

Association of University Centers on Disabilities (AUCD)
National Center on Disability in Public Health Webinar Series: Sustaining Change
& Inclusion
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Hello and welcome to Sustaining Change and Inclusion: Healthcare Access Highlights from the National Center on Disability in Public Health. My name is Anna Costalas and I am the resource and a dissemination manager here at AUCD. Before we begin, I would like to address a few details. Because of the number of participants, your audio lines will be muted throughout the call; however, we will unmute your lines one at a time during the Q&A at the end. If you are on the phone and you need to press star pound to be unmuted and if you are on your microphone on a computer you need to raise your little hand icon on the top and I will make sure I unmute your microphone. You can submit questions at any point during the presentation in your chat box on the webinar Council. You can send a chat to the whole audience or the presenter only. We will compile your questions throughout the webinar and address them at the end.

Please note that we may not be able to Please note that we may not be able to

address every question and may need to combine the questions. The webinar is being recorded in the AUCD webinar library. There will be a short five question Evaluation Survey at the end of the webinar. We invite you to provide feedback on the webinar and for future topics. Please welcome me in welcoming today's presenter, doctor a Griffin. With 20 years of experience she specializes in disability, health and social marketing, qualitative research and health education. Her activities focus on capacity building, system change and promote people with disabilities across the lifespan. Dr. Griffin integrates action on on principles and action research and her current work as she develops partnerships, collaborates on program planning including development and supervises support staff and services of programmatic applications for funders. I will now turn the microphone over to Dr. Griffen who will start the presentation.

ADRIANE GRIFFEN: Great. Thank you, Anna and I want to do a quick bite check because I had to redo my lack of an. Is my volume all right?

»: Sounds perfect.

ADRIANE GRIFFEN: Welcome everyone and I do want to do a plug we are certified to offer one continuing health education credit for today's webinar so you will see that program ID. Please fill out the evaluation at the end up because we are really looking at your feedback and what we might do next in the future series of webinars. So today what we want to do is really explore some of the evidence-based strategies used by the National Center on Disability in Public Health and today in particular we are going to take some time to review a little bit of some of the applications to our health care access area and we are also going to look broadly at the areas of health disparity among people who

have a disability and really look at some of the focus areas of our national center. We are also going to look back at how we have been able to successfully engage change management strategies to support disability inclusion and a little bit about action plan that sustain change. And we will also talk a little bit about evaluation of health promotion efforts to include people who have a disability. So that is the game plan for the next hour or so. If you have any questions or comments at any time, feel free to go ahead and use the chat bar. We are happy to make this more conversational in nature and we will preserve time at the end for Q&A. So just a little bit of background on the need, why are we doing this? One in four American adults have a disability and that is over 61 million Americans and right now public health efforts in this country do not consistently include people with disabilities so we see that as an opportunity to growth and our public health system and for our national Center on Disabilities and public health. We focus on health disparity areas that tend to be over time just series disparities for the general public, but even more disparate for people with disabilities. So these impact general public as well as people with disabilities too. So we are focusing on access to healthcare, developmental monitoring and screening, which is looking at typical milestone development and then what you do if something is off track, looking at emergency preparedness, make sure to include people with disabilities. People with disabilities are part of every community and; therefore, need to be part of every emergency preparedness plan.

We are also looking at strategies to include people with disabilities in nutrition and healthy weight efforts and we are also looking at the whole personhood of people living with disabilities and making sure that they are included in sexual

and reproductive health efforts. And lastly, looking at overall wellness and mental health efforts and making sure that people with disabilities are integrated into those efforts. We are doing this because people with disabilities are at higher risk for poor health outcomes just like the general public, but at a greater risk level for things like heart disease, diabetes, obesity, smoking, depression, and those are just the highlights that are highlighted today for you. In terms of the focus of the National Center, our overall aim is to really build capacity by encouraging collaboration between public health partners and AUCD's network center in every state and territory and we are doing this in two different ways what we are leaning on the expertise of the experts in the AUCD network and we are also looking at some key study research that we were able to do with public health partners that were successfully integrating people with disabilities in their efforts. Today I will share a little bit about the case study research and some of the tips that came out of that in terms of sustaining change. At first I want to give everybody a little bit of background on the AUCD network if you are not the. We are in every state and territory and really we are to advance policies and practices that promote education and social and economic well-being so people with disabilities are able to live well across the lifespan.

