Health Promotion, Prevention, Medical care, Rehabilitation under the CBR Matrix heading of "Health"

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• Impairment: “Any Loss or abnormality of psychological, physiological or anatomical structure or function”

• Disability: “Any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being”

• Handicap: “A disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfillment of a role that is normal for that individual”
• The *International Classification of Functioning, Disability and Health (ICF)*, adopted as the conceptual framework for this Report, defines disability as an umbrella term for impairments, activity limitations, and participation restrictions.

• Disability refers to the negative aspects of the interaction between individuals with a health condition and personal and environmental factors.
What do we know about disability?

Higher estimates of prevalence

• More than a billion people are estimated to live with some form of disability, or about 15% of the world’s population
• World Health Survey - 785 million (15.6%) persons 15 years and older live with a disability
• Global Burden of Disease estimates a figure of around 975 million (19.4%) persons.
Growing numbers

• The number of people with disabilities is growing.
• This is because populations are ageing – older people have a higher risk of disability – and because of the global increase in chronic health conditions
Diverse experiences

• Stereotypical views of disability emphasize wheelchair users and a few other “classic” groups such as blind people and deaf people. However, the disability experience resulting from the interaction of health conditions, personal factors, and environmental factors varies greatly
Vulnerable populations

• Higher prevalence of disability in
  – lower income countries.
  – the lower socio-economic status
  – children from poorer households
  – ethnic minority groups
  – women
  – older people

• Increased risk of disability in
  – low income
  – Unemployed
  – low educational qualifications
People with Disability:

- constitute the world’s largest minority
- 80% live in developing countries
- 15–20% of the world’s poorest people
- Do not have rehabilitation services in 62 countries
- 5–15% have an access to assistive devices in the developing world
- Children with disabilities are much less likely to attend school
- Experience higher unemployment
- Have lower earnings than people without disabilities
What are the disabling barriers?

Lack of provision of services

• Vulnerable to deficiencies in services
• Southern African countries
  – 26–55% received medical rehabilitation
  – 17–37% received the assistive devices
  – 5–23% received the vocational training
  – 5–24% received the welfare services
• In some states of India the frequent reasons not using health facilities were the
  – Cost of the services
  – Lack of services in the area
Problems with service delivery.

• Poor coordination of services, inadequate staffing, and weak staff competencies can affect the quality, accessibility, and adequacy

• World Health Survey data from 51 countries revealed that people with disabilities were
  – > 2 times more likely to find ill skilled HCP
  – 4 times more likely to be treated badly and
  – 3 times more likely to be denied needed health care
Inadequate funding

• Resources allocated to implementing policies and plans are often inadequate.

• The lack of effective financing is a major obstacle to sustainable services across all income settings.
Lack of accessibility.

• Many built environments (including public accommodations), transport systems and information are not accessible to all.

• Lack of access to transportation is a frequent reason for a PWD being discouraged from seeking work or prevented from accessing health care.
Lack of consultation and involvement

• Many people with disabilities are excluded from decision-making in matters directly affecting their lives, for example, where people with disabilities lack choice and control over how support is provided to them in their homes
Lack of data and evidence

- A lack of rigorous and comparable data on disability and evidence on programmes that work can impede understanding and action
How are the lives of people with disabilities affected?

**Poorer health outcomes**

- PWDs experience poorer levels of health than the general population.
- Depending on the group and setting, PWD may experience greater vulnerability to preventable secondary conditions, co-morbidities and age-related conditions.
Lower educational achievements

• Children with disabilities are less likely to start school than their peers without disabilities, and have lower rates of staying and being promoted in schools.

• Education completion gaps are found across all age groups in both low-income and high-income countries
Less economic participation

• People with disabilities are more likely to be unemployed and generally earn less even when employed.
• Global data from the World Health Survey show that employment rates are lower for disabled men (53%) and disabled women (20%) than for non-disabled men (65%) and women (30%).
Higher rates of poverty

• People with disabilities thus experience higher rates of poverty than non-disabled people.

• On average, persons with disabilities and households with a disabled member experience higher rates of deprivations – including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care
Increased dependency and restricted participation

- Reliance on institutional solutions, lack of community living and inadequate services leave people with disabilities isolated and dependent on others
Health and Relevance to disability

• Health has traditionally been defined as the absence of disease and illness.

• However, as defined by WHO, it is a much broader concept – it is “a state of complete physical, mental and social well-being and not merely the presence of disease or infirmity”
• The right to health without discrimination is captured in various international instruments.
• The Constitution of the World Health Organization (WHO) states that “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”
• The United Nations Convention on the Rights of Persons with Disabilities (CRPD) addresses the right to health for people with disabilities.

• Article 25 requires States to

  “recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination of disability”
• The right to health is not only about access to health services; it is also about access to the underlying determinants of health, such as safe drinking water, adequate sanitation and housing.

