

The Arc HealthMeet® Training



INCLUDING PEOPLE WITH DISABILITIES: PUBLIC HEALTH WORKFORCE COMPETENCIES

Webinar for Public Health Professionals

In this webinar we will cover:

- Definitions of intellectual and other disabilities, and the chronic and secondary health issues of people with disabilities
- Information on health disparities that people with disabilities may face and emerging issues for this population
- An overview of the *Competencies*, learning objectives and strategies for implementation
- How to implement the *Competencies* within your own discipline

Including People with Disabilities: Public Health Workforce Competencies



- This content is adapted from content from the *Including People with Disabilities: Public Health Workforce Competencies* (www.disabilityinpublichealth.org)
- Funding for these training modules was provided to the Association of University Centers on Disabilities (AUCD) from The Arc of the United States



Including People with Disabilities: Public Health Workforce Competencies



- **HealthMeet®** is a project of The Arc and is supported by Grant/Cooperative Agreement Number 5U59DD000993-03 from the [Centers for Disease Control and Prevention](#) for a grant award of \$1,000,000
- **HealthMeet®** leverages its national network of more than 660 Chapters, national disability organizations, public health systems, health professionals, university systems, and other key stakeholders to reduce health disparities and increase the longevity and quality of life for people with intellectual disability (ID) by providing free community-based health assessments and individualized recommendations for follow-up care
- Assessments focus on general health and body composition, vision, hearing, oral health, foot care, respiratory health, mental health and lifestyle factors such as diet and nutrition, physical activity, substance use, and access to health care
- **HealthMeet®** also provides training and education for individuals, their families, direct service professionals, medical providers, and medical and nursing students and raises public awareness of health issues that impact people with intellectual disability across the country

Find out more about [HealthMeet's services](#) and [why it's needed](#).

About the Project

- The *Including People with Disabilities: Public Health Workforce Competencies* was a multiyear AUCD project Cooperative Agreement Number, 5 U38 OT 000140 - 03 and 5 UO1 DD 000231-05 funded by the Centers for Disease Control and Prevention
- The *Competencies* were developed by a national committee comprised of disability and public health experts
- The *Competencies* provide foundational knowledge about the relationship between public health programs and health outcomes among people with disabilities, and are primarily designed for professionals already working in the public health field but can also be used for public health workforce training



For more information on the project visit:

www.disabilityinpublichealth.org



Including People with Disabilities: Public Health Workforce Competencies

About the Competencies

- Compared to people without disabilities, people with disabilities are at a higher risk for poor health outcomes such as hypertension, obesity, falls-related injuries, and depression
- Knowledge about the health status and public health needs of people with disabilities is essential for addressing these and other health disparities
- However, most public health training programs do not include curriculum on people with disabilities and methods for including them in core public health efforts



About the Competencies

- *Including People with Disabilities: Public Health Workforce Competencies* outlines recent advances in knowledge and practice skills that public health professionals need to include people with disabilities in the core public health functions - Assessment, Policy Development and Assurance
- The *Competencies* provide strategies to meet the competencies and real examples of how people with disabilities can be successfully included in public health activities
- These *Competencies* align with and compliment existing broad public health competencies

Introduction

Significance of Disability and Public Health

- People with disabilities are a significant portion of the community and one of the most marginalized groups in our society
- Racial/ethnic minorities with ID and other disabilities may experience additional disparities
- It is important for public health professionals to understand disability, ID and the related often preventable health conditions related to the is population



Definitions of Disability

- “Disability” can be used in different contexts by health professionals, disability advocates, or others
- There is no one single definition
- Disability is not just a health problem
- Disabilities can be physical, communicative, cognitive, or be caused by mental illness



