

Disabilities and Chronic Disease Self Management

Tips and Techniques for Workshop Facilitators



Let's talk about disabilities...

TRUE OR FALSE?

1. According to the CDC, about 5% of the adult population reports having some type of disability.
2. Adults living with disabilities are 3x more likely to have heart disease, stroke, diabetes, or cancer.
3. Disabilities are mainly related to physical impairments.

BONUS: What does "ADA" stand for?



22% of adults in the U.S. have some type of disability

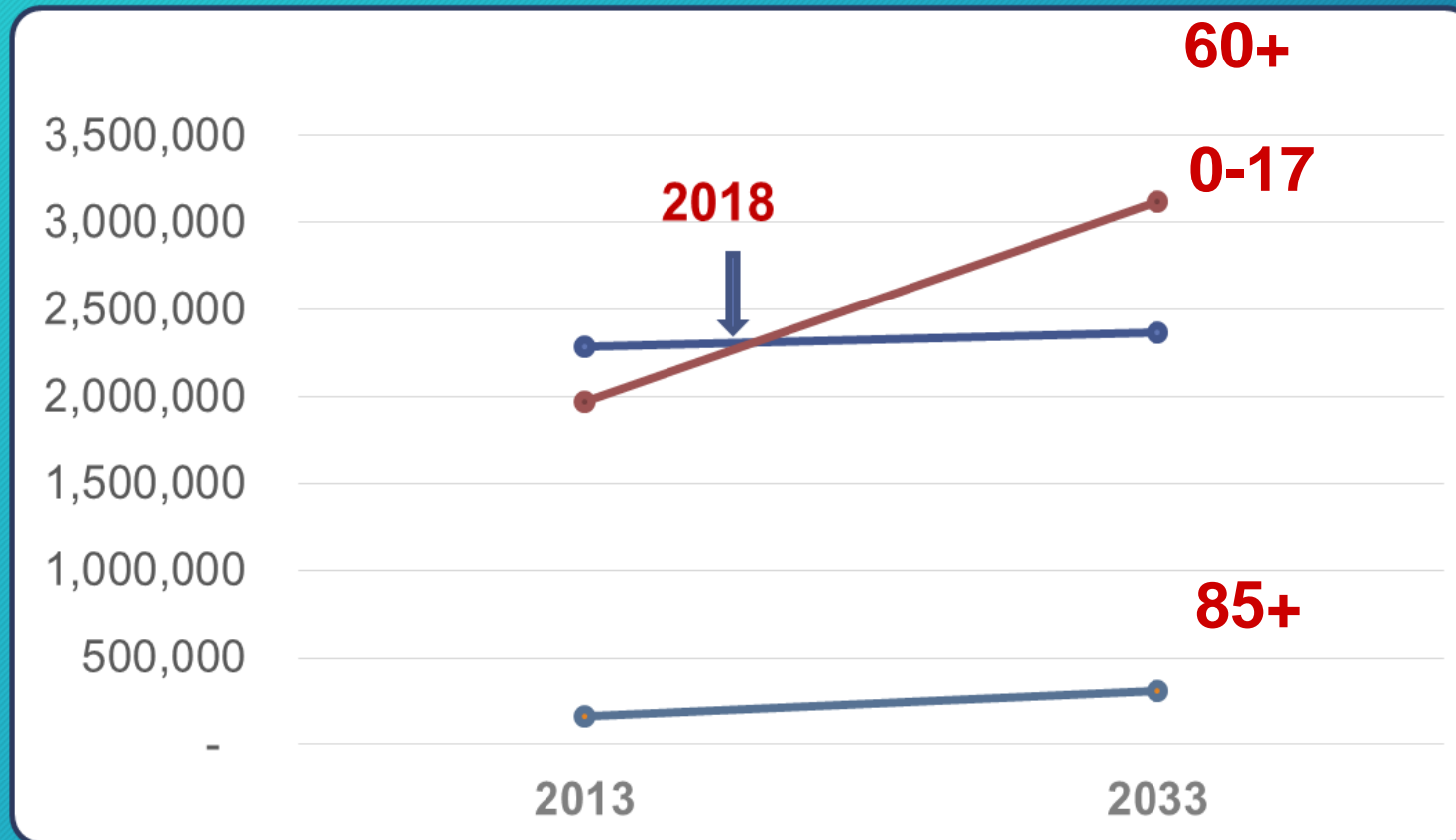


Adults living with disabilities are more likely to:

- Be obese 38%
- Smoke 30%
- Have high blood pressure 42%
- Be inactive 36%

Adults living with disabilities are 3x more likely to have heart disease, stroke, diabetes, or cancer

By 2018, NC will have more people 60+ than ages 0-17



Disability Status, 65 and over

	With a disability	Percent with a disability
Population 65 years and over	478,429	38.1%
With a hearing difficulty	191,945	15.3%
With a vision difficulty	95,071	7.6%
With a cognitive difficulty	126,733	10.1%
With an ambulatory difficulty	313,867	25.0%
With a self-care difficulty	113,725	9.1%
With an independent living difficulty	208,169	16.6%

* Civilian non-Institutionalized population
Source: American Community Survey 2009-2013. Table S1810

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What Is a Disability? According to the ADA...

- Physical or mental impairment that **LIMITS** one or more major life activities
- Have a record of such impairment
- Regarded as having such impairment
- Do we even know if a person has a disability? It may be invisible...
 - Traumatic Brain Injury (TBI)
 - Learning disabilities
 - Vision loss
 - Mental health

Americans with Disabilities Act (ADA) of 1990

The ADA prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications.

