HealthMeet® Assessment Protocol

1. Introduction

Thank you for your readiness to volunteer at a HealthMeet event.

The HealthMeet project is a one million dollar cooperative agreement with the Centers for Disease Control and Prevention and The Arc of the United States. It was formed to help promote health awareness among people with intellectual and developmental disabilities (I/DD), their caregivers and the community at large.

The HealthMeet events will be a catalyst to create powerful, innovative cascade solutions that will reduce health disparities for people with intellectual and developmental disabilities. We hope that these solutions will ultimately result in increased longevity and improved quality of life for this population and raise awareness of this great need.

HealthMeet events provide basic health assessments to individuals with intellectual and developmental disabilities. They are also an opportunity to provide our target population with recommendations for appropriate providers and services based on assessment findings. The data collected during the HealthMeet events will allow us to raise awareness and report health trends on those living with I/DD, with the goal of reducing health disparities.

It is important to note that the HealthMeet assessments are very basic and do not in any way take the place of routine, thorough medical examinations. Participants will be told this and informed that they should see their medical providers as previously scheduled.

This assessment is completely voluntary and under no circumstances will anyone participate in the process if they do not wish to. If a participant wants to stop the assessment for any reason after the beginning of the process, be sure to record the data that you have already collected, even if it is incomplete. Then, ask the participant whether they would like to complete the assessment on another day.

No one will be able to participate in the HealthMeet event without giving consent. Individuals will be handed a consent form that states if they are agreeing to participate, they are giving their consent. Individuals will also have the option to participate in the HealthMeet event, but not share their data with The Arc.

What is Your Role as a Volunteer?

As a volunteer medical professional, you will be responsible for conducting the HealthMeet Assessment. The assessment requires you to collect basic demographic, health, and lifestyle information and conduct a physical assessment in six domains. You'll document all information on a secure tablet or laptop

computer. The information will automatically be uploaded into a health data collection system that is HIPPA compliant. All participant information will be de-identified.

At the conclusion of the assessment, you will complete a recommendation form for each participant that will summarize the results of the assessment and indicate whether follow-up with their regular medical provider is recommended.

This manual will supply you with key information that you need to know to complete a HealthMeet assessment. The following sections provide an overview of each assessment domain, explain how to conduct each assessment, offer helpful hints for working with the participants, and identify red flags that should be noted on the referral form. We know that many of you are very experienced medical professionals with significant experience conducting the basic assessments listed below. This protocol is not meant to question anyone's professional ability. However, since the assessment is being conducted at multiple sites across the nation and is for the purpose of data collection, we ask that you review this protocol to ensure that the assessments are conducted in a similar manner across all sites.

2. Demographic, General, Health, and Lifestyle Information

The first part of the assessment is collecting basic Demographic, Health and Lifestyle information. The participant, their caregiver, or both will provide answers to these questions. It is okay for participants to participate in multiple HealthMeet assessments. To avoid duplicate entries in the database, be sure to search for the name of the participant before creating a new entry.

Your HealthMeet site will determine whether you or another volunteer will gather this information from the participant. The following are some tips to use when you are interviewing participants.

Tips for Conducting Interviews with Individuals Who Have Intellectual and Developmental Disabilities

- Conduct your interview in a room that ensures privacy and confidentiality.
- Conduct an interview with the participant alone or, if present, his or her support person. You do not need to speak through the accompanying support person; however, please use this person as resource when the participant needs support in answering.
- Identify yourself clearly to the participant.
- Explain the purpose of the interview.
- Use your usual tone and volume of voice.
- Look at and speak directly to the participant you are interviewing.
- If the participant has some communication limitations do not correct them or complete their sentences. Avoid speaking for him or her.
- If you do not understand what the participant is saying ask him or her to repeat it – do not pretend to understand. Repeat it to the participant to confirm if you understood their response correctly.

Issues to Consider When Interviewing

Several considerations should be taken into account when interviewing people with I/DD. These include the following:

Acquiescence. People with I/DD may want to please others perceived to be in power, including, possibly, interviewers. Their answers may not be accurate and they may respond to questions in a certain manner or direction (e.g. all questions are answered with "Yes" or "No") because they think that is the "expected" or "desired" response. **For example, when you ask the participant whether or not he or she has an intellectual disability, their response might be "no." It is important that you document the answer that the participant provides, even if you believe or know it to be incorrect.**

Processing time. People with I/DD may need additional time to process the question and prepare their response. Ensure that there is enough time to respond and that person is not feeling pressed to answer.

Setting the Stage for the Assessment

The following is an example of introduction that you, as an assessor, can use to explain the purpose of the HealthMeet assessment:

"My name is _____. I am going to ask you questions about your health and how you are feeling. I will also be giving you a quick check up. You don't have to answer any question you don't want to, and I'll stop the questions or check-up anytime you want. There are no right or wrong answers. I will not be telling anyone about what you say, unless you tell me that somebody is hurting you or you want to hurt somebody. Do you have any other questions for me? Let's begin."

