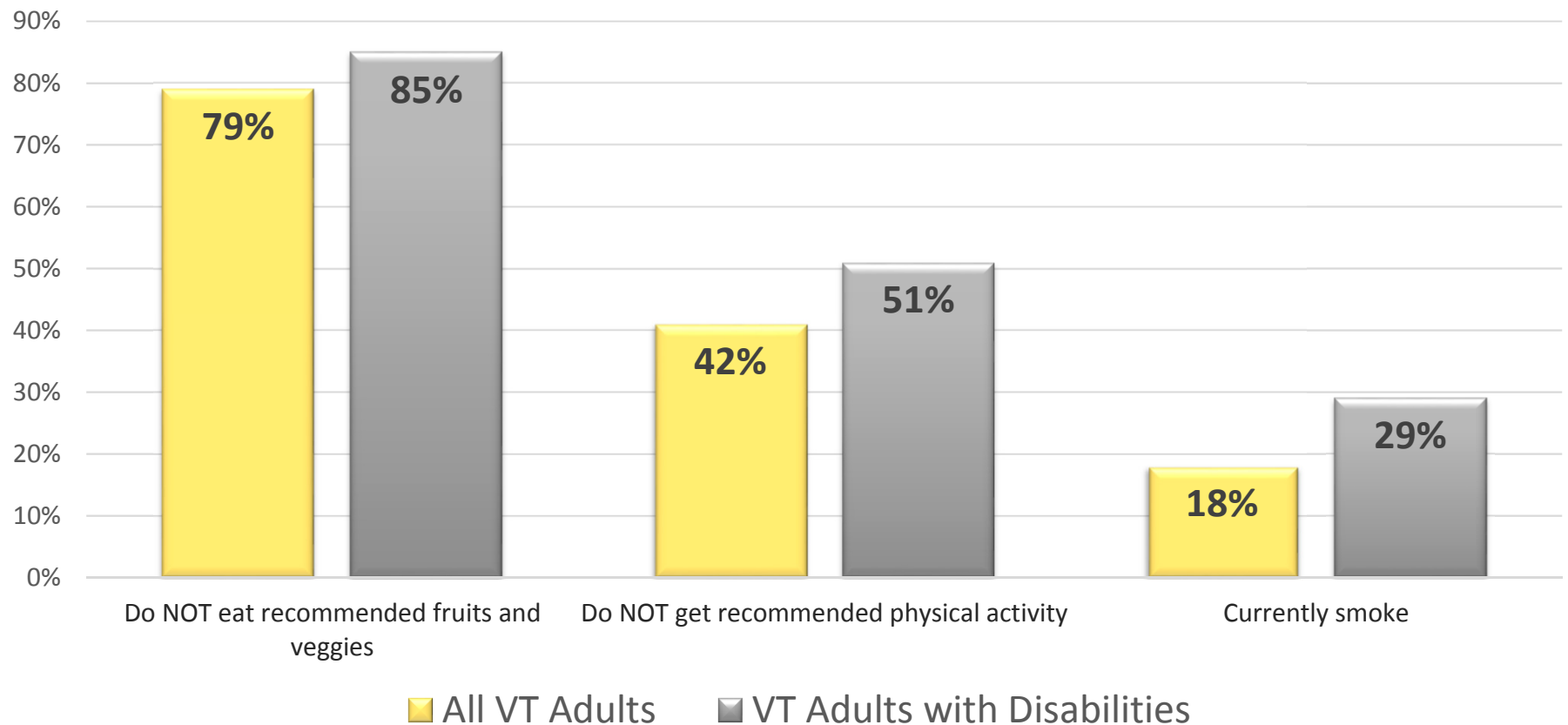
4 need glasses and 2 have an eye disease



5 have a significant problem with flexibility.

Health Status: Vermont's 3 → 4 → 50

3 Health Behaviors that Contribute to 4 Chronic Disease that account for 50% of deaths



3 → 4 → 50, cont.