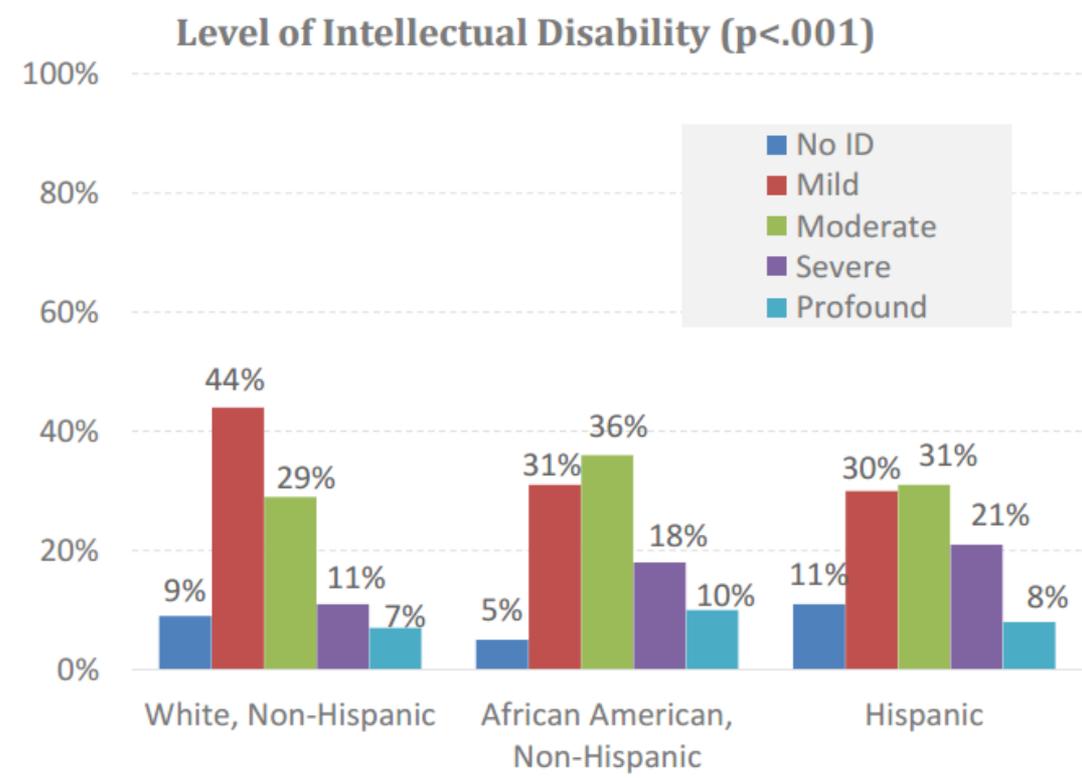
Definitions of Disability

- *Intellectual disability can be defined as a below-average cognitive ability with three (3) characteristics:*
 - Intelligent quotient (or I.Q.) is between 70-75 or below
 - Significant limitations in adaptive behaviors (the ability to adapt and carry on everyday life activities such as self-care, socializing, communicating, etc.)
 - The onset of the disability occurs before age 18
- Sometimes intellectual disability is also referred to as ***developmental disability (DD)***
- The major differences between ID and DD are in the:
 - age of onset
 - severity of limitations, and
 - fact that a person with a developmental disability definition may or may not have a low I.Q.

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Prevalence of Adults with ID in the U.S.

- Data show that over 56.7 million Americans have a disability
- Between one 1% - 3% of Americans have intellectual disability (ID)



Source: National Core Indicators (NCI), 2013

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Adults with ID in the U.S.

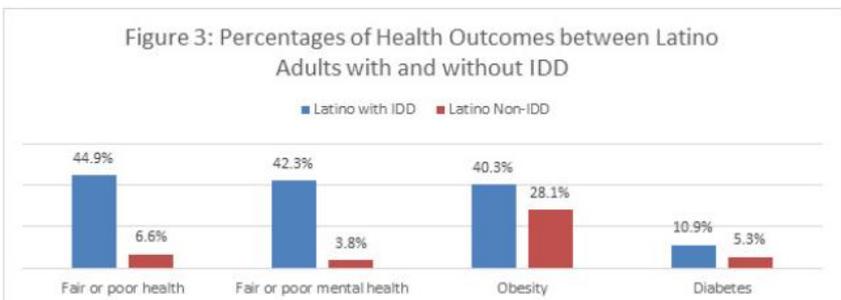
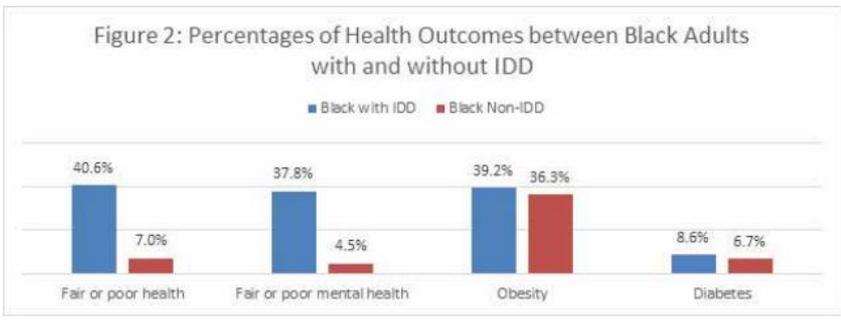
- There are many causes of intellectual disability
- The impact of having an intellectual disability varies considerably, just as the range of abilities varies considerably among all people
- Aside from the public health issues that most racial/ethnic minorities face, minorities with disabilities experience additional disparities in health, prejudice, economic barriers, and difficulties accessing care



