DCPG 4th Quarterly Webinar
Where We’ve Been: The Last 4 Years of the DHP

Claudia Friedel MPH
Subcontract Program Manager
Disability and Health Program
Recap the CDC’s Goals

1. Enhance Program Infrastructure and Capacity
2. Improve State Level Surveillance and Monitoring Activities
3. Increase Awareness of Health-related Disability Policy Initiatives
4. Increase Health Promotion Opportunities for People with Disabilities to Maximize Health
CDC’s Goals

5. Improve Access to Health Care for People with Disabilities
6. Improve Emergency Preparedness among People with Disabilities
7. Effectively Monitor and Evaluate Program Activities
DHP Accomplishments

- Accessibility Tips/ADA Compliance
- Disability and Health Guide booklet and 3 Health and Wellness Videos/DVDs
- Purchase of accessible weight scales at 27 CHD locations
- Provide technical assistance within DOH and throughout the state
- Purchase of training mannequin for Special Needs Shelter training
DHP Accomplishments

- Work with Tobacco Free Florida to include TDD/TTY information on their website
- Disability State Needs Assessment
- Produce Annual Disability Data Reports and Briefing Documents
- Disseminate educational materials to Legislators
- Create and present Train the Trainer Seminars
- Design and perform Healthcare Site Accessibility Assessments
Current Projects

- Disability Data Report
- Train the Trainer Seminars
- Healthcare Site Accessibility Assessments
What’s Next?

- New Round of CDC Competitive Funding
- Could provide an additional 5 years of funding
Increasing Cultural Competence of Healthcare Providers and Public Health Professionals Working with PWD

Danielle N. Scheer, MPH, CPH
Background
National Council on Disability – Call to Action

• “Information related to disability cultural competency is lacking in most professional medical education programs”

• “Most federally funded health disparities research does not recognize or include PWD as a disparity population”

• “Limited information is available for health care institutions and providers [related to disability cultural competency]”

• “Disability competency is [generally] not a requirement for medical practitioner licensing, educational institution accreditation, or medical education loan forgiveness”

This lack of training has been marked as one of the most significant barriers to quality care for PWDs.
## Disability in Florida

<table>
<thead>
<tr>
<th>No. 20</th>
<th>No. 43</th>
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<tbody>
<tr>
<td>in UCP state ranking of disability services (2012)</td>
<td>in LTC services state ranking by AARP, the Commonwealth Fund and SCAN (2014)</td>
</tr>
<tr>
<td><strong>33.3</strong></td>
<td><strong>2 of 67</strong></td>
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<td>percent of Floridians age 65+ with disabilities (2014)</td>
<td>counties in FL reporting percentage of portion of the local population with disabilities below 20%</td>
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Impression of Physician Respectfulness by Disability Status in Florida, CAHPS 2013

<table>
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<tr>
<th>Perception</th>
<th>Persons Without Disabilities</th>
<th>Persons With Disabilities</th>
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<tbody>
<tr>
<td>Showed Respect</td>
<td>90.1</td>
<td>81.6</td>
</tr>
<tr>
<td>Spent Enough Time</td>
<td>81.1</td>
<td>65.4</td>
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The purpose(s) of this study:

1. To respond to the NCD call to action by creating a training program that addresses the gap in healthcare professional training

2. To characterize the response of providers to the training.
Methods
Methods

1. Create training program
2. Present training program
3. Assess reaction/response to training program
Methods

1. **Create training program**
   - Five sections:
     1. Introduction to Disability
     2. General Health and Chronic Disease
     3. The Care Experience and Communication
     4. Advocating for Accessible Services
     5. Healthy Diet and Exercise
   - Presented via PowerPoint, with accompanying videos
   - Created handouts with corresponding information
   - Data utilized for the training program was extracted from the 2013 BRFSS and CAHPS surveys.
   - Partnership with FLDOH, DCPG, and NCHPAD

2. **Present training program**

3. **Assess reaction/response to training program**
Methods

1. **Create training program**

2. **Present training program**
   - The training seminar was pilot tested at the 2015 North/Central Florida Community Health Worker Annual Training Conference as one of three mandatory seminars

