Association of University Centers on Disabilities (AUCD)
National Center on Disability in Public Health Series
Wednesday, January 30, 2019
12:00 p.m. – 1:00 p.m. EST
Remote CART

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>> We'll be starting in 5 minutes. We seem to be having with our caption pod including the live streamtext. If you need to view the captions, if you have time it's one way you can do it. We're trying to work it out. But if we can't, that is one way to view the captions if you need them. We'll be starting in five minutes.
>> Hello and welcome to the national center on disability and public health: Building capacity to include people who have disabilities in health promotion. I am the resource and dissemination manager here at AUCD. We would like to thank all of you for joining us today. I would like to address a few logistical details. Because of the number of participants your telephone lines will be muted throughout the call. However we will unmute your phones one at a time during the Q and A at the end. You'll need to press star and pound to ask your questions. If you're using a microphone on your computer, you can raise your hand by clicking the icon at the top and I will see that and unmute your mic. You can also submit any time by the chat box. You may send a chat to the whole audience or to the presenters only. We will compile your questions throughout the webinar and address them at the end. The webinar is being recorded and will be available on the library. There will also be a short evaluation survey at the close of the webinar. We invite you to provide feedback on the webinar and also to provide suggestions for future topics. Please join me in welcoming today's speaker. Dr. Adriane Griffen. Dr. Adriane Griffen serves as a senior director of public health and leadership at the association of university centers on disabilities. For 20 years of experience she specializes in disability health, social marketing, qualitative research and health education. Her activities focus on capacity building, systems change and health promotion for people with disabilities across their life span. Dr. Griffen integrates action learning principles while she develops partnerships, provides support staff. Now I will turn the mic over to Dr. Adriane Griffen.
>> Thanks, I appreciate that. I just wanted to do a quick sound check for folks. Is my audio all right before I launch forward? All right. Thank you. Welcome everybody. As Anna shared, today is all about building capacity. What I'm going to do is share some information on what's working well for other public health partners that are working to include people with disabilities in their health promotion and public efforts. That's a large part of what I do. I help public health practitioners include people who have a disability and the reason why that's so important is that one in four Americans has some kind of a disability so I just want to keep that at the forefront of our discussion today. In addition to my role at AUCD as the senior director of hub health and leadership I'm also the

director of national disability on public health. This is the second of our launch series of webinars and I'm also very excited to let you know in filling out the continuing education form at the end, the evaluation will earn you one check credit if you are a certified health education specialist. So we will get going here and let you know what you're going to learn today. We have a few learning objectives for you. We want to make sure that we're talking about the evidence-based strategies that the National Center on Disability in Public Health is using. We're going to go over four key factors that we have found in my action, research that built capacity for public health partners to include people with disabilities as well as two key factors of capacity that really support inclusion overall for people who have a disability. We're also going to review key areas of health disparity among people living with disability, and we're also going to talk a bit about how you can apply a community of practice model to facilitate inclusion of people living with disabilities and health promotion and public health efforts. So that's what we're here to discuss today. And like Anna said, if at any time you have questions or comments, feel free to use that chat. We also are going to preserve a good chunk of time toward the end for an interactive Q and A. So just a little bit of background on the need, a bit of review. Like I said, one in four Americans has some kind of a disability. That amounts to over 61 million Americans. And when you look at it that way, it's a bit staggering that public health efforts in this country don't consistently include people with disabilities. And that's especially important because there are quite a few health disparity areas that are especially more severe for people living with some kind of a disability. These are the actually the focus areas for our national center and they are access to health care, developmental monitoring and screening, and by that I mean looking at the milestones of typical development for children and learning that so that if there is any difference, that that child gets screened for any kind of services that the child may need. Also there is a disparity around emergency preparedness. Not often times people with disabilities are included in the whole community when looking at preparedness needs. That's an important factor as well. Another area of disparity is nutrition and healthy weight. Oftentimes wellness programs that address nutrition and healthy weight leave out people with disabilities. So it's important to remember to include them when designing those programs. Another area of disparity is actually in reproductive health. People with disabilities do live full lives and enjoy all of the things that everyone else does, including parenthood, sexual activities, reproductive health is a very important area of disparity that we're also working to address for people living with disabilities. And the other core area that we're working to address is wellness in mental health. We're really looking at the motion that people with disabilities are whole people and there might be multiple co-occurring issues. It's not just primary disability. There may also be some mental health needs and wellness needs just like everyone else. So overall the take-home message here is that people living with disabilities have a higher risk for poorer health outcomes in different areas. So examples might include heart disease, diabetes. There's higher rates of smoking, higher rates of depression and obesity. So one thing that I often like to tell people is that if you're thinking you maybe have not had any kind of training on disability, it really kind of doesn't matter. People with disabilities have the same kind of health disparities that the general public has, and then some. So if you have had any kind of health disparity training overall, you do actually have a notion of what the challenges might be for people living with disabilities. We are focusing on these core areas of health disparities, because these are part of what our network of centers at AUCD have told us are time and again issues of concern that show up consistently as areas of need. So that's what we're focusing on. And we're doing that with focus on evidence-based. The purpose of the national center on disability and public health is to really build capacity by encouraging collaboration between public health partners and AUCD's network centers. We have a network center in every state and territory, and so our hope is that we would have public health partners reaching out