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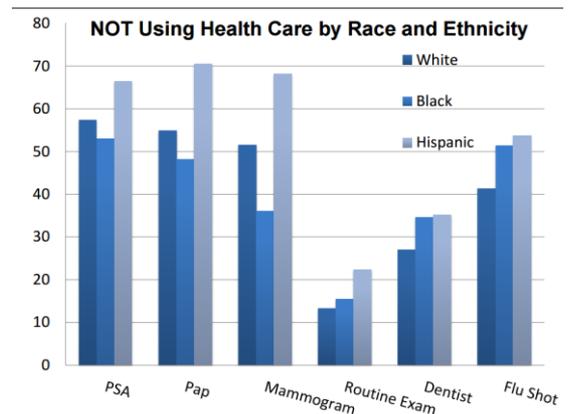
Adults with ID, Health Disparities and Race

- Aside from the public health issues that most racial/ethnic minorities face, minorities with disabilities experience additional disparities in health, prejudice, economic barriers, and difficulties accessing care



Source: Magaña, Parish, Morales, Li and Fujiura. (2015). Racial and Ethnic Disparities among Adults with Intellectual and Developmental Disabilities. http://www.rrtcadd.org/resources/Disparities_Brief_AUCD_2015.pdf

Source: Haverkamp and Scott. (2014). Race and Health Disparities in Adults with Intellectual and Developmental Disabilities https://www.eiseverywhere.com/file_uploads/0780fe96d5dba7fc73f25138fd912b3e_IDD.pdf



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Chronic Disease

- People with disabilities are more likely to experience chronic health conditions such as diabetes and heart disease
- There are more health disparities and higher rates of chronic and secondary conditions for ethnic and racial minorities

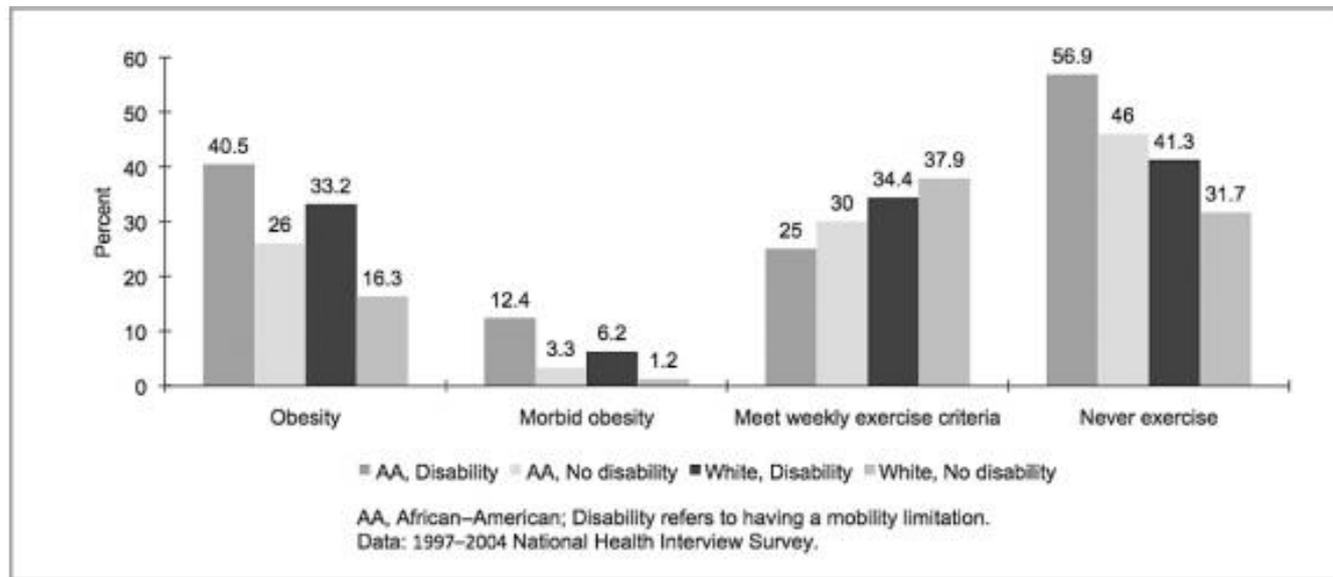


Figure 2: Prevalence of Obesity and Physical Inactivity in Adults (18-64 y) by Disability and Race

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Chronic Disease and Secondary Conditions

Studies have shown that people with ID are vulnerable to a range of chronic health problems that include:

- sensory problems (including vision, hearing and dental)
- poor nutrition
- constipation
- gastro-esophageal reflux disease (GERD)
- obesity
- osteoporosis
- epilepsy
- cardiovascular disease
- Type 1 and Type 2 diabetes
- some types of cancers (particularly stomach and gall-bladder)
- mental health problems



**Health Disparities
Health Promotion
and
Including People with Disabilities in Planning**

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Health Disparities

- There is a disparity in the health outcomes of people with ID and other disabilities as compared to people without disabilities¹
- Despite laws like the American's with Disabilities Act (ADA), many barriers to accessing and participating in healthy lifestyle activities still exist for people with ID
- Barriers may include such factors as inaccessible health care facilities or health screening equipment, discriminatory attitudes, and lack of knowledge about people with disabilities or their health care needs

1. Johnson, J., and Woll, J. (2003). A National Disgrace: Health Disparities Encountered by Persons with Disabilities. *Disability Studies Quarterly Winter 2003, Volume 23, (1)*, 61-74. Retrieved from: <http://dsq-sds.org/article/view/400/547>

How are the lives of people with disabilities affected?