• The right to health also contains freedoms and entitlements.
Community Based Rehabilitation

• It is a strategy within the general community for the rehabilitation, equalization of opportunities and social inclusion of all the people with disabilities

• It is implemented by the people with disabilities themselves, families, community and the other organisations
Community-based rehabilitation (CBR) programmes support people with disabilities in attaining their highest possible level of health, working across five key areas:

- Health promotion
- Prevention
- Medical care
- Rehabilitation
- Assistive devices.
• Although CBR has historically focused on the health sector, as health is influenced by many factors, there is a need for multisectoral collaboration and inclusion and for CBR programmes to work across many different sectors, such as education and employment.

• Given the size of the topic of health, this component focuses primarily on those CBR activities that take place within the health sector.
• People with disabilities achieve their highest attainable standard of health.
Desirable outcomes

• People with disabilities and their family members have improved knowledge about their health

• The health sector is aware that people with disabilities can achieve good health and does not discriminate

• People with disabilities and their family members have access to health-care and rehabilitation services, at affordable cost.
• Health and rehabilitation interventions enable people with disabilities to become active participants in family and community life.

• There is improved collaboration across all development sectors, including education, livelihood and social sectors, to achieve good health for people with disabilities.
Determinants of health

A person’s health status is influenced by a wide range of personal, economic, social and environmental factors.

- Genetics
- Individual behaviours and lifestyle
- Income and social status.
- Employment and working
- Education
- Social support networks.

- Culture
- Gender – men and women.
- Physical environment – safe water and clean air
- Health services – access to and usage
Disability and Health

To ensure that people with disabilities achieve good levels of health it is important to remember that they on a regular or occasional basis and for limited or lifelong periods require:

• Health services for general health-care needs
• Health services not related to their impairments
• Specific health-care services
• Rehabilitation services
Inclusive health

• “Inclusive education” has become a widely recognized concept and is increasingly being implemented in education systems throughout the world.

• Inclusive health means that all individuals can access health care irrespective of impairment, gender, age, colour, race, religion and socioeconomic status.

• To ensure this, health-care service providers need to have positive attitudes towards disability and people with disabilities and have appropriate skills,
Health promotion
• The **Ottawa Charter for Health Promotion (1986)** describes health promotion as the process of enabling people to increase control over and to improve, their health.

• Health promotion focuses on addressing those determinants of health that can potentially be modified, such as individual health behaviours and lifestyles, income and social status, education, employment and working conditions, access to appropriate health services and the physical environment.
Goal

• The health potential of people with disabilities and their families is recognized and they are empowered to enhance and/or maintain existing levels of health.
Role of CBR

• To identify health promotion activities at a local, regional and/or national level and work with stakeholders to ensure access and inclusion for people with disabilities and their family members.

• To ensure that PWDs and their families know the importance of maintaining good health and encourage them to actively participate in health promoting actions.
Desirable outcomes

- People with disabilities and their families receive health promotion messages
- Health promotion materials and programmes are designed or adapted to meet the specific needs
- They have the knowledge, skills and support to assist them to achieve good levels of health.
- Health-care personnel have improved awareness about the general and specific health needs of PWDs
- Community provides a supportive environment for PWDs
Key concepts

• Health promotion for people with disabilities

• Barriers to health promotion

• Health promotion for family members

• Health promotion action
  1. Build healthy public policy
  2. Create supportive environments for health
  3. Strengthen communities
  4. Develop personal skills
  5. Reorient health services
Suggested activities

• Support health promotion campaigns
• Strengthen personal knowledge and skills
• Link people to self-help groups
• Educate health-care providers
• Create supportive environments
• Become a health promoting organization
Prevention
Goal

• People with disabilities are less likely to develop health conditions, related or unrelated to their impairments, that affect their functioning and overall health and well-being; and family members and other community members are less likely to develop health conditions and impairments associated with disability.
Role of CBR

• The role of CBR is to ensure that communities and relevant development sectors focus on prevention activities for people both with and without disabilities.

• CBR programmes provide support for people with disabilities and their families to ensure they can access services that promote their health and prevent the development of general health conditions or secondary conditions (complications).
Desirable outcomes

People with disabilities and their families

• Have health information and services for preventing health conditions.

• Reduce their risk of developing health problems by taking up and maintaining healthy behaviors and lifestyles.

• With community members participate in primary prevention activities, e.g. immunization programmes, to reduce their risk of developing health conditions or impairments which can lead to disability.

• In a CBR programme collaborate with the health and other sectors, e.g. education, to address health issues and provide support and assistance for prevention activities.
Key concepts

• Risks to health

• Three levels of prevention

• What does prevention mean for people with disabilities?

• What does prevention mean for people without disabilities?
Suggested activities

• Facilitate access to existing prevention programmes
• Promote healthy behaviours and lifestyles
• Encourage immunization
• Ensure proper nutrition
• Facilitate access to maternal and child health care
• Promote clean water and sanitation
• Help to prevent injuries
• Help to prevent secondary conditions
MATERNAL AND CHILD HEALTH
Medical Care
• Medical care can be defined as the identification, assessment and treatment of health conditions and/or resulting impairments.

