DISABILITY AND HEALTH PROGRAM

DISABILITY COMMUNITY PLANNING GROUP WEBINAR

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REMOTE CART CAPTIONING PROVIDED BY:

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>> CLAUDIA FRIEDEL: Hello, everyone, this is Claudia Friedel with the Disability and Health Program here to present about our year one progress so far and our year two work plan or draft for the year‑to‑work plan that was sent to the CDC, there's still some room for changing things.

We're going to give everyone about another minute or two to join and then we'll get started.

At the end of the call, if anyone has any updates or any comments, questions, we'll go over all of that then.

If you have any questions that pop up while you think of them, feel free to add them in the chat box and Bryan will read them at the end and we can answer anything you have.

And we'll also unmute the line at the end to have everyone give updates on what they're working on, any events that you guys want us to know about, or anything that's going on with your organization or what you're doing, we would love to hear about that.

So, all right. I guess we will get started.

>> CLAUDIA FRIEDEL: Okay. So the purpose of this talk is just, as I mentioned, review some highlights from year one.

This is our new round of funding. We're in the first year of this new round of funding from the CDC and we're going to describe our draft year‑two workplan and to seek your recommendations, recommendations from you all or suggestions from our Community Planning Group on our plan.

So we're just going to go do a little review about what we're funded for and what we're doing, how everything comes into context.

Florida was funded as a core implementation program. That means, our program is already implementation‑ready. We have the existing infrastructure to implement, evaluate, and disseminate programmatic policy systems and changes for people with disabilities.

We were not funded for enhanced implementation activities and that gives us even more time to focus on this core implementation program.

So, the goals and the target population were predetermined by the CDC, so we're just following along with what our funding was for.

The goal is to improve the health and quality of life among people with mobility limitations and/or intellectual disabilities through adaptation and implementation of evidence‑based strategies.

And our target populations are individuals with intellectual disabilities and/or mobility limitations.

So that doesn't mean that we're not going to work with other populations, but in our efforts to do the programs that we're working with, we're going to be thinking primarily of those two populations, which I know the lines aren't hard set, you know, they might be people with intellectual disabilities who also have hearing impairments or visual limitations.

So, we definitely do have that in mind. We're just trying to abide by what the CDC has told us.

So, moving on. Our chosen health topics. Our core implementation program should address at least two health topic areas and one of them must be physical activity.

And then we have to do this by adapting evidence‑based programs for our target population.

So, our chosen topics were physical activity, that's a given, and diabetes, nutrition, healthy weight, which all kind of go hand in hand.

Our evidence‑based interventions, one of the ways by which we're doing this work is through diabetes prevention programs, we're working with existing diabetes prevention programs to help make them more inclusive and more accessible to people with disabilities.

We're also working with diabetes self‑management education programs. And then we're working with exceptional education schools to implement the comprehensive school physical activity program and the healthier U.S. schools challenge, smarter lunchroom, and I'll talk more about that moving forward.

This is a little bit of a review, for those of you that maybe weren't on our first call, to kind of know what we're doing here.

And for the diabetes prevention programs (DPP), the DHP identified existing DPPs and Centers for Independent Living to participate in focus groups. We've participated in two of those so far and there are 26 individuals on this group, and what we've done is reviewed ‑‑ we had created some auxiliary materials that are going to be used as addendums for the DPP curriculum.

So the curriculum is a CDC curriculum called prevent T2 and we're working to do some adaptations to that curriculum, but also to create additional auxiliary materials for use along with the curriculum; for the coaches to use while they're doing these programs statewide and eventually nationally, which is our goal.

So, we're adding this inclusive language to the curriculum. We're also adding adapted exercise examples, accessibility checklists for locations, lists of methods to target outreach disability populations which is why the CILs are included in these focus groups and community resources for the DPPs- should they run across some hurdles while working with people with disabilities.

We found that many of these DPPs just don't, because people with disabilities aren't self‑enrolling or being referred to those programs, so we're trying to work on all of these different levels to make the programs more ready to receive PWD and then eventually working with Centers for Independent Living and other organizations to let people with disabilities know these resources are out there and trying to make them as accessible as possible, and having people know they exist is one of those big pieces.

So the diabetes self‑management education (DSME): the Department of Health currently funds mini‑grants to new DSME programs throughout the state and this is with other funding they receive, (the 1305 grant) We worked to ensure that the fall round of mini‑grant DSME funding placed an emphasis on how the applicants responded in regards to their ability to provide accommodations for persons with disabilities and their ability to promote the program among this population.

