

1996

## Rural Health & Disability

Tom Seekins Ph.D.

*University of Montana Rural Institute - Research and Training Center on Disability in Rural Communities*

University of Montana Rural Institute

[scholarworks-reports@mso.umt.edu](mailto:scholarworks-reports@mso.umt.edu)

Let us know how access to this document benefits you.

Follow this and additional works at: [https://scholarworks.umt.edu/ruralinst\\_health\\_wellness](https://scholarworks.umt.edu/ruralinst_health_wellness)



Part of the [Community Health and Preventive Medicine Commons](#)

---

### Recommended Citation

Seekins, Tom Ph.D. and Rural Institute, University of Montana, "Rural Health & Disability" (1996). *Health and Wellness*. 15.  
[https://scholarworks.umt.edu/ruralinst\\_health\\_wellness/15](https://scholarworks.umt.edu/ruralinst_health_wellness/15)

This Fact Sheet is brought to you for free and open access by the Rural Institute for Inclusive Communities at ScholarWorks at University of Montana. It has been accepted for inclusion in Health and Wellness by an authorized administrator of ScholarWorks at University of Montana. For more information, please contact [scholarworks@mso.umt.edu](mailto:scholarworks@mso.umt.edu).

# Ruralfacts

## Rural Health & Disability

The health of many people with disabilities living in rural areas is not as good as one might expect. While people with disabilities can lead healthy and independent lives, they often lack access to health care providers who understand their needs, and lack access to services that would support their efforts to live independently. <sup>1,2,3,4</sup>

Our research shows a self-help health promotion model can be effective in addressing these issues for some people in rural communities, significantly improving health and reducing medical service utilization:

1. People with disabilities living in rural areas experience an average of 14 secondary conditions each year. <sup>5</sup> Secondary conditions include problems such as pressure sores, physical de-conditioning, poor nutrition, urinary tract infections, depression and pain.
2. Secondary conditions and other health problems experienced by people with disabilities are costly. Fifteen percent (15%) of people with disabilities living in the community account for 29% of all physician visits and 40% of all hospitalizations. <sup>6</sup>
3. The health problems experienced by people with disabilities are complex. Our research shows that these health problems (e.g. secondary conditions) interact with one another and are related to a person's overall health orientation. <sup>7</sup>
4. Secondary conditions can be managed and prevented. Proper education and support delivered by independent living centers can dramatically improve the health of adults with disabilities by an average of 37%, and can significantly reduce medical service utilization. <sup>8,9</sup>
5. More research is needed to develop effective models for promoting health of people with disabilities. There is some general agreement among professionals about factors that might increase risk for secondary conditions but there are relatively few data to support these beliefs. Even for the general population, programs for maintaining healthy lifestyles are far from well understood. A clearer understanding for this population is critical.

6. Rehabilitation and other service providers should include screening for secondary conditions as part of their ongoing services. Our research has produced a three-item instrument that can correctly identify 80% of those at high-risk for secondary conditions. Early detection and proper referral might significantly improve outcome.<sup>10</sup>
7. As Medicaid and Medicare programs evolve, they should include provisions for health promotion and maintenance services. Currently, these programs only pay for treatment once health problems occur but won't target high-risk populations for prevention efforts that could save money and maintain a healthier population.
8. Private Insurance programs and employers should also develop health promotion services designed to maintain the health of persons with disabilities and to prevent secondary conditions.
9. Rural health research centers and rural health networks should include issues of disability health in their programs. The declining quality of rural health care has particularly dramatic effects on this population.
10. Independent Living Centers (ILCs) should be reimbursed for providing these services by Medicaid and other third-party payors.<sup>11</sup>

## Cost Benefit of Health Promotion from The Montana/Kansas Study

We used outcome data from our research<sup>9</sup> to compare projected costs of medical services accrued over 20 months under the standard "acute care model" and a "health promotion model." The health promotion model includes an eight session workshop led by independent living center (ILC) staff. The sessions focus on topics including goal setting, problem solving, adopting a hopeful and optimistic attitude, and overcoming depression. In addition, a number of specific behavioral repertoires are taught, including communication skills, medical information-seeking skills, changing one's nutritional intake and level of physical activity, and an introduction to advocacy skills.

After six months our health promotion intervention led to a 37% improvement in secondary conditions and a 45% reduction in physician visits. 9 Assuming an average cost of \$75 per visit, we project the participants in our study as a group would spend approximately \$24,000 under the acute care model, and approximately \$8,000 with a health promotion intervention.

Savings from a health promotion approach can be used to provide more services to the same population, the same services over a longer period of time or to more people, or to maintain a level of services in the face of cutbacks. Reimbursing ILCs for providing consumer-directed health promotion services also provides a mechanism for expanding IL services to unserved rural areas.

## Check Your Health

Our research has produced a brief screening instrument of three items that can accurately identify nearly 80% of those at risk for secondary conditions. The manual for this screening instrument, Check Your Health, is available. The manual outlines winning strategies consumers can use to respond to health problems.

1. Overall, would you say your health over the past 12 months was:

___ Excellent	___ Good	___ Fair	___ Poor
3	2	1	0

2. Overall, would you say that your ability to INDEPENDENTLY engage in desired activities such as work, recreation, or daily living over the past 12 months was:

___ Excellent	___ Good	___ Fair	___ Poor
3	2	1	0

3. During the past year, how much would you say that depression limited your activity per week? (Depression is more than feeling blue.)