Demographic, Health and Lifestyle Information

Most of the questions in this section are very straightforward and should be asked exactly as written. However, some of the questions ask about time and frequency, which can be challenging concepts for some individuals with I/DD. You can assist participants in determining time and frequency by referencing familiar time markers such as birthdays, holidays, program or work schedules, or time between pay or benefits checks. For example, you could ask:

"Have you had a mammogram since your last birthday?"
"Do you remember if you had your Pap smear before or after the last Thanksgiving?"
"How many times do you use chewing tobacco between receiving your SSI checks?"

Although it might be not possible to get a precise time frame, please try to get as accurate an estimate as possible.

The following are a few hints for clarifying some of the Lifestyle questions, in order to support the participants' understanding, if needed:

- ***Have you ever had a mammogram? Have you ever had a Pap smear?***
  Participants may not know the terms "mammogram" or "Pap smear"; however, you can describe the processes in simple terms to help them recall. For example, to describe a Pap smear you could ask a participant if she has ever gone to a doctor and had to remove her underwear, lie down with her feet in straps, and then have her doctor look in the area between her legs (or her vagina, depending on level of understanding).

- ***Do you use tobacco?***
  Tobacco includes cigarettes, cigars, pipes, and chewing tobacco.

- ***Do you drink alcohol?***
  Alcohol includes beer, wine, mixed drinks/hard alcohol, wine coolers, and bottled cocktails.

- ***How often do you eat fruits and vegetables?***

  Less than 1 serving per day
  1-2 servings per day
  3-5 servings per day
  More than 5 servings per day
  Never

  To clarify servings per day, you might ask the participant what they ate for breakfast, lunch and dinner the previous day to get an idea of a typical day.

4. Vital Signs and Body Composition

Equipment needed: chair without arms or wheels, measuring tape or stick, scale, calculator (or appropriate apps on on-line calculators), pulse oximeter, blood pressure cuff, and stethoscope.

Vital Signs and Body Composition

In this section, you will be recording height, weight, Body Mass Index, Waist to Hip Ratio, pulse, oxygen saturation, and sitting and standing blood pressures.

Height

Equipment needed: measuring stick or non-stretchable tape measure

1. Have participant stand against a wall that does not have a thick baseboard if possible.
2. Remove any extra clothing (sweaters, jackets, etc.) or backpacks.
3. Have participant stand against the wall with heels together, arms to the side, legs straight, shoulders relaxed, and "look straight ahead."
4. Use tape measure or stick from floor to highest point on the top of the head. The measurement should be read to the nearest ¼ inch and with the eye level with the headboard to avoid errors.
5. Record **HEIGHT** in **FEET** and **INCHES** (to the nearest ¼ inch).

Weight

Equipment needed: electronic scale or balance-bean scale with non-detachable weights is preferred.

To measure weight:

1. Instruct the participant to remove any shoes, extra clothing (sweaters, jackets, etc.), and objects that would contribute to circumference (backpacks, purses, etc.).
2. Have participant stand in the middle of the scale's platform without touching anything.
3. Body weight should be equally distributed on both feet.
4. Record **WEIGHT** in **POUNDS** (to the nearest ¼ lb).

Calculating Body Mass Index

Equipment needed: calculator (or appropriate BMI Calculator app or on-line tool)

Body Mass Index (BMI) is measure of body fat based on height and weight that applies to both adult men and women. BMI measures the height/weight ratio. Too much body fat can be a problem because it can result in illnesses and other health problems. People with more weight around their waist are at greater risk of lifestyle related diseases such as heart disease and diabetes than those with weight around their hips.

The National Heart Lung and Blood Institute (1998) has the following guidelines for BMI

< 18.5 underweight
18.5-24.9 normal
25.0-29.9 overweight
30-39.9 obese
40+ extremely obese

To calculate body mass index:

1. Use the following formula to calculate BMI:

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$$\text{BMI} = \left(\frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \text{X } 703$$

You may also use BMI calculator app on your Google tablet or an on-line BMI calculator if you are using a lap top. BMI wheels are also acceptable to use. Below are a free BMI calculator app and on-line site to help you out:

For the **Google Tablet**: **BMI Calculator Ideal Weight by smayer.net** available at Google Play:
Go to **https://play.google.com/store/apps** and search "BMI Calculator" – it will come up near the top of the list. **This app also calculates Waist to Hip Ratio.**

On line: **http://www.bmi-calculator.net** **(also has link to a Waist to Hip Ratio calculator)**

2. Record **BODY MASS INDEX** result from formula or BMI calculator.

Waist and Hip Circumference (Waist-Hip Ratio)

Equipment needed: tape measure, calculator (or appropriate waist/hip ratio on-line calculator)

The **waist-hip ratio** is another basic anthropometric measurement used to help assess body fat composition. People who tend to gain weight mostly in their hips and buttocks have roughly a pear body shape, while people who tend to gain weight mostly in the abdomen have more of an apple body shape. Those who have an apple shaped body rather than a pear shaped body are at increased risk for the health problems associated with obesity, such as diabetes, coronary heart disease and high blood pressure.