And for the school programs, we're working with two exceptional education schools in year one and year two to adapt and implement the CSPAP and the HUSSC:SL, which is the healthier U.S. schools challenge, and this is using the school health index and meeting with the schools and having planning sessions and working with them purchase adaptive exercise equipment for their school.

And then in year two, they'll be implementing the programs and evaluating in year two.

So, for those school programs we have the CSPAP for those of you that don't know, the comprehensive school physical activity program is an online training evidence‑based program and the goal is to provide children with the opportunity for physical activity 60 minutes a day of activity done either before, during, or after school.

The DHP has provided purchase orders to these two schools and we're assisting them with implementing both programs. This is one of them, the CSPAP.

And the other is the healthier U.S. schools challenge and the goal there is to create a healthier school environment and has more of a focus of nutrition, healthy eating, and also some physical activity.

So, we're working with schools to establish this smarter lunchroom with the goal of making healthier foods the easiest choice for students. This involves product placement, and signage that encourages healthy food options and many other techniques.

We're going to be reviewing school menus, nutrition plans, and we're going to be having the schools take some training on product placement and healthier snack options.

And then we'll also help the schools apply for recognition; there's awards given by the state to choose schools that meet these criteria of having the program in place. And there's different levels of awards; there's gold, silver and bronze so we're going to be helping them apply for that. When we did our preliminary research, we found that less than 2% of the schools that had received this recognition, were exceptional education schools, so we're trying to increase that number and have schools that primarily serve children with disabilities employing these great evidence‑based programs. So, we're funding them to do this work.

Some of our year one accomplishments so far are having met with the DPP focus groups; having them review the auxiliary materials we created. And they're helping to guide us on what the target population was, which we decided was going to be mobility limitations for our work with adapting that curriculum will be looking mostly at physical limitations.

And we've created the auxiliary diabetes materials which will be disseminated amongst the DPPs in addition to the curriculum that's being edited.

We've presented some some posters at APHA, American Public Health Association meeting and NACDD which is the National Association for Chronic Disease Directors, presented a poster there as well, and we also did a Train the Trainer, our healthcare access training was presented this week at a Florida Rural Hospitals webinar. That was well received and audience was mostly docs, nurses, hospital executives, office managers, and billing specialists. There was quite a wide variety of people that were on that webinar, so that was good.

So far we've provided technical assistance to 36 individuals and organizations this year. We assisted our UF College of Public Health and Health Professionals that was hosting a Diversity Day to make it surrounding the topic of disability and diversity through disability, so that was a really huge hit here in Gainesville in late 2016.

And Bryan over at the Department of Health is working on identifying areas for inclusive policies within the Department of Health, which is everything from visual inclusivity like adding pictures to the materials that the Department of Health puts out that includes people with disabilities, including people with disabilities in the demographic work and the data collection that they're presenting either in reports or briefs or infographics, just having disabilities represented in general. That has been a goal of ours for quite some time and we're slowly making headway, but, you know, it takes some time for such a large organization like the Department of Health to have all of those pieces in place, so Bryan is working hard on that. And we thank him.

For year two, we've done a draft ‑‑ a draft work plan for year two and we're working with the Disability Community Planning Group and our project officer to work with our plan as needed, and that's part of what this call is for.

We're making sure everything winds up with the funding opportunity announcement (FOA) in mind and incorporates CDC feedback, determining our objectives, and creating SMART objectives, and reviewing work plans with our partners.

So, some of the strategies for these programs include these sort of topics of partnerships: Programmatic, policy, systems, and environment change initiatives, disseminating communication amongst people with disabilities and others who serve them, and also technical assistance and training.

Some of the things that we've done in year one, they all fall into one or more of these buckets.

So, for partnerships, some of the things that are included in that are strengthening and maintaining our partnership with the representation from persons with disabilities and us participating in other coalitions and groups.

So what we were thinking about the annual objective for that would be by next year, we would increase the number of traditional and non‑traditional partners that reach, create, and disseminate public health products.

So, our goal with this annual objective is to increase partnerships with organizations that we're not currently partnered with. And then to enhance existing partnerships and collaborate on joint projects.

So, some examples of these non‑traditional partners are, faith‑based organizations or additional not‑for‑profit agencies.

This objective is going to allow us to bring in partners from a variety of organizations and place a focus on leveraging partners' resources for the benefit of our target population, of people with disabilities.

