

ACHIEVA and HealthMeet™ Your Health Matters

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In This FINAL Issue

Newsletter Change
Need Information or Assistance
New Recommendations
Preparing a Child for Medical/Dental Visits
Hypertension
Disability Rates Continue to Rise
Train the Trainer Workshop
HealthMeet Calendar of Events

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Please feel free to forward this newsletter to families, people with disabilities, direct care and healthcare professionals in your area.

Newsletter Change

Due to changes occurring within The Arc of the United States **HealthMeet** project, this is the **final issue** of *Your Health Matters* as a separate e-newsletter produced by ACHIEVA. Beginning next month, information about the health and wellness of those with disabilities will be incorporated into ACHIEVA's regular publication *Now You Know*.

Please send your email address to pwatson@achieva.info to receive ACHIEVA's weekly *Now You Know*. You are also invited to visit our website, www.personfirsthealth.org, which provides information for people with disabilities, families and healthcare professionals on topics specifically related to healthcare issues that impact people with disabilities.

Need Information or Assistance?

From Disability.gov

Family caregivers take on many different roles and tasks. A caregiver may be a child who takes care of an older parent, a parent caring for an adult or young child with a developmental disability or a spouse who provides for the daily needs of a husband or wife with a disability or chronic health condition.

For answers to questions about care giving or to find organizations near you that can help, please [click here](#).

New Recommendations for Diagnosing Disabilities

From Disability Scoop, Article by Shaun Heasley

A major pediatricians' group is issuing new guidelines for physicians diagnosing intellectual and other developmental disabilities. In a clinical report published recently in the journal *Pediatrics*, the American Academy of Pediatrics updated its recommendations, which were first released in 2006. Specifically, the new report emphasizes advances in genetic testing in recent years that can aid in providing a more precise diagnosis for children with various delays.

In cases where a child has been identified as having intellectual disability or global developmental delay, but the cause is unknown, doctors are advised to work with a genetics specialist to conduct chromosomal micro-array testing, which can detect genetic abnormalities, and Fragile X testing. Metabolic testing should also be considered, the guidance indicates. If the tests do not produce any conclusive result, physicians are then urged to consider other approaches depending on the gender of the child and possibly perform a brain MRI and refer patients to outside specialists. It is important to identify the root of a child's disability, when possible, to provide the most appropriate treatment plan, the report said.

What's more, identifying a precise diagnosis can help families manage expectations, advocate for their child and obtain services and supports, they indicated. Beyond diagnosing children, the recommendations also emphasize the responsibility doctors have to help connect families with special education and developmental services.

Preparing a Child with Autism for Medical and Dental Visits

From Scheumannndental.com

Children with autism spectrum disorder (ASD) and other developmental disabilities often have a difficult time during visits to the doctor or the dentist. This is understandable. Most of us do not look forward to getting a shot, being poked or prodded, getting cavities filled or having our teeth scraped clean. And, for children who may have sensory issues and be averse to bright lights and unusual noises, these experiences can be quite frightening.

How can parents make medical and dental visits more pleasant for their child with special needs? Here are a few suggestions for parents to consider.

- * Prior to going to the appointment, make sure your child has the skills necessary to make the trip successful. Can they follow simple directions, such as "open your mouth," "say ah," or "look at the light"? Are they able to sit in a chair that reclines? If they do not have these skills, it is important to teach them before you make that appointment.

- * When possible, schedule the visit in advance so you, your child and everyone involved can adequately prepare. Notify the doctor's office that your child has special needs and tell them anything else that will be helpful for them to know. Most offices can be very accommodating by scheduling your child for the first appointment of the day, or the first appointment after lunch, so she will not have to wait a long time to be seen.

Please [click here](#) for more suggestions and to read the complete article.

Hypertension More Common in Adults with Disabilities

From Medscape Medical News, Article by Megan Brooks

Adults with disabilities are more apt to have hypertension than those without and they represent an important subpopulation to target blood pressure-lowering interventions, researchers from the Centers for Disease Control and Prevention (CDC) said today. They found that more than a third of adults with disabilities have hypertension compared with a little more than a quarter of their peers without disabilities.

More than 56 million people in the United States have a disability. Yet until now, the prevalence of hypertension among people with disabilities has not been well defined, Alissa Stevens, MPH, and colleagues note in an [article published](#) in a recent issue of *Preventing Chronic Disease*. The authors combined data from the 2001 - 2010 National Health and Nutrition Examination Survey to estimate hypertension prevalence by disability status and type (cognitive, hearing, vision or mobility limitation). The 23,800 adults included in the analysis were primarily between 20 and 44 years of age (48 percent), non-Hispanic white (71.2 percent), had at least a high school education (81.1 percent), and had some type of health insurance (80.9 percent).

Overall, the prevalence of hypertension was 30.0 percent (95 percent confidence interval [CI] 29.2 percent - 30.8 percent) in adults aged 20 years or older, and the prevalence of disability was 37.9 percent (95 percent CI, 36.9 percent - 38.9 percent).

