2015 Annual Meeting & Expo
“Health In All Policies”

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Disability and Health Program
Introduction
What is the Annual Meeting & Expo?

APHA's Annual Meeting and Exposition brings together more than 12,000 public health professionals, researchers, students and colleagues from across the U.S. and around the world to network, educate and share experiences.
SPIGs and Sections

• Special Primary Interest Groups
• Sections
  – The primary professional units of the Association
  – APHA has 31 primary Sections
    • Represent major public health disciplines or public health programs.
    • Provide an avenue to develop scientific program content and policy papers in their areas of interest or fields of practice, professional and social networking, career development and mentoring.
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Disability is a national public health issue needing special attention. We can ALL help to make our world a better place for individuals with disabilities.

Members of the Disability Section are involved with policies and actions focusing on the equalization of opportunities for people with disabilities. These include the promotion of equity in health care and health outcomes, and social change to promote socioeconomic integration.

We come from a variety of backgrounds, including social and rehabilitative services, medical and health professions and social sciences. Hence, our work includes teaching, research, provision of clinical services, policy development and civil service.
Disability Section Mission

To raise awareness and promote actions related to public health issues that affect the health, functional, social, and environmental aspects of disability. These issues include the causes and prevention of impairments and disabilities, especially secondary conditions; health promotion and rehabilitation; barriers and facilitators, both physical and social, that affect participation of people with disabilities in all aspects of society; and advocacy for public policies for individuals with disabilities.
Disability Section Program- Poster Sessions

• Emerging Issues in Disability and Public Health
  – ECAM: Using Technology to Create Culturally Appropriate and Accessible Treatment for Recovery From Substance Use Disorders
  – Interactions of Women with Physical Disability with Health Care Clinicians During Pregnancy
  – Effect of disability training on Bolivian teachers’, administrators’ and parents’ attitudes toward people with disabilities
  – Traumatic stress, Depression and Pain Disability in Military Service Members
Disability Section Program- Forums

• 25 Years after Passage of the ADA and 5 years after ACA: Recognizing People with Disabilities as a Health Disparity Population
• Disability Data Collection and Surveillance
• Health Promotion and Disease Prevention for People with Disabilities
• Approaches to physical activity and healthy living for persons with disabilities
• Pregnancy in Women with Disabilities
• Healthcare access and utilization among persons with intellectual and developmental disabilities
• Integrating disability in medical and healthcare education and practice
Disability Data Collection & Surveillance

Distribution of Prevalence Estimates of People with Disabilities Across National Surveys

Eric A. Lauer, MPH, Debra L. Brucker, PhD and Andrew J. Houtenville, PhD

- Disability estimates vary widely between surveys
  - ACS 27 mill 11.8%
  - CPS-ASEC 34 mill 14.7%
  - SIPP 36 mill 15.4%
  - NHIS 39 mill 17.1%

- Other differences between surveys
  - Self reported difficulties
  - Employment
  - Reporting “excellent” or “good” health
  - Poverty

- West Virginia = highest self-reported PWD among all surveys
- Lowest 3 states = Nevada, Utah, Georgia, New Jersey, Connecticut

*Need to be cautious in analyses due to high variation*
HCOs need to document who has a disability (Section 4302 of ACA)
  - DHHS released 6 ACS disability questions
    - Are these the right questions at an organizational level?

• Phase One
  - 54 patients & caregivers
    - Asked “What do you want physicians to know about you and your disability?”
    - Difficulty differentiating between medical history and accommodations
  - 15 physicians
    - Asked “What do you want to know about patients’ disabilities?”
    - Difficulty differentiating between care planning and accommodations
  - Rewrote ACS questions and added 2 more

• Phase Two
  - Delphi Expert Panel
    - Presented with 31 questions to be rated based on ability to identify patients who would benefit from accommodations, and understanding
    - Grouped questions into 9 categories based on disability type
    - Ranked top 10
      - 6 mandatory, and added 4 recommendations
Disability Data Collection & Surveillance

Getting it Right: Developing Disability Status Questions to Address Equity in Care
Megan Morris, PhD, MPH, Joan Griffin, PhD and Juliette Liesinger

- Mandatory Questions
  - Are you blind or do you have serious difficulty seeing, even when wearing glasses?
  - Are you deaf or have serious difficulty hearing?
  - Do you have serious difficulty walking or climbing stairs?
  - Do you have difficulty remembering or concentrating?
  - Do you have difficulty dressing or bathing?
  - Communication
    - Using your customary or usual language, do you have difficulty saying or understanding words or sentences?

