Evaluations & CE Credits

Nursing Contact Hours, CME and CHES credits are available.

Please visit www.phlive.org to fill out your evaluation and complete the post-test.

Conflict of Interest & Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.

Funding Support

- Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD)
- Grant #'s
  - NCHPAD - U59DD000906
  - NACDD DHC - U38OT000225

NCHPAD

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

4

Thank You to Our Sponsors

- University at Albany School of Public Health

- New York State Department of Health

SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

Healthy Communities: An Assessment and Implementation Framework to Achieve Inclusion of Persons with Disability
March 16, 2017

Featured Speaker

Yochai Eisenberg, MUPP
- Senior Research Specialist, Center on Health Promotion Research for Persons with Disabilities, Institute on Disability and Human Development, University of Illinois at Chicago
- Affiliate, National Center on Health, and Physical Activity and Disability (NCHPAD), Birmingham, Alabama
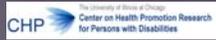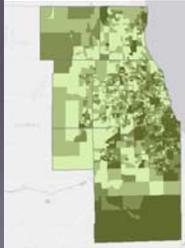
Learning Objectives

- Recognize persons with disability as a demographic group that experience health disparities;
- Identify two ways a community health assessment tool can guide the development of community health improvement plans that integrate inclusive policy, systems and environmental strategies; and
- Describe two ways environmental factors have a unique impact on community participation and access to healthy lifestyle opportunities for persons with disability.

Two Perspectives

Title 1: Where is Disability?   Title 2: Where are People with Disability?

% with a disability
- 0% - 7%
- 8% - 9%
- 10% - 13%
- 14% - 40%

Two Perspectives TEXT

Slide shows images of 2 maps. Both show the prevalence of disability in the Chicago region going from light green to dark green. The legend is classified as quantiles going from 0-7%, 8-9%, 10-13% and 14-40%.

Prevalence of Disability in the US

By Age:
- **16%** of people 18 to 44 have disability
- **27%** of people 45 to 64 have disability
- **36%** of adults 65 and older have disability

Image of shadow of someone who uses a wheelchair

11

Health Disparities

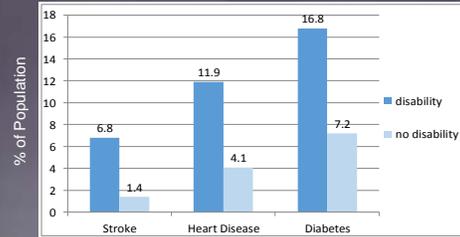|	With Disabilities	Without Disabilities
BE OBESE	38.4%	24.4%
SMOKE	30.3%	16.7%
HAVE HIGH BLOOD PRESSURE	41.7%	26.3%
BE INACTIVE	36.3%	23.9%

(CDC NCBDDD website, 2016)

Health Disparities TEXT

Slide shows a table with icons for health disparities, which are higher for people with disability, including obesity (38.4% vs. 24.4%), smoking (30.3% vs 16.7%), high blood pressure (41.7 vs. 26.3%) & inactivity (36.3% vs. 23.9%). This was taken from CDC NCBDDD website, 2016

Health Disparities

Prevalence of Chronic Disease among U.S. Adults with Disability, 2014 BRFSS


Health Disparities TEXT

Slide shows the Prevalence of Chronic Disease among U.S. Adults with Disability, using 2014 BRFSS. Compared to people without disabilities, people with disabilities are more likely to have stroke (6.8% vs 1.4%), heart disease(11.9% vs. 4.9%) and diabetes (16.8% vs. 7.2%)

Physical Activity And Disability

Percentage of adults ages 18-64 who get no aerobic physical activity, by disability type
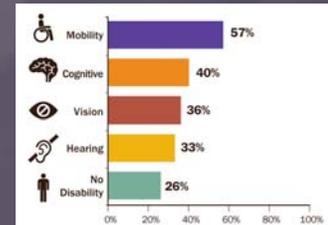
NHIS 2009-2012 (Carrol et al, 2014)

Physical Activity And Disability TEXT

Slide shows percentage of adults ages 18-64 who get no aerobic physical activity, by disability type. It shows each disability level of inactivity for mobility 57%, cognitive 40%, vision 36%, hearing 33%, no disability 26%. This is data from NHIS 2009-2012 (Carrol et al, 2014).