The prevalence of disability types ranged from 6.3 percent (95 percent CI, 5.9 percent - 6.8 percent) for cognitive limitation to 25.6 percent (95 percent CI, 24.7 percent - 26.5 percent) for mobility limitation.

The researchers say the age-adjusted prevalence of hypertension was significantly higher in adults with a disability than in those without a disability (34.2 percent vs 26.9 percent; $P < .001$), even after controlling for sociodemographic and healthcare access indicators. Hypertension was defined as an average systolic blood pressure of 140 mm Hg or higher and an average diastolic blood pressure of 90 mm Hg or higher based on up to 3 blood pressure measurements or receipt of blood pressure-lowering medication.

By disability type, the prevalence of hypertension ranged from 29.7 percent (95 percent CI, 27.0 percent - 32.5 percent) in adults with hearing limitation to 39.1 percent (95 percent CI, 37.4 percent - 40.8 percent) in those with mobility limitation. "With the exception of adults with hearing limitation, the prevalence of hypertension was significantly higher among adults with each disability type than among adults without any disability," the authors say.

The higher prevalence of hypertension in those with a disability "may in part be explained by behavioral risk factors such as obesity, smoking, and physical inactivity that co-occur with or worsen the effects of hypertension and that disproportionately affect people with disabilities," the authors say. For example, research shows that the prevalence of movement difficulty is 1.5 to 2 times higher among obese adults than among normal weight adults, they point out. The authors note that the National Health and Nutrition Examination Survey data may underestimate the prevalence of hypertension among adults with a disability because they are limited to community-dwelling individuals and exclude people in institutional settings.

2010 report from the Institute of Medicine cited the public health importance of hypertension and the need to identify at-risk subpopulations, as [reported by Medscape Medical News](#). The current findings show that adults living with disabilities are "an important subpopulation to include in reporting and intervention efforts that work toward reducing hypertension prevalence," Stevens and colleagues conclude. *Prev Chronic Dis.* 2014;11:140162.

[Click here](#) to read the complete article.

Disability Rates Continue to Rise in One Category for Children

From WESA.FM, Article by Deanna Garcia

Between 2001 and 2011 there was a 21 percent increase in disabilities classified as neurodevelopmental or mental health-related in nature in children. That's according to an analysis from the Children's Hospital of Pittsburgh of UPMC. This is in contrast to physical health-related disabilities in children - that rate dropped 12 percent over the same time period.

"Over the 10 year study period, what we found was a nearly 16 percent increase in the prevalence of disability among children, so that equates to about a million more children having disabilities than about 10 years ago," said Dr. Amy Houtrow, lead author of the study and chief of the Division of Pediatric Rehabilitation Medicine at Children's. Neurodevelopmental disabilities include autism, learning disabilities, intellectual impairment, ADHD and epilepsy.

The increases were seen, particularly, among children in more socially advantaged households. Statistically, children living in poverty have the highest rates of disability. Over the last decade there has been a 28.4 percent increase in disability diagnosis among children living in families at or above 400 percent of the federal poverty level. "We think one of the reasons that rise happened is, in part, because those children and their families have better access to achieving diagnosis and then treatment, so they have better access to health services," Houtrow said.

Other reasons could be a shift in diagnostic criteria, overall increases in rates of certain problems including autism, increased awareness of conditions and the need for a specific diagnosis to receive services such as early intervention. Researchers tracked trends by studying data from the National Health Interview Survey conducted by the U.S. Centers for Disease Control and Prevention between 2001 and 2011 and also by interviewing parents.

"We need to be more aware that more and more children are experiencing disabilities, and these disabilities have shifted over time to include more neurodevelopmental and mental health problems," Houtrow said. "That means that as a healthcare system, we need to be poised to give services, provide information and recommend treatment to help children be as successful as possible."

The study was funded by the National Institutes of Health and the Department of Health and Human Services and appears in the September issue of the journal *Pediatrics*.

HealthMatters Train the Trainer Workshop

Are you interested in starting health promotion program for people with developmental disabilities? HealthMatters Train the Trainer Workshop is offered on October 7, 2014 at the University of Illinois at Chicago, 1640 W Roosevelt Road, Room 448, Chicago, IL 60608, from 8:30 a.m. - 4 p.m.

Session includes a maximum of 25 participants * Fees: \$250 per person (Includes the Health Matters Curriculum) * Trainees are responsible for travel and lodging
Participants can earn six (6) CEUs/CPEUs for Advance Practice Nurses, Registered Nurses, Licensed Practical Nurses, Licensed Clinical Social Workers (LSW, LPC, LCPC), Nursing Home Administrators, Occupational Therapists, Physical Therapists, Qualified Intellectual Disabilities Professionals (QIDP), Registered Dietitians (RDs), Registered Dietetic Technicians (RDTs), Speech Language Pathologists, and Illinois Teachers (CPDUs).

Add extra \$15 for CEUs. [Click here](#) for additional information on the Workshop

[Click here](#) to register.

HealthMeet™ Calendar of Events

Please see our HealthMeet® Events page for a full calendar of all upcoming events at:
<http://www.thearc.org/healthmeet-events>.

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Sincerely,

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serving Allegheny, Beaver and Westmoreland Counties
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