People with disabilities are particularly vulnerable to deficiencies in health care services. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviors and higher rates of premature death.

Secondary conditions

Secondary conditions occur in addition to (and are related to) a primary health condition, and are both predictable and therefore preventable. Examples include pressure ulcers, urinary tract infections, osteoporosis and pain.

Co-morbid conditions

Co-morbid conditions occur in addition to (and are unrelated to) a primary health condition associated with disability. For example the prevalence of diabetes in people with schizophrenia is around 15% compared to a rate of 2-3% for the general population.

Age-related conditions

The aging process for some groups of people with disabilities begins earlier than usual. For example some people with developmental disabilities show signs of premature aging in their 40s and 50s.

[World Health Organization \(WHO\). Disability and Health](#)

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Other personal barriers to health for people with ID are:

- poverty
- unemployment
- lack of health insurance
- lack of reliable or accessible transportation
- inability for care givers to accompany them to appointments
- low health literacy
- lack of knowledge about healthy lifestyles
- lack of trust in health care providers due to discrimination or unpleasant experiences

Better health for people with disabilities



Over **1 BILLION** people globally experience disability



1 in 7 people

People with disabilities have the same health care needs as others

But they are:

2x more likely to find inadequate health care providers' skills and facilities

3x more likely to be denied health care

4x more likely to be treated badly in the health care system



1/2 of people with disabilities cannot afford health care

They are:

50% more likely to suffer catastrophic health expenditure



These out-of-pocket health care payments can push a family into poverty

Rehabilitation and assistive devices can enable people with disabilities to be independent

70 MIL people need a wheelchair. Only 5-15% have access to one.



360 MIL people globally have moderate to profound hearing loss.

Production of hearing aids only meets: **10%** of global need **3%** of developing countries' needs

Making all health care services accessible to people with disabilities is achievable and will reduce unacceptable health disparities



remove physical barriers to health facilities, information and equipment



make health care affordable



train all health care workers in disability issues including rights

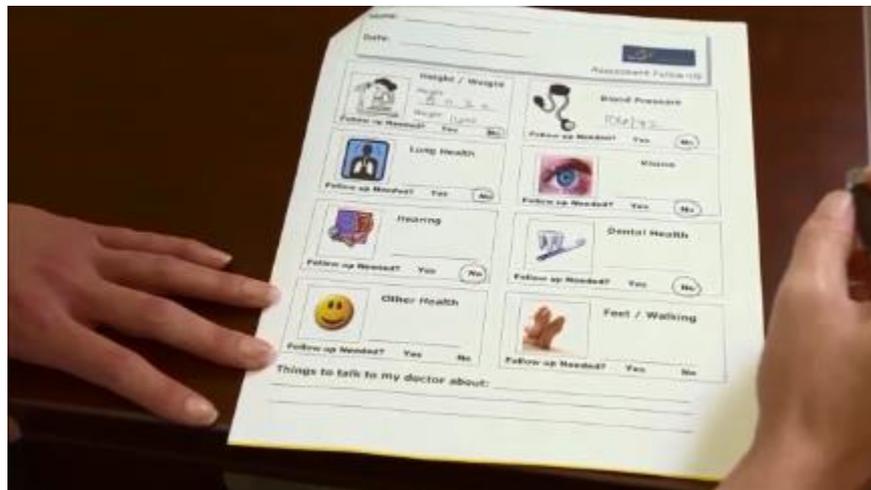


invest in specific services such as rehabilitation

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Health Promotion

- State and national data describe disparities in health for people with ID and suggest that having a disability can create risks for other preventable health issues
- Similar to the general population, it is critical that individuals with ID are given the information they need to make healthy choices on how to prevent illness
- It is also critical that racial & ethnic disparities are acknowledged when providing information to individuals with ID



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Including People with Disabilities in Planning

- To improve the health of people with ID, the public health community can support the development and implementation of health promotion interventions for people with ID
- Inclusive public health programs would more effectively reach underserved populations and promote reduction of health disparities experienced by people with ID ³
- People with I/DD can provide feedback on how public health organizations can better explain (written/oral) information so that people with limited reading skills and comprehension can better understand