to the AUCD network centers and vice versa to make sure that there is the knowledge and awareness of disability as these public health programs are being developed and carried out in communities. And so there's two different ways that we're approaching evidence-based for the national center. If this evidence-base of the networks, there's vast expertise in the AUCD network around disability and we've also done some case study research with public health partners on what works, what is effective and that's part of what I'm going to share with you today. What has been effective for our public health partners doing this work of inclusion. Before I get into that though, I just want to let you know how to find the AUCD network nearest you. You can go to this URL and I can actually pop that into the chat here. Including people with disabilities in any way, shape or form. I strongly encourage you to reach out to your AUCD network center in your area. The AUCD centers really work to advance policies as well as practices that improve health and all the other areas of wellness as well as education, social and economic well-being for people with disabilities as well as their families. So check that out. That's one of the things I wanted to make sure I give you as background. And then the next area I wanted to dive into in a deeper way is to share with you some of the case study research that we've done with public health partners that are really exemplars and give good strategies on tools of how to do this work of inclusion. Today is all about capacity building, like I said. So I'm going to share with you four key factors that came up in this research that really helped to build capacity and two more key factors that supported for capacity that support inclusion for people who have disability in public health efforts.

Diving in a little bit deeper, what are these factors in capacity building and what do I mean by capacity building? For this study, capacity building is defined as the steps toward implementation, we're actually including people with disabilities and taking steps toward capacity. It wasn't actually doing inclusion yesterday, but it was the important building stones, if you will. I will sometimes conceptualize like lego building blocks. They're strewn across the floor. You can tell I have little ones. When you put those blocks together it can sometimes make something really cool. Think of these areas as building blocks that you would be able to do things with. There were four key capacity building factors that came up in this case study. One really important factor that came up, top of the list, regardless of whether it was in our interviews or in surveys, was engagement in a network. What I mean by that is really connecting with others that are like-minded public health professionals that care about including people who have disabilities in your work. In particular, the network that came up in this case study were actually a couple of different things was actually a coalition around smoking cessation. The number of those coalitions knowing that you weren't alone was porn. Another network that came up with leadership access. The LEND network trains interdisciplinary professionals that serve the disability community. So it's everything from public health folks to nurses, physicians, OTs, PTs, social work, lawyers, many disciplines are in that network as well. So those were key findings that really rose to the top of the list. It was so important to know that you were not alone in this work and to be engaged in a network. That came up as a very critical capacity building step.