To perform the Waist to Hip Ratio measurements:

1. Instruct the participant to remove any extra clothing (sweaters, jackets, etc.), and objects that would contribute to circumference (backpacks, purses, etc.).
2. Hold the measuring tape snug against the skin without compressing the tissues.
3. The zero-end (beginning of the tape) is held below the value to be recorded.
4. Measure waist circumference and hip circumference at the end of a normal expiration (additional instructions below).
5. Divide waist circumference by hip circumference (formula below).
6. Record **WAIST to HIP RATIO** result using formula below or Waist to Hip Ratio calculator.

Waist measurement

Have participant stand upright with both feet together.

1. Place the tape measure:
    a. At the narrowest part of the torso.
    b. Between the xiphoid process and the umbilicus (usually at the level of the umbilicus).
    c. In a horizontal plane.

Hip measurement

1. Have participant stand upright with both feet together.
2. Place tape measure:
    a. At the maximal circumference of the hips or buttocks region (whichever is larger).
    b. Above the gluteal fold.

Please use the following formula to calculate waist-hip ratio:

Waist to Hip Ratio = (Waist circumference in inches) / (Hip circumference in inches)

Waist to Hip Ratio Chart		
Male	Female	Health Risk Based Solely on WHR
0.95 or below	0.80 or below	Low Risk
0.96 to 1.0	0.81 to 0.85	Moderate Risk
1.0+	0.85+	High Risk

You may also use a waist to hip ratio calculator app on your Google tablet or an on-line waist to hip ratio calculator if you are using a lap top. Below is a free Waist to Hip Ratio app and on-line site to help you out:

> For the **Google Tablet**: **BMI Calculator Ideal Weight by smayer.net** available at Google Play. **This app also calculates BMI**: go to **https://play.google.com/store/apps** and search "BMI Calculator" – it will come up near the top of the list.
>
> **On line**: **http://www.bmi-calculator.net/waist-to-hip-ratio-calculator/ (same site as BMI Calculator listed in previous section).**

Pulse Rate and Oxygen Saturation with a Pulse Oximeter

Equipment needed: pulse oximeter

To perform the pulse and oxygen saturation assessment:

1. Place oximeter on participant's index finger.
2. Align participant's finger with LED.

3. Keep finger still during measurement.
4. Record **PULSE in BEATS PER MINUTE (BPM)** and **OXYGEN SATURATION as a PERCENTAGE**.

Blood Pressure

Equipment needed: sphygmomanometer, blood pressure cuff of appropriate size, stethoscope

(From the American Heart Association, "Human Blood Pressure Determination by Sphygmomanometry.")

To perform blood pressure assessment:

1. Seat the participant with his or her bared arm resting on a standard table or other support so the midpoint of the upper arm is at the level of the heart.
2. Estimate by inspection the circumference of the bare upper arm at the midpoint between the between the shoulder and elbow and select an appropriately sized cuff. The bladder inside the cuff should encircle 80% of the arm. If the available cuff is too small, this should be noted.
3. Palpate the brachial artery and place the cuff so that the midline of the bladder is over the arterial pulsation, then wrap and secure the cuff snugly around the participant's bare upper arm. Avoid rolling up the sleeve in such a manner that it forms a tight tourniquet around the upper arm. Loose application of the cuff results in overestimation of the pressure. The lower edge of the cuff should be 1 inch above the bend of the elbow, where the head of the stethoscope is to be placed.
4. Place the manometer so the center of the mercury column or aneroid dial is at eye level and easily visible to the observer and the tubing from the cuff is unobstructed.
5. Inflate the cuff rapidly to 70 mm Hg, and increase by increments of 10 mm Hg while palpating the radial pulse. Note the level of pressure at which the pulse disappears and subsequently reappears during deflation. This procedure, the palpatory method, provides a necessary preliminary approximation of the systolic blood pressure to ensure an adequate level of inflation when the actual, auscultatory measurement is made. The palpatory method is particularly useful to avoid under-inflation of the cuff in patients with an auscultatory gap and over-inflation in those with very low blood pressure.
6. Place the earpieces of the stethoscope into the ear canals, angled forward to fit snugly. Switch the stethoscope head to the low-frequency position (bell). The setting can be confirmed by listening as the stethoscope head is tapped gently.
7. Place the head of the stethoscope over the brachial artery pulsation just above and medial to the antecubital fossa but below the lower edge of the cuff, and hold it firmly in place, making sure that the head makes contact with the skin around its entire circumference. Wedging the head of the

stethoscope under the edge of the cuff may free up one hand but results in considerable extraneous noise.