My first tip of the webinar do you today is if you are not already partnering with the AUCD network center near you, please check out your center. We have a handy map on our national Center website. So you would be able to go ahead and find the group nearest you. And I am going to pop that into the chat right now so that you also have that handy. The centers really are meant to be a bridge between the community needs and what is going on in the universities in

terms of research and programming so do reach out to them. That is my first tip to emphasize today. Next I want to go into a little bit more on the case study research we did with public health partners. And these partners are working to include people with disabilities and they were doing so successfully. So we looked at areas of capacity building and capacity that supports that inclusion. And we talked about that on a couple of passed webinars. Today what I want to do is talk about what we did and how we did it, the methodology, if you will. We did something called action research. Action research is really just a way of going through an inquiry, any kind of investigation that engages partners in that collaboration so that it is not just the investigator or the scientist looking at the community, but it is the community also engaged in that process as well. And I think that this just in and of itself was really a success in terms of engaging partners and a good strategy towards sustaining change and there are three key steps to action research that are really pretty basic, but it is sort of profound because it is often skipped and public health research. So I really wanted to take some time to share this with you because anyone can do this. The first step is looking, just gathering information. You might like that to an environmental scan, but is really pausing, looking around and gathering information.

The second step is to think, really kind of critique and analyze and really interpret what you are seeing, what is the issue based on what you found. And then the third step is to take some action toward resolving that problem or a specific issue and are specific issue would be how to include people with disabilities and public health efforts. So my sustainability tip to you is to make sure that you are engaging your partners and your participants in whatever you

do and that action research is a strategy to help. It is a little bit more on what we were able to do with the action research. I wanted to bring forward an example to you that we have been able to move the needle on, not to use that cliché, but really make some nice changes happen based on using the action research as a backbone for our efforts and I wanted to highlight our Health is for Everyone Action Team. This is our action team and our access to healthcare focused area of the National Center's efforts and really what we have done is used a coalition strategy and engage those partners in the action planning and made some incremental steps that were small but then lead toward a bigger change. So this coalition was led by AUCD and we involved partners that were able to have some kind of influence in terms of including developmental disabilities and medical education. And we were looking to do this at all levels of medical education from undergraduate to graduate residents to continuing medical education for a physician. So that is the example I want to dive into a little bit more to show you how action research works in the real world. So this Health is for Everyone Action Team took form over a couple of years. So it does take some time, but the group was able to achieve some really fantastic things by working together and looking at small steps toward a larger change. A couple of achievements that I wanted to highlight our the work with the American Medical Association. There is a process to get things into medical education curriculum. And the first step is to adopt with the medical Association calls a resolution and so we were able to achieve that first step of adopting a resolution on developmental disabilities, which really just put the developmental disability piece on the radar for medical schools and medical educators to know that is something they should be paying attention to. We

were also able to develop some new health care access resources and showcase those on our public health is for everyone online portal and been also in the fall we had a sign letter to go to the Liaison Committee on Medical Education. Now this is the body that oversees and really just has that formula for what medical schools need to do in order to be certified as a medical school in the country. So we formally went to that liaison committee and said you know we have this resolution; let's put some teeth to it and listen enforce it and here where it can be integrated. It can fit within current requirements for medical schools and it fits, you know, squarely within this particular element and it happens to be the 7.2 on the functions and structure of a medical school, standards for what needs to be accredited as a medical school in this country. And actually, this week the liaison committee is meeting and part of their meeting is to take this up and determine whether they are going to move forward with this. So we are hopeful that small changes are happening over time and that will continue to happen. The other piece that is important with the is looking at like to is in the coalition. So I wanted to take a step back and acknowledge the different partners that were part of this group. We really took some time to think through who are the partners who can make a difference? Who could influence change in terms of medical education? So as I mentioned, AUCD was the hub and the convenor of this group. It was really the health and disability special interest group among our network that was spearheading this. We also had the buy-in and the support from the American Academy of Developmental Medicine and Dentistry or AADMD. And also the American Association for Health and Disability and the Alliance for Disability and Health Education and Family Voices. And we also had representation from the American Medical

Association as well as Maternal and Child, Center for Medicaid and Medicare.