Another second capacity building step was just getting your hands dirty and trying it out. Having some practical experience. Collaborating. Learning from mistakes and trying again. That practical collaboration experience was really critical in terms of taking that step forward toward implementation of including people with disabilities and it wasn't always rosy. There were some mistakes along the way and that was all right. But just having that experience and having just the ability to learn from one's mistakes was really important. That was another key finding.

Another area was around thinking of continuing education. And not just in the formal I am earning the CEUs perspective, but kind of just thinking of ongoing learning and being open to

the fact that not all of us as public health practitioners may have had any kind of background on people with disabilities in our training. Knowing that there are areas that might be knew, you might need to seek out that knowledge or you might need to go seek out our partners that have that knowledge. So openness to continuing education and then seeking out that knowledge was another factor of capacity building that came up in this case study research.

The fourth key factor of capacity building was taking time to think. Critical reflection. That was really important. That came up for the community of practice in this case study as really an important driver, if you will, for their next steps. Sometimes it can feel like we're on a bit of a hamster wheel just going, going a while a minute. And what the case study findings showed that it was really important to pause at strategic places to think through what you have learned and how you might need to shift directions to keep going forward based on what you've learned. So taking that time and space for critical reflection was another key factor of capacity building that this research found.

So I wanted just to share that with you. These are areas that you can control. And enhance in your own works. We'll talk a little bit later about how we can bump up the engagement in a network. But first I wanted to share with you some of the other factors of capacity that this case study research found. What do I mean by capacity? Here capacity means actually doing the inclusion. Actually including people with disabilities in your public health efforts. This case study found there were two really critical ways that that's done, and two really important factors for that. One was having knowledge of that population. This kind of ties back to that capacity building factor around continuing education. It was seen as a capacity measure, because you actually needed to know about the priority population in order to do the work toward including people with disabilities. So what do I mean by knowledge of this priority population? In particular, this deals with things like some of the demographics, thinking about people living with disabilities as another demographic that you serve in the community, just like you may have heart health effort that's targeting women, for example. Within our demographic and that effort you might have a diabetes program that's outreaching to Latinas or another community. Knowing about the community and knowing about their demographics, that's what I mean by saying knowledge of your priority population. And knowing about that group in your community. So the surveillance, the epidemiology, the demographics, othered aspects of what they might have in common with your efforts and where to find them as a target audience. All of that goes under this umbrella of priority population. That was really huge for this case study, the partners recognized they didn't have all of that themselves, and so they used partners to access that knowledge. That was another component of this as well.

Another factor of capacity that was a key finding in this case study research was having dedicated staff and funds to do the actual work of inclusion. It wasn't quite a lot of money. It was kind of, I would say, add-ones to existing efforts and pay backing. When you see this having dedicated staff and fund I don't want you to think oh, that's a whole other grant or that's a whole other cooperative agreement. That's not what this means. What this means is taking just maybe a portion of someone's time or maybe a portion of some other effort and dedicating it to the work of disability inclusion. I'll give you an example. You might have some kind of an ongoing cancer screening effort, and it might be something that you have as an ongoing annual campaign. You could, to do the work of disability inclusion, dedicate a portion of the staff outreach time that you're doing anyway to just simply ask the question how are we including people with disabilities in the community and then answering that in your action plan. So that's what I mean by dedicated staff and funds. It doesn't have to be something extra. It could be embedded into the work. But that was another factor of how the inclusion work actually happened.

I'm just going to pause here and take a look at the chat. It seems like there's a question

that popped up. How can could we as a state make that happen to include people with disabilities as a demographic. Okay. That's a really good question. So reflecting back on this case study research, what the particular community of practice did, was they reached out to their state department of health and invited that office, I think that particular state called it the office on surveillance. But it was their epidemiology guru that was brought into the project and they kind of made a case and showed that individual all of the different areas where there was a lacking of data on people who have disabilities, and all of the different opportunities with ongoing community health surveys where questions could be very quickly added to get that data. So that was one way. Another way that this community of practice also addressed, including people with disabilities as a demographic, was to do some work themselves. So when they were doing community outreach, they also collected data themselves as they were doing smoking cessation efforts, for example. They also would ask self-report data from folks. So between those two, they were able to then influence their state to include some disability demographic data and future iterations of their data collection. So I hope that's helpful. And I see some other folks chatting. I'll let you finish that and we'll keep going there. I hope that's helpful. It's going to be different depending on where you are, but it's important to just raise the question and ask how are you including people with disabilities. So those were two key factors of capacity that I wanted to make sure that we took time to review.