4 Chronic Diseases

Chronic Disease Diagnosis	All VT Adults	All VT Adults with Disabilities
Lung Disease (<i>Asthma/COPD</i>)	15%	28%
Diabetes & Pre-Diabetes	13%	25%
Cardiovascular Disease	7%	16%
Cancer	7%	12%

Utilization: ED Visits by Adults with I/DD

VT HSA	Cohort 1	Cohort 2	Total
Barre	.57	1.80	.99
Bennington	1.95	1.22	1.52
Brattleboro	.53	1.00	.79
Burlington	.60	.78	.66
Middlebury	.39	2.29	1.26
Morrisville	.67	.62	.65
Newport	.38	1.45	.79
Out of State	.62	.96	.76
Randolph	.56	.56	.56
Rutland	.77	1.51	1.10
Springfield	.87	1.54	1.21
St. Albans	1.13	1.41	1.26
St. Johnsbury	.81	.92	.86
White River Jct.	.61	1.11	.84
Total	.74	1.27	.96

Cohort 1
 People with
 HCBS*
 N= 2719

Cohort 2
 People w/out
 HCBS*
 N= 1906

**Average
 Vermonter used
 ED .48 x/year**

*HCBS = Home and Community Based Supports

Expense: ED Visits



- ❑ ED use by Cohort 1, 38.8% non-emergent
- ❑ ED use by Cohort 2, 44.0% non-emergent

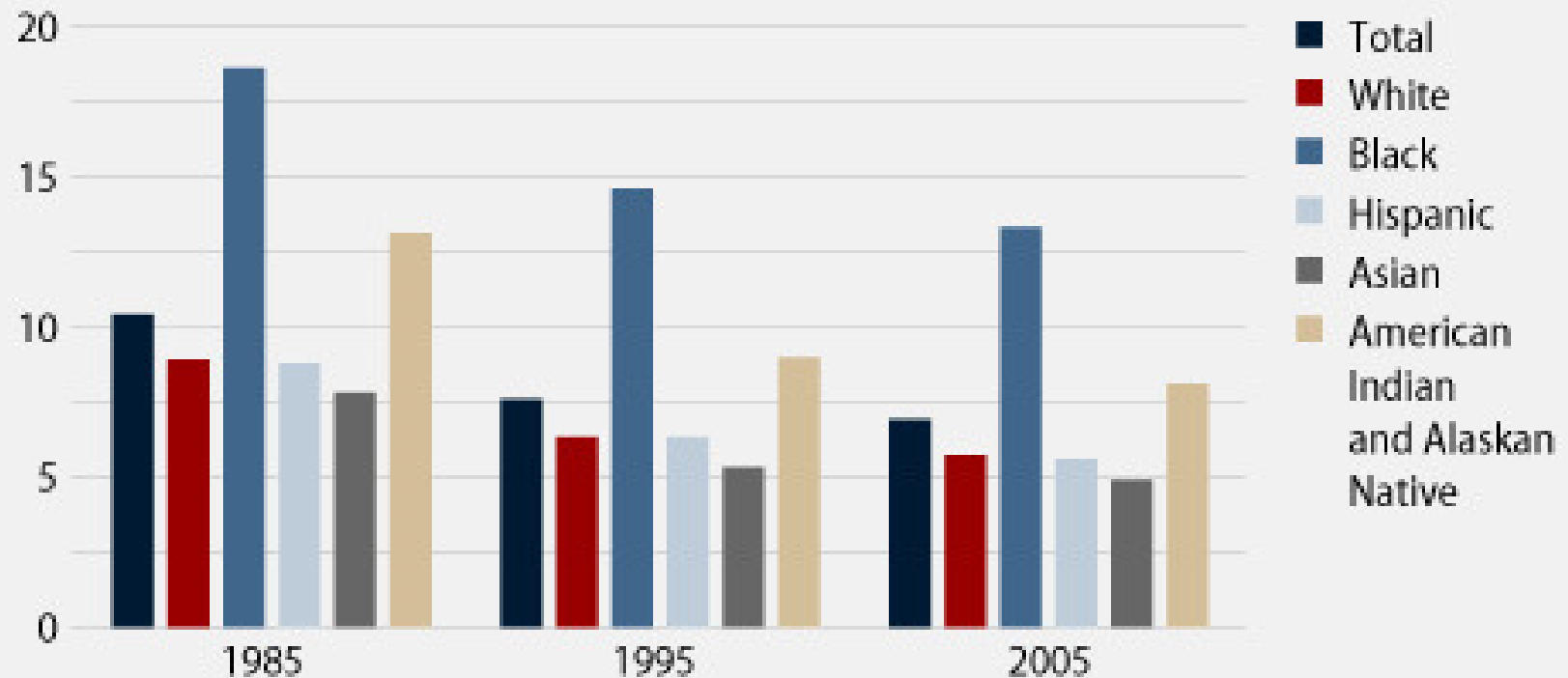
- ❑ Mean cost of ED visit, Cohort 1: \$ 40.27
- ❑ Mean cost of ED visit, Cohort 2: \$279.01

Almost 7x more

Beyond socio-economic factors...