So we really had a nice mix of advisers who were able to think through with the coalition what were the key steps and what needed to happen when and what would be early indicators of success and we were able to engage everyone sustain interest and motivation along the way. So as I have here on the slide, that group was formed in the fall of 2016. And it does take some time to get to the changes, but I think when you have the right groups at the table and they are interested and engaged, it really helps to create something quite nice and achievable over time. So my message here is that change does take time and that small action steps with the right partners really help to make that change sustainable. So what is the next step? And really I just want to reflect back on some of the change management strategies and tips from our key study research that worked well. There are whole fields of study around change management and I think the public health field is now starting to bring change management principles in, in a bigger way, but it is still not as commonplace. So I hope this information is helpful to you. What we found is that when action plans were created and really owned by all of the partners, we were able to build in milestones and celebrate quick successes. What I mean by quick successes, it might be something that was not available yet, but not hard to do. So some examples were creating a directory of partners from one coalition we were working with. Another one was having an update, have any simple electronic update that went out regularly. These things were not hard but they were hard. They had not yet been done. Partners had not yet figured out how to gel and do this together, but when we did do it, it was a big deal. And so it is important to recognize that and celebrate those successes. The other piece of

this is the action plans were often a combination of programmatic pieces as well as policy pieces and that interchange was important as well. So the other piece is I wanted to talk a little bit more about what I mean by having the "right" partners engaged. We found that really what made a partner right was that they could make some influences. They could help foster changes and that they were able to have some ongoing support that would help bring those pieces of change to fruition. So this really goes back to the five supports that we talked about before around inclusion for people with disabilities. And those things, just to review our facilitative leadership, really guiding conversations with the intention of including people with disabilities.

Having a dedicated time to think and reflect on what the group has been learning, that systematic reflection piece.

Also, having support and what I mean by support is more than money. It is interest and motivation of staff or partners, something that really is resonating with them.

Another level of support is you know a commitment and personal interest and that might just be the individual is engaged with the topic for whatever reason they might have. They might have a family member with a disability or they might have a disability themselves. There might be some other rationale, some other reason that they are really committed to people with disabilities and public health efforts are and then the other part that made the partners really "right" for working in terms of sustaining efforts and change over time was timing.

You can't always control that, but I think the partners that were really effective in sustaining change over time were really able to leverage and piggyback on other work. So for example, if there was a coalition already going on tobacco

cessation and a partner group wanted to do something with a smoking cessation and including people with disabilities, they were able to dovetail their efforts into other ongoing efforts so that is an example of what I mean by piggybacking on other work. More on what I mean by "right" partnerships the "right" partners are involved if you have partners that have some ability to actually already include people with disabilities and have capacity to do it and have some knowledge. They might have some basic information on the disability population overall and they might have some dedicated staff or some funds or they might just be really eager to learn how to do this. We all know that public health training in this country does not currently include the dedicated curriculum on disability or disability inclusion. So sometimes partners are really just learning on the job how to do this piece of inclusion. I want to pause here and look over at the chat. I see I have a couple of comments here. This person from Delaware writes they had facilitative leadership training. That is great. I think that will help you over time for sure. And another person commented they have a functional assessment support team in Oklahoma. The team is subject matter experts who ensure our -- I am not sure what PODs -- may you can chat what that is -- and shelters are accessible. So that is about emergency prep. That is great. And then there is another question here. Is it feasible for other additional organizations to join the HEAT team? Yes. We will definitely be reaching out with the next phase for everyone, action team efforts so do check out that. We will be having more announcements from the national Center once we hear the verdict from the Liaison Committee on Medical Education. Are hope is to be able to reach back out to you and say yes, the liaison committee is interested in doing more with

