



BUILDING HEALTHY COMMUNITIES FOR EVERYONE

Disability and Health Partners Meeting

Building Healthy Communities for Everyone

June 14-16, 2011

Meeting Proceedings



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Introduction

The annual [Disability and Health Partners Meeting](#) was held on June 14-16, 2011, in Chicago, Illinois, as part of an ongoing cooperative agreement with the [Centers for Disease Control and Prevention's, National Center on Birth Defects and Developmental Disabilities](#) (NCBDDD) and the [Association of University Centers on Disabilities](#) (AUCD). The meeting was sponsored by NCBDDD's Division of Human Development and Disability, in collaboration with AUCD, the [National Center on Physical Activity and Disability](#) (NCPAD), and the [National Association of County and City Health Officials](#) (NACCHO).

This annual meeting brings key disability and health leaders together with potential public health partners, State Disability and Health State Implementation Projects, Communities Putting Prevention to Work Grantees, Public Health Practice and Resource Centers, State and Local Health Departments, Physical Activity and Obesity Prevention Partners, and officials from the Centers for Disease Control and Prevention (CDC), as well as, others to discuss issues related to disability and health.

Presentation and discussion topics focused on aspects of building healthy communities, including: access to public health programs, emergency preparedness, surveillance, livable communities, program evaluation, health promotion, training of professionals and paraprofessionals, and evidence-based practices. Respective organizations reported on resources they have developed with an emphasis on collaboration as important to spreading the word and increasing impact.

The proceeding information summarizes the Partner's Meeting and highlights current projects in disability and health across the United States. This will be useful for both meeting attendees and external partners as it provides a deeper understanding of the structure and dynamic of partners, as well as the projects supported by the AUCD-NCBDDD Cooperative Agreement and suggests opportunities for partner collaboration and greater integration of disability into the public health field.

Day 1: Plenary Summary

Welcome & Overview

Key Remarks:

George Jesien, Executive Director of AUCD

- Building Healthy Communities for Everyone requires perseverance in data collection, service provision, and education and information dissemination
- Broad structure and the level of resources that are invested in public health continue to change—must find common ground with partners across programs to make the case for disability and health programs

Coleen Boyle, Director of NCBDDD

- Important to work collectively to voice the valuable work that is happening and the needs that should be addressed
- CDC has recently emphasized their mission is to ‘promote the health of ALL Americans’ which includes the 54 million Americans with disabilities
- Making the case for how your work addresses the health of Americans with disabilities is essential

Gloria Krahn, Director of the Division of Human Development and Disability at NCBDDD

- Be open for partnership and search for common ground with organizations with similar missions in order to align and strengthen efforts

Opening Plenary: Building Healthy Communities for Everyone

Key Remarks:

Eduardo Simoes, Director of the Prevention Research Centers Program in the Division of Adult and Community Health

- Chronic disease affects many millions of people and should be a focus of prevention efforts
- Many people with disabilities have chronic disease, and likewise, chronic disease can cause disability for many people
- Without a focus on prevention, chronic disease and disability will continue to cost the nation a large share of the national budget.
- Increased prevention efforts in the current economy will require collaboration; connecting within divisions, connecting players from the top and players from the bottom, and connecting at the state level

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Carolyn Brooks, Health Equity Specialist with the Communities Putting Prevention to Work Programs (CPPW) at CDC

- Three core principles of CPPW: the policies and environmental change approach, maximized impact and potency of impact, and using the funding to address populations that need it the most
- Equation for measuring public health impact included the CPPW core principles: “Impact=The Reach x Exposure X Potency of the Intervention”
- Health equity requires more than creating policies, it is about putting policies into action—policies that are created to address the needs of a particular group must be further put into action in order to ensure the policies are creating the intended changes.
- Looking for resources that would be helpful for the CPPW communities or other communities that would demonstrate successes and provide evidence-base
- Will be creating a ‘Health Equity Play Book’ that they hope will incorporate the resources, successes, and research demonstrated in communities to address health equity and health impact

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Health Promotion Data—Basis for Change

Key Remarks:

Ismaila Ramon, AUCD/NCBDDD fellow

- Important to remember that people with disabilities are indirectly impacted by their interaction with the environment.
- Indicators can mark how robust our systems are; how well our programs with measure up to these indicators can show the connectivity and sustainability of our programs, and support need for change
- Important to evaluate of disability programs, in order to show impact.
- Researchers need to become more aware of how they sample, target the interest population, and collect data from that population

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Dr. Brian Armour, Lead Health Scientist in the Division of Human Development and Disability at NCBDD

- Demonstrated a pilot online tool for analyzing and displaying disability data by geographic area—tool should be available sometime late summer or early fall for users to access
- Using uploaded Behavioral Risk Factor Surveillance System (BRFSS) data, users can analyze disability information by demographics including; age, gender, race, education level, etc.

