

The Arc HealthMeet® Training



INCLUDING PEOPLE WITH DISABILITIES: PUBLIC HEALTH WORKFORCE COMPETENCIES

Training for Public Health Professionals

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
- There is a clear need for public health efforts to reduce health disparities among people with disabilities
- This may be achieved by building a stronger public health workforce skilled in ways to include people with disabilities in all 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, including those developed by the Association of Schools and Programs of Public Health, Masters in Public Health Core Competencies; Public Health Accreditation Board; Public Health Foundation Core Competencies for Public Health Professionals, Council on Linkages Between Public Health and Academia, and the 10 Essential Public Health Services
- In addition, they foster workforce capacity-building priorities such as the Healthy People 2020, Disability and Health Objective DH-3 ((Increase the proportion of U.S. MPH-granting public health schools and programs that offer graduate-level studies in disability and health))

The Competencies and Learning Objectives

Competency 1: Discuss disability models across the lifespan

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

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

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

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

Learning Objectives:

- 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

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

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

In this training 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

Format:

- This is an interactive training with practice quiz questions
- Opportunity to comment during any time
- Certificate of Attendance after the training
- Opportunity to take an online quiz to test your knowledge for a Certificate of Completion

Practice Quiz #1

Including People with Disabilities: Public Health Workforce Competencies



1. What percentage of Americans are estimated to have an intellectual disability (ID)?

- a. 20% - 25%
- b. 1% - 3%
- c. 10% - 12%

2. There is no single definition of “disability”

T/F

3. Intellectual disability can be defined as a below-average cognitive ability with an IQ of 70-75 or below

T/F

4. People with disabilities are not more likely to experience chronic disease

T/F

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



Including People with Disabilities: Public Health Workforce Competencies

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



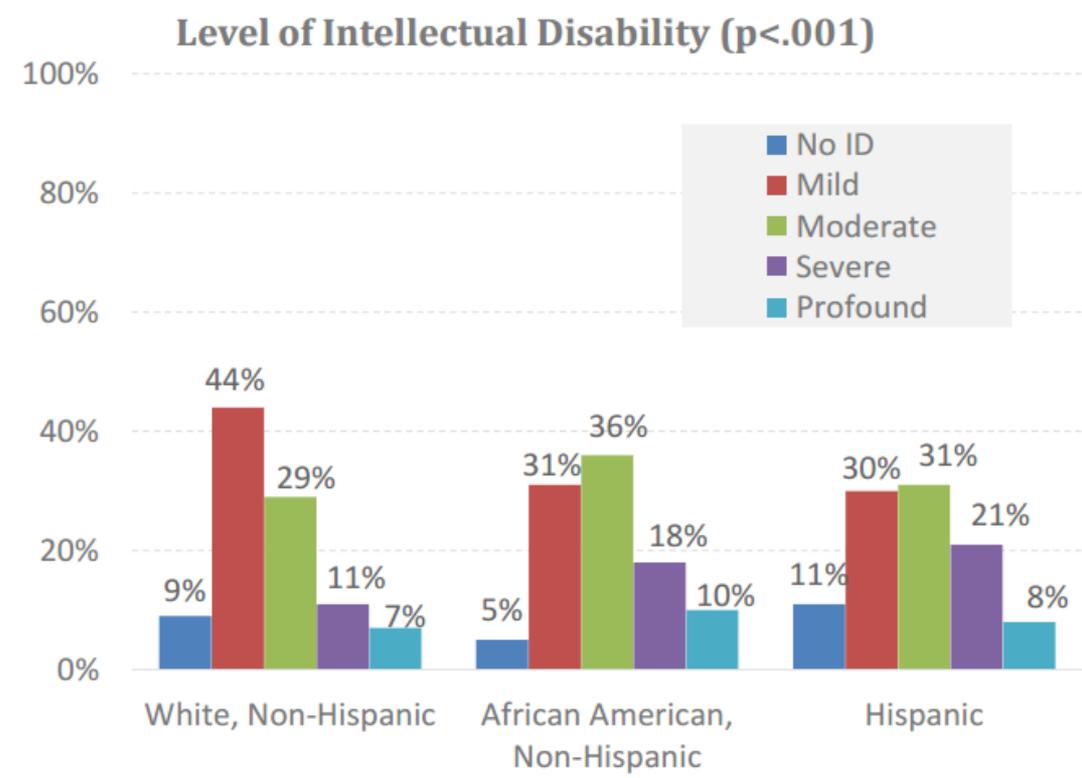
Definitions of Disability

- *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.

Including People with Disabilities: Public Health Workforce Competencies

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

Including People with Disabilities: Public Health Workforce Competencies

Adults with ID in the U.S.