Next I wanted to go through breaking this down even more. This particular community of practice really came up with I think a nice top 10 if you will of action steps that break down the steps of building capacity even more into smaller steps so that it's achievable and maybe not so daunting. So here we go. Top 10 steps to include people with disabilities in public health programs. All right. Number one. It's back on this data piece. Use state-level needs assessments that use that data with specific demographic identifiers. This is a huge opportunity for you to integrate disability status. And the rationale behind that is when you have data that are from different surveys, have that broad-based support, that's really going to help you community with other partners about that. And then you can also invite the conversation around what are the limitations. Not every data set is going to be as rigorous or as perfect as you might like. But it's important to have that conversation and look for any state level opportunities, like a needs assessment. Let me just pause here. It looks like we have another comment in the chat. We have found that there is a lack of data collection in regard to identifying disability, for example, breast-feeding, suicide, smoking, injury. Does not ask did the person have a disability. Right. This is another opportunity to educate those survey administrators on all of the health disparities that are experienced by the disability community and the importance of tacking on a question for that. So state level needs assessment data, that's an opportunity to add on some demographic identifiers. Most already have those questions, so it's really not going to take a lot more time or effort to include a disability status one. But it's a huge outcome.

All right. So that was tip number 1, first action step. Second in our top 10 action steps, second, know what your goal or ask is of your partners and craft a message in a way that would speak to them. So for example when you're reaching out to partners that you need to get on board with this notion of disability and inclusion, you need to kind of convey what's in it for them so they can get the vision that public health programs should address. People with disabilities just like any other underserved population, and that ideally your public health efforts would be accessible to everyone. So that's going to take a little bit of time to get to know your partners and think about what's important to them so that you can craft your ask in a way that resonates with them.

All right. So I'm going to keep going here. The third action step that the community of practice came up with was making sure to take time to create and practice your presentation.

Really making it compelling to get your partners and leaders' attention to those messages. This speaks to having multiple layers of commitment at an organization. This is so important actually last week I was talking with a colleague who had a wonderful opportunity at a medical school, had a wonderful class for many years teaching residents about developmental disabilities, and then staff change happened at the medical center. This individual, my colleague had only been talking with one key leader, had no other person at that medical center in the know on this effort. And so that person moved on, the opportunity went away much so this step, this step 3, this action step is about really getting partners as well as key leaders in the know so that they are really taking these messages into consideration. And I'm sorry, I'm hearing some background noise, so if you are on -- if you can just make sure you're on mute, we can hear you. Thank you.

So this is really important to just make sure you have multiple layers of support, even if it's just like two people, a leader level person and a programatic person in the know around your work. That's really important and having these compelling presentations just to get in the door is really important. One thing that came up for this particular case study was that infographics, in addition to that needs assessment data that we talked about earlier, was really important in conveying the data in a compelling way and really meaningful for those partners. So that was another tip from them. Okay.