- Tool offers opportunities to look at how people with disabilities compare to people without disabilities in terms of health and lifestyle, and help to make a case for need and support of funding for those areas
- Tool will be valuable for researchers gathering data to write papers and document health disparities that exist, and to have a larger public health impact

Health Care Reform: Implementing the Affordable Care Act

Key Remarks:

Karen Minyard, Director of the [Georgia Health Policy Center](#), at the University of Georgia, Andrew Young School of Policy

- Stressed importance of the implementation at the state level, including the health insurance exchange, that could have very significant impact on how aspects of health care work in each state
- Much of health care reform revolves around improving quality—with a focus on physicians having the best information about coordinating care, provider incentives, and improving care while reducing costs
- State or local organizations should host strategic conversations about health reform and make sure their work is recognized and is incorporated into upcoming implementation activities

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Healthy Communities Action Planning: Part 1- Partner Communication Strategies

Key Remarks:

George Packard, Technology of Participation Facilitator, [Bridging Futures, LLC](#)

- An interactive facilitated workshop on building partnerships, in which the audience participated in groups to collaborate on worksheets including the Circles of Involvement tool and the Partnership Analysis tool
- Groups formulated strategies on how to work with and communicate with partners and incorporate that into their current work goals

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Day 1: Concurrent Session Summary

Creating Healthy Communities Through Tool Development & Dissemination

Key Remarks:

Shannon Griffen-Blake, [Healthy Communities Program](#) at CDC

- [CHANGE tool](#) is a way to encourage healthy communities
- CDC funded communities across the US including Healthy Community Coordinators, who enable partnerships between state agencies, community organizations, and others

- Key themes of program are capacity building, data collection and early partner involvement
- Click [here](#) to view slideshow presentation.

Jennifer Leeman, [Center of Excellence for Training and Research Translation](#)

- Center identifies intervention programs and provides practitioners with an implementation package
- Provide practice tested interventions from community, with an emphasis on strategies that are evidence-based.
- Evaluate interventions, using [RE-AIM framework](#) (Glasgow, 2003) to measure feasibility for a particular community
- Center provides great web-based trainings that are free and accessible on-line to anyone
- Always open to accepting policy/environment interventions and look forward to building their intervention library

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Sarah Strunk, [Active Living by Design](#)

- Organizations need to work together to avoid duplicating efforts
- Focus on policy and system change is the key to sustaining behavior change.

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Incorporating Disability into Policy: Healthy People 2020

Key Remarks:

Lisa Sinclair, Disability and Health Team at NCBDDD

- [2020 objectives](#) selection process is currently in phase—considers: achieving results understandable to audience, prevention oriented, national importance, measurable, continuity and comparability from year to year, based on scientific evidence, and address population disparities
- Data source used for creating the 2020 objectives is the [Current Population Survey](#) because it is the only data source with annual data for youth with disabilities.
- 2020 objectives will include people with and without disabilities for every objective.
- HP 2020 final report will be published soon with disability and health data, including 20 objectives and sub-objectives for people with disabilities.
- NCBDDD coordinates 3 topic areas in Healthy People:
 1. Blood disorders and blood safety
 2. Disability and health
 3. Maternal infant and child health

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Christopher and Dana Reeve Foundation—Quality of Life Grants: Model Programs of Inclusion

Key Remarks:

Sarah Milligan-Toffler, [Wilderness Inquiry, Inc.](#)

- People who suffer traumatic brain injury may experience a shutting down of the risk taking part of the brain—WI trips help to restart that portion of the brain and assist people in feeling better and accomplishing new goals
- Host contract trips and inclusion trainings with various organizations
- Every person that goes on a trip (regardless of ability or disability) goes through a needs assessment
- WI will provide trip assistance if needed for transferring or other assistance at no additional charge