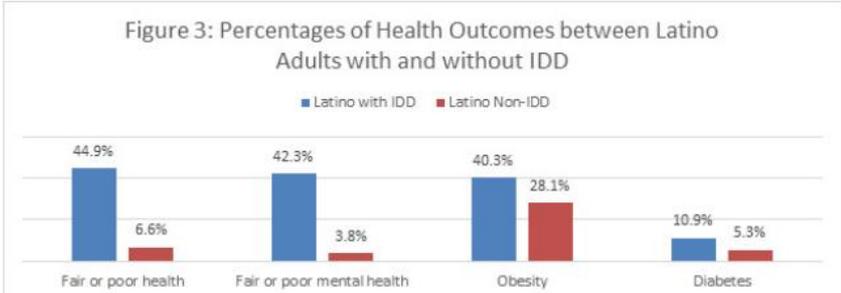
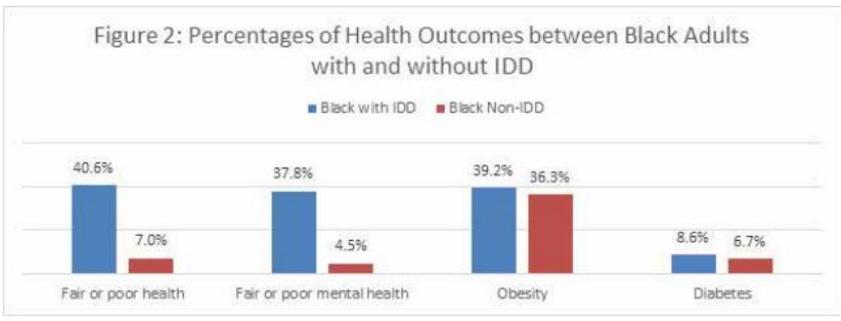
- There are many causes of intellectual disability
- Factors that contribute to ID may be physical, genetic and/or social
- Down syndrome, Fragile X syndrome and Fetal Alcohol Spectrum Disorder (FASD) are commonly associated with ID
- The impact of having an intellectual disability varies considerably, 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



Including People with Disabilities: Public Health Workforce Competencies

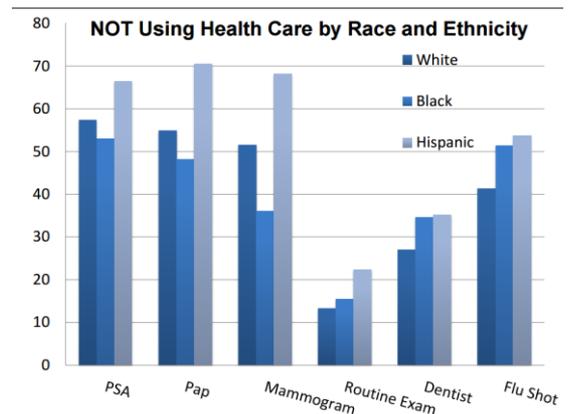
Adults with ID, Health Disparities and Race

- 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
- Black and Latino adults with ID have markedly worse health status than both their white counterparts with ID and nondisabled adults within their racial and ethnic groups
- Black and Latino adults with ID and DD were significantly more likely to be in fair or poor health and mental health than White adults with intellectual and developmental disabilities



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



Including People with Disabilities: Public Health Workforce Competencies

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
- Obesity rates are higher in African Americans with disabilities who have 4 times more risk for obesity and 10 times more risk for morbid obesity than White Americans without disabilities (Rimmer, Wang, Yamaki, and Davis, 2009)

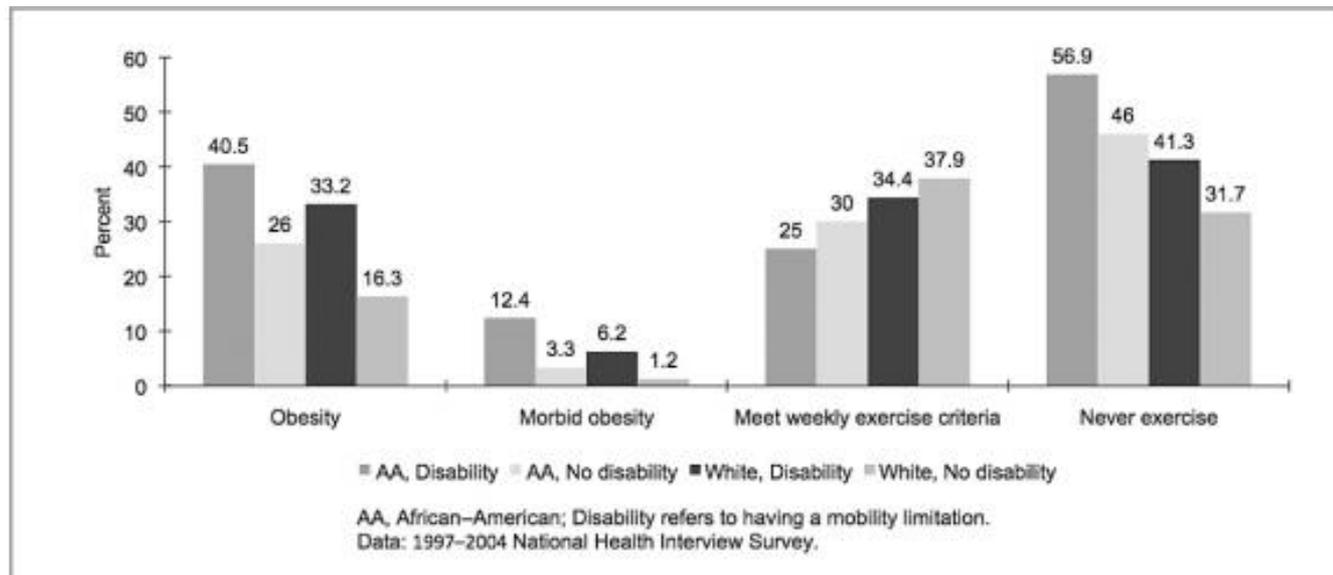


Figure 2: Prevalence of Obesity and Physical Inactivity in Adults (18-64 y) by Disability and Race

Including People with Disabilities: Public Health Workforce Competencies

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



Practice Quiz #2

Including People with Disabilities: Public Health Workforce Competencies



1. There is a disparity in the health outcomes of people with disabilities as compared to people without disabilities.

T/F

2. Health problems related to a disability, also called secondary conditions, can be prevented as well as treated.

T/F

3. An emerging issue for people with disabilities is:

- a. Safe and affordable housing
- b. Access to preventative screenings
- c. Transportation
- d. All of the above