3. [National Center on Birth Defects and Developmental Disabilities \(NCBDDD\). CDC Promoting the Health of People with Disabilities, NCBDDD Fact Sheet.](#)

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Inclusion Strategies to Include People with ID/D in Planning

Health Promotion Program Programming Considerations:

- Use visual images to communicate program content
- Use plain language
- Adapt program content to a fourth or fifth-grade reading level (see <http://bit.ly/1jibufn>)
- Provide staffing/volunteers to assist with program implementation
- Include caregivers in programming



Emerging Issues for People with Disabilities

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Emerging Issues for People with Disabilities

- Emergency Preparedness
- Aging
- Preventive Screening
- Transportation



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Action Checklist – Items To Do Before a Disaster

Considerations for people with disabilities

Those with disabilities or other special needs often have unique needs that require more detailed planning in the event of a disaster. Consider the following actions as you prepare:

- Learn what to do in case of power outages and personal injuries. Know how to connect and start a back-up power supply for essential medical equipment.
- Consider getting a medical alert system that will allow you to call for help if you are immobilized in an emergency. Most alert systems require a working phone line, so have a back-up plan, such as a cell phone or pager, if the regular landlines are disrupted.
- If you use an electric wheelchair or scooter, have a manual wheelchair for backup.
- Teach those who may need to assist you in an emergency how to operate necessary equipment. Also, label equipment and attach laminated instructions for equipment use.
- Store back-up equipment (mobility, medical, etc.) at your neighbor's home, school, or your workplace.
- Arrange for more than one person from your personal support network to check on you in an emergency, so there is at least one back-up if the primary person you rely on cannot.
- If you are vision impaired, deaf or hard of hearing, plan ahead for someone to convey essential emergency information to you if you are unable to use the TV or radio.
- If you use a personal care attendant obtained from an agency, check to see if the agency has special provisions for emergencies (e.g., providing services at another location should an evacuation be ordered).
- If you live in an apartment, ask the management to identify and mark accessible exits and access to all areas designated for emergency shelter or safe rooms. Ask about plans for alerting and evacuating those with sensory disabilities.
- Have a cell phone with an extra battery. If you are unable to get out of a building, you can let someone know where you are and guide them to you. Keep the numbers you may need to call with you if the 9-1-1 emergency number is overloaded.

Emergency Preparedness

- People with disabilities will need accommodations during emergencies
- Mobility and other challenges (like batteries on wheelchairs/scooters running out of power, not having use of assistive communication devices) for people with disabilities can add difficulty when emergencies arise
- Emergency preparedness for people with disabilities that take into account challenges and issues is essential for public safety
- Public health professionals can include people with I/DD in emergency preparedness planning to ensure their safety during emergencies

Source: [FEMA, American Red Cross. \(2004\). Preparing for Disaster for People with Disabilities and other Special Needs.](#)

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Aging

- Like all of us, the needs of people who have disabilities change as they age
- Public health professionals should be aware of the changing healthcare and service needs of people with disabilities as they age so they can create targeted health promotion programs for this population



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Preventive Screening

- People with disabilities have a greater incidence of chronic disease than people without disabilities so there is a greater need for people with disabilities to have access to preventive screenings for chronic health issues
- Public health professionals can include people with disabilities in planning for health promotion to make sure that people with disabilities are being included in preventive screenings for chronic diseases like hypertension and diabetes



