

# Well-Informed for safe & healthy living

Spring 2014

Be Well-Informed ...

## The Importance of Smoking Cessation for People with Disabilities

*Special thanks to Anureet K. Benipal, MPH, Health Services Policy Specialist at the Ohio Department of Health, for this information. Please see footnoted acknowledgements at the end of the article.*

Ohio has an estimated 11.5 million residents, of which approximately 25.1% have a disability, which means that roughly 2,181,832 Ohioans have some type of disability. Considering the aging population and the prevalence of disability increasing with age, the number of people with disabilities is likely to greatly increase in the coming decades.

Data suggests the existence of disparities between people with disabilities and those without disabilities in the areas of overall health, health risk behaviors, chronic health conditions, and access to prevention screenings.

Research shows that Ohioans who have disabilities are significantly less likely to exercise regularly and to visit the dentist annually than those without disabilities. Arthritis, asthma, diabetes, and heart disease rates are all two or three times higher among Ohioans with disabilities, as compared to those without disabilities.

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Kristin's advice: "Don't smoke!"

Of particular concern is the significant disparity in smoking status for Ohioans with disabilities compared to those without disabilities, as seen in the chart on page 2. Nationally, the disparity rate is 8.1% or (25.4% with disabilities; 17.3% without disabilities); while in the State of Ohio, the disparity rate is the largest in the US at 17.3%.

*(continued on p. 2)*

## Well-Informed for safe and healthy living

A quarterly newsletter published by the Ohio Department of Developmental Disabilities MUI Registry Unit. More resources are available online at [www.dodd.ohio.gov](http://www.dodd.ohio.gov)

MUI Main Number 614-995-3810  
MUI Fax Number 614-995-3822  
**MUI Hotline 866-313-6733**

### Be Well-Informed... Importance of Smoking Cessation

*(continued from cover)*

Individuals who smoke cigarettes have an increased risk for developing a multitude of health conditions including heart disease, stroke, lung cancer, and other types of cancer. Smoking doubles the risk of a stroke.

In addition, smoking may reduce the effectiveness of medications. People with disabilities who smoke increase their risk of developing chronic conditions that might adversely interact with their primary disabling condition. It is also known that many face barriers to access disease prevention programs and those that promote good health, and are thus more susceptible to illness and disease.

Some barriers that may limit participation by people with disabilities in smoking cessation programs include:

- Lack of knowledge about the benefits of quitting smoking
- Primary care physicians focused on the person's disability, thus neglecting to recommend prevention programs

### Two more reasons not to smoke:

Smoking doubles the risk of a stroke.

Smoking may reduce the effectiveness of medications.

- Being unaware of available smoking cessation programs
- Lack of accessible, affordable transportation
- Cost of programs
- Lack of program materials in alternate formats, i.e. Braille, American Sign Language
- Inaccessible facilities

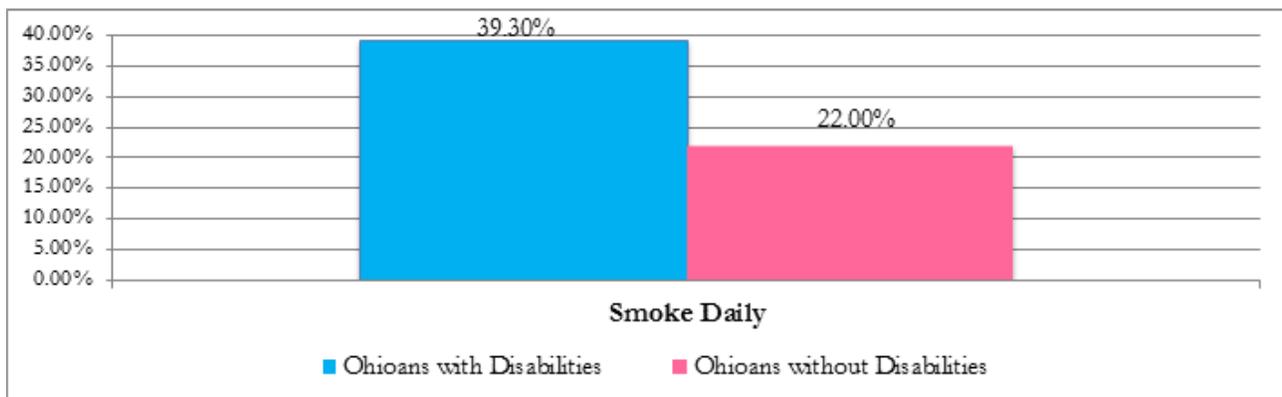
It is important that public health promotion programs such as tobacco cessation ("stop smoking") efforts are targeted and accessible to people with disabilities in order to combat smoking disparities faced by this vulnerable population (see chart, this page).