Inclusion

To transform communities based on social justice principles in which all community members:
- Are presumed competent
- Are recruited and welcome as valued members of their community
- Fully participate and learn with their peers, and
- Experience reciprocal social relationships

Rationale for Design of CHII TEXT
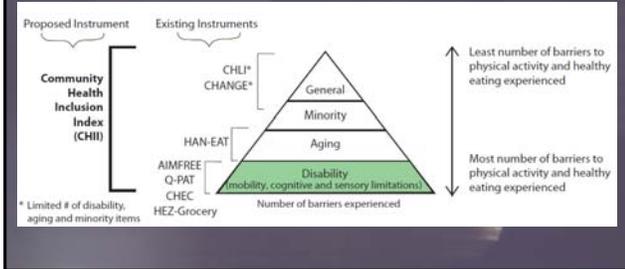
Rationale for Design of CHII TEXT

Slide shows a pyramid with 5 levels going from people with disabilities at the base, to older adults, minorities and the general population at the top. There is text to the right saying that more barriers to physical activity and healthy eating are experienced by those at base of pyramid. To the left it shows names of existing instruments that serve the general population and have a limited number of items related to disability (CHLI & CHANGE) and tools for the micro-level accessibility (AIMFREE, CHEC, HEZ-Grocery Checklist, Q-PAT). To the left of that is the CHII instrument, which is covering the whole pyramid

Towards PSEs
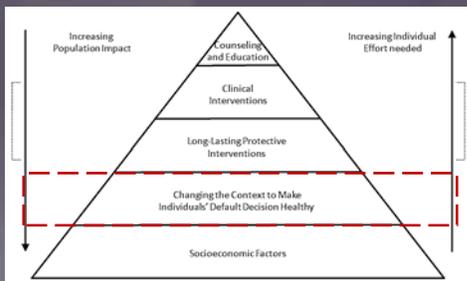
Towards PSEs ALT TEXT

Slide shows CDC director, Dr. Frieden's Health Impact pyramid, which has from the base going up – Socioeconomic factors, changing the context to make individual's default decisions healthy, long-lasting protective interventions, clinical interventions, counseling and education. An arrow going up on the right side indicates that interventions at top of the pyramid have increasing individual effort. An arrow going down on the left side indicates that interventions at the base of the pyramid have increasing population impact. A red rectangle highlights the 4th level "changing the context to make individual's default decisions healthy" to indicate that this is where the CHII intervenes.
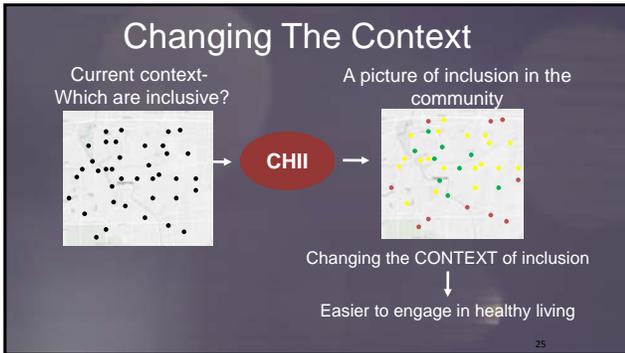
Environmental Barriers

Images of a wheelchair user near a curb with no curb cut, an image of an individual in a powerchair using the street, stairs at an entrance to a building, & fixed metal benches that block access to lockers at a gym.

Environmental Facilitators

Changing The Context

Current context-
Which are inclusive?

A picture of inclusion in the community

CHII

Changing the CONTEXT of inclusion

Easier to engage in healthy living

25

Changing The Context TEXT

Slide shows conceptual model. Starts with map on left that has black dots all over it. The text says "current context, which are inclusive?" An arrow points to a circle that says CHII and another arrow points from there to a second map that has red, yellow and green circle's. This indicates that the CHII helps identify both ASSETS and GAPS and provide a picture of inclusion for communities that can be used as a launching pad for preventive PSE work. An arrow points from the phrase "changing the context of inclusion" to "easier to engage in healthy living"

26

CHII Organization

1. Multi-level
   – Macro-community, organizational, on-site
2. Sectors
   – Schools, workplaces, community institutions, healthcare & the community at large
3. Venues
   – Physical activity, healthy eating, community mobility
4. Domains
   – Built environment, equipment, programs, staff, policy

27

Organizational Assessment
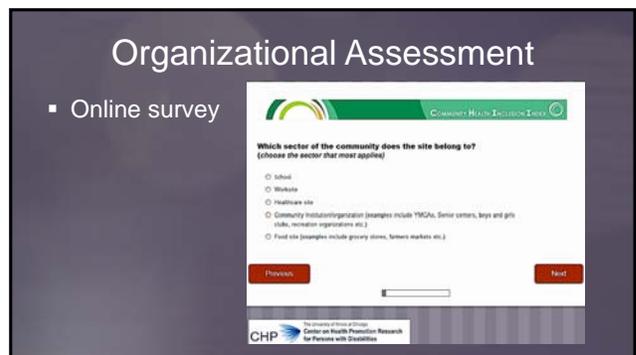
- Online survey

Organizational Assessment text

Slide is an image of online survey of the CHII organizational assessment. Has a question that asks what sector the organization is from. There are is a previous and next button on each side.