- Recommended Questions
  - Because of a physical, mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctors office or shopping?
  - Learning disability
    - Have you ever been diagnosed with a learning disability?
    - Do you have difficulty reading or writing?
    - Do you have a learning disability or have difficulty reading or writing?
  - Social Disability
    - Have you been diagnosed with autism or autism spectrum disorder?
    - Do you have difficulty understanding social situations?
  - Overall screening
    - Due to a disability, do you need any additional assistance or accommodations during your visit?
Health Promotion and Disease Prevention for PWD

Evaluating the inclusion of people with disabilities in chronic disease prevention and health promotion programs

Meg Traci, PhD, Heather Zimmerman, MPH, Katherine Froehlich-Grobe, PhD, and William Shropshire

• Montana Diabetes Prevention Program
  – ~29% enrollees PWD
    • Older, higher BMI, less likely to achieve weight loss goals than PWoD
  – ~21% of participants that finished PWD
    • Equal achievement of self monitoring, breast & cervical cancer screening, and quit lines for smoking cessation

• PWD utilize services in a similar way to PWoD
Health Promotion and Disease Prevention for PWD

A National Assessment of the Knowledge, Awareness, and Inclusion of People with Disabilities in Local Health Departments’ Public Health Practices

Anuradha Jetty, MPH, Kendall Leser, MS, Jennifer Li, MHS, and Sara Yates, JD [NACCHO]

- Assessment of knowledge, awareness, and inclusion of PWD held by local health department employees (n=159) (based on self reports)
  - Awareness of PWD in jurisdiction (93% aware)
  - Health condition awareness (95% aware)
  - Disability accommodations needed (98% aware)
  - Do PWD experience health disparities (70% say no, 21% don’t know)

- Assessment of PWD inclusion in programs and services offered by local health department
  - Low PWD inclusion in sexual health and smoking programs
  - High PWD inclusion in emergency preparedness

- Not intentionally excluding PWD, but don’t view PWD as experiencing health disparities
Integrating Disability in Medical and Healthcare Education and Practice

Preparing medical Students to Care for Patients with Autism Spectrum Disorder
Susan Havercamp, PhD, Karen Ratliff-Schaub, MD, Nikki Johnson, BS, Patricia Navas-Macho, PhD, Kelsey Bush, BS, and Heather Souders, DO

• Background on Autism Spectrum Disorder (ASD)
  – Barriers: communication, comprehension, behavior, increased time required

• Disability training in Healthcare (HC)
  – HC providers report feeling unprepared, uncomfortable, and overwhelmed
  – Without training HC providers
    • Underestimate abilities of PWD
    • Underestimate quality of life
    • Minimize patient capacity to contribute to own care

• How do you teach providers?
  – Most effective through role modeling, experiential learning, personal reflections and first-hand experience with PWD

• “ASD Encounter”
  – Facilitated panel discussions (impact of ASD diagnosis, misconceptions and stigma, best and worst healthcare encounter, etc.)

• Experience with PWD increases confidence, comfort, and ability of providers
Integrating Disability in Medical and Healthcare Education and Practice

Are we adequately exposing health professions students to the management of disability and chronic illness in the home and work environment?

Matthew Weed, PhD, MPA

• Of reviewed universities, 32 required students to experience working with patients in home or work environments, 36 had optional opportunities (43% of students took advantage of the opportunity) and 41 had no opportunities.

Development of a Model to Integrate Disability Concepts in Nursing Education

Suzanne C. Smeltzer, RN, EdD, FAAN, Bette Mariani, PhD, RN, Jennifer Ross, RN, PhD, Elizabeth Petit de Mange, PhD, RN, Colleen Meakim, RN, MSN, and Elizabeth Bruderle, RN, PhD

• Created a program that had 4 themes:
  – Poor Communication
  – Compromised Care
  – Negative Attitudes
  – Fears about Hospitalization
DHP RESPONSE
Increasing Cultural Competency of Healthcare Providers and Public Health Professionals Working with Persons with Disabilities

- Interactive training program for healthcare providers and public health professionals to gain understanding and knowledge on working with PWDs
- Various modules that range from 30 minutes to two hours
- Up to five sections:
  - (I) Introduction to Disability
  - (II) General Health and Chronic Disease
  - (III) The Care Experience and Communication
  - (V) Advocating for Accessible Services
  - (V) Healthy Diet and Exercise

- Goals
  - Increase cultural competency, inclusion necessities, and awareness of health disparities faced by PWD among health professionals.
  - Provide resources, skills, and tools that can be used to aid PWD in increasing health literacy.
Overview

- Introduction to Disability
- General Information
- The Care System
- Advocacy
- Health Care
- Response

About

Over a billion people live with some form of disability

Between 110-190 million adults have difficulties in

Disability disproportionately affects vulnerable

No. 2

PWD often do not receive needed health care

33.3 percent of Floridians age 65+ with disabilities (2013)

Where We Stand.