Some ways to make smoking cessation programs more accessible include:

- Ensuring facility and program materials are accessible and available in multiple formats
- Accommodating communication needs including oral/audio, Braille, and American Sign Language in place of high-literacy level written materials such as questionnaires

*(continued on p. 3)*

### Ohio ~ Smoking Prevalence by Disability Status



Be Well-Informed ...

## Importance of Smoking Cessation *(continued from p. 2)*

- Offering programs in local communities
- Making lifestyle recommendations and having discussions that are sensitive to the needs and values of the disabilities community.

## Health Benefits of Quitting Smoking

There are many immediate and long-term health benefits of quitting for all smokers, including those with disabilities, as seen in the chart at the bottom of this page. It is also important to note that individuals of all ages, who may have already developed smoking-related health problems, can still benefit from quitting.

Research suggests that quitting smoking at any age can make significant improvements in ones' health and can add years to ones' life. It is vitally important for smoking cessation efforts to be specifically addressed among the population of people with disabilities.

This article is a product of the Ohio Disability and Health Program (ODHP) in an effort to raise awareness regarding the smoking disparities faced by Ohioans with disabilities.

The Ohio Disability and Health Program is one of 18 Centers for Disease Control and Prevention (CDC)-funded state programs that aim to improve the health and well-being of Ohioans who have disabilities. For more information about ODHP visit <http://nisonger.osu.edu/odhp>.

*This article is supported by the CDC Cooperative Agreement Number 5U59DD000931-02. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.*

*Special thanks to the Ohio Department of Health for allowing DODD to share this information.*

### Time Since Quitting

Within 20 Minutes

12 Hours

2-12 Weeks

1-9 Months

1 Year

5 Years

10 Years

15 Years

### Health Benefits

Heart rate and blood pressure drops.

The carbon monoxide level in the blood drops to normal.

Circulation improves and lung function increases.

Coughing and shortness of breath decreases.

Risk of coronary heart disease is about half that of a smoker.

Stroke risk is reduced to that of a nonsmoker 5 to 15 years after quitting

Risk of lung cancer falls to about half that of a smoker and risk of cancer of the mouth, throat, esophagus, bladder, cervix, and pancreas decreases.

The risk of coronary heart disease is that of a nonsmoker's.

### References:

1. Ohio: State and Country QuickFacts. U.S. Census Bureau. <http://quickfacts.census.gov/qfd/states/39000.html>. Updated January 6, 2014. Accessed February 24, 2014.
2. The Behavioral Risk Factor Surveillance System (BRFSS). Centers for Disease Control and Prevention. <http://dhds.cdc.gov/profiles/profile?profileId=8&geoTypeId=1&geoids=39>. Updated February 6, 2013. Accessed February 18, 2014.
3. Yang, Y., Havercamp, S. M., Riddle, I. K., Coleman, E. S., Sahr, T. R., & Ashmead, R. D. (2013). Disability and Health in Ohio Public Health Needs Assessment. (Available from the Ohio Disability and Health Program, <http://nisonger.osu.edu/odhp/reports>).
4. Disability and Health: Cigarette smoking among adults with disabilities. Centers for Disease Control and Prevention. <http://www.cdc.gov/ncbddd/disabilityandhealth/smoking-in-adults.html>. Updated March 4, 2013. Accessed February 18, 2014
5. Smoking and Tobacco Use: Quitting Smoking. Centers for Disease Control and Prevention. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/cessation/quitting/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/cessation/quitting/). Updated February 7, 2014. Accessed February 18, 2014.
6. Smeltzer SC. 2010. Improving Health and Wellness of People with Disabilities. In: JH Stone, M Blouin, editors. International Encyclopedia of Rehabilitation. Available online: <http://cirrie.buffalo.edu/encyclopedia/en/article/300/>
7. Fact sheet, health benefits of smoking cessation. World Health Organization (WHO). [http://www.who.int/tobacco/quitting/en\\_tf\\_quit-tiing\\_fact\\_sheet.pdf](http://www.who.int/tobacco/quitting/en_tf_quit-tiing_fact_sheet.pdf). Accessed February 25, 2014