FIGURE 3

Infant mortality rate: deaths per 1,000 live births, by race and ethnicity





Social Role Valorization

HEALTH AND COMMUNITY INCLUSION

Social Role Valorization



*JM,
High School Athlete*

Social Role Valorization



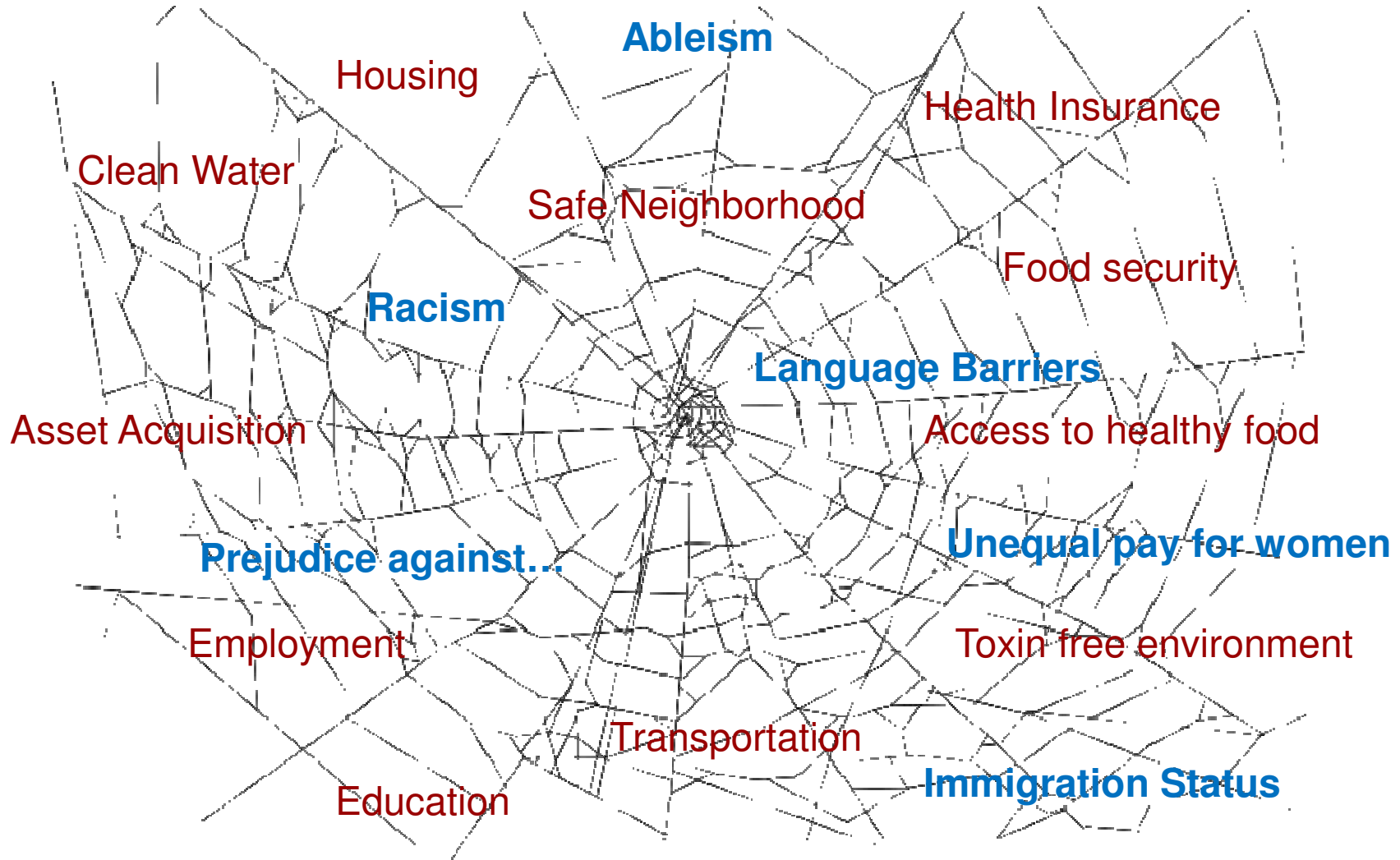
Social Role Valorization



Lois Curtis, Artist



Review: The social determinant of health



Final Thoughts



Housing that is a Home



Work that is valued by Customers and Co-workers

Transportation because I have somewhere to go