4. The health of people with disabilities should be about the same as those without disabilities

T/F

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

Including People with Disabilities: Public Health Workforce Competencies

Health Disparities

- There is a disparity in the health outcomes of people with ID and other disabilities as compared to people without disabilities¹
- Consideration of culturally specific differences among people with disabilities, and among subgroups of that population is essential to decreasing health disparities
- 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](#)

Including People with Disabilities: Public Health Workforce Competencies

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

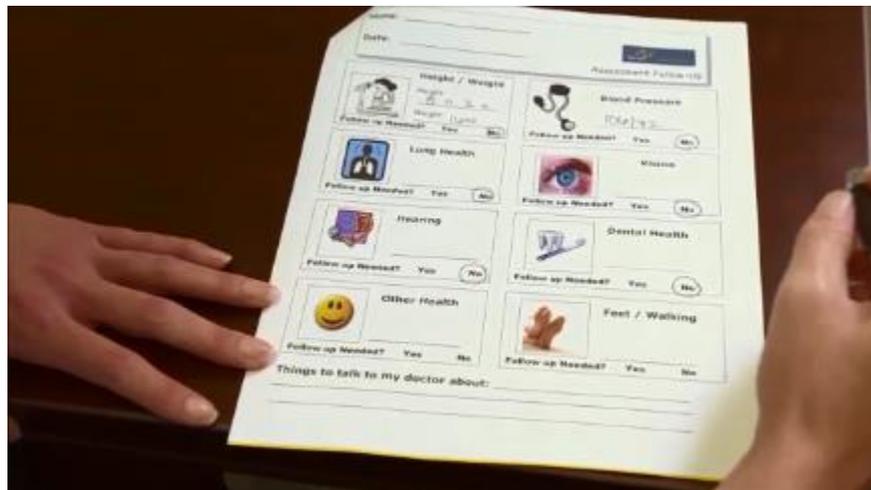


invest in specific services such as rehabilitation

Including People with Disabilities: Public Health Workforce Competencies

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



Including People with Disabilities: Public Health Workforce Competencies

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.](#)

Including People with Disabilities: Public Health Workforce Competencies

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

Including People with Disabilities: Public Health Workforce Competencies

Emerging Issues for People with Disabilities

- Emergency Preparedness
- Aging
- Preventive Screening
- Transportation



Including People with Disabilities: Public Health Workforce Competencies

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.](#)

Including People with Disabilities: Public Health Workforce Competencies

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

Questions that should be asked when planning include:

- Are health screening events accessible to older adults or those with disabilities?
- Were older adults with disabilities including in planning programs and health promotion events?
- Are materials available in large print or other accessible formats?



Including People with Disabilities: Public Health Workforce Competencies

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.

Questions that should be asked when planning include:

- Are health screening events accessible to people with mobility issues?
- Can people with mobility challenges access the examination tables?
- Are materials in plain language, with pictures?



Including People with Disabilities: Public Health Workforce Competencies

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



Questions that should be asked when planning include:

- Do health events and services need to be available in the community since people with disabilities may not have transportation to be able to access a clinic?
- Can we partner with bus systems to provide free or low cost fare for people to come to our building for their flu shots?
- Can we work with volunteer drivers to transport people from home to our clinic?

Including People with Disabilities: Public Health Workforce Competencies



The following slides contain additional information on:

- Communicating with People with Disabilities
- Barriers to Health Care Access for People with Disabilities
- Healthy People 2020: Emerging Issues in Disability and Health
- Culture and the Effects on the Treatment of People with Disabilities
- Cultural Competence

Including People with Disabilities: Public Health Workforce Competencies

CHOOSING APPROPRIATE LANGUAGE

- Use concrete language
- Avoid shouting

- Use plain language. Avoid jargon.
- Use short, simple sentences.
- Use concrete as opposed to abstract language, for example: “*Show me*”; “*Tell me*”; “*Do this*” with gesture; “*Come with me*”; “*I’m going to...*”
- Say “*Put your coat on*” instead of “*get ready.*”
- Say “*Are you upset? Are you sad? Are you happy?*” instead of “*What are you feeling?*”
- To make the concept of time more concrete, use examples from daily and familiar routines (e.g., breakfast-time, lunchtime, bedtime).

LISTENING

- Listen to what the patient says
- Allow enough time

- Let the patient know when you do **and** do not understand.
- Be sensitive to tone of voice and nonverbal cues.
- Differences in muscle tone for some individuals may complicate reading their facial expressions or body language. Check/validate your perceptions.
- Be aware that the visit will likely take more time than usual.
- Several consultations may be required to complete a full assessment.

EXPLAINING CLEARLY

- Explain what will happen before you begin
- Tell and show what you are going to do and why

- Speak slowly. Do not shout.
- Pause frequently, so as not to overload the patient with words.
- Give the patient enough time to understand what you have said and to respond.
- Rephrase and repeat questions, if necessary, or write them out, if the patient is able to read.
- Checking for understanding is essential. For patients who can speak in sentences, ask questions such as: “*Can you tell me what I just said?*” “*Can you tell me what I am going to do and why?*”

COMMUNICATING WITHOUT WORDS

- Use visual aids
- Act or demonstrate

- People with limited language ability and understanding rely on familiar routines and environmental cues to understand or anticipate what will happen next.
- Use simple diagrams and gestures.
- Use pictures when communicating; find signs in the patient’s communication book or point to familiar objects (e.g., “*It looks like...*”)
- Some people with IDD may express themselves only in writing.
- When possible and safe, allow the patient to handle and explore equipment.
- Point to body parts and act out actions or procedures (e.g., checking ears).