8. Inflate the bladder rapidly and steadily to a pressure 20 to 30 mm Hg above the level previously determined by palpation, then partially unscrew (open) the valve and deflate the bladder at 2 mm/s while listening for the appearance of the Korotkoff sounds.
9. As the pressure in the bladder falls, note the level of the pressure on the manometer at the first appearance of repetitive sounds (Phase I) and at the muffling of these sounds (Phase IV) and when they disappear (Phase V). During the period the Korotkoff sounds are audible, the rate of deflation should be no more than 2 mm per pulse beat, thereby compensating for both rapid and slow heart rates.
10. After the last Korotkoff sound is heard, the cuff should be deflated slowly for at least another 10 mm Hg, to ensure that no further sounds are audible, then rapidly and completely deflated, and the subject should be allowed to rest for at least 30 seconds.
11. The systolic (Phase I) and diastolic (Phase V) pressures should be immediately recorded, rounded off (upwards) to the nearest 2 mm Hg. In children, and when sounds are heard nearly to a level of 0 mm Hg, the Phase IV pressure should also be recorded. All values should be recorded together with the name of the subject, and the date and time of the measurement, the arm on which the measurement was made, the subject's position, and the cuff size (when a nonstandard size is used).
12. Record **SEATED BLOOD PRESSURE in mm/hg.**
13. Have participant stand and repeat steps 5-11.
14. Record **STANDING BLOOD PRESSURE in mm/hg**.

Assessor Observations VITAL SIGNS

In this section you will indicate:

1. If he participant was able to answer questions on his/her own or whether he or she required the assistance of a caregiver.
2. What follow-up care the participants should take part in, based on your assessment results.

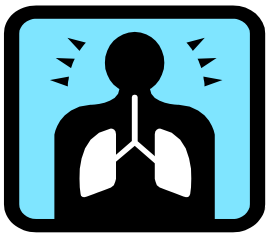
Red Flags for Vital Signs and Body Composition

- **BMI indicates obesity or overweight** - nutritional counseling is strongly advised.
- **BMI indicates underweight** – nutritional counseling is advised.
- **Waist to Hip Ratio suggests greater risk for conditions associated with obesity** – nutritional counseling is advised.
- **Pulse is greater than 100 beats per minute** – further medical evaluation is advised.
- **Pulse is less than 60 beats per minute** – further medical evaluation is advised.
- **Pulse is irregular** – further medical evaluation is advised.
- **Oxygen saturation is less than 90%** – further medical evaluation is advised.
- **Blood Pressure is greater than 120/80** – further medical evaluation is advised.
- **Blood Pressure is less than 90/60** – further medical evaluation is advised.

5. Respiratory Health

Equipment needed: stethoscope

Using a stethoscope, you'll assess for normal respiratory rate and rhythm and abnormal lung sounds. You will be listening for coughing, wheezing, whistling or gurgling watery sounds with breathing. You will also be observing the participant for shortness of breath or rapid breathing.



To perform respiratory assessment:

Adapted from Goldberg,Charlie M.D. (n.d.). The Lung Exam. *A Comprehensive Physical Examination and Clinical Education Site for Medical Students and other Health Care Professionals.* Retrieved January 15, 2013, from http://meded.ucsd.edu/clinicalmed/lung.htm.

1. Put on your stethoscope so that the ear pieces are directed away from you. Adjust the head of the scope so that the diaphragm is engaged.
2. First examine the upper aspect of the posterior fields (i.e. towards the top of the participant's back). Listen over one spot and then move the stethoscope to the same position on the opposite side and repeat. This again makes use of one lung as a source of comparison for the other. The entire posterior chest can be covered by listening in roughly 4 places on each side. Of course, if you hear something abnormal, you'll need to listen in more places.
3. Examine the lingula and right middle lobes while you are still standing behind the participant.
4. Then, move around to the front and listen to the anterior fields in the same fashion.
5. Ask the participant to take slow, deep breaths through their mouths while you are performing your exam. This forces the participant to move greater volumes of air with each breath, increasing the duration, intensity, and thus detectability of any abnormal breath sounds that might be present.
6. Sometimes it's helpful to have the participant cough a few times prior to beginning auscultation. This clears airway secretions and opens small collapsed areas at the lung bases.
7. Requesting that the participant exhale forcibly will occasionally help to accentuate abnormal breath sounds (in particular, wheezing) that might not be heard when they are breathing at normal flow rates.
8. Record **RESPIRATORY RATE and RHYTHM in BREATHS per MINUTE and LUNG SOUNDS as NORMAL or ABNORMAL (breathing difficulties, behaviors to suggest discomfort or abnormalities, use of accessory musculature)**.