People with disabilities have the right, under the civil rights law, to request reasonable accommodation

COMMUNICATION BASICS: PEOPLE FIRST LANGUAGE

Instead of saying...	Say this...
Physically challenged	Person with a physical disability; person with _____ (name of condition)
Disabled, different-abled, challenged, handicapped	People/person with a disability
Handicapped (physical spaces marked-parking/ramps/etc..)	Accessible (i.e. accessible parking)
Mentally retarded/challenged	Person with an intellectual disability
Wheelchair-bound	Person who uses a wheelchair
Autistic/Learning-disabled	Person with autism, person with a learning disability

Perspectives on Disability: The Social Model

- Not health-condition focused (the Medical Model)
- Disability is seen as a result of the experiences that are limited in the community and social circles in which the person lives, works and plays
- ENVIRONMENT is what is disabling, not the disability itself
 - Examples?

Question for brainstorming:

What are some of the challenges faced by:

- people who have a disability
- people who have a chronic disease

CHALLENGES FACED BY PEOPLE WHO HAVE A DISABILITY AND/OR HAVE CHRONIC DISEASE:

- FRUSTRATION
- DEPRESSION
- ANGER
- HOPELESSNESS
- TRANSPORTATION ISSUES
- LACK OF ACCESSIBILITY
- TROUBLE SLEEPING
- MEDICATION COMPLICATIONS
- FEELING LIKE A BURDEN
- WEIGHT CHALLENGES
- OVERWHELMED
- DIFFICULT EMOTIONS
- LOSS OF SELF-CONFIDENCE
- ISOLATION
- PAIN
- FEAR
- FATIGUE
- WEAKNESS/STIFFNESS
- IMMOBILITY

PEOPLE WHO HAVE A DISABILITY AND PEOPLE WHO HAVE CHRONIC DISEASES CAN BENEFIT FROM:

- How to deal with frustration
- Ways to maintain and improve strength, flexibility and endurance
- Managing medications
- How to self-advocate and communicate more effectively with others about their health
- Begin/maintain a healthy eating program
- Techniques to problem solve

How to communicate with people with disabilities (general tips)

- Relax! Be yourself!
- Use Person First language
- Stay positive (avoid “victim of” or “suffers with”)
- Speak with adults as adults- no ‘baby talk’, slowwwwwly speaking, or shouting
- Avoid over-asking (are you ok? Do you need anything? Etc...)
- Ask the person how they prefer to communicate, how they identify, what needs they have

Interacting with participants who have an intellectual disability:

- Keep communication simple
- Complete topics before moving on to the next subject
- Use repetition as needed
- Refer to charts/images/graphics
- Provide information prior to class if possible
- Ask questions that require clear and brief answers

If you have a participant who is Blind or Visually Impaired

- Identify yourself
- Have other participants state their name before talking
- Take turns, no interruptions
- Speak in a normal tone of voice
- Indicate when you are moving around the room
- Use descriptive language
- Be aware of lighting, glare, contrast, magnification needs
- Use “clock orientation” descriptive
- Print materials in large or Braille
- Provide sighted guide services if needed
- Describe what is available for snacks and offer to provide or describe where it is
- Indicate when you’re walking away

If you have a participant that is Deaf or Hard of Hearing

- Speak in a normal tone, clearly
- Arrange for an interpreter, if needed
- Provide an ALD/pocket talker or suggest that the participant bring their own
- Talk directly to the person, not the interpreter
- Confirm understanding of each other
- Face the person to whom you are speaking
- Do not write and talk at the same time
- Be patient with lag time/delays
- Confirm with the interpreter and the participant the day before each class to be sure that they are attending/providing services. Avoid fees!

Interacting with participants who have a physical disability:

- Do not touch, grab or lean against the individual's equipment (walker, cane)
- If the person uses a wheelchair, ASK them if they would like help... don't just push
- Be sure the space is arranged appropriately, eliminate or move rugs or carpets if possible
- Allow for food and drinks to be within reach of seated position

HOW TO PROMOTE YOUR CLASS: ACCESSIBLE RECRUITMENT MATERIALS

- Give the most important information first
- Choose words carefully- limit jargon, keep language clear and consistent
- Use concrete examples
- Use simple printed materials with limited use of *italics* and underlines or *fancy script*.
- Use dark letters on a light background or vice-versa (contrast)
- Include pictures of people with disabilities and age-appropriate images

Accommodations before the workshop:

- When registering, ASK the participant if they need accommodations
- It may be helpful to have a 'session 0' to acclimate the participants to the materials, building, introduce the program materials
- Print the materials in large print if necessary. 16-18 type, easy to read fonts, high contrast, eliminate italics and underlining, no glossy paper, no shading or overlays
- Provide transportation resources to participants (e.g., mountain mobility)
- Host the class on a public transportation route
- Be sure the sidewalks and pathways are cleared and safe
- Mark stairways/steps with contrasting tape
- Be sure there is lighting outside (evening classes)
- Reconsider using rooms that are really large or loud (cafeterias in churches can be difficult for people who are hard of hearing)

CHOOSING A LOCATION

- Accessible parking spaces
- Curb ramps and flat surface sidewalks
- Classroom on the first level or in a building with an elevator
- Clear pathway/hallway to classroom at least 3 feet wide
- Be sure there is a wheelchair accessible bathroom (one stall at least 5ft x 5ft)
- Check the room ahead of time, being sure that there is room for wheelchairs/scooters
- Look for chairs and tables that can be moved to accommodate

Chronic Disease Self Management Education: Toolkit for Including Participants with Disabilities: Resources

- Centers for Disease Control and Prevention (CDC), Disability and Health
- National Council on Aging (NCOA)
- North Carolina Center for Health and Wellness at UNC-Asheville - Healthy Aging NC Resource Center <http://healthyagingnc.com/>
- North Carolina Office on Disability & Health, Division of Public Health, North Carolina Department of Health and Human Services