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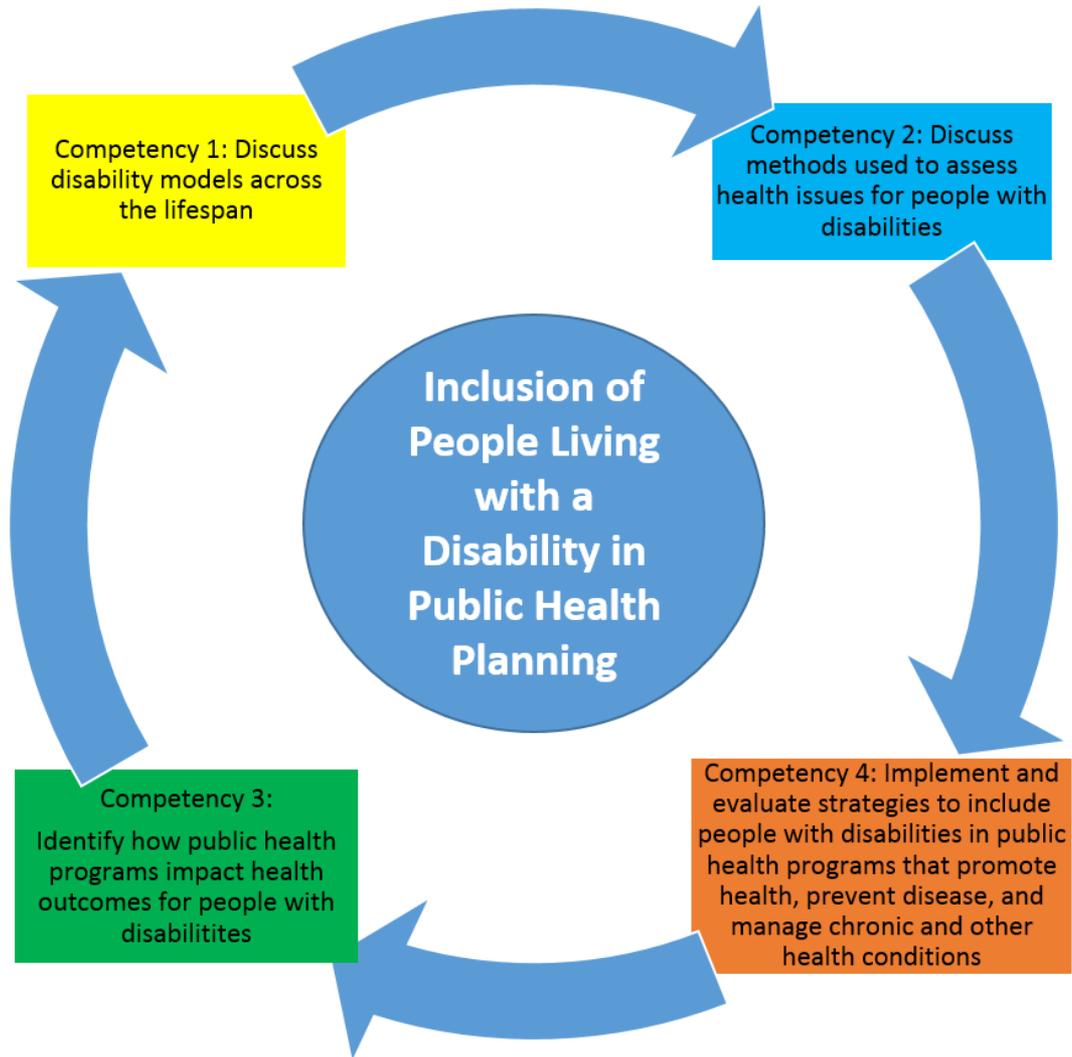
Transportation

- Like all of us, people with disabilities rely on transportation to access employment, education, healthcare, and community life
- Transportation services allow individuals with disabilities to live independently within their communities
- People with disabilities may have difficulty accessing transportation services
- Including people with disabilities in planning can help public health professionals identify these challenges and ways to overcome them so this population has access to health care and services



Competencies and Learning Objectives

Including People with Disabilities: Public Health Workforce Competencies



Including People with Disabilities: Public Health Workforce Competencies

Competency 1: Discuss disability models across the lifespan

- People with disabilities are individuals who have some type of limitation in mobility, cognition, vision, and/or hearing, or have other disorders
- Disability is not defined by any specific health condition but whether that condition actually creates significant limitations for an individual affecting their daily lives and functioning
- Disability models can be used as guidelines or tools to help define the strengths and limitations associated with disability, and provide a basis for strategies to meet the needs of people with disabilities

Medical Model

- Disability as a consequence of a health condition, disease or caused by a trauma
- Disrupt the functioning of a person in a physiological or cognitive way

Functional Model

- Disability is caused by physical, medical or cognitive deficits
- Limits functioning or the ability to perform functional activities

Social Model

- A person's activities are limited not by the impairment or condition but by environment
- Barriers are consequences of a lack of social organization

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Learning Objectives

- 1.1. Compare and contrast different models of disability
- 1.2. Apply model(s) of disability for a particular scope of work or population served



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Competency 2: Discuss methods used to assess health issues for people with disabilities

- Having knowledge of methods for public health programs is needed for public health professionals.
- This knowledge will help public health professionals with planning programs, examining the operations of a program, and conducting activities that improve health outcomes for people with disabilities.



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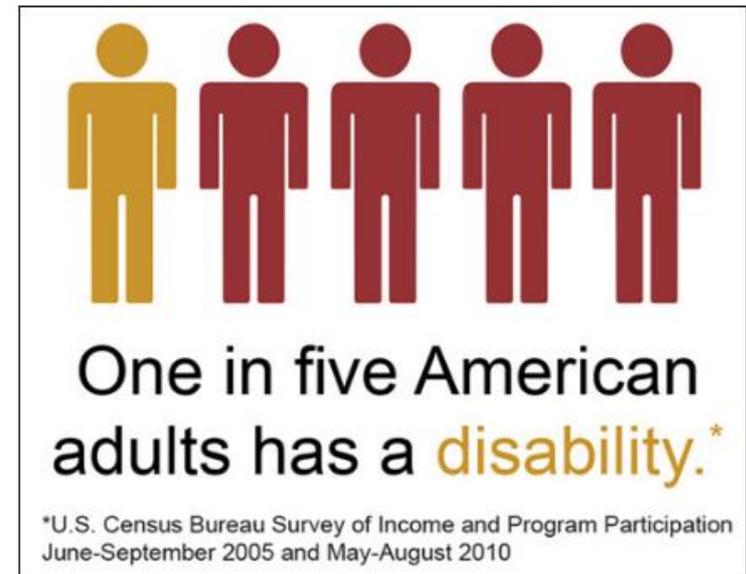
Learning Objectives