integrating developmental disability and medical education and it will go from there. Thank you for chatting what PODs is, points of dispensing. I did not want to guess. Thank you, very much. It is important for emergency prep and response. So that is terrific. Thank you for that. There are lots of applications to these change management strategies and tips right now. One think -- one thing that I also want to bring back to you is tips on how do you find these partners? It is one thing to say go find the right partners, but how do you do that? One strategy is networking, talking with everyone that works in your circle, connecting with other coalitions, whether that be from learning groups or communities of practice. Thinking about what your aim or what your goal is and sharing it, broadcasting it out so your network can help you and being engaged with connecting you with those right partners. That is really an important part as well. Don't be shy; be bold, would be another tip of mind for you. The other thing I want to make sure that I pass along to you in terms of sustainability is really encouraging ongoing learning. Many of us, myself included did not get formal training at the undergraduate or masters level on disability inclusion. It is simply not part of the curriculum in this country. So we need to do some on-the-job training and that looks like ongoing learning and really what we need to do for a other is encourage ongoing learning. That was going to be another tip for sustaining change. And one particular resource that I want to highlight and take a little time to review with you is the including people with disabilities public health force -- public health workforce competencies. A really provides some basic foundational knowledge on how there is this relationship between people with disabilities and public health programs and outcomes for living well with disability across the lifespan. And

this is really important because as I was saying many of us have not had training in disability, but it turns out when you serve the whole community, you get to think about people with disabilities as well because they are one in four. So these competencies are really important and I think do a good job of connecting with professionals already working in the field to really just advance knowledge as well as practice, to give you critical information you can take and then turn right into your action plan and your work across all of your efforts. So just a little bit more on the areas of these competencies. There are four key competencies and the URL is disability and public health if you want to check things out. The first area is discussing models across the lifespan. This goes beyond the medical model and thinking through more of a social ecological approach and really thinking through more of a broader framework for disability inclusion and the notion that disability does not need to be framed as a negative health outcome, but you can have a disability and live well across your lifespan. That is the first emphasis of this competency.

The second competency is really around discussing methods that are used to assess health issues for people with disabilities and more specifics on that around evaluation and what you can do to really know what difference you are making in terms of influencing change for including people with disabilities and health promotion programming. The third area of competency is around identifying how public health programs are able to impact health outcomes for people with disabilities. So this gets into some of the metrics around that and we have some models that have worked and been effective for different stages and programs across the country. And then the fourth area of competency is around implementation and evaluation of strategies that have included people

with disabilities and that is across from promotion of health, prevention of disease, and management of chronic and other health conditions. So this is the framework and what is nice about the competencies is that within each competency because their strategies and examples of what other groups have done to include people with disabilities. So it is the framework and then some action examples of how to do this and I also wanted to acknowledge some of our partners that are really working to align their work with these competencies and the authors of the competencies also try to align with other ongoing efforts. So for example, the competencies align with the core competencies for public health professionals as well as the essential public health services. And there is good alignment if you look on the Council on education for public health and the accreditation criteria. You can see that alignment as well as the MPH Core Competencies. One of the shout out kudos I want to highlight is that the public health accreditation board is looking at how to integrate this piece of disability and workforce preparation in their standards and measures that will then lead to their accreditation and that is on track for 2020. Next I want to take a little bit of time to pause and go through one competency in particular and do a preview of that and how you can use it for evaluation. But let me check out the chat. It looks like there are another couple of pieces here. Okay. I am glad you found that website helpful. It says is an limitation of other healthcare provider provider types nurse care practitioners, other assistance related to HEAT, since those different goals have different interest and influences? Yes. That is part of our long-term plan for our Health is for Everyone Action Team. The idea is to start with physicians and expand from there, not to just stay there. The other of thought was that if we were able to really get this inclusion happening with