# What is Sepsis?

## Sepsis

by Dr. Robert Wysokinski  
Physician, Ohio Department of  
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### What is Sepsis?

Sepsis is a potentially deadly condition characterized by *whole body inflammation*. Sepsis causes millions of deaths each year, worldwide, and in the overall population of people with developmental disabilities, up to 10% pass away from sepsis. Sepsis is also referred to as *septicemia, bacteremia, and blood poisoning*.

### Signs and Symptoms:

- Fever or low body temperature
- Elevated heart rate
- Elevated respiratory rate
- Altered mental status
- Low blood pressure
- Individuals can appear flushed, confused, or lethargic

### What Causes Sepsis?

The cause of sepsis is the immune system's response to serious infection. All of these can lead to sepsis.

- Bacteria
- Fungi
- Viruses
- Parasites in the blood, urinary tract, lungs, skin, and brain



### Early Detection

It is critical to diagnose sepsis in the earliest possible stages in order to save lives. There are various screening tools which can help staff and providers. However, if sepsis is at all suspected, staff/providers must proceed with urgent medical review even if the screening score is low.

The following are some *red flag warnings signs* for possible sepsis:

- If an individual's heart rate is from 101 to 110, or more rapid, OR if an individual's heart rate is too low / lower than 51
- If an individual's respirations are 15 or greater, or less than 9
- If an individual's temperature is greater than 100.4 or less than 96.8
- If an individual is not alert, only responsive to pain, or voice, or totally unconscious

If an individual has a combination of the above -- for example -- an elevated heart rate, elevated respirations, and mental status changes, he or she may be septic.

If an individual's heart rate is very low 45, and their temperature is also low at 96. Contact 911 or a medical professional immediately. Detecting early signs and symptoms of sepsis can help improve treatment outlooks and save lives. Visit [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov) for more information.

## What's New?

The Ohio Department of Developmental Disabilities is involved in the fight against Human Trafficking. For information about Human Trafficking visit <http://humantrafficking.ohio.gov/> To report suspected trafficking, call the National Human Trafficking Hotline Resource Center at 1-888-3737-888, a national, toll-free hotline, available to answer calls from anywhere in the country, 24 hours a day, 7 days a week.



## Stay Up to Date!

Review the latest  
**Health and Safety Alerts...**  
subscribe by sending an email to:  
[join-info.notice@list.dodd.ohio.gov](mailto:join-info.notice@list.dodd.ohio.gov)

# Smart911 -- Be Smart About Your Safety

## Emergencies are not planned ...

No one plans to call 9-1-1, but you now can plan ahead thanks to a new program being tested in Grove City. There, a person can sign up for Smart911 and create a Safety Profile for their household that provides 9-1-1 valuable information about yourself, family members, your home, pets, and even vehicles ... that will automatically display on the 9-1-1 call taker's screen when you make an emergency call. Think about it!

**Smart911.com is private and secure, and you control what information is in your profile.**

The only time your profile is seen is when you call 9-1-1. Then, your Safety Profile immediately displays to 9-1-1 call takers. This allows First Responders to assist you more quickly and more effectively. These immediate details can save seconds or even minutes during an emergency.

Seconds really count when....

- A child goes missing.
- There's a fire.
- You experience a medical emergency.
- There's an accident at home, or at work.
- You are in a vehicle accident.

**Seconds Save Lives.**

**Sign up today at [www.smart911.com](http://www.smart911.com).**

### How Does Smart911 Help?

With Smart911, first responders are aware of critical medical information like a heart condition or fatal allergy. Police can have immediate access to a missing child's photo, and fire-fighters know critical household details like bedroom locations, or if there are pets in the home.