- 2.1. Identify surveillance systems used to capture data that includes people with disabilities
- 2.2. Recognize that disability can be used as a demographic variable

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Competency 3: Identify how public health programs impact health outcomes for people with disabilities

- People with ID experience barriers to access health services like:
 - inaccessible reading materials
 - noisy environments or too much stimulation
 - lack of medical staff trained to serve patients with ID
 - not feeling comfortable asking professionals questions or lack of self advocacy skills
 - lack of health literacy



Brault, Matthew W., "Americans With Disabilities: 2010," *Current Population Reports*, P70-131, U.S. Census Bureau, Washington, DC, 2012. <http://www.census.gov/prod/2012pubs/p70-131.pdf>;

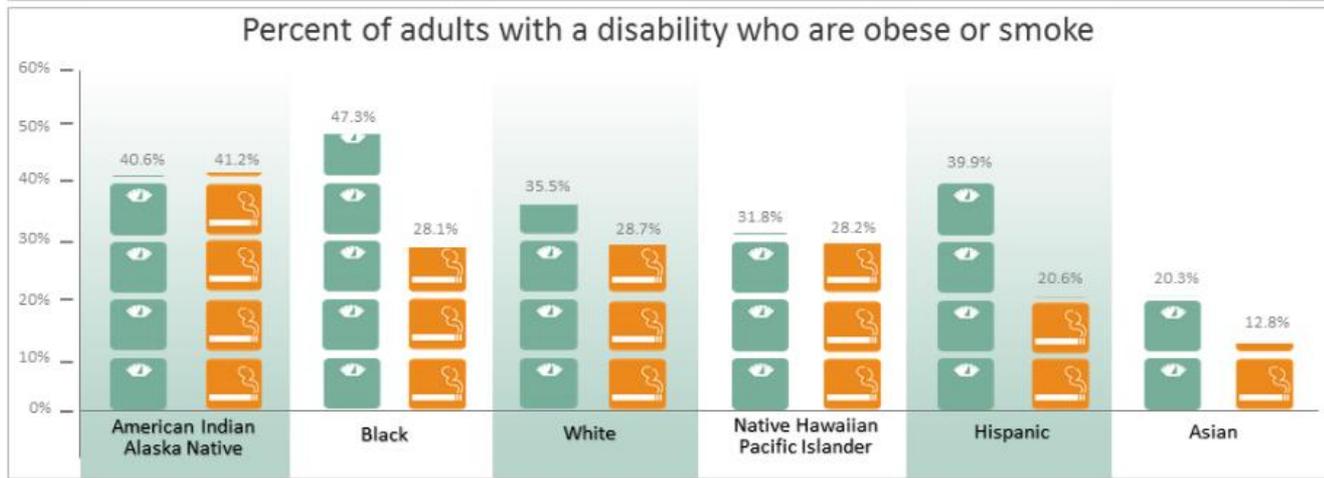
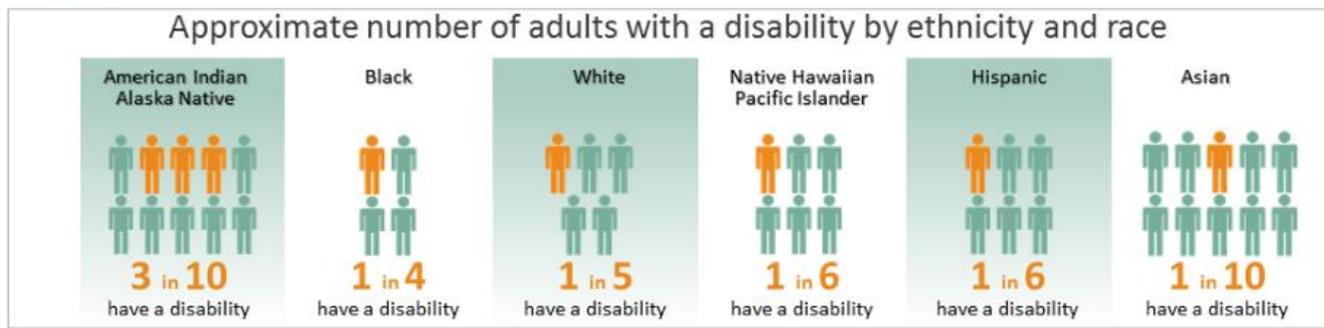
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- Considering race and ethnicity can support the success of health promotion outreach