physician training that others would follow suit. So that is definitely on the radar for sure and there are other groups that are related and able to influence those partners so we will be looking at that over time. So thank you for that question. Okay. So let's do a little preview. I have one area, this competency 2, discussing methods used to assess health issues for disabilities. Each of these competencies have more specific learning objectives, but I wanted to look at this one particular because I think it is really important in terms of evaluation. The learning objectives here are identified surveillance systems used to capture data that includes people with disabilities and a supporting objective to that is recognizing that disability can be used as a demographic variable. I want to pause and look at this with you just because this has been a way that some of our partners have been able to get a foot in the door, so to speak, to make sure they have access to data for people living with disabilities in their communities. It is so important because as you know you need to have a good handle on who you might be reaching with your health promotion efforts and if you are able to think of disability as a demographic variable, that can often be a linchpin to the and having disability included in other surveillance systems that are administered over time. So this is an important strategy in terms of being able to know who you are reaching and then looking back to see how effective you may have been in terms of your evaluation of your overall efforts. Let me pause here. There is another question. Have you reached out to specific hospitals who care for persons with various disabilities both pediatric and adult? And I think this is on the Health is for Everyone Action Team effort. We have done some of that work through our AUCD network. About a third of our network is focused on looking at training of all of the interdisciplinary

professionals that serve people living with disabilities. And so it is through that armed that we are hooked in with hospitals that treat people with disabilities. So that is definitely part of our strategy as well. So looking at all of this; I have a little interactive quiz for you. So you can use the chat and weigh in on this. So the check in question is: How can public health professionals build strategic alliances with partners to support inclusion of people with disabilities? Is it letter her a identified partnerships? B, asking colleagues? C, invite people with disabilities to an event? What do you think? Go ahead and put it in the chat. I will give you a second while I take a drink of water here. I see C, all of the above, all three. All right. Okay. All right. Well, thank you for weighing and on that. I see quite a few folks saying all of the above, A, C, B. I was thinking it was sort of a trick question because it kind of is all three. I just spent some time talking about how you identify the right partners, but then we also talked a little bit about how it is important to network and talk with colleagues about your aim or your goals so that your network can help you. I didn't speak specifically about inviting people with disabilities to an event, but as part of the action research method, it is really important to include everyone that would be in your potential target group and in this case, with including people with disabilities, that would be involving people with disabilities and it could be something like involving them in any event or even plan the event or be on a board to plan it. So all three is what I was looking for. All right! So next I just wanted to share with you some resources that we have developed to promote the public health workforce competencies. These are free learning modules that break down the competencies into more specific modules that kind of, I think they are a nice way to digest the information

because it is a lot, especially if you have not received this in your training before. So there is one that we have developed in collaboration with The Arc that focuses more on applications for people with intellectual and developmental disabilities. There is another one we have developed under Grant grant with the association of teachers of maternal Child and health. That is a more broadly develop module and I think that they are both nice because it kind of walks you through it, in more detail. I invite you to check these out. The links are on the slides and you will have a copy of the slides that you can download as well. I would also invite you, in that spirit of engaging you an ongoing learning, I would invite all of you here today if you are on Twitter to please check us out and follow us on Twitter. I think it is really important in terms of ongoing engagement and learning and sharing resources over time. A lot of this is, you know as things develop, there are new things that happen and it is not always going to be something that is in -- that is in an article or whitepaper paper. Some of it is really practice-based, here is what you have done. So I invite you to follow us on Twitter. I will go ahead and pop that in to the chat box as well. So just to frame out a take-home lesson if you have not been paying attention. This is what I am trying to say. Network to find the right partners to help with inclusion of people living with a disability. And really it takes small action steps to make change sustainable over time. And it is really important to pause and celebrate successes. So many times we are quickly going through things, rushing through the next topic because we all have three or four, sometimes five jobs at one time, but it is really important to pause and celebrate the successes along the way. So with that said, yes, there is going to be a place where all of the webinars are archived. Is we will share that link out and that is going to be

available from the National Center on Disability in Public Health. I see that in the chat. You will have access to the slides and to the recording as well. So your call to action, had definitely want you to stay in touch, follow us on Twitter. And we offer a newsletter and you can get that by shooting us an e-mail. I also wanted to review how you might partner with health professionals to help include people with disabilities that involves outreach to health professionals, clinics, health departments, hospitals. Being created with your partnerships doesn't always have to be about a grant or an exchange of money. Sometimes it is a compliment or a program that you are working on, looking at ongoing learning opportunities, training opportunities. We are all still learning what inclusion is and how best to do it. That is really important to keep in mind. As you are going through this exercise of including people with disabilities, share at your strategies and your examples and your resources, any kind of training that you've done. It is all very important and I would invite you to let us know about those successes and trainings and resources as well. We would love to highlight those on our National Center on disability and public health as well as particularly we have our public health is for everyone fact sheets and quick guides for inclusion for people with disabilities -- people with disabilities. We are always here to help so please feel free to reach out for any kind of help or technical assistance. That is part of our mission at AUCD and this National Center on Disability in Public Health is really here to bring the notion that public health is for everyone. I want to encourage you to keep on learning. We do have all of our webinars that are archived and the link to that is here and that is also a nice opportunity for interacting with some content that you may or may not have ever been exposed to before. So I want to give a shout out and thank