### How Does Smart911 Work?

Residents create a free Safety Profile at [www.smart911.com](http://www.smart911.com). The Safety Profile is stored in a secure database and if the resident calls 9-1-1, their Safety Profile will appear on the 9-1-1 call taker's screen.



### How Do I Create a Smart911 Safety Profile?

It's quick and easy! Visit [www.smart911.com](http://www.smart911.com) and click on "Sign Up" to get started.

Smart911 is a free service currently being provided in Grove City. Find out if it is offered in YOUR area!

## Stay Tuned!

In the next issue of *Well-Informed* read about Healthy Lifestyles for people with disabilities.



# Highlights

## Highlights & Examples

From DODD MUI Unit reports:

Three employees from Shalom House were recently recognized for their quick actions! It was our understanding that the EMS personnel arriving on the scene did not feel that an individual warranted Emergency Room evaluation because he did not appear to be in distress. It was only through continued advocacy by Shalom staff, and his guardian's request that the individual was transported to the hospital.

While not initially evident to the EMS crew, it was clear to the provider staff that he was not well, and needed immediate medical care. They made sure he received it. We know that the health and welfare of those we serve is dependent on the people who know the individual best by seeking timely medical care when significant changes occur. Shalom House staff took quick, decisive action to obtain emergency medical services for his person. We are grateful for your actions!

### ***The Ohio Disability and Health Program (ODHP)***

needs disability advocates! Representing the disability perspective on a public health committee is a crucial step to improving inclusiveness, and ensuring that people with disabilities are considered in public health matters. ODHP is dedicated to raising awareness and improving knowledge regarding the needs of Ohio's disability community, specifically among staff at the Ohio Department of Health (ODH). Building relationships with leaders of state public health committees within ODH is important to

this effort, and the disability community must be represented on these committees. By appointing people with disabilities and their guardians, caregivers, and/or other disability advocates as members on these committees, the Ohio Disability and Health Program will be better informed to do its work. There are six committees currently requesting a representative from the disability community, and most committees meet bi-monthly or quarterly. If you are interested in serving on a committee, contact health policy specialist, Anureet Benipal at ODH-- (614) 644.9848.

## What is Neglect?

Individuals with Disabilities have the right to live a life free from abuse and neglect. *"Neglect" in our system is defined as when there is a duty to do so, failing to provide an individual with any treatment, care, goods supervision, or services necessary to maintain the health or welfare of the individual.* In 2013, there were more than 2064 allegations of reported neglect. Of these, 1217 were substantiated. Neglect MUIs *do not* require that there be a resulting injury, they *do* require that there is a reasonable risk of harm.

**All "Neglect MUIs" require immediate action, an administrative investigation to determine causal factors, and prevention plan implementation. These three elements are addressed in each and every case.**

The MUI investigation results in a finding of *unsubstantiated* or *substantiated*. The standard for a finding of substantiation is by a 'preponderance level' – meaning that it is *more likely than not* that the neglect happened.

Contributing Factors in Substantiated Neglect MUIs include:

- Deliberately ignoring the individuals by talking on personal cell phones or watching TV.
- Distraction / Complacency
- Miscommunication or Lack of Communication
- Transition
- Lack of Action
- Sleeping

The DODD MUI Unit looks forward to reducing the number of Neglect MUIs in 2014 and appreciates the efforts of service providers who can help to make this goal a reality.

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# Lessons Learned

Assuring the health and safety of people served is of the utmost importance.

During the process of reviewing Major Unusual Incidents (MUIs) we have learned many things. Most recently:

- An individual was found unresponsive and the support staff contacted 911, but instead of initiating CPR, they contacted a supervisor, cleaned the person up, and clothed them. *Remember, EVERY SECOND COUNTS.* Take care of the individual first by calling 911 and then initiating care until another responder is on the scene.