Adults with Disabilities: Ethnicity and Race

When it comes to the health of people with disabilities, it's important to know the health differences among racial and ethnic groups



Source: CDC. (2016). Disability and Health. Key Findings: Socioeconomic Factors at the Intersection of Race and Ethnicity Influencing Health Risks for People with Disabilities <http://www.cdc.gov/ncbddd/disabilityandhealth/features/kf-socioeconomic.html>

Learning Objectives

- 3.1. Recognize health issues of people with disabilities and health promotion strategies that can be used to address them
- 3.1. Recognize health issues of people with disabilities and health promotion strategies that can be used to address them
- 3.2. Use laws as a tool to support people with disabilities
- 3.3. Recognize accessibility standards, universal design, and principles of built environment that affect the health and quality of life for people with disabilities
- 3.4. Explain how public health services, governmental programs, and non-governmental/ community-based organizations interact with disability
- 3.5. Describe how communities (places where people live, work, and recreate) can adapt to be fully inclusive of disability populations

Including People with Disabilities: Public Health Workforce Competencies

Competency 4: Implement and evaluate strategies to include people with disabilities in public health programs that promote health, prevent disease, and manage chronic and other health conditions

- Having access to health promotion and preventative services is essential for people with ID for improved health outcomes
- People with ID should be included in health promotion efforts and disease prevention and management
- In order for professionals to understand the needs of people with ID and other disabilities, they need to partner with them in public health efforts



Learning Objectives

- 4.1. Describe factors that affect health care access for people with disabilities
- 4.2. Describe strategies to integrate people with disabilities into health promotion programs
- 4.3. Identify emerging issues that impact people with disabilities
- 4.4. Define how environment can impact health outcomes for people with disabilities
- 4.5. Apply evaluation strategies (needs assessment, process evaluation, and program evaluation) that can be used to demonstrate impact for people with disabilities

Strategies for Implementation

What are some existing strategies and examples public health professional's can use to implement the Competencies?

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Strategy 1. Identify policy changes to include people with disabilities in public health efforts (Competencies 3.2, 4.2)

Action Example: New York State Department of Health (NYSDOH)

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Strategy 2. Identify health promotion strategies that can be used to address the health issues of people with disabilities (Competencies 4.2, 4.3)

Action Example: Montana Living Well with a Disability Program and Disability and Health Program

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Strategy 3. Recognize accessibility issues that may affect the health and quality of life for people with disabilities (Competencies 3.5, 4.1, 4.3, 4.4)

Action Example: The South Carolina Interagency Office of Disability and Health

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Strategy 4. Recruit people with disabilities from local communities to participate in an advisory capacity (Competency 4.2)

Action Example: The Kansas Disability and Health Program

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Strategy 5. Support the inclusion of people living with disabilities in your local public health practice (Competencies 1.2, 3.2, 3.4, 4.5)

Action Example: the National Association of County and City Health Officials (NACCHO)

Checklist to Use when Creating Programs, Products, or Services

Does my agency...

- Involve people with disabilities in planning?
- Ask people with disabilities about the accommodations needed to make programs accessible to them?
- Ask for feedback from people with disabilities to learn how to improve programs and services?
- Budget to accommodate people with disabilities?
- Raise awareness about the importance of including people with disabilities in public health efforts?
- Use data to understand the health needs of people with disabilities?
- Collect appropriate demographic data that includes people with disabilities?
- Partner with local/national organizations that work with people with disabilities?
- Complete inclusive emergency preparedness exercises/drills with community partners?
- Subscribe to NACCHO's Health and Disability e-newsletter to get the latest news and tools for including people with disabilities?

Source: [Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services. NACCHO](#)

Strategies - Take Away

- Identify key and non traditional partners at various levels
 - What are some organizations and groups you could partner with?
 - What are some non traditional partnerships?
- Connect and Network
 - Reach out to a contact in your community
 - Ask about their partners, and other resources
 - Reach out to people with disabilities
 - Don't forget caregivers

Call to Action:

Include people with disabilities in public health program planning and design

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How:

- Identify a program, health promotion event, or community need
- Seek out creative partnerships
- Talk with people with disabilities and caregivers
- Use the NACCHO Checklist
- Review modules 1-3 for resources on communication for people with disabilities, cultural competence, and more
- Use the Competencies website and resources

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For more resources, strategies and examples visit:

www.DisabilityinPublicHealth.org

If you have questions or strategies, examples you want to share:

Email: DisabilityinPH@aucd.org

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Thank You