On-Site Assessment

- External environment
- Internal environment
- Venues for physical activity, healthy eating and health care

Image of walking on a path

Image of an Arm Ergometer

Some Example Results

Partners include: NACDD, Lakeshore Foundation, NCHPAD, & NCBDDD

Healthy Communities

Disabilities and Health

Some Example Results TEXT

Slide is an image of 2 roads crossing. One says "healthy communities" and one says "disabilities and health". At the intersection is a sign that says, "Partners include: NACDD, Lakeshore Foundation, NCHPAD, & NCBDDD"

Macro Assessment Results

	Construct	Mean score (SD)
Community Design	Transit-Oriented Development	20% (35)
	Complete Streets Policies	50% (41)
	Safe Routes to School (SRTS)	65% (47)
Transportation Inclusion	Alternative accessible transportation	40% (17)
	Transit information accessibility	45% (37)
	Travel training	60% (52)

Organizational Assessment

Domain	Construct	N	Mean score (SD)
Program	School walking programs	35	43% (45)
	Physical activity programs	69	74% (25)
Policy	Healthy eating policy	163	52% (39)
	School inclusion policy	34	55% (35)
	Organizational readiness for change	142	74% (16)
Staff	Staff physical activity training	34	61% (35)
	Staff training	74	66% (25)

On-site Assessment Results

Built Environment Area	Construct	N	Mean score (SD)
Food	Menus	46	30% (32)
	General food access	69	79% (19)
Physical Activity	Exercise equipment	32	57% (39)
	Locker room	39	68% (33)
General Access	Entrance	142	81% (22)
	Navigation	142	41% (29)
Health Care	Exam room	46	84% (19)
External Environment	Transit	69	56% (14)
	Path accessibility	123	70% (22)

Model for Inclusive Healthy Communities

#1 Commitment (Inclusive coalitions)

#2 Assessment (CHII)

#3 Planning & Prioritization (GRAIDs)

#4 Implementation (Inclusive PSEs)

#5 Evaluation (CHII & other)

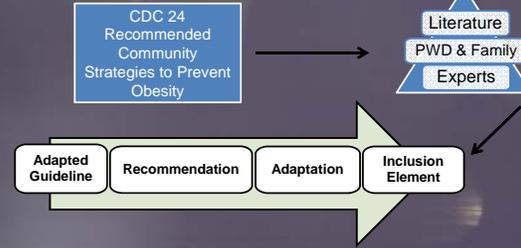#6 Dissemination (Success stories)

36

Model for Inclusive Healthy Communities TEXT

Slide is a circular model with 6 rectangles. It starts at the top and goes from #1 Commitment (Inclusive coalitions), #2 Assessment (CHII), #3 Planning & Prioritization (GRAIDs), #4 Implementation (Inclusive PSEs), #5 Evaluation (CHII & other), #6 Dissemination (Success stories).

37

Guidelines, Recommendations, Adaptations Including Disability (GRAIDs)

CDC 24 Recommended Community Strategies to Prevent Obesity			

Literature
PWD & Family
Experts

Adapted Guideline	Recommendation	Adaptation	Inclusion Element

38

Guidelines, Recommendations, Adaptations Including Disability (GRAIDs) TEXT

Slide shows the GRAIDs development process. It starts with a rectangle that says "the 24 Recommended Community Strategies to Prevent Obesity", then an arrow points to a triangle that says, "literature, PWD & Family, & Experts". An arrow then points from the triangle to a larger arrow, which has rectangles on it that (from left to right) say "Adapted guideline, recommendations, adaptations, inclusion element"

39

Planning and Prioritization

- Community coalition prioritization
- Community Action Plans (CAP)

Image of community group measuring sidewalks

How CHII & GRAIDs were used?

- CHII: One of the lower scored areas (48 out of 100) across 9 sites sampled was exercise equipment

- CAP Goal: Increase awareness of and access to inclusive physical activity opportunities in Example City by June 15, 2017

  – Objective: Increase the number of sites with physical activity equipment inclusive to persons with disabilities from 1 to 2 sites by June 15, 2017

41

Implementation

- Policy - Influencing policies around zoning and transportation to ensure accessibility

- Systems - Inclusive wayfinding systems

- Environment - Accessibility improvements to the built environment at facilities

"TWIN" Approach

Population-wide interventions *that are inclusive* of people with disabilities	**+**	Targeted interventions to address *greatest burden* of people with disabilities

Future Directions

Support future implementation:
– Develop a Community Health Inclusion Dashboard
– Web-based training
– Technical assistance
– Community Health Needs Assessments (CHNAs)

SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

Evaluations & Continuing Education: Nursing Contact Hours, CME, and CHES credits are available. Please visit www.phlive.org to fill out your evaluation and complete the post-test.

Conflict of Interest Disclosure Statement: The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.
No commercial funding has been accepted for this activity.
Thank you!

Let us know how you use Public Health Live!

We invite you to take a brief survey on our main program webpage to tell us how you use PHL in your workplace.

Thank you!