Assessor Observations RESPIRATORY HEALTH

In this section you will indicate:

1. If the participant was able to answer questions on his/her own or whether he or she required the assistance of a caregiver.
2. What follow-up care the participants should take part in, based on your assessment results.

Participant Comments

In this section you will ask participant if his or her chest hurts when he or she breathes. If YES, you will ask for more information and document response.

Red Flags for Respiratory

- **Short of breath or has rapid breathing** – immediate care advised.
- **Breathing difficulties** - further medical evaluation is advised.
- **Behaviors to suggest discomfort or abnormalities** - further medical evaluation is advised.
- **Uses accessory musculature** - further medical evaluation is advised.
- **Coughing of blood is noted** - further medical evaluation is advised.
- **Whistling or gurgling watery sounds with breathing** - further medical evaluation is advised.

6. Vision

Equipment needed: Snellen Chart (letters/symbols), tape measurer.
Adapted from Segre, Liz (n.d.). The Eye Chart and 20/20 Vision. *All About Vision.* Retrieved January 11, 2013, from http://www.allaboutvision.com/eye-test/.

You will be testing for vision concerns using a basic visual acuity test, the Snellen Chart. You will have a traditional Snellen Chart (letters) and an accessible Snellen Chart (pictures) for your use. This is a basic exam where the participant will be asked what they can read from the chart. **Eyes will not be tested separately. Participant should wear their usual corrective eyewear (glasses or contacts) during the vision assessment.**

Scoring for visual acuity using the Snellen Eye Chart is based on a distance of 20 feet and is represented as a fraction. The numerator is 20 (for the distance) and the denominator is the number listed to the right of each row on the eye chart. The participant must read the whole line in order to receive that score. The number listed to the right of each line on the Snellen Chart is the normal distance at which people with "normal" vision can read a letter of that row's size. For example:

- If vision is 20/40, the person can read at 20 ft what people with normal vision can read at 40 ft.
- If vision is 20/60, the person can read at 20 ft what people with normal vision can read at 60 ft.
- 20/20 - Normal vision. Required to read numbers in the telephone book.
- 20/40 - Able to pass Driver's License Test in all 50 States. Most printed material is at this level.
- 20/80 - Able to read alarm clock at 10 feet. News headlines are this size.
- 20/200 - Legal blindness. Able to see STOP sign letters.

To perform vision assessment:

1. Determine whether the letter or symbol chart should be used for each participant. Although a participant may state that they can read letters prior to the test, it is possible that during the

assessment you might determine that the accessible version would be a better choice. It is okay to switch charts and restart the assessment with the new chart.
2. Ensure that the Snellen Chart is a distance of 20 feet from the participant.
3. Ask the participant to identify the letter or symbol, starting with the top line. Instruct the participant to continue reading each subsequent line, until they are no longer able to correctly identify the all the letters or symbols on a given line. The participant's score will be the fraction associated with the last line for which they could correctly identify all letters or symbols.
4. Record results of **VISUAL ACUITY TEST as 20/X.**

Participant Comments

You will ask the participant if his or her eyes hurt or if he or she has trouble seeing. If YES, you will ask for more information and document response.

Assessor Observation VISION

In this section you will indicate:

1. If the participant was able to answer questions on his/her own or whether he or she required the assistance of a caregiver.
2. What follow-up care the participants should take part in, based on your assessment results.

Red Flags for Vision

- **Yellow/green or pus-like discharge, rubbing eyes, eye irritation, watering eyes/watery discharge, yellow or red sclera, behaviors to suggest discomfort –** immediate care advised.
- **Possible vision deficit -** further medical evaluation advised with appropriate provider.
- **Uneven pupils** – if possible, determine if this is normal state for participant. If not, further medical evaluation is advised with appropriate provider.

7. Hearing

Equipment needed: otoscope

To test for hearing you will use the "Whispered Words Test" (WWT), which is a basic hearing assessment that can accurately detect hearing impairment, without the need for special equipment. You will also be looking for ear wax impaction using an otoscope. **Please complete the hearing assessment BEFORE checking ears for wax impaction.** We do not want you to unconsciously affect the WWT if you aware that a participant has inner ear issues that could affect their hearing.

Participants with hearing aids should not be given the Whispered Word Test.

Before conducting the Whispered Word Test, you will need to determine if the participant is able to repeat a three letter/number combination back to you, to ensure that you will be getting accurate results:

1. Stand in front of the participant and inform them that you are going to say a combination of three letters and numbers and that he or she should repeat them back to you.