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Frederick Leone, [Boundless Playgrounds, Inc.](#)

- Build playgrounds for all ability types (including grandparents that utilize playgrounds with their children)
- Increasing work done with the military disabled veterans so that they may utilize playground time with their children.
- Focus on the building of inclusive playscapes and let the awareness of their company and mission through the involvement of the community surrounding the build.
- Inclusive playgrounds may be as important to the caregivers as they are to the children—caregivers with disabilities may not utilize traditional playgrounds because they may not be able to tend to their children due to accessibility concerns

Melinda Kremer and Robert Hansberry, [American DanceWheels Foundation, Inc.](#)

- Published an adaptive wheelchair dancing book
 - Book shows movements between a standing partner and a sitting partner, as long as the person is able to move the chair on their own
 - Instructors take into account the ability level of the seated partner and will adapt the movements to them

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Helping Hands Award Presentation: Access Living of Greater Metropolitan Chicago

[Access Living](#) was recognized by the 2011 Meeting Planning Committee for their commitment to *Building Healthy Communities for Everyone*. Established in 1980, Access Living is a change agent committed to fostering an inclusive society that enables Chicagoans with disabilities to live fully-engaged and self directed lives. Judy Panko Reis and Marilyn Martin accepted the award on behalf of Access Living.

Partner Welcome Reception- Dance Workshop facilitated by Dance>Detour

[Dance>Detour](#), Chicago's first professional "diverse-abilities" dance company – comprised of multi-talented artists with and without disabilities, provided an interactive dance workshop for conference attendees during the Partner Welcome Reception. The company is comprised of diverse dancers, celebrating their physical, ethnic, generational, cultural, and artistic differences. [Alana Wallace](#), a Chicago native who contracted polio at the age of five, serves as Founder and Artistic Director of Dance>Detour, and led the dance presentation and workshop.

Day 2: Plenary Summary

Collaborating with Public Health Resource and Information Centers

A panel comprised of Public Health Practice and Resource Center representatives shared current initiatives and opportunities to collaborate on a local, state, and national level. The panel included representatives from [Special Olympics](#), the [Amputee Coalition](#) the [Christopher and Dana Reeve Foundation Paralysis Resource Center](#) the [National Center on Physical Activity and Disability](#), the [American Association on Health and Disability](#) and the [Spina Bifida Association](#) (SBA). This discussion included helpful insight into what each center is currently involved, and how other projects including the State Disability and Health Grantees may partner with the resource centers on a local or state level on shared initiatives.

The plenary slideshow composed of the resource center slides is all available for viewing [online](#).

Healthy Lifestyles for Everyone Across the Lifespan

Key Remarks:

Jeff Levi, Executive Director of [Trust for America's Health](#) (TFAH) and Chair of the [President's Advisory Council on Prevention, Health Promotion and Integrative and Public Health](#)

- Dr. Levi was a key player in developing the [National Prevention Strategy](#), which was released on 6/16/11
- National focus needs to change to support a prevention framework
- Need to be thinking about the context of choice, the context of risk and the structural barriers that people have in leading healthy lives to making healthy choices
- Important to bridge silos that divide efforts and to foster partnerships to take action

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Day 2: Concurrent Session Summary

Health Care Access-Part 1

Key Remarks:

Amanda Maisels, [Civil Rights Division, DOJ](#)

- People with disabilities are not receiving routine medical and diagnostic care because of accessibility issues
- Medical equipment have common accessibility issues
- ADA website provides information on notices – people are invited to comment on website about accessibility issues and/or complaints
- Settlement agreements on www.ada.gov are listed under 'enforcements'
- Who to share this information with? Administrative staff in hospitals who deal with equipment purchases, risk managers, etc.

[Access to Medical Care for People with Mobility Disabilities.pdf](#)

David Baquis, [US Access Board](#)

- Accessible design means removal of barriers for people with disabilities to use the equipment
- Public Forum Highlights (July 2010) on patient access to medical diagnostic equipment:
 - 6 panels (consumer, legal, health care, standards, industry, research)
 - Some of the hospitals in Chicago participated
 - Diagnostic equipment includes: accessible weight scales, imaging equipment, ceiling lift, mammography machines, stereotactic tables
- HE75 – is an ANSI standard developed by AAMI ([Association for Advancement of Medical Instrumentation](#)). A specific chapter was included on accessibility.