Symptoms of depression include extreme long-term sadness, loss of pleasure in favorite things and activities, sleep problems, weight loss or gain, thoughts of suicide or crying.)

\_\_ 0 Hrs    \_\_ 1-5 Hrs    \_\_ 6-10 Hrs    \_\_ 11+ Hrs  
          3                   2                   1                   0

Total your score for the preceding questions. (If you score 5-9 points, you're probably doing well. If you score 0-3 points, you should obtain assistance.)

## A Sample of Some Winning Strategies

Seek Support or Services from Others or Get Referrals:

For Environmental Obstacles: Talk to someone at an ILC (Independent Living Center), a Voc. Rehab. counselor or a Public Health Service provider.

For Psycho-Social Issues: Support groups, ministers, ILC staff, Voc. Rehab. counselors, mental health centers, physicians or psychologists are likely to be able to assist you.

For Medical Conditions: See your family physician or a physiatrist, who specializes in medical problems related to disability.

Lifestyle Challenges: Ask service providers (ILCs, PVA chapters, etc.), about wellness programs tailored to people with disabilities. Also try other programs such as Weight Watchers, and consider joining a health or wellness program.

## Educate Yourself

There are extensive materials you can read and videos about disabilities and health maintenance strategies. Check with your local library or service providers, (e.g. physicians, ILCs, Voc. Rehab. counselors, public and mental health centers). Also try the many electronic bulletin boards by

"surfing" the Internet. If you're unfamiliar with the Internet, ask a friend who can help you search for topics and discussion groups of interest. There are hundreds of them.

## Resources for Managing Secondary Conditions available from The University of Montana Rural Institute

Check Your Health: Health screening for adults with disabilities related to physical impairments.

Living Well with a Disability: A Workbook for Promoting Health and Wellness

Consumer Reporting Form: A surveillance instrument of secondary conditions.

Risk Assessment: Lifestyle and secondary conditions

## References

1. Seekins, T., Jackson, K. & Dingman, S. (1991). Rural rehabilitation from the consumer's perspective. Missoula, MT: Research and Training Center on Rural Rehabilitation Services, University of Montana.
2. Seekins, T., Ravesloot, C., Jackson, K. & Dingman, S. (1990). Transitions from rehabilitation hospital to rural independent living: Survey results from rural independent living centers. Missoula, MT: Research and Training Center on Rural Rehabilitation Services, University of Montana.
3. Jackson, K., Seekins, T., Dingman, S., & Ravesloot, C. (1990). Rural transition issues: Report of the rehabilitation facility survey. Missoula, MT: Research and Training Center on Rural Rehabilitation Services, University of Montana.

4. Jackson, K., Seekins, T., & Offner, R. (1992). Involving consumers and service providers in shaping rural rehabilitation agenda. *American Rehabilitation*, 18 (1), 23-29, 48.

5. Seekins, T., Clay, J. & Ravesloot, C. (1994). A descriptive study of secondary conditions reported by a population of adults with disabilities served by three independent living centers in a rural state. *Journal of Rehabilitation*, 60 (2), 47-51.

6. Pope, A.M. & Tarlov, A.R. (1991). *Disability in America: Toward a national agenda for prevention*. Washington, DC: National Academy Press.

7. Ravesloot, C., Seekins, T. & Walsh, J. (1995). A structural analysis of secondary conditions of primary physical disabilities. Missoula, MT: Research and Training Center on Rural Rehabilitation Services, University of Montana.

8. Seekins, T. (1992). Preventing secondary disabilities in rural areas: A model for case management. *Human Services in the Rural Environment*, 15 (3), 9-14.

9. Seekins, T., White, G.W., Ravesloot, C., Young, Q-R., Lopez, J.C. & Golden, K. (1996). Evaluation of a health promotion model for preventing and managing secondary conditions. Missoula, MT: Research and Training Center on Rural Rehabilitation Services, University of Montana.

10. Seekins, T. & Norris, K. (1995). Check your health: Consumer screening manual and forms. Missoula, MT: Research and Training Center on Rural Rehabilitation Services, University of Montana.

11. White, G., Seekins, T. & Gutierrez, R.T. (1996). Preventing and managing secondary conditions: A proposed role for independent living centers. *Journal of Rehabilitation*, 62, (3), 14-21.

**Prepared by:**

Tom Seekins

**For additional information please contact:**

Research and Training Center on Disability in Rural Communities

The University of Montana Rural Institute  
52 Corbin Hall, Missoula, MT 59812-7056  
888-268-2743

406-246-5467

406-243-2349 (Fax);

<http://rtc.ruralinstitute.umt.edu>

© 1996 RTC:Rural. Our research is supported by grant #R04/CCR808519 xxxxxxxxxxxx from the Center for Disease Control. Additional support was provided by grant #H133820002 from the National Institute on Disability and Rehabilitation Research, U.S. Dept. of Education. The opinions expressed reflect those of the author and are not necessarily those of the funding agency.



The University of Montana

**RURAL  
INSTITUTE**

*Center for Excellence in  
Disability Education,  
Research, and Service*



The University of  
**Montana**