3. **Assess reaction/response to training program**
Methods

1. Create training program

2. Present training program

3. Assess reaction/response to training program
   • Cross-sectional survey study
   • Anonymous questionnaires were administered to course participants (n=32)
   • Survey responses were scaled options from 1-5
   • Survey responses were received as de-identified aggregated data
Results
Survey Responses

Please select the sector which you represent:

- 37 partial surveys
- 19 full response sets

- Community Health Worker (CHW) 42.1%
- Oncology Nurse Navigator 0.0%
- Patient Navigator 0.0%
- Other (please specify)
  - Healthcare professional Counselor
  - Health Educator
  - Social Worker
  - Volunteer

Conference led by Florida Department of Health in Duval County and the Northeast Florida Health Planning Council
Please rate your level of agreement with the following statement: The presenter thoroughly covered the topic they were addressing.

- Understanding how the CHW grandparenting certification process works: 4.5
- Learning about working with people with disabilities: 4.8
- Strengthening skills for motivational interviewing: 4.7
Please Rate Your Level of Agreement with the Following Statements:

- The presenter(s) were effective in conveying information. 4.6
- The content of the training was accurate and current. 4.6
- The content of the trainings was useful. 4.5
- The training was relevant to my work. 4.5
- The presenter(s) made excellent use of the allotted time. 4.4
Information and materials were distributed by attendees to their home organizations and places of work, reaching a combined total of 417 individuals (Community Health Worker Coalition).

Increased statewide Disability Community Planning Group (DCPG) membership by 11.6%
Discussion/Conclusions
Provider Response to Training

Useful

Effective

Relevant

Broad Reach
Discussion/Conclusions

• Initial evaluation suggests an **increased awareness** of health disparities and inclusion necessities among healthcare providers.

• The program evaluations also suggest **improved attitudes** and skills of providers working with PWD.

• Success of the training program will **increase effective communication** between providers and patients, **increase accessibility to resources** for PWD, **increase provider comfort and confidence** in speaking to PWDs and **ultimately contribute to better health outcomes**
Future Plans

• Expand reach and organizational capacity
• Launch expanded (non-pilot) study
• Pre- and post- evaluations and 6 month follow up focus groups
• Rigorous evaluation of program impact on trainees
• Integration of training into educational curriculums
Questions?

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Assessing Physical Environmental Barriers in Healthcare Facilities: Designing for the Accessibility Needs of Patients

Julie Emminger, MID
Lesa Lorusso, MBA; MS Arch
UF Department of Interior Design
Current Status

- Completed accessibility assessments at four healthcare clinics
- Collecting patient feedback surveys
- Conducting onsite Design-Thinking Workshops with clinic staff
- Analyzing data and proposing design solutions
Method of Assessment

- Four areas of assessment
  - Approach and entrance
  - Goods and services
  - Public toilet rooms
  - Other
- Total of 208 ADA criteria
- Modified addition includes
  - Exam rooms
  - Triage areas
  - Laboratories
  - Design cohesion, appropriateness, aesthetic
Synopsis

- Bring universal experience to foster empowerment to patients when at clinics
- 10% of exterior and interior built environment is not ADA accessible
- Large cost items are not needed for improvement
- Medical staff perspective is key to a better patient experience
Areas of Improvement

- Entrance
- Signage
- Barriers
- PWD Experience
PHYSICAL SPACE

- Small Exam Rooms
- Need Coziness (home feel)
- Exam rooms size too small 243
- Exam room sizes
- Non-Relaxing Exam Rooms
- Area for Samples (Equipment adresses)
- Table in Conference Room
- Parking not small
- Parking size
- Computer/Internet Connection
- TV or iPad for education need
Non-Relaxing Exam Room

Area for Samples (Equipment devices)

Table in Conference Room

Temperature
- too hot
- too cold

Small Walk Ways

Narrow hallway in exam area

Heavy doors staff need to open

Music
- lobby is too loud
- music

Phone lines
- too many people

Front door
- always locked

Step Sca

Not enough time per visit

Need more visits per pt.