So step four from this community of practice is to do your homework in advance and create a list of potential partners. So this kind of is digging down a little bit deeper to think about what relationships are critical and where do you already have leads. Where do you already have connections that will be most fruitful for you. And target that way. We all have limited time. We all have limited resources. So just going through this exercise of creating a list of potential partners and thinking through which relationships are most critical, most strategic will be really very helpful in terms of sustaining and growing the disability inclusion in your public health efforts. So that's step 4 from this community of practice that was part of this case study. The next step that they suggest, step 5, is request a meeting with a specific partner. So you've gone through your homework, you've figured out who would be a really key strategic partner, and seek out a meeting with them. And you already have your data, your info graphics, your case and you're ready to go. You really are trying to get that partner to share the vision that public health programs should be accessible to everyone. And that just like serving any other underserved populations, people with disabilities need to be incorporated in public health programming as well. So that was step 5 from this group, this community of practice. Step 6 is looking at establishing a relationship and staying in touch with your colleagues. So this is, it takes work. It takes work to do it and I think a lot of times we don't block out time on our work plans or our approaches to different contracts or grants that we may have. But it's really important to remember to do this work as necessary. It is critical actually to maintain partner relationships and you're going to be doing that at leader levels, as well as program staff levels as well. So that was step 6 from the community of practice that was part of this case study. Step 7 is to have a dedicated staff member that would be facilitating and connecting and bringing in expertise on whatever your specific demographic is. So here it's people with disabilities, thinking about establishing that expertise, and connecting that expertise to public health programs, just to kind of nurture and provide encouragement that you can do this work of inclusion and that it's really important and to keep going. So the rationale behind this is just to have a dedicated person thinking about their relationship, and kind of pinging the team to say oh, we haven't had a check-in meeting in a while, let's get that on our work plan, let's review how we can keep going and keep working together. Again, this is also really important thing to make sure that we're building into our action plans and our work plans along the way. So that's step 7. A tip from the community of practice. Step 8. This community of practice that it's really important to

really pick one thing to do together, one project to do together. And think about what would be successful. What would early success look like so that you can build on that success, and learn how you can better serve underserved demographics like people living with a disability. Don't take on the whole world at once. Go step by step so that you're able to build on that relationship and keep going down the line with future opportunities. So that's what this action step was about. Step 9 from this community of practice that was part of this case study is to feel connected with partner programs. And what that means is thinking about all of the different meetings that you go to, all of the different coalition groups, all the different networks that you may belong to, and think about the people that are there, all of the players that are in the act and how you can connect them to this notion of including people who have disabilities in whatever that coalition or that network may happen to focus on. So in this particular case study, the focus was on smoking cessation. There were some tobacco-free coalitions, there were some other cancer screening, cancer prevention coalitions that this community of practice belonged to and would speak up and say so how are we including people with disabilities in our ongoing coalition work. And so as those conversations were had, the group got to know who the key players were and who could help bring them in to other meetings and other groups that were being facilitated across the state. So this was the notion of what they meant by feeling connected with other partners.

All right. So step 10 from this community of practice that was part of this case study research was to keep going. And encourage your partners to make the investment of their time and their resources and for you to keep providing guidance. And it's really important to just start with something small that you can achieve in your state and continue to build on your success. Remember what I like to remember is Rome was not built in a day. You have to take time to build these relationships up and then sustain your momentum over time. I see another comment in the chat here that we are required each year in our work plan to state how we will reach underserved populations. So that's a perfect example of where you can also delineate and here's how we including people with disabilities in our efforts. Whatever area of health disparity that may be. That's a really nice example. Thanks for sharing that.

So those are the top 10 action steps to include people with disabilities in public health programs from this community of practice. I really thought that those were nice because it breaks down the capacity building into bite-sized steps so it's not so daunting, not so big. If you're looking at this, you might think I'm ready, I can do this but I only have some of these factors, these capacity steps. I can only do some of those action steps. So what do I do now? Now what? Well, to that I would say it's really important to network. That was the most important factor of building capacity was being engaged in a network. So that was really critical. So what I wanted to share with you today is the opportunity to connect with each other through learning groups that the National Center on Disability in Public Health is going to be launching at the end of February. I would encourage you to sign up today. We have different levels of participation as either a coach, a site or a learner. And the way this works is really similar to a community of practice and you can engage in ways that you would like. So people that might join at the coach level, they might already have some disability inclusion experience and want to share their tips with others. People who sign up at a site level might have a group or a team or organization that's done some of this work, or maybe you're a learner. You're wanting to know more but you're not yet doing the work of inclusion. So it's free to apply and participate. Applications are actually due today, so I would encourage you to check out this link. I'll pop it into the chat in one second just so you have it at your fingertips. And check that out. That is a way that we can kind of take some of the drain out of networking for you. Because I know depending on whether you're an introvert or an extrovert can either be really fun or really draining. So this is a way that we're intentionally doing some learning and networking together. So I hope you check that out. It's