Barriers to Healthcare

Barriers to Healthcare due to Disability in Florida, BRFSS 2013

- Difficulty getting into building: 5%
- Difficulty getting into exam room: 2.1%
- Difficulty getting on the examination table: 2.4%
- Difficulty getting a physical exam: 10.4%
- Difficulty communicating or talking with your doctor: 9.5%
- Difficulty finding a doctor that understands your health condition: 3.5%
nothing about us WITHOUT US

Person-First Language
Florida Department of Health, Disability and Health Program

Physical Activity and Fitness

The Centers for Disease Control and Prevention recommendations for physical activity include:

- Children and adolescents, ages 6 to 17 years — 60 minutes or more of physical activity each day.
- Adults, ages 18 to 64 years — at least 2 hours and 10 minutes of moderate-intensity activity each week and muscle-strengthening activities on 2 or more days a week.
- Older adults, ages 65 or older — as for 18-64 year olds if no limiting health conditions.

There are many ways for children and adults to be active. To get started, think about the activities you enjoy or would like to try to be more active. You may decide that you want to:

- Spend time indoors and outdoors every day for a walk, ride, or run.
- Join friends in fitness activities — get walks and rides together.
- Keep a log every day — write down physical activities you do and how long you do them.
- Check with your local parks and recreation department to see what activities they offer.

As you think about ways to be active, consider other ways to be healthier:

- Track your weight each week for your health care provider.
- Think about ways you might eat healthier — keep a log about how much you eat.

To get started there are some resources you may want to check out:

- The Choose My Plate website (www.choosemyplate.gov) for information about the 5 food groups and recommended portions for each, weight management and calories, physical activity, healthy eating tips, and lots more!
- The Florida Department of Health’s Healthiest Weight website (www.healthiestweightflorida.com) for more strategies, activities, and resources.


Healthy Eating and Healthy Weight Tips

Always:

Check with your health care provider before making any changes to your diet. If you have food allergies, take medications that react with certain foods, or are on a medically prescribed diet you want to be sure that any changes are okay with your health care provider.

Changing Your Diet Takes Time:

- Think about your goals — why do you want to change your diet?
- Ask your health care provider for information and resources for a healthy diet.
- Make changes slowly — keep a log with what you eat at each meal and think about what is working well for you.
- Let family and friends know about the changes you are making to your diet.

Tips For Eating Healthy Include:

- Eat foods from each of the 5 food groups — protein, vegetables, fruit, grain, and dairy.
- Learn the right portion sizes — each day most adults, ages 19 years and older, need:
  - Protein: 5 ounces — 6/8 ounces (there are 8 ounces in 1 cup)
  - Vegetables: 2-3 1/2 cups
  - Fruit: 1 1/4 cups
  - Grain: 3-4 ounces
  - Dairy: 3 cups

Some Easy Ways To Eat The Right Amount Of Food

- 1 ounce of cooked meat, fish or poultry, about the size of your palm
- 1 cup of grains, fruit, or vegetables is about the size of your fist
- 1 ounce of cheese or 1 tablespoon peanut butter is about the size of your thumb
- 1 cup of milk or yogurt is about the height of your fist
- Count out 1 serving size of snacks or packaged foods and put the rest away
- Drink water instead of sugary sodas

Florida Department of Health, Disability and Health Program

Florida Department of Health’s Healthiest Weight website (www.healthiestweightflorida.com) for more strategies, activities, and resources.

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General Health and Chronic Disease

- Main Types of Disabilities
  - Physical, Sensory-Hearing, Sensory-Vision, Cognitive, Mental
  - Persons with disabilities (PWD) are at higher risk for chronic conditions as compared to persons without disabilities. On average, PWD have 2.5 times more chronic conditions diagnosed than PWD.
  - Chronic conditions include heart attack (myocardial infarction), chronic obstructive pulmonary disease (COPD), diabetes mellitus, chronic bronchitis, arthritis, type 2 diabetes, and depression.

The Care Experience and Communication

- PWD report lower rates of physical respect, attentiveness, and empathy compared to PWD.
- General Communication Tips and Guidelines
  - Avoid inappropriate descriptions, such as “blind,” “deaf,” “handicapped,” or “mentally challenged.”
  - Use “person-first language,” such as “the person who is deaf,” “the person with a visual impairment,” and “the person with a physical disability.”

Emotional Disability

- Avoid using terms like “mentally disabled” or “emotionally impaired.”
- Use “person-first language,” such as “the person who is depressed” or “the person with a learning disability.”

Cognitive Disability

- Use “person-first language,” such as “the person who is learning disabled” or “the person with a learning disability.”

Short Stature, Little Person

- Use “person-first language,” such as “the person who is short” or “the person with short stature.”

Health Conditions

- Use “person-first language,” such as “the person who has cancer” or “the person with AIDS.”

Advocating for Accessible Services

- Accessible Entry
  - Provide ramps, maps, and easy access for people with disabilities.
- Access to Goods & Services
  - Provide accessible signage, seats, counters, and vertical spaces.
  - Use “person-first language,” such as “the person who uses a wheelchair” or “the person who is blind.”
QUESTIONS?

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