Source: [Vanderbilt Kennedy Center. \(2016\). Health Care for Adults with Intellectual and Developmental Disabilities.](#)

Including People with Disabilities: Public Health Workforce Competencies

Barriers to Health Care Access for People with Disabilities

People with disabilities encounter a range of barriers when they attempt to access health care including the following:

Prohibitive costs

Affordability of health services and transportation are two main reasons why people with disabilities do not receive needed health care in low-income countries - 32-33% of non-disabled people are unable to afford health care compared to 51-53% of people with disabilities.

Limited availability of services

The lack of appropriate services for people with disabilities is a significant barrier to health care. For example, research in Uttar Pradesh and Tamil Nadu states of India found that after the cost, the lack of services in the area was the second most significant barrier to using health facilities.

Physical barriers

Uneven access to buildings (hospitals, health centers), inaccessible medical equipment, poor signage, narrow doorways, internal steps, inadequate bathroom facilities, and inaccessible parking areas create barriers to health care facilities. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.

Inadequate skills and knowledge of health workers

People with disabilities were more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to report being treated badly and nearly three times more likely to report being denied care.

Source: [Disability and Health](#), World Health Organization (WHO)

Including People with Disabilities: Public Health Workforce Competencies

How does culture affect the treatment of developmental disabilities?

Culture influences key aspects of and approaches to treatment for developmental disabilities, including:

- whether to seek help
- what treatments to use
- the availability of resources
- the expectations parents have of, and for, their child
- relationships between families and care professionals

Here are some important steps for health professionals to take when working with families of children with developmental disabilities:

- Be aware of your own beliefs and attitudes.
- Connect with voluntary groups, [local community organizations](#) and professionals who have a working knowledge of different minority ethnic communities.
- Ask parents to share their beliefs about what has caused their child's disability. This perspective helps to facilitate their understanding and expectations of treatment.
- Ask the family to educate you about treatment approaches within their community that you may not know about.
- Ask the family about their hopes and dreams for their child.
- Learn about and respect cultural communication, language and nuance. Read about the appropriate [use of interpreters](#).
- Be mindful that there is never a single cultural profile to which the needs of a specific cultural group may be expected to conform.
- Recognize similar values between cultural groups, such as the importance of family and support for elders.
- Recognize that there is a range of adherence within any community to cultural beliefs.
- Encourage the creation of support groups for families of children with developmental disabilities.

Practice Quiz #3

Including People with Disabilities: Public Health Workforce Competencies



1. People with disabilities are individuals who have some type of limitation in mobility, cognition, vision, hearing, or other disorders.

T/F

2. There are several primary models of disability.

A. social, functional, medical

B. Medical, mental, health

C. Health, Classical, Functional

3. There are surveillance systems used to capture data that includes people with disabilities.

T/F

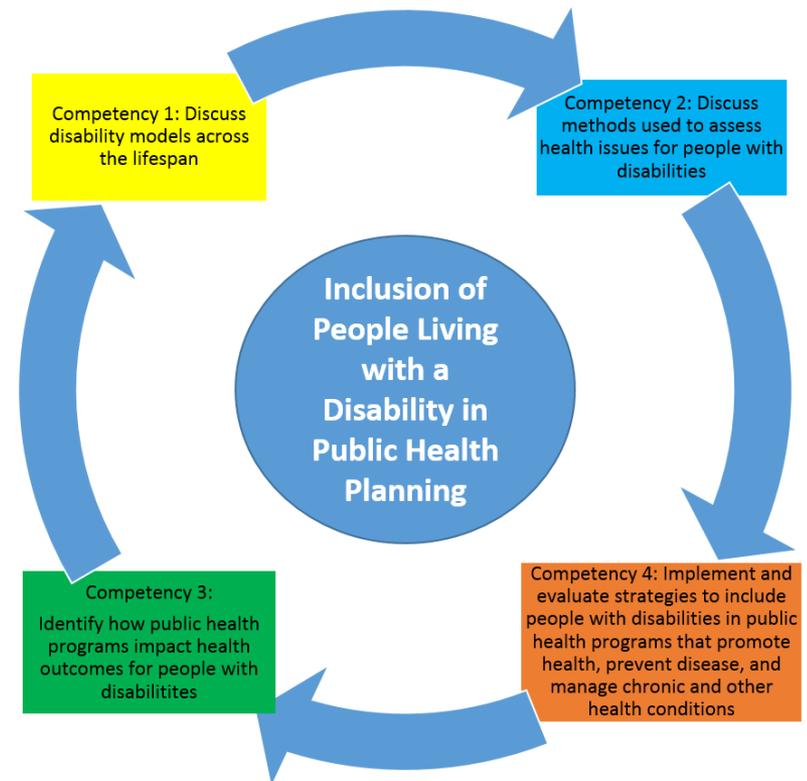
4. People with disabilities do not experience more chronic health problems than people without disabilities.

T/F

Competencies and Learning Objectives

Including People with Disabilities: Public Health Workforce Competencies

- People with ID and other disabilities are at a higher risk for poor health outcomes
- The risks are higher for people with disabilities from diverse communities
- The four *Competencies* and associated learning objectives will address the knowledge gaps for public health professionals about disability, and health disparities
- They provide foundational knowledge about the relationship between public health programs and health outcomes among people with disabilities
- The *Competencies* can also be embedded into existing public health curriculum and training programs



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
- There are three commonly used models of disability. Having knowledge of these models will help public health professionals more effectively interact with and support people with disabilities, as well as understand the relationship between the disability and people's everyday lives

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

Including People with Disabilities: Public Health Workforce Competencies

Disability Models

The information about the models of disability are for information purposes only. Below are pros and cons of each model.