2. In a normal tone of voice, state a combination of three letters/numbers (for example, J-9-Y).
3. Ask the participant to repeat the sequence. If the participant is able to do so, proceed to the Whispered Word Test. **If the participant is unable to recite the combination, skip the Whispered Word Test and perform the inner ear assessment only.**

To perform the Whispered Word Test:
Adapted from Pirozzo, S., Papainczak, T. & Glasizou, P. (2003) Whispered Voice Test for Assessing for Hearing Impairment in Adults and Children: Systematic Review. *British Medical Journal, 327, 967-970.*

1. Stand arms length behind the seated participant.
2. Have the participant cover the non-testing ear with their hand.
3. Exhale quickly (to ensure a quiet voice as possible) and then whisper a combination of three numbers and letters (for example, 4-K-2).
4. Ask the participant to repeat the sequence.
5. If the participant responds correctly, they have passed the assessment (hearing is considered normal).
6. If the participant responds incorrectly, the test is repeated using a different combination of numbers and letters.
7. The participant is considered to have passed the assessment if they repeat at least three out of a possible six letters and numbers.
8. Test the other ear similarly, using a different combination of letters and numbers.
9. Record results of **HEARING ABILITY – WHISPERED WORD TEST as PASS or NO PASS**.

Next, using the otoscope, you will check ears for wax, and note if the external ear canal is clear or blocked. **If a participant is wearing hearing aids, ask him or her if they are comfortable removing and reinserting the hearing aids. If they are not, you may skip this section of the assessment.**

To perform the inner ear assessment:
Adapted from (n.d.) Home Ear Examination. *WebMD.* Retrieved January 10, 2013, from http://www.webmd.com/a-to-z-guides/home-ear-examination.

1. Have the participant sit with their head tilted slightly toward the opposite shoulder.
2. Select the largest viewing piece that will fit easily into the ear canal, and attach it to the otoscope.
3. Hold the otoscope in one hand and use your free hand to pull the outer ear gently up and back.

4. Slowly insert the pointed end of the viewing piece into the ear canal while looking into the otoscope. The sides of the ear canal can be quite sensitive, so try not to put pressure on the ear canal.
5. Angle the tip of the viewing piece slightly toward the person's nose to follow the normal angle of the canal. While looking through the otoscope, move it gently at different angles so that you can see the canal walls. Stop at any sign of increased pain.
6. Record results of **EARWAX IMPACTION OF EXTERNAL EAR CANAL as CLEAR or BLOCKAGE**.

Participant Comments

You will ask the participant if he or she has ear pain or trouble hearing people when they speak. If YES, you will ask for more information and document response.

Assessor Observation HEARING

In this section you will indicate:

1. If the participant was able to answer questions on his/her own or whether he or she required the assistance of a caregiver.
2. What follow-up care the participants should take part in, based on your assessment results.

Red Flags for Hearing

- **Signs of infection (ear pain, drainage of fluid), redness around ears** – immediate care advised.
- **Assessment indicates possible hearing deficit (fails Whispered Word Test, participant asking you to repeat questions, turning one ear toward you when you speak, not responding to questions when they cannot see your lips moving)** – further hearing evaluation is advised with appropriate provider (Audiologist, Primary Care Physician, Other).
- **Earwax removal needed for (left, right, both) ears** – further medical evaluation is advised.
- **Other obstructions noted in ear canal** – further medical evaluation is advised.

8. DENTAL

Equipment needed: penlight, gloves (optional), tongue depressor (optional)

You will be checking for general tooth and oral health.

To perform dental assessment:

1. Have participants open their mouths wide.
2. Use penlight to do an oral inspection, making note of any abnormalities (signs of infection, missing teeth, swollen and/or bleeding gums, white patches or sores on tongue, halitosis).
3. Record results of **GENERAL TOOTH HEALTH as PASS (no abnormalities) or NO PASS (abnormalities).**

Participant Comments

You will ask the participant if his or her teeth or mouth hurt. If YES, you will ask for more information and document response.

Assessor Observation HEARING

In this section you will indicate:

1. If the participant was able to answer questions on his/her own or whether he or she required the assistance of a caregiver.
2. What follow-up care the participants should take part in, based on your assessment results.

Red Flags for Oral Health

Adapted with permission from Marks, B., Sisirak, J., & Plachy, T. (2007). Head-to-Toe Signs and Symptoms Checklist for Lay Health Workers. HealthMatters Program 2012, Chicago, IL.

- **Assessment indicates there may be an urgent oral care issue** – immediate care advised.
- **Infection: abscess, pus drainage, pain, swelling, and redness of the mouth and face** – immediate care advised.
- **Behaviors to suggest discomfort (holding side of face, wincing when opening mouth, reported change in behavior: e.g. eating less, chewing only one side, head banging)** – immediate care advised.
- **Assessment indicates possible oral deficit** – further medical evaluation is advised with appropriate provider (Dentist, Orthodontist, Primary Care Physician, Other).
- **Reported tongue, tooth or jaw pain** – further medical evaluation is advised.
- **Grinding (teeth that are worn down, flattened, fractured or chipped, worn tooth enamel, exposed deeper layers of teeth, damage from chewing on inside of cheek)** – further medical evaluation is advised.
- **Missing teeth** – further evaluation is advised.
- **Gingivitis (bleeding gums, bright red or red-purple appearance to gums, gums that are tender when touched, but otherwise painless, mouth sores, swollen gums, shiny appearance to gums) –** further medical evaluation is advised.
- **Oral health abnormality (white patches or suspicious sores on top of tongue, dry cracked lips or sores on lips, bad breath)** – further medical evaluation is advised.

