



Adult Health Case-based Modules for LEND and UCEDD Trainees
Developed with support from the HealthMeet Project of The Arc

The modules are designed for LEND and UCEDD trainees to learn more about the adult phase of the life course continuum of health and health care for people with developmental and intellectual disabilities. By participating in this case-based curriculum, LEND and UCEDD trainees will gain knowledge and perspective concerning: common health issues for adults with ID; socio-cultural influences on health of adults with ID; self-determination and person-centered care as essential elements of health promotion and healthcare for adults with ID; the importance of competitive employment and place of residence on health status; and the central importance of optimal health status on quality of life and on the ability of adults with ID to live the lives they desire in inclusive communities.

Module 1 “Understanding Health and Health Promotion for People with ID”
is Now Available for trainees at <http://www.iddhealthtraining.org/> (or scan QR code)



LEND and UCEDD Faculty will find case materials (with and without answers/resources) and suggestions for using the cases in training at http://www.aucd.org/itac/template/strategy_list.cfm?id=14 (AUCD.org ► <http://www.aucd.org/itac/> ► Training Toolbox ► Adult Health)

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Module 2 will address barriers to health care noted by the HealthMeet Project:

- Lack of accessible information about healthy habits, or not enough help in navigating of health care systems and insurance plans
- Lack of communication training for health professionals, making interactions with people with ID difficult
- Discrimination and stigma associated with disability

The goals of the module will relate to:

- Communication skills for working with people with I/DD in the context of health care and wellness encounters
- Universal design in written and electronic communication with people with I/DD concerning health and wellness
- Use of person-first, non-victimization language
- Communication to support self-determination in health
- Use of technology to enable effective communication by and with people with I/DD
- Communication with people with sensory challenges
- Communication using a translator

Your input on both Modules is requested:

Please provide feedback on **Module 1** at <http://www.surveymonkey.com/s/HealthMeetModule1>.

For **Module 2**: If you have recommended resources, links, training modules OR have suggestions about what you would like to see included in this module, please tell us at:

<https://www.surveymonkey.com/s/Module2Input>

Module 1 Case Content

Content:	<i>CASE 1: (Mr. Cruz, a 57 year old man</i>	<i>CASE 2: (Ms. Schaeffer, a 35 year old woman)</i>	<i>CASE 3: (Mr. Foster, a 22 year old man)</i>	<i>CASE 4: (Ms. Tester, a 63 year old woman</i>
Understand basic health promotion and prevention needs of individuals with ID				
<ul style="list-style-type: none"> Having a disability does not mean a person cannot be healthy. Same need for healthy lifestyle habits- nutrition, physical activity 	√	√	√	
<ul style="list-style-type: none"> Same need for preventive screenings- ensuring access to information about, physical access to screenings 	√	√	√	
<ul style="list-style-type: none"> What impact does the patient's living situation/family situation have on the patient's health? (statistics of people w ID depending on their living situation (w/ family vs. other setting)) 	√		√	√
<ul style="list-style-type: none"> Sexuality and sexual health issues 		√		
Identify common health disparities in individuals with ID from a life course perspective				
<ul style="list-style-type: none"> People with disabilities are much more likely to report: <ul style="list-style-type: none"> Overweight/obesity Smoking- stroke, high BP Diabetes Asthma Arthritis 	√		√	√
<ul style="list-style-type: none"> What are common disparities people with ID develop as they age? Osteoporosis, arthritis, dementia 	√			√
<ul style="list-style-type: none"> Disparity in having a regular medical provider? 			√	
Identify common comorbidities and secondary conditions				
<ul style="list-style-type: none"> Mental illness 			√	
<ul style="list-style-type: none"> Oral health concerns, much more likely to report not having visited the dentist, fear 	√			
<ul style="list-style-type: none"> Chronic physical conditions, i.e. musculoskeletal, cardiovascular, respiratory, digestive 			√	
<ul style="list-style-type: none"> Vision and hearing concerns 	√			
Identify barriers for accessing health care for individuals with ID and ways to address barriers				
<ul style="list-style-type: none"> Physical access 		√		
<ul style="list-style-type: none"> Staff training/attitudes, communication 		√		
<ul style="list-style-type: none"> Financial resources as a barrier 			√	√
<ul style="list-style-type: none"> Inability to find a doctor 			√	
<ul style="list-style-type: none"> Transportation issues 			√	
<ul style="list-style-type: none"> Relevant policy(s): Americans with Disabilities Act, Social Security Act (Medicaid) 		√	√	
Understand the importance of having a medical home/health home for preventive care/anticipatory guidance for all individuals with ID				
<ul style="list-style-type: none"> Care coordination 			√	
<ul style="list-style-type: none"> Person-centered care 	√	√	√	√
Theme: Cultural and Linguistic Competency	√			
Theme: Self-determination	√	√	√	√
Theme: Life Course Perspective and Social Determinants of Health	√	√	√	√
Theme: Influence of employment on health	√	√	√	

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