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Strengthening Community Leadership for Families, Children & Youth

Key Remarks:

Margaret Hower, [Transtria](#)

- Works on community engagement, partnerships, coalitions
- There is no formula—must be worked out with input from each partner (46 partnerships with 46 different models)
- Leadership and community buy-in is a key factor to making lasting policy, system, and environmental change
- Important to build partnerships that are both broad and deep
- Healthy Kids Healthy Communities (HKHC) logic model—integration of social-ecological model

- At the top of the logic model is family, important to consider family and home environment
- Macro Social System—contributes to social determinants of health, supports easier access for everyone.
- Organization is committed to building capacity at every level

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David Brown, Division of Nutrition, Physical Activity and Obesity, CDC

- 6 target behaviors currently being targeted by CDC (increasing fruits and veg intake, breastfeeding, and physical activity, decreasing TV viewing, sugar drink consumption, and high calorie/low value foods)
- Discussed PA guidelines for youth, adults, older adults: www.health.gov/paguidelines, no specific guidelines for people with disabilities, though they should avoid inactivity
- Discussed recommendation for people with disabilities to speak with MD before starting, though did mention that MDs and PCPs may not be knowledgeable about disabilities—this is an opportunity for education
- Some PA is better than none, even if it's just 60 minutes/week.
- Obesity is a huge target for benefits of PA, though it is multifaceted

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Linda Bandini, [Eunice Kennedy Shriver Center](#)

- There is little obesity research regarding prevalence and causes among children and adults with ID & DD
- Research initiatives that focus on intake and obesity among kids with disabilities
- All children with a limited repertoire (picky eaters) were not receiving adequate nutrition—how does this effect development?
- Kids with autism did not eat as much fruits and veg—will this continue into adulthood?
- Also discussed research pertaining to kids with ASD and PA – parent reported barriers to PA are higher in kids with autism
- Investigating psycho-social correlates of PA among kids with ASD
- [Health U](#) & [TUFF](#)—looks at individuals with Down syndrome
- [SPARC](#) – focuses on adolescents with ASD

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Joan Almon, [Alliance for Childhood](#)

- There has been a decline in play among children
- Obesity is only tip of iceberg; result of a combination of factors including lack of play and increase in children staying inside using advanced technology devices

- Increase in physical and mental illness seen on college campuses may be attributed to lack of play
- Play is important for cognitive development, problem solving, and physical activity
- A successful model to promote play is the use of playworkers, who are especially beneficial in initiating play for children with disabilities—i.e. a child who is blind being able to ride freely on a trail by following a bell rung by the playworker
 - Playworkers are used widely in Europe and UK
 - Play cues convey desire to play by non-communicative individuals
- Playgrounds to be inclusive of age as well—most playgrounds do not appeal to older kids

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Tobacco Prevention and Control

Key Remarks:

Monica Uhl, [Virginia Commonwealth University](#)

- Public Health is not an agency but a system
- Benefits of Collaboration:
 - Mutual education - sharing information and resources across agencies
 - Extending “reach” of programs and services
 - Establishing ongoing collaborative efforts
 - Systems level integration

Mina Li, [Southern Mississippi University](#)

- Big tobacco companies are often connected to many food and alcohol companies
- In many communities the tobacco companies are one of the top employers
- Top 5 barriers preventing current cessation programs from working for Mississippians with disabilities (in order): don’t know about programs, don’t know where to find programs, don’t want to quit, transportation, and don’t know where to find information
- Goal: Use the data collected from the study to create accessible and practical tobacco cessation programs strategically and specifically targeting Mississippians with disabilities

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Christopher Anderson, [California Smokers’ Helpline](#)

- Telephone counseling is the most utilized and the callers tend to speak to the same helpline operator for each call—tend to take a proactive approach.
- Callers will receive on-the-spot counseling on the helpline if they have 30-45 minutes after the initial intake
- Even if they were not successful in quitting on the first attempt, using the combined approach, study participants were more likely to quit on their next attempt due to the success of the first attempt

- The cost of the program from beginning to completion on a per person basis come out to about \$200.00 and in California is funded through tobacco taxes.