really an application of a community of practice. And really just a forum for expanding your skills and your expertise around disability inclusion. So similar to champion, we have coaches, sponsors are participants like a site in our example here and then in a community of practice there's a peripheral level where people might be listening but they might not be as active as say a sponsor or a champion. So that's the community of practice application, and it does really work in terms of disability inclusion.

So this I already said. There's a missing graphic here. There was a circle just to show how the community of practice reinforces each other's messages. So let me check out the chat here. How do you integrate people with disabilities into employment?

You know, we have a whole other group within AUCD, the association of university centers and disabilities that look at that. That is my orientation is more toward health and public health. You need to be healthy in order to go get a good education, to go get that good job. So we're doing some of the foundational building for sustaining that. And we're also looking at ways that employment reinforces good health. Because we know from other research that if you are living well with a disability and able to work, you typically are healthier. So it does go together and we're actually looking at some education and employment projects separately from this as well.

I'm just going to look at the chat because I think I missed a question here. How do you handle outreach to elderly people with disabilities? I find that while I can reach the younger demographics through social media campaigns, it's often harder to reach people living in isolation who aren't particularly literate in technology. It's especially difficult with local newspapers having layoffs. This is a really important question, and I think that part of this also goes back to building relationships with partners that have those connections to those demographics. So in this instance, reaching elderly people with disabilities, thinking about another community of practice that we have on diabetes prevention, they actually work quite a bit with centers for independent living as well as regional nursing homes and regional rehabilitation centers. So those might be other leads for you. Sometimes if you don't have the network, a partner will. So I would encourage you to check that out. That also goes by state an the link is here. So that is very helpful as well to keep in mind.

All right. I am going to keep going here. Just to let you all know that we are forming these learning groups and the topics to date right now from the interest that we've gotten from the field we'll be having at least four groups, one around wellness and mental health, another around sexual and reproductive health, another around disability inclusion overall and general strategies on that and another one around access to health care. So again if you want to join, please check that out. Your applications are due today. And then I see Bryan's comment here to the previous question around reaching elderly. Meals on wheels, that's another one. Yeah, thank you for sharing that. Okay.

So moving forward. This is just a little bit of a chat quiz. Use the chat bar and let me know what you think to this question. You can just say you don't know, yes, no, maybe. The question is, can a community of practice facilitate inclusion of people who have a disability in health promotion efforts? What do you think based on this presentation? Yes. Yes. I was hoping you guys were going to say yes. Awesome. Thank you. What I was looking for was yes, definitely. Having that the ability to share lessons learned and evolve your learning over time through a community of practice definitely does help. So right on with that. One other thing too is just getting some tips and knowledge along the way that is very helpful through the national center on disability on public health. We actually have through getting started resources that I want to make sure that everyone knows about. One is our public health is for everyone toolkit. This is organized by areas of disparity for people with disabilities, so you can quickly go in and grab a fact sheet or a white paper on a particular area of interest. We also have the foundational principles and guidelines for sustainable inclusion of people with