Medical Model	Functional Model	Social Model
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Disability is caused by physical, medical or cognitive deficits Limits functioning or the ability to perform functional activities 	<ul style="list-style-type: none"> A person's activities are limited not by the impairment or condition but by environment Barriers are consequences of a lack of social organization
<p>Pros:</p> <p>Describes disability within the context of health</p> <p>Cons:</p> <ul style="list-style-type: none"> Suggests that disability is a problem or something to be cured or fixed Focuses on the perceived deficits of the individual and not social or other factors associated with disability 	<p>Pros:</p> <ul style="list-style-type: none"> Describes disability in terms of functioning <p>Cons:</p> <ul style="list-style-type: none"> Suggests disability contributes to an inability to perform socially valued roles (work) 	<p>Pros:</p> <ul style="list-style-type: none"> Describes disability within a context of social and other barriers that can prevent full community inclusion <p>Cons:</p> <ul style="list-style-type: none"> Limitations in describing the disability experience of those with non apparent disabilities

Including People with Disabilities: Public Health Workforce Competencies

Learning Objectives

1.1 Compare and contrast different models of disability

Example

- Mark is 32, has moderate ID and is employed at the local supermarket as a cashier
- He has a secondary health condition of Type 2 Diabetes. When visiting medical doctors, the care Mark receives is impacted by the way in which his disability is perceived
- His endocrinologist sees Mark's disability as a deficit that prevents him from living a healthy life (**Medical Model of Disability**) and does not recommend the same interventions that he would for a person without ID like a diet and exercise program
- His primary care doctor does not even consider the fact that its possible for him to work full time because he has ID (**Functional Model of Disability**) and assumes he is home all day and leads a sedentary lifestyle
- His dietician recommends a program of diet and exercise using weights at the gym as an intervention for his diabetes, but he does not drive and bus transportation is not reliable. This creates a barrier for him to exercise regularly (**Social Model of Disability**)



Learn more: <https://disabilityinpublichealth.org/disability-models-resources/>

Learning Objectives

1.2 Apply model(s) of disability for a particular scope of work or population served

Example

- Joe works at the local Social Security Administration office and uses an agency specific disability definition to determine eligibility of persons applying for Social Security Disability Insurance benefits
- Francine works at the local Department of Health and Human Services with a focus on ID/D and aging. She is a nurse and uses an agency specific definition of disability to determine eligibility of adults with ID/D for long term services and supports

Including People with Disabilities: Public Health Workforce Competencies

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.



Learning Objectives

2.1 Identify surveillance systems used to capture data that includes people with disabilities

Example

- The State Disability and Health Grantees are charged with presenting states with data on the health of people with and without disabilities in their states, using data captured by the [Behavioral Risk Factor Surveillance System \(BRFSS\)](#)
- BRFSS is an annual random digit dial telephone survey administered in every state to adults living in the community
- The survey also collects information about behaviors that affect health (such as smoking and exercise), health care practices (such as getting a flu shot), and access to health care (such as having health insurance)
- BRFSS is one of many surveillance systems commonly used to present data on people with disabilities and provide support for funding and sustainability of public health programs
- Another disability surveillance systems is the [Disability and Health Data System](#)

Learning Objectives

2.2 Recognize that disability can be used as a demographic variable

Example

- In 2011, the Department of Health and Human Services was charged with implementing [Data Collection Standards](#), through the [Affordable Care Act \(ACA\)](#)
- The standards for collection and reporting of data on race, ethnicity, sex, primary language and disability status in population health surveys are intended to help federal agencies refine their population health surveys in ways that will help researchers better understand health disparities and identify effective strategies for eliminating them

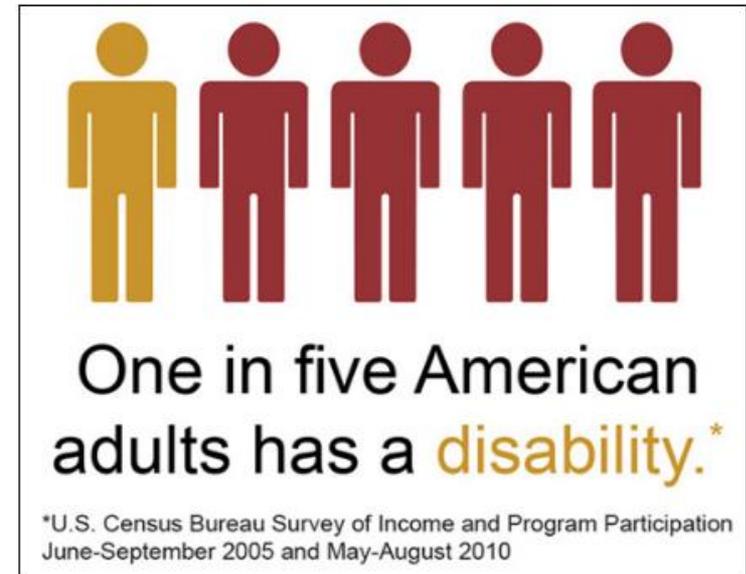
Example 2

- The U.S. Census conducts a number of surveys in which they measure disability, but only ask questions around functionality, missing many who have mental health or other disabilities
- Creating question that are more universal will help to identify more people with disabilities
- Disability data can be used just like sex, age or race to determine risk factors like low socioeconomic status, or chronic diseases

Including People with Disabilities: Public Health Workforce Competencies

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
- People with ID have the right to be able to access and interact with their environment without barriers, and receive health interventions and services just like the general population