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Environmental Change Strategies

Key Remarks:

Rebecca Lee, [Texas Obesity Research Center](#)

- Use GIS visually display neighborhoods
- Determinants of PA—pedestrian sidewalk connections, speed limits—lower speed limit correlates with more PA
- Lower income areas have many PA resources, but there are more incivilities (graffiti tagging, dog refuse)
- Most commonly available stores in lower SES neighborhoods- only 1 store had fresh fruits and vegetables
- Farmer’s Market is time limited—only 1 day for a limited amount of time

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Philip J. Troped, Purdue University

- Moderate intensity exercise has many benefits
- <5% of population is meeting PA guidelines according to accelerometer data, which measures walking and running well, but not so well with upper body exercise and cycling
- Nurse’s Health Study—critical to work in trans-disciplinary team, 2300 subjects, which gives great diversity but they weren’t able to investigate
- Future research—more studies that are not cross-sectional
- Findings: Living in an area of higher population density is associated with higher amount of walking because resources are more concentrated as opposed suburban areas where things are more sprawled out, providing less opportunities to walk
 - Important to note recreational walking was the measure, not walking for transportation

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Amy Hillier, [PennDesign Department of City & Regional Planning](#)

- Spatial modeling through GIS—developed for military use, but can be repurposed for evaluating built environment
- Can be used to target resources: where are supermarkets, accessible public transportation stops located?
- Researchers have given pedestrians heart monitors to identify stressful areas
- How can people be successful in impacting policy related to the built environment?

- Collaboration: building a coalition
- How do you think you can study disability in your future research because there is little research about disability and the built environment?
 - Collaboration!
 - City planners working with disability community
 - Funding directs research, grantors including disability in guidance

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FEMA and Accessible Shelters

Key Remarks:

Jessica Mitchell, Federal Emergency Management Agency

- Have a “go kit” and a plan that can be ready to be put into use before, during, or right after an emergency or disaster.
- Disaster assistance starts at a local level (community and county), larger disasters require assistance from state and then federal government
- FEMA started to move away from the term “special needs” to the term functional needs to incorporate more people into the definition—includes anyone needing any type of accommodation, including seniors and pregnant women
- [F.A.S.T. training](#) in California
- Resources need to be shared by communities so that a large network of people are aware of who to call in that case of an emergency or disaster

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Health Care Access-Part 2

Key Remarks:

Ken Robey, Matheny Medical and Educational Center

- Need for provider training is addressed in the Affordable Care Act (2010)
- Training is mentioned in the [Surgeon General Report for Closing the Gap](#) (2005)
- Training should target students early on in medical education
- Community based education –meeting with patients and caregivers in natural settings. Important to relate to context and health care needs
- Community agencies have infiltrated medical schools to build a voice within the medical school and push their curricula
- Stealth curricula – cultural competency/diversity training; communication skills training; training on systems-based practice

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Paul Glassman, University of the Pacific, School of Dentistry

- [Oral Health in America: A Report from the Surgeon General](#)
- Virtual Dental Home in Action – go to several venues like schools, hospitals, etc.
- Impact is significant for people with long term needs
- Caregiver education: training materials for caregivers in the form of CDs and DVDs, administrator manuals
- Online training for oral health professionals – to fill in the gaps in training (13 modules)

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Suzanne Smeltzer, Villanova University

- Health Promotion for Women with Disabilities 5-year Project Funded by Bristol-Myers Squibb Foundation
- There is a big gap in nursing education in disability
- UK is doing a better job in training their nurses
- Examples of some studies – which prove that very little is available in nursing curricula
- Communication was identified as a key in nursing education to reach people with disabilities
- Urgent need to educate nursing students

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Day 2: Summary of Roundtable Discussions*

*Topics 2, 3, and 4 were roundtable discussions without a formal presentation.

Topic 1: Building Capacity to Create Healthy Community Change (Presentation with Discussion)

Key Remarks:

Sandra Viera, Prevention Institute

- Importance of environment in health and safety collaboration across disciplines
- Coalition of various resources to bring a change (PTA, public transportation, planners, school districts, faith-based organizations, environmental groups, pedestrian/bike organizations)

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Joanne Gooley, California Project Lean/CA Dept. of Public Health

- Including health and safety elements into community planners
- Policy process
- Easier to make changes if diverse group of people approach for changes

- Public transportation mostly focuses on main/fixed route – but does not include the door-to-door component that serves a large group of disabled population