an intellectual disability. I point that out because although it was originally developed for inclusion of people with an intellectual disability, there are wonderful principles that are applicable across a disability way, both for organizations and groups and individuals, so check that out. So the other resource I want to make sure you know about is our including people with disabilities public health workforce competencies. That has its own website as well. Many health practitioners never had any coursework in disability or are out and about in the world and need to work with the whole community. So check that out for a deeper dive to get more background. So if you haven't been paying attention at all, the take-home lesson here today is that building capacity to include people living with disabilities takes time, takes efforts, but you can do it. And networking helps. So we hope that you are able to join the learning groups that are forming right now, that would be a great way to network and kind of keep everything going for you. So our calls to action, today we would love for you to join us either as a disability in public health coach, a site or a learner. There's the URL to join. We also want to make sure that you stay in touch with us. We have a Twitter handle, ph is 4 everyone and we have an e-mail. We're also here to help you if you ever need technical assistance let us know. And I'm also excited to let you know about the part 3 in our launch webinar series that will be out February 12th. That's where we're going to dive a little bit deeper into factors of capacity and the specific example would be around health care access among people who have a disability and we're also going to talk about strategies for sustaining this over time.

So that is what I have for you today. Let me check out that chat here. Community health workers, yes. That's also another wonderful lead to access different populations in your community. So thank you for that comment in the chat. All right. Let me just also take a moment to thank our sponsors. We have had some wonderful support with the WITH Foundation as well as the CDC. We have a wonderful cooperative agreement with them and we've also had some individual donors as well through our national center. So I just want to thank everyone for their support. Now I would like to open it up to you for any questions. You can either use the chat or raise your hand on the little board here. I'm happy to take any questions that you may have. This is your time now. You guys all rocked that quiz. One other thing I just want to make sure you're aware of, you do need to complete the evaluation to claim continuing education credits. If you're watching this later on, and you don't get the live pop-up evaluation, there will be a link for you or you can e-mail us at the national center and I will pop the e-mail into the chat now. I'm glad the information was helpful. Do you have any employee inclusion strategies. Actually we do in the resource we talk about the principles versus data inclusion. I'm going to pop that into the chat as tips on employment just doing this now and that link is available through our website in the getting started section. So I'm going to put that in the chat now. For you. Good question. And then like I said, there is also a whole other team at AUCD that works on education and employment opportunities across a life span for people with disabilities but that will give you some starter tips. Another question. For networking and reaching elderly people with disabilities, would it also not be good to connect with organizations of persons with disabilities and patient organizations. Sure, it would definitely be helpful. I think sometimes people who are older may have aged into a disability and may or may not self-identify as having a disability. I'll give you an example. I have a friend who, her father is in his late 80s, he now needs an assistive device to walk. He is partially hard of hearing, has some hearing loss in one ear and the another ear complete hearing loss. He does not identify as having any kind of a disability because that was not anything that he ever identified with. So you can definitely go through patient organizations or disability organizations. You may or may not find the older population that you might be looking for. So I think a combination of strategies, like the community health workers, the meals on wheels, the center for independent living, looking at

other regional rehabilitation and nursing homes might also be helpful.

Yes, there's another comment here. It's harder when you're in a rural area and there are fewer resources to draw on. That is true. That's something that I think we'll be exploring a little bit more in our learning groups as well. So stay tuned for that. And I should also share as we form these learning groups, if you're watching this on the recording and you think aw, shucks I didn't join on time, don't worry you can also join in an ongoing way, we will put announcements to these learning groups to the National Center on Disability in Public Health on the website so if you're watching this recording, check that out too.

I'm not sure if I -- sexuality should be included I think that's what you're saying in the independent living movement? Yes. I think that's what you're saying. Yes, definitely. That's one of our core health disparity areas is sexuality and reproductive health for people living with disabilities. That's very important. Any other questions? Comments? We have a couple more minutes. If there's anything else. Okay. It looks like the chat has calmed down and I'm seeing a couple of people scooting. Well, all right then. I'm going to go ahead and close us out. Just want to say thank you again for your time and your participation. Please complete the evaluation, even if you're not claiming continuing education credits, we do want to hear from you. Like Anna said in the beginning, we do look at your comments for feedback and for future ideas for other webinars that you want to learn about. So thank you all very much for your time. Have a good rest of your day. Thank you all. We'll see you next time.