And then for this programmatic, policy, systems, and environmental changes bucket, that has to do with, the piloting of evidence‑based strategies that reach our target population.

So, for those, building on some of the work that we're doing in year one, we want to increase the number of schools that are implementing the programs, from 0‑2, those are the two schools we're currently working with.

And for the others, the diabetes objective, we want to increase the number of diabetes prevention programs that are recruited to pilot the approved and adapted curriculum from 0‑2.

And so we're starting slow and our hope is to go beyond that, especially with the DPPs. We're asking for two, but we're hoping that a lot more of these DPPs that are in this focus group, planning and doing this with us, that more are going to want to participate.

The thing that may be holding some of them back is that a lot of them are YMCAs and they answer to their National YMCA group, so they cannot agree to participate in things that aren’t sanctioned by their National office, so we're going to be working with this National Y to get them to get on board with what we're doing with this curriculum so that the individual YMCAs that we're working with would be more likely to want to participate.

And for dissemination and communication, we want to increase the number of health promotion and disability resource materials that we create.

So, right now we're doing the newsletters, we're doing tip sheets that are disseminated to our DCPG, Departments of Health and also put on our website.

We're going to continue to promote and disseminate these products, but we also want to increase that.

So, more conferences, more peer reviewed publications and possibly public service announcements in the future et cetera.

So, let us know if you guys have any thoughts about how we can improve that or how we can maybe work with other groups to increase the number of materials that we develop and disseminate.

Next is the technical assistance training and so that is the training that I mentioned that we did for the Florida Rural Hospitals earlier this week. Our goal for that is to put that online so that it is accessible to everyone within the Department of Health network. actually, I think it's anyone, right, Bryan, that can do it if it's on TRAIN?

>> BRYAN RUSSELL: Yeah, anybody can; absolutely.

>> CLAUDIA FRIEDEL: So this TRAIN system is this online learning management system I guess for anyone. So our goal is to put that training online next year.

This year we've been putting it on in person or via webinars and calls here and there, whenever we can get in, but it would be great to market it and have it online to make it more sustainable and keep track of how many people are taking it and maybe even try to get CEs and CEUs, that might be a goal for year three since that is a lengthy process to do that.

So that's just a little bit about what we've done and what we're doing.

And we definitely try to aim low and reach high; you know, try to go beyond what we say we're going to do but still staying reasonable as far as what we're suggesting.

So we want to open the lines and see if anybody wants me to review anything, has any questions, if I was unclear about something.

Did anybody type anything in, Bryan, as far as questions throughout the presentation?

>> BRYAN RUSSELL: Not yet.

>> CLAUDIA FRIEDEL: Not yet? Okay.

Well, let's open the line or unmute people and see if anybody has any questions that they want to throw out, anything they want me to review again, or if anybody has any other comments ‑‑

[Background noise].

>> CLAUDIA FRIEDEL: All right. Everyone is unmuted now and if you want to let us know what you're thinking about, now is the time.

If you don't have any comments though, please mute your lines.

So, anybody have anything to add? Questions? Comments or suggestions?

I'll give you a minute or so.

[Pause].

>> CLAUDIA FRIEDEL: Does anybody have any information that they want to share, you know, from what you all are doing? Any events or stuff that you guys are working on that you'd want to use this platform to kind of share with everyone?

[Pause].

>> CLAUDIA FRIEDEL: Okay. Well, if anything pops up or you think about something later and you want to let us know about anything you guys are doing, we can certainly add things to our newsletter. And I can certainly field any questions via e‑mail.

This is my e‑mail here, so, feel free to let me know if anything creeps up later that you want to let us know about.

And, Bryan, do you have any updates or anything else that you want to add to this?

>> BRYAN RUSSELL: Um.... not right now. Not that I can think of.

>> CLAUDIA FRIEDEL: Okay.

>> BRYAN RUSSELL: I think we're pretty good where we are.

>> CLAUDIA FRIEDEL: Okay. Well, then, I guess we will end super early! [Laughs].

I’ve never heard anyone complain about that.

So, I think we're going to adjourn now. Thank you all for your time, for taking the time to join us.

And we will definitely talk at the next webinar, which should be sometime in I'm thinking June, before our budget year ends, so sometime in early June, early/mid‑June is what I'm thinking.

We look forward to having you all on that.

Have a wonderful day! Thank you!

>> BRYAN RUSSELL: Thank you.

>> CLAUDIA FRIEDEL: Thanks.

[Concludes at 2:33 p.m. EST].