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>;

Including People with Disabilities: Public Health Workforce Competencies

- This competency will help provide awareness for public health professionals that
 - Disability is a part of the human experience
 - A focus of public health should be the promotion of health to people with ID and other disabilities, and the identification and reduction of health disparities of a diverse community of people with disabilities
- Public health organizations and professionals should always include people with disabilities in health promotion and planning efforts to help reduce health disparities as well as improve the health outcomes of people with disabilities
- Considering race and ethnicity can support the success of health promotion outreach



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

Example

- An example of health promotion activities for people with disabilities is the [Montana Living Well with a Disability Program](#)
- The program is designed to help people with a disability strengthen existing skills to live well.
- The program includes a workshop comprised of eight, two hour sessions that introduce a process for setting and clarifying goals, as well as teaching skills for generating, implementing, and monitoring solutions
- Participants in the program learn the life skills they need to set and achieve quality-of-life goals and the important role health plays in helping them reach their dreams including:
 - getting a job, going back to school, or leading a more active social life
 - increased awareness of disability rights/advocacy

Including People with Disabilities: Public Health Workforce Competencies

Learning Objectives

3.2. Use laws as a tool to support people with disabilities

Example

- Jane works at the local health department on preventative screening programs for women
- She gets a call from Sandra who mild ID and epilepsy. She would like to schedule a well woman visit with a gynecologist but they will not allow her to bring her service dog into the office
- She has paperwork from her doctor supporting the use of the dog as a service animal for emotional support and to alert her and others to if she were to have a seizure
- Jane is familiar with the Americans with Disabilities Act (ADA) and realizes Sandra may be experiencing access barriers to routine screenings because of lack of compliance with regulations set by the ADA
- Jane refers Sandra to resources on the ADA and community contacts to assist her with filing a complaint



Picture : [Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities](#)

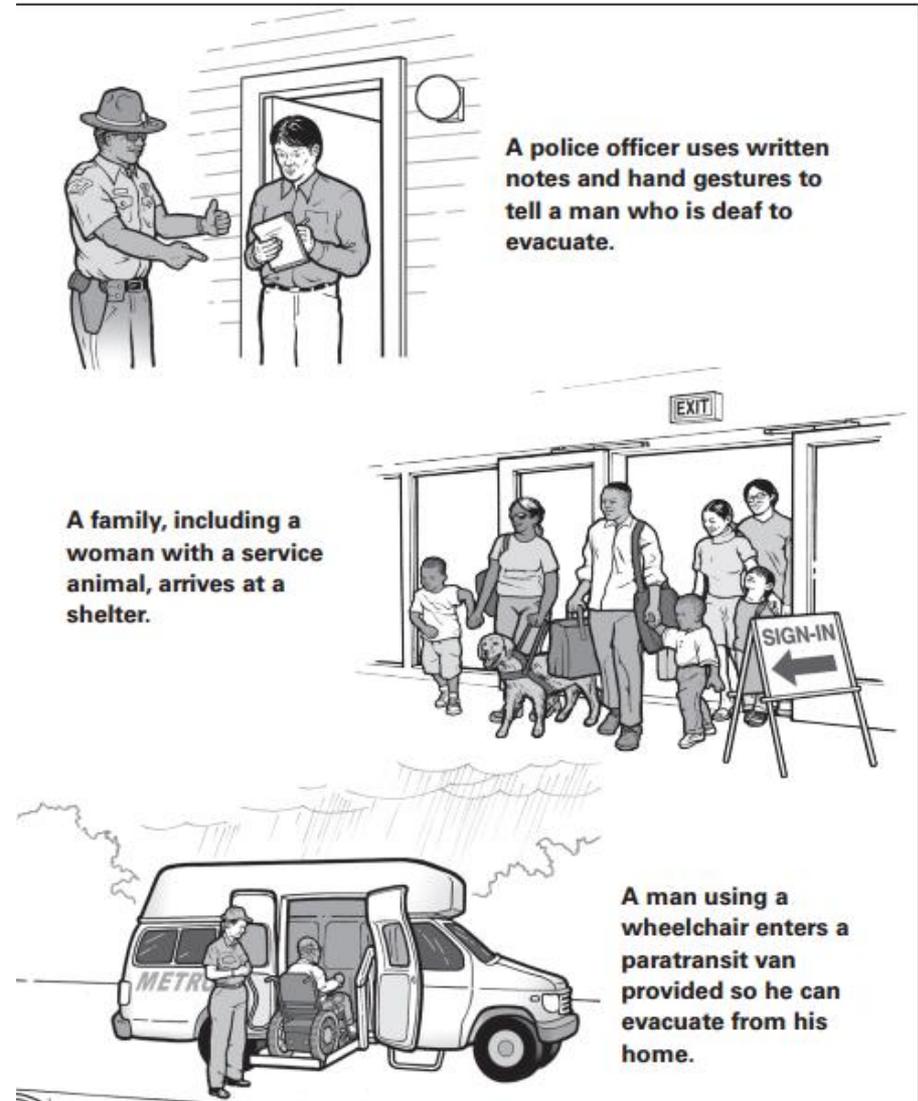
Including People with Disabilities: Public Health Workforce Competencies

Learning Objectives

3.3. Recognize accessibility standards, universal design, and principles of built environment that affect the health and quality of life for people with disabilities

Example

- Shelters during an emergency situations should be accessible for all people for, including those with ID and other disabilities
- Emergency personnel and staff at shelters should be trained to accommodate those disabilities like ID not just people with physical disabilities
- People with ID should be included in emergency preparedness planning to make sure their needs are met during an emergency
- Signs in shelters and evacuation routes should be in plain language and accessible to those with lower literacy levels