9. Foot /Mobility Health

Equipment needed: gloves (recommended), chair without arms or wheels

For this part of the assessment you will perform a general foot inspection and the "Get up and Go test" for a basic gait analysis

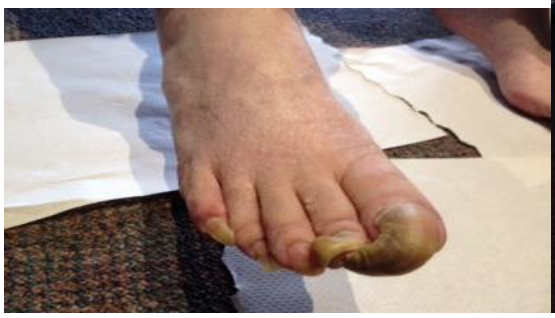
Prior to the foot inspection, ask participant if he or she has been diagnosed with diabetes, which can cause even ordinary problems foot problems to get worse and lead to serious complications.

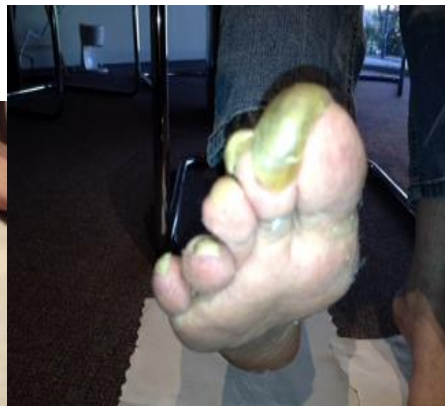
Foot Inspection

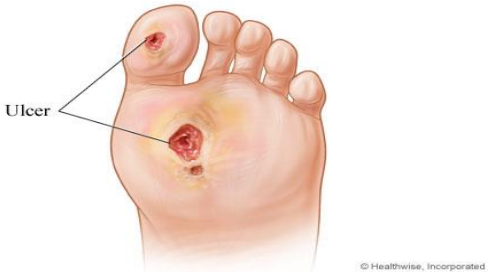
To complete the foot inspection:

1. Have participant remove shoes and socks.
2. Inspect the toenails, checking that participants are caring for their toenails (toenails are not too long and growing under the feet).

3. Note if the toes have thick, crumbly, uneven or discolored nails.
4. Inspect the entire foot and toes for sores, cuts, fungus, blisters, or calluses.
5. Inspect the bottom of feet and between toes for redness or broken, dry, cracked or peeling skin.
6. Record **FOOT INSPECTION** results as **PASS or NO PASS.**







Get up and Go Test

The Get Up and Go Test is a simple gait analysis. For the test, participant should use any assistive devices for walking that they normally use. You will not be able test individuals who use wheelchairs.

To perform the Get up and Go Test:

Adapted from Mathias, S. et. al. (1986) Balance in elderly patients and the "get-up and go" test. *Arch Phys Med Rehabil*. 67:387-389, accessed through (n.d.) Geriatric Assessment Tools: Gait and Immobility/Fall Risk. *The University of Iowa: Iowa Geriatric Education Center.* Retrieved Janaury 15, 2013,http://www.healthcare.uiowa.edu/igec/tools/mobility/getupandgo.pdf.

1. Have participant sit in a chair with no arms.
2. Ask participant to stand up from the chair. If participant cannot stand up independently after three attempts, you may provide assistance.
3. Once standing, ask participant to stand still momentarily.
4. Have participant walk a short distance (approximately 10 feet) and stop.
5. Participant will then turn around and walks back to the chair.

6. Ask participant to turn around and sit down in the chair.
7. Record Get Up and Go Test Score (0-5) based on scoring system below.

Get up and Go Scoring System:
Observe the patient's movements for any deviation from a confident, normal performance. Use the following scale:

0 = Unable to rise from chair, gait not observed.
1 = Normal
2 = Very slightly abnormal
3 = Mildly abnormal
4 = Moderately abnormal
5 = Severely abnormal

"Normal" indicates that the participant gave no evidence of being at risk of falling during the test or at any other time. "Severely abnormal" indicates that the participant appeared at risk of falling during the test. Intermediate grades reflect the presence of any of the following as indicators of the possibility of falling: undue slowness, hesitancy, abnormal movements of the trunk or upper limbs, staggering, stumbling, shuffling.