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Topic 2: Evaluation and Sustainability

Discussion Topics

- Evaluation was discussed as a way to frame effectiveness
- Discussed the need for better definitions

Discussion Points

- How to influence other evaluations, collaborators
- How to define outcomes, data sources
- Orienting new partners for sustainability
- Reporting, using data
- Building in evaluation, realistically within a budget
- Consistency between stakeholders evaluation- structure that states can respond to
- Evaluation research collaboration
- Showcase state work
- Realistic timeframe
- Share/record
- Collaborate
- Competition
- Measures that can be drawn from other data sources for evaluation e.g. surveillance
- Still do all module activities with other resources if didn't get funded
- Sustainability issues
- Political change impacts
- Systematic Change Issues
- Collaborate with Resource Centers/ BRFS

Other Discussion Topics

- Need for funds for evaluation
- Need for direction on evaluation (framework)
- Need for guidance from staff expert on evaluation
- Need to establish key indicators (not necessarily same for all projects)

Topic 3: Social Isolation and Mental Health

Current efforts around the topic

- White paper
- High rising housing
- Transportation
- Leadership program at University of Miami LEND program (grant)
- Examples about book clubs
- Example of kids in Denver

The role of telemedicine in social isolation and disability:

- A group in Denver experienced a hard time coordinating kids with disabilities using telemedicine
- Social benefits of telemedicine – Dance etc.
- The use of “navigators” to facilitate communication, support, and help guide people with disabilities. (e.g. children with Autism)
- Discussion about the credibility of virtual providers. Do virtual providers have the required training and certification to care for or attend to the needs of people with disabilities?
- Trusting virtual providers

The role of spirituality in alleviating the burden of loneliness and isolation:

- Example showcases the benefit of spiritual intervention in reducing isolation and quality of life (Eugene/Portland Oregon)
- Question was raised about the role of CDC and NIH in using alternative medicine intervention
- Political ramification of using this approach was raised and discussed. Separation of church and state
- Funding for spiritual interventions

Other Discussion Topics

- Non-obvious reasons such as paying rent
- Barriers limiting contact to friends and family
- Use of medication in managing isolation
- Lack of expertise in child psychology
- Legal ramification of dealing with this issue
- Issues of unresolved grief and how this impacts interaction with friends and family members
- Importance of people with disabilities having the opportunity to nurture others rather than always being nurtured
- Highlight was made about increasing budget cut in states around mental health activities and the application
- Interest of people with disabilities on other information/materials other than their own disabilities
- Participant recommended the book “Food, Women, and God”

Topic 4: Developing Effective Community Models (how do you get what you do out into the community)

Discussion Topics

- Utilizing partnerships to increase reach of work
- Examples of valuable partners
- Tips/Goals for working with partners
- Effective avenues in reaching communities

Discussion Points

- Subcontract with other agencies within the Public Health Dept., Easter Seals, Independent Living Centers, community orgs, the Rehab Institute, DHS, DD council, Community Transformation Grantees, DBTAC, Dept. of Human Rights to increase reach

- Need to find organizations with similar goals and objectives to engage in collaborative work, without being subject to terms delineated by federal grant money
- Reasons for resistance to making communities accessible: time, money, lack of incentives (i.e. increased customers)
- Environment evolves w/o taking people with disabilities into consideration
 - There needs to be a unified group to advocate for these needs
- Faith-based communities have been helpful—this aspect is often overlooked due to the secularization movement
 - Strong alliances can occur with faith-based communities, but funding may still be an issue
- The key is increasing capacity among collaborators and consumers
- Creating change: it is more proactive saying these resources are available to you or these will get you more customers, risk reduction in hospital setting, using personal/local connections to gain trust with organizations, providing recommendations and TA and helping them find the local resources, not too much scare tactic
 - Proudly Accessible Dubuque endorsement program- stores want to display the sticker and therefore are encouraged to participate
- For community change to occur, must pair with disability communities.
- Public Health fact sheet, so that other groups can understand what you do

Most effective ways of reaching community movers and shakers?