Time
- with patient & caregiver
Questions?
CDC Application Renewal of Funding
Claudia Friedel MPH
Bryan Russell
New CDC Focus

- Improve the health and quality of life among people with mobility limitations (ML) and/or intellectual disabilities (ID) through adaptation and implementation of evidence-based strategies.
Two award types

Capacity Building Programs- Possible funding for new states

Core Implementation Programs- Possible funding for existing states

- **Enhanced Implementation Activities** – Additional funding for Core Implementation Programs to:
  1. Mentor a new Capacity Building state
  2. Analyze Medicaid claims data to identify patterns of health and health care utilization for people with intellectual/developmental disabilities.
Health Topics

- Cardiovascular disease, diabetes, physical activity, nutrition, healthy weight, tobacco use and exposure, hypertension, oral health.

- Core Implementation programs should address at least two health topic areas, one of which must be physical activity through the adaptation of evidence-based programs for the target population.
Target Population

- Individuals with Intellectual Disabilities and/or Mobility Limitations
DHP Strategy

- To adapt and expand upon the existing work of DOH
- The Bureau of Chronic Disease Prevention is the recipient of CDC 1305 Grant funding which focuses on hypertension, diabetes, nutrition, physical activity, obesity, and school health at the state and local level.
- DHP chosen topics and programs expand upon DOH’s current work and will ensure the participation of the target population
Florida’s Chosen Health Topics

- Diabetes
- Physical Activity
- Nutrition
- Healthy Weight
Chosen Evidence-Based Interventions

- Diabetes Prevention Programs (DPPs)
- Diabetes Self Management Programs (DSME)
- Comprehensive School Physical Activity Program (CSPAP)
- Healthier US Schools Challenge: Smarter Lunchroom (HUSSC:SL)
DPPs

- DHP will identify existing DPPs
- Add inclusive language to existing DPP curriculum
  - adapted exercise examples
  - accessibility checklist for locations
  - list of methods to target outreach to disability populations
- Four pilot adapted DPP programs in Year 1
Currently DOH funds mini grants to create new DSME programs throughout the state (using 1305 grant funds)

DHP will ensure the Fall 2016 round of mini-grant funding opportunities focus on:
- inclusive language
- accessible locations

Scoring of mini-grant funding applications will place an emphasis on the applicants’ responses to the need for DSME programs for PWD:
- ability to provide accommodations for PWD
- promote the program among this population
CSPAP

- A CDC-developed evidence-based online training for educators which promotes school-based physical activity

- Goal is to provide children with opportunities for physical activity before, during, and after school

- DHP will provide mini grant funding to exceptional education schools and assist them with implementing the program
HUSSC:SL

HUSSC- SL employs a behavioral approach to changing food practices by recognizing schools that have created healthier school environments through the promotion of nutrition, healthy eating, and physical activity.

Mini grant funded schools will:
- Learn how to establish a smarter lunchroom and make healthier foods and snacks an easier choice for students.
- Review school menus, nutritional plans and learn about product placement and healthier snack options.
- Schools will also apply for HUSSC-SL recognition.
Enhanced Implementation Activities

- Provide Technical Assistance (Mentoring) to a New Capacity Building State

- Enhance and Utilize Data to Identify Patterns of Health and Health Care Utilization through the analysis of Medicaid Claims Data
Strong Focus on Evaluation

- CDC asked all competitive grant applicants to provide a detailed evaluation framework for all proposed activities

- Focus on Process and Outcome (Measures and Evaluations)
What’s Next?

- This new round of funding is a highly competitive one with over 35 states vying for 18 grants
  - Due to the new structure of Capacity Building and Core Implementation Grants bringing in new states
- We expect to hear from the CDC by June
- The DHP will close out this grant period by June 30th and will hopefully be granted funds to continue for the next 5 years
Thank YOU!

- Our work is made great through the help of our partners

- Thank you for your commitment we couldn’t do our work without you
Questions?

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