Participant Comments

You will ask the participant if their feet hurt, if they feel dizzy or unsteady when they walk and if they have fallen in their home in the last year. If YES, you will ask for more information and document response.

Assessor Observation FOOT/MOBILITY HEALTH

In this section you will indicate:

1. If the participant was able to answer questions on his/her own or whether he or she required the assistance of a caregiver.
2. What follow-up care the participants should take part in, based on your assessing results.

Red Flags for Foot Health

- **Assessment indicates that there may be an urgent foot care issue** –immediate care advised.
- **Identified diabetic and non-diabetic participants that have sores, cuts, long toe nails, redness or broken skin anywhere on their feet** – immediate care advised.
- **Toenails growing over tops of toes and under feet** – immediate care advised.
- **Assessment indicates there may be a non-urgent foot care needs** – further medical evaluation advised in the next 3 months.
- **Thick, crumbly, uneven or discolored toenails** – further medical evaluation advised.
- **Toenails normal but slightly overgrown** – pedicure recommend.
- **Assessment indicates possible foot health/mobility deficit** – further medical evaluation advised with appropriate provider (Podiatrist, Physiotherapist, Primary Care Physician, Other).
- **Assessment indicates there may be need for further mobility testing** – further medical evaluation advised.

- **Assessment indicates there may be a need for further balance/fall testing** – further medical evaluation advised.
- **Reports being dizzy or unsteady when walking** – further medical evaluation advised.
- **Dizzy or unsteady when rising from a chair –** further medical evaluation advised.
- **Reports of recent falls –** further medical evaluation advised.
- **Multiple attempts in rising from chair or unable to rise up from chair without assistance** – further medical evaluation advised.

10. Other Red Flags

Physical Abuse

Unfortunately, many individuals with I/DD are victims of different types of abuse. During the assessment, you might encounter a situation where a participant discloses, or you are suspicious that, physical abuse has occurred. **Physical abuse** includes slapping, hitting, bruising, beating or any other intentional act that causes someone physical pain, injury or suffering. Physical abuse also includes excessive forms of restraint used to confine someone against their will (i.e., tying, chaining or locking someone in a room). For example:

- The participant and/or caregiver may disclose abuse during the assessment.
- You may observe a suspicious physical concern while conducting the assessment.

If someone **directly discloses** abuse to you must ensure that is reported to the appropriate authorities. Each state has its procedure for reporting abuse. Please speak with your HealthMeet site coordinator for the appropriate protocol for the state within which you are volunteering.

Red Flags for Physical Signs of Abuse

While the protocol is clear when a direct disclosure is made, **it can be very difficult to identify whether or not an injury or behavior is abuse without additional information.** It is also important to remember that many participants have will have physical conditions (e.g. epilepsy), engage in self-injurious behaviors (e.g., hand biting or pulling out hair), or take medications (e.g. blood thinners) that might cause them to acquire injuries that are **NOT** a result of abuse. **If you have any concerns about questionable marks on a participant, please consult with your site coordinator to determine whether or not further assessment is warranted.**

If you would like further information about signs of abuse and neglect, the following site is an excellent resource: http://apd.myflorida.com/zero-tolerance/common-signs/.

Substance Abuse

You also may encounter a participant that either discloses substance abuse, or that you suspect might be abusing alcohol or drugs. **Individuals with suspected substance abuse issues or who have disclosed substance abuse issues should be referred for a primary care visit.** Additionally, each of the HealthMeet sites will have a list of resources for substance abuse support that you can give to the participant. Please refer to your site coordinator for these resources.

Red Flags for Alcohol and Illicit Substance Abuse

- Participant indicates in the "Lifestyle Information" section that they are consuming large quantities of alcohol.
- Participant presents smelling of alcohol.
- Participant discloses that he or she takes non-prescription drugs.

Other Concerns

Always expect the unexpected. If you ever have any questions or concerns about the physical or mental health of a participant, please contact your site coordinator immediately. Many of the participants will be known by the HealthMeet coordinators, who can provide insight, support and assistance to you.

11. HealthMeet Assessment Summary and Referrals

At the completion of the assessment, you will fill out the Assessment Follow-Up form and give it to the participant (see below). The follow-up form, in addition to the assessment results, indicates to the participant whether or not follow-up is recommended. Each HealthMeet site will have local information to provide those who need assistance with finding providers for follow-up.

12. Conclusion

Thank you for volunteering with HealthMeet. Know that your participation will contribute to improvements in medical care available to individuals with intellectual and developmental disabilities. This assessment is an important step in ultimately creating increased longevity and improved quality of life for this population. It is our hope for the future that every individual with intellectual and developmental disabilities has appropriate medical care that is provided to them at an affordable cost, by a specialist who is familiar with the unique needs of this population.