- One-on-one phone calls and explaining to people why they should participate
- Outreach to leaders/key people in the community that will influence others
- Legislation—have constituents speak to their congress people

Day 3: Plenary Summary

Integrating Disability Policy throughout Public Health

Key Remarks:

Dr. Noelle Wiggins, [NACCHO](#) Health and Disability Workgroup

- There is a great opportunity for State Disability and Health Grantees and other organizations to collaborate with local health departments
- NACCHO has led an effort to include disability in its range of work by
 - Creating a disability-focused workgroup
 - Authoring a [Health and Disability policy statement](#)
 - Engaging in a collaborative project with APHA's Disability Section to enhance [NACCHO's Toolbox](#)
 - Continuing the discussion about disability with project staff and communities

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Shelley O'Brien, National Recreation and Parks Association (NRPA)

- NRPA represents all park and recreation agencies in the United States, including 105,000 parks with an estimated 300 million annual visitors, many of whom have disabilities
- Examples of programs in which NRPA supports reducing chronic disease with attention to accessibility and usability of parks and recreation opportunities include:
 1. ACHIEVE program, NRPA has awarded grants to communities to work on decreasing chronic disease, increasing physical activity, and improving access to healthy food
 2. CPPW grants to foster healthy communities through policies and systems and environmental change strategies.
 3. Return & Restore, community-based adaptive and therapeutic recreation programs that specifically work with injured service members and injured veterans.

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Healthy Communities Action Planning: Part 2-Incorporating Partners into Programs

Key Remarks:

George Packard, Technology of Participation Facilitator from Bridging Futures, LLC

- The audience completed exercises on action planning, using the 6 Step Process:
 1. The Imagined Victory
 2. The Current Reality
 3. The Focused Commitment
 4. The Critical Actions
 5. The Implementation Calendar
 6. The Coordinating Leadership

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Day 3: Concurrent Session Summary

Celebrating Success: Evaluating Health Promotion Programs and Promoting Success Stories

Key Remarks:

Chelsea Carlson Payne & Melissa Fahrenbruch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion

- An effective success story is meant to be objective but has room for promotion of your program
- Success story needs to be clear, concise, and understandable to many different groups

- Know your audience, keep in mind their vested interests and goals; same story can be written in several different ways depending on audience
- What if you don't have outcome data? Talk about potential for impact, programmatic success in year 1 that can be built on over time

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Policy Change Strategies

Key Remarks:

Kara Vonasek, [Health Impact Project](#)

- Health Impact Assessment (HIA)= A pragmatic, six-step approach that helps translate the best available public health data into practical information that's useful to a decision maker in planning a new program, project or policy
- HIA: Tool to Increase Multi-Sector Partnerships—Emphasis on engagement
- It's proactive—meant to inform a proposed policy, program or project currently under consideration
- HIA has been applied in a variety of situations:
 - The implementation of California's Cap and Trade regulation
 - The island of Hawaii's county agricultural plan
 - A smart metering pilot project in Chicago
 - Oregon's proposed Farm-to-School legislation

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Stefanie Seskin, [National Complete Streets Coalition](#)

- "Complete Streets"—safe, comfortable, and convenient for travel by everyone, regardless of age or ability – motorists, pedestrians, bicyclists, and public transportation riders
- Ensure that all users are part of routine, everyday transportation practice
- Policy development campaigns are a valuable tool for:
 - Changing transportation priorities
 - Establishing a new ideal for streets
 - Communicating with the public

Click [here](#) to view slideshow presentation.

Terrence Roche, [YMCA of the USA](#)

- The Y has local presence and national reach—mobilizing local communities for lasting, meaningful change
- Healthier Communities Initiatives:
 - Pioneering Healthier Communities (PHC) (2004)

- Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) (2008)
- Statewide Pioneering Healthier Communities (2009)
- Community Healthy Living Index
http://www.ymca.net/communityhealthylivingindex/community_healthy_living_index.html
- The Y is committed to inclusion both inside their buildings walls and in communities

Click [here](#) to view slideshow presentation.

Closing Plenary: Sustaining Your Initiative: Take Home Messages and Next Steps

Key Remarks:

Michael Fox, Division on Human Development and Disability, NCBDDD/CDC

- Why do we do what we do?
- How do we sustain and spread the work already being done in the field?
- What are our next steps?
- There are 54 million Americans that we serve and we will continue to serve them every day through our work.

More Information

For more information and to access meeting presentations, visit the 2011 Disability and Health Partners Meeting Website at http://www.aucd.org/template/event.cfm?event_id=2443&id=16

For questions about this document and/or other event materials, contact:

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