Including People with Disabilities: Public Health Workforce Competencies



Example

- [The South Carolina Interagency Office of Disability and Health \(SCIODH\)](#) partnered with the S.C. Office of Rural Health, and the Centers for Disease Control and Prevention's (CDC) breast and cervical cancer program, Best Chance Network, to conduct an accessibility assessment of facilities, educate facility staff on how to provide equitable services, and acquired funding for facility modifications
- Response has been positive with all 46 counties in South Carolina having been assessed with specific modification recommendations for medical facilities for American Disabilities Act (ADA) compliance
- Modifications include: designated accessible parking, constructed accessible entries including ramps and front doors, modified restrooms for complete accessibility, purchased wheelchair accessible scales, and purchased adjustable height exam tables

Learning Objectives

3.4. Explain how public health services, governmental programs, and non-governmental/community-based organizations interact with disability

Example

- State and/or local health departments have the responsibility to provide services to all community members including people with ID since they have a higher incidence of chronic health problems.
- People with ID should be included in health promotion and planning to address health disparities
- There should be targeted outreach to minority populations with disabilities since they have poorer health outcomes and additional barriers to accessing services
- Materials should be in plain language, have pictures or other ways of being accessible to people with ID

Including People with Disabilities: Public Health Workforce Competencies

Learning Objectives

3.5. Describe how communities (places where people live, work, and recreate) can adapt to be fully inclusive of disability populations

Example

- [The Kansas Disability and Health Program \(DHP\)](#) recruited Kansans with disabilities to participate in state-level public health advisory councils. These participants comprise the DHP Advisory Board
- The Advisory Board met with chronic disease managers to address health care barriers for people with disabilities
- Barriers included: Poor access to health care that forces many to go without regular visits to health care providers, and unfair treatment by their physician or office staff because of their disability
- Together they created an online continuing education course on disability and health for health care professionals
- By involving people with disabilities (including those from diverse backgrounds) as part of their Advisory Board, DHP hopes all of their programs will reflect different perspectives and personal experiences with disability, and better address the needs of people with disabilities in the community

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
- This competency will help professionals to have foundational knowledge on program planning and health promotion that included people with disabilities from all cultural backgrounds



Including People with Disabilities: Public Health Workforce Competencies

Learning Objectives

4.1. Describe factors that affect health care access for people with disabilities

Example:

- With support from the Centers for Disease Control and Prevention (CDC), the [Illinois Disability and Health Program](#) collaborated with the Southern Illinois University School of Medicine in Springfield (SIU) to develop a disability awareness course for second-year medical students
- The goal was to build a foundation of communication skills for better care and interaction with patients with disabilities
- A panel presentation focused on the experiences of five people with disabilities: a person with visual impairment, a person with hearing impairment, a person with speech impairment, a person with a mobility limitation, and the parent of a child with a developmental disability
- Each described their experiences accessing health care and offered tips on cultural sensitivity and disability etiquette
- The program will continue to recruit additional health professional training programs and assist them in adding this important component to their curriculum

Including People with Disabilities: Public Health Workforce Competencies



Learning Objectives

4.2. Describe strategies to integrate people with disabilities into health promotion programs

Example

- [Operation House Call](#) (OHC) teaches young medical professionals essential skills to enhance the health care of persons with intellectual/developmental disability
- Offered by The Arc of Massachusetts, OHC turns to families, parents and individual self-advocates as educators in a health care field that seldom focuses on more than making a diagnosis
- Part of the training includes a home visit to one of 177 families that welcome students into their homes so they could observe the reality living with a disability
- Through OHC, students begin to build confidence and interest in working with individuals with I/DD and their families
- At the Boston University School of Medicine OHC is a requirement for all third year medical students in their pediatric rotation
- In the Fall of 2015, OHC began a program at Yale School of Nursing

Learning Objectives

4.3. Identify emerging issues that impact people with disabilities

Example

Emergency Preparedness

- The Oregon Office on Disability and Health (OODH) developed the “[Ready Now! Emergency Preparedness Toolkit](#)” and a complementary interactive training for people with disabilities living independently and semi-independently in the community
- “Ready Now!” encourages self-reliance, teaching people with disabilities how to prepare and care for themselves in case of an emergency
- Participants learn to identify emergency situations, develop personal contact lists, and assemble “to-go bags” and “72-hour kits,” care for their pets and service animals during an emergency, develop evacuation plans, and update emergency preparedness plans regularly

Including People with Disabilities: Public Health Workforce Competencies

Example

Preventive Screening

- The [Right to Know Campaign](#) is a breast cancer education project developed by the Centers for Disease Control and Prevention (CDC)
- The campaign uses health promotion materials to target and encourage women with physical disabilities to get a mammogram
- The [Oregon Office on Disability and Health \(OODH\)](#) takes this campaign one step further by promoting breast cancer screenings for women with ALL types of disabilities, including women with sensory and/or cognitive disabilities
- Oregon does this by ensuring that all activities, educational materials and trainings include information targeting women with all forms of developmental, cognitive and intellectual disabilities
- In addition, OODH provides trainings and resources to health care professionals on how they can best serve the needs of women with various types of disabilities