• Medical care can: provide a cure (e.g. treatment of leprosy or malaria), reduce the impact (e.g. treatment of epilepsy), and prevent avoidable impairments (e.g. treatment of diabetes to prevent blindness).

• Access to quality medical care, when and as often as needed, is critical for maintaining good health and functioning, particularly for people with disabilities
Goal

• People with disabilities access medical care, both general and specialized, based on their individual needs
Role of CBR

- The role of CBR is to work in collaboration with people with disabilities, their families and medical services to ensure that people with disabilities can access services designed to identify, prevent, minimize and/or correct health conditions and impairments.
Desirable outcomes

• CBR personnel are knowledgeable about medical care services and able to facilitate referrals for PWDs and families
• People with disabilities and their families access activities that are aimed at the early identification of health conditions and impairments
• Medical care facilities are inclusive and have improved access
• PWDs can access surgical care to improved health and functioning.
• PWDs develop self-management skills to make informed decisions
• Medical care personnel have increased awareness regarding the medical needs of people with disabilities, their rights and dignity
Key concepts

• Types of medical care
• Medical care for people with disabilities
• Surgery
• Self-management
Suggested activities

• Gather information about medical services
• Assist with early identification
• Ensure access to early treatment
• Facilitate access to surgical care
• Promote self-management of chronic conditions
• Build relationships with medical care providers
Example

- A CBR programme in South Sulawesi, Indonesia, has a multi-sectoral team including village health workers, primary-school teachers and community volunteers, many of whom have disabilities or are family members of a person with a disability.
- The CBR team has regular training sessions with personnel from all levels of the health system.
- These training sessions provide great opportunities for networking, promotion of the medical care needs of people with disabilities and promotion of the role of CBR and medical care services.
Rehabilitation
• As highlighted in the Preamble, access to rehabilitation is essential for people with disabilities to achieve their highest attainable level of health.

• The Convention on the Rights of Persons with Disabilities, Article 26, calls for “appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life...
• People with disabilities have access to rehabilitation services which contribute to their overall well-being, inclusion and participation.
Role of CBR

• To promote, support and implement rehabilitation activities at the community level and facilitate referrals to access more specialized rehabilitation services.
Desirable outcomes

- PWDs receive individual assessments involved in rehabilitation plans and services they will receive.
- PWDs know role and purpose of rehabilitation and receive accurate information about the services.
- PWDs are referred to specialized rehabilitation services and are provided with follow-up.
- Basic rehabilitation services are available at the community level.
- Resource materials to support rehabilitation activities undertaken in the community are available.
- CBR personnel receive appropriate training, education and support to enable them to undertake rehabilitation activities.
Key Concepts

• Rehabilitation
• Rehabilitation interventions
• Rehabilitation services
• Community-based services
• Rehabilitation plans
Suggested activities

• Identify needs
• Facilitate referral and provide follow-up
• Facilitate rehabilitation activities
• Facilitate rehabilitation activities
  – *Provide early intervention activities for child development*
  – *Encourage functional independence*
  – *Facilitate environmental modifications*
  – *Link to self-help groups*
• Develop and distribute resource materials
• Provide training
Assistive Devices
Goal

• People with disabilities have access to appropriate assistive devices that are of good quality and enable them to participate in life at home and work and in the community
The role of CBR

• To work with people with disabilities and their families to determine their needs for assistive devices, facilitate access to assistive devices and ensure maintenance, repair and replacement when necessary
Desirable outcomes

- CBR personnel are knowledgeable about assistive devices, including the types available, their functionality
- PWDs are knowledgeable about assistive devices and make informed decisions to access and use them.
- PWDs are provided with training, education and follow-up
- Local people, including PWDs are able to fabricate basic assistive devices and undertake simple repairs and maintenance.
- Barriers preventing access to assistive devices, such as inadequate information, financial constraints are reduced.
- Environmental factors are addressed to enable individuals to use their assistive devices in all locations
Key concepts

- Common types of assistive device
  - Mobility devices
  - Positioning devices
  - Prosthetics, orthotics and orthopedic shoes
  - Daily living devices
  - Vision devices
  - Hearing devices
  - Communication devices
  - Cognitive devices

- Selection of assistive devices
  - Appropriate technology
  - Assessment

- Use of assistive devices - Barrier-free environments
Suggested activities

• Train CBR personnel
• Build capacity of individuals and families
• Train local artisans
• Facilitate access to assistive devices
  – Set up small-scale workshops
  – Network and collaborate
• Address barriers in the environment
Summary

- Definitions
- Global prevalence
- Some facts and figures
- Impact of disability
- Disabling barriers
- Importance of health in disability
- Role of CBR in Health – Promotion, Prevention, Medical Care, Rehabilitation and Assistive devices
THANK YOU