- Upon entering the living room, the staff sees an individual who is making wheezing sounds and there is a partially eaten sandwich next to her in the recliner chair. The individual is lying flat and then goes non-responsive. Staff calls for the nurse and then start initiating CPR while the individual is lying in the recliner. *Whenever possible* CPR should *not* be initiated on a soft surface like a couch, bed or recliner. Staff should, if at all possible, move an individual to a hard surface like the floor to perform CPR. Often, CPR that is administered on a soft surface is ineffective, and delays prompt care for the person.

- Staff report that an individual falls while walking down the driveway and hits his head on the ground. The individual reports that he is "OK" and has no observable injuries. Later, the individual is lethargic and then taken to the Emergency Room. He was diagnosed with a brain bleed. See more information at: Health and Safety Head Injuries Alert, <http://dodd.ohio.gov/healthandsafety/Documents/15-05-11.pdf> and on page 8.

- An individual received a cancer diagnosis and had a kidney removed as part of an aggressive treatment regime. He responded well to the surgery, but did not have the specific follow-up care required by his doctor as indicated. Over many years he had further medical tests, *but did not have a coordinated approach to the initial cancer diagnosis.* It was as if his cancer diagnosis was forgotten. Several people who served him during this timeframe didn't know that he had only one kidney and was a cancer survivor. He had several doctors with different specialties within the same hospital system that were not aware of his other medical treatments. While he had doctor visits and testing, he did not receive the necessary screening and follow up associated with a cancer diagnosis.

- In another case, important discharge information was lost and/or ignored, and a person was admitted to the hospital a second time for failure  
*(cont. on p. 8)*

## More Resources ... Health & Safety Toolkit

Did you know that the Health & Safety Toolkit located on the DODD Home Page offers free resources? The following new resources have been added for your use!

- **UI Investigation Presentation**
- **Appendix C Forms** (Unscheduled Hospitalization, Unapproved Behavior Support, Law Enforcement)

Look for the toolkit artwork at [www.dodd.ohio.gov](http://www.dodd.ohio.gov)



## Prompt Care Reminder

In 2013, there were some cases in which *delay of treatment* resulted in tragic outcomes. We strongly encourage all care providers to act and to provide care in a timely manner. Please refer to the Alert, 'Health and Well Being is Priority One' at <http://dodd.ohio.gov/healthandsafety/Documents/51-03-11.pdf>

# Lessons Learned

## Assuring health and safety ...

(cont. from p. 7)

to thrive. The provider did not weigh the individual or provide proper nutrition as required in the discharge summary. The individual continued to decline and was re-admitted to the hospital for further medical care. Other concerns involved knowing when to contact 911 / physician regarding an individual's signs and symptoms. In this case, critical symptoms were known (low blood pressure, rapid respirations, high blood sugar) but not acted on. This resulted in medical personnel not being consulted in a timely manner and delay of care.

### Delays have resulted in tragic outcomes.

In some cases, the seriousness of a person's condition is not explained well, and decisions about treatment are based on incomplete information. Decisions about medication and treatment can place the individual at risk if medical professionals are not well informed of signs and symptoms, past diagnosis/treatments and family history. Lack of coordinated care can lead to untherapeutic medication levels, further illness and hospitalizations.

Listed below are some conditions that may require long-term follow-up and monitoring:

Cancer	Diabetes
Heart Conditions	Seizure Disorders
Thyroid Conditions	Aspiration
Pneumonia	Respiratory disease
Liver Disease	Kidney Disease



### Preventive Measures

1. All screening and ongoing testing required is done.
2. A centralized location for all medical information that can be shared with the individual, their family, medical professionals, and caregivers that need it. The growing usage of electronic health records will help accomplish this goal. Assure direct support professionals, or others who accompany people to doctor's appointments, have the necessary information to share with the physician for quality outcomes.
3. Ensure that medical information is routinely updated in a timely manner, following appointments.
4. Communicate information accurately and timely to all medical professionals. Be specific as to what the person is doing/not doing, for how long, and if this is consistent with their normal day.
5. Medical professionals should give specific guidance in their planning for the individual. What is the caregiver expected to do and when?
6. Individuals, families, and staff should *ask questions about the individual's care*, especially if it seems like something doesn't make sense.
7. Review available resources. See links throughout this newsletter.

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