Including People with Disabilities: Public Health Workforce Competencies

Example

Transportation

- In Gainesville, Florida, the fixed-route bus system is the city's primary form of public transportation
- Although individuals with disabilities are offered a reduced fare, or are able to ride free of charge (if they have an ADA identification card), many have to rely on expensive and limited paratransit services instead of riding the bus
- In a partnership between the Center for Independent Living of North Central Florida and the University of Florida's College of Public Health, students used a Bus Stop Checklist published by Easter Seals Project Action to conduct a systematic accessibility assessment of the 254 bus stops located along four bus routes
- Of the 254 bus stops assessed, only 15 (5.9%) met the criteria necessary to be deemed accessible
- RTS and the City of Gainesville has spent \$750,000.00 over the last three years bringing RTS bus stops into compliance with the ADA
- Currently RTS has 1190 bus stops system wide of which, 533 or 45% are ADA compliant

Learning Objectives

4.4. Define how environment can impact health outcomes for people with disabilities

Example

- [Concrete Change](#) is an international coalition organization formed in Atlanta that advocates for structural and legislative shifts that promote basic home access.
- Concrete Change provides information and resources on making all homes accessible to everyone such as information for builders, contractors, realtors, architects and others
- Their website includes information about [visitability](#), a concept to change home construction practices so that virtually all new homes offer a few specific features to make them easier for people with disabilities to live in or visit
- Concrete Change worked with the City of Atlanta to pass the nation's first visitability law, which required that all public housing be accessible
- Atlanta now has more than 500 single family homes with visitability features

Including People with Disabilities: Public Health Workforce Competencies



Learning Objectives

4.5. Apply evaluation strategies (needs assessment, process evaluation, and program evaluation) that can be used to demonstrate impact for people with disabilities

Example

- [Special Olympics Healthy Athletes](#) program has provided more than 1.6 million free health screenings in more than 130 countries to people with intellectual disabilities
- The Special Olympics Healthy Athletes® program offers health services and information to athletes with significant health care needs
- In the process, Special Olympics has become the largest global public health organization dedicated to serving people with intellectual disabilities
- Data on the health of athletes collected through free health screenings is used to demonstrate the need for the program's health and medical services provided by program volunteers
- Both Healthy Athlete program participants and volunteers report on their satisfaction and increase in knowledge during and after the program, and provide feedback on program success and worth
- Findings from these combined strategies are used to educate policymakers, expand research and programming, and promote greater awareness of health disparities and needs

Strategies for Implementation

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

- The following slides include strategies and examples of inclusive state and local health department programs
- These strategies and examples will help you take action in a meaningful way now

Including People with Disabilities: Public Health Workforce Competencies

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)

- Programs designed to be inclusive at the outset expand reach, ensure accessibility and are more cost effective than retrofitting or modifying inaccessible programs
- Adults with disabilities in New York are 35% more likely to characterize their health as fair or poor compared with adult New Yorkers without disabilities
- New York State (NYS) also has the highest disability-associated health expenditures of any state in the country—more than \$40 billion
- [The Disability and Health Program \(DHP\) within the New York State Department of Health \(NYSDOH\)](#) initiated a policy change to ensure public health programs are integrating the needs of people with disabilities into initiatives
- The DHP worked with the CCH to integrate disability components into a variety of public health programs, including tobacco cessation, food security, adolescent pregnancy prevention, and obesity prevention

Including People with Disabilities: Public Health Workforce Competencies

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

- An example of health promotion activities for people with disabilities is the [Montana Living Well with a Disability Program](#)
- The program is designed to help people with a disability strengthen existing skills to live well
- The program includes a workshop comprised of eight, two hour sessions that introduce a process for setting and clarifying goals, as well as teaching skills for generating, implementing, and monitoring solutions
- Participants in the program learn the life skills they need to set and achieve quality-of-life goals and the important role health plays in helping them reach their dreams including:
 - getting a job, going back to school, or leading a more active social life
 - Increased awareness of disability rights/advocacy

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

- [\(SCIODH\) The South Carolina Interagency Office of Disability and Health \(SCIODH\)](#) partnered with the S.C. Office of Rural Health, and the Centers for Disease Control and Prevention's (CDC) breast and cervical cancer program, Best Chance Network, to conduct an accessibility assessment of facilities, educate facility staff on how to provide equitable services, and acquired funding for facility modifications
- Response has been positive with all 46 counties in South Carolina having been assessed with specific modification recommendations for medical facilities for American Disabilities Act (ADA) compliance
- Modifications include: designated accessible parking, constructed accessible entries including ramps and front doors, modified restrooms for complete accessibility, purchased wheelchair accessible scales, and purchased adjustable height exam tables

Including People with Disabilities: Public Health Workforce Competencies

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

- [The Kansas Disability and Health Program \(DHP\)](#) recruited Kansans with disabilities to participate in state-level public health advisory councils
- These participants comprise the DHP Advisory Board
- The Advisory Board met with chronic disease managers to address health care barriers for people with disabilities
- Barriers included: Poor access to health care that forces many to go without regular visits to health care providers, and unfair treatment by their physician or office staff because of their disability
- Together they created an online continuing education course on disability and health for health care professionals
- By involving people with disabilities as part of their Advisory Board, DPH hopes all of their programs will reflect different perspectives and personal experiences with disability, and better address the needs of people with disabilities in the community

Including People with Disabilities: Public Health Workforce Competencies

Strategy 5. Support the inclusion of people living with disabilities in your local public health practice

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

- To help Local Health Departments (LHD's) successfully include people with disabilities in their public health practice, NACCHO developed [Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services](#)
- This resource provides a disability inclusion checklist and a detailed list of strategies that LHDs can implement to become more inclusive of people with disabilities in health promotion programming and emergency preparedness planning

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

Including People with Disabilities: Public Health Workforce Competencies



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
- Contact us

Including People with Disabilities: Public Health Workforce Competencies



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

Join our LinkedIn Group:

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