our sponsors. We have a grant from the WITH foundation around our access cooperation. We have a grant from the CDC and from the National Center on Disability in Public Health and we have some individual supporters. And a sense Valentine's Day is coming up. I wanted to do a plug. If you need a last valentine you can do that through our online center here. I will pop the link into the chat box here. It is always nice to send a Valentine and let someone know you are thinking of them. And with that let me close and answer any questions you may have. You can either take the microphone or use the chat box. I know we have done some of that along the way, but I do have some dedicated time for us to have a little bit of a discussion and exchange. Let me pause. I see some people typing here. Well, good I am glad the information is helpful. Any questions, comments, concerns, good jokes? I see a few people typing here. I will also just remind, folks, even if you are not claiming the one check credit, please do fill out that evaluation. That is really important and gives us some guidelines on what you might be interested in learning more about so that we are able to frame out our future educational opportunities for you. All right. Here is a question: If an organization wanted to bring a training on-site for their staff, where might they go for more information? So thank you for that question. If you wanted to send an e-mail to the National Center, we would be able to work with you. We typically will structure that kind of on-site visit, like one on one; we craft that based on your particular needs. So shoot us an e-mail. I will pop that into the chat so you have that at your fingertips, but that is how we get that ball started rolling. So thank you for that question. E-mail address: I just popped that in there. Great linkages of programs, competencies, action steps well, thank you. I appreciate that. I

hope it is helpful. Really we are just trying to demonstrate and build capacity so that public health partners feel capable and ready to include people with disabilities and people who have disability expertise feel comfortable reaching out to public health partners to really be a partner around that content expertise of what to do. Other questions? I see a few people typing so I will let that calm down for a second. Thank you. You are welcome. Question: Who should I contact to collaborate with DPH? I don't want to assume what DPH stands for. Do you mean the Department of Public Health? Is that the DPH that you mean? There are a lot of acronyms with the multiple sayings. So again, if there is a general technical assistance request, you can always start by e-mailing our national Center and from there, we can develop that conversation further. We are very able to help -- okay. So DPH, disability and public health. If you would like to collaborate and do more with that, send an e-mail to our national Center. That is the gateway to all of the staff at the National Center and from there, we can work with you to make sure you are getting connected in the best way possible. And then you can also always start with me. I will put my e-mail in the chat box as well if it is more particular to anything I just reviewed on one of the slides or anything that I said, feel free to reach out directly to me as well. I know we have a lot of acronyms. I just wanted to check what you meant by that DPH. So thank you for chatting that. Any other questions, comments, concerns, good jokes? All right. I am just checking out the chat. It seems that it is starting to slow down. Await! I see one person chatting. I will give that a second.

There is also that public health is for everyone -- toolkit so public health; I will chat this with while the person is chatting. The public health is for everyone

toolkit, everyone toolkit is www.phetoolkit.org. This is what you might have documented in a white paper or PowerPoint slides that worked well for you in an inclusive training. The public health is for everyone toolkit is where I would love for you to go and share that with us so we are able to really serve as a library, if you will,, an online repository there is a living breathing repository and share that back out with others in the country so we are able to capitalize on your good work and keep it going. So let's see. A question: Do you have a rough estimate as to when the HEAT team will be open for scale up? That is a really good question. Anticipate that we will be ready to do that next wave scale up some time probably in the summer. So more to come and we will definitely broadcast that through our newsletter, on our website, and through our Twitter handle. So thank you for that. Okay. I really appreciate the lively interaction and the questions. So thank you very much. Unless there is anything else, I think we are ready to wrap up. I just want to do one more plug. Please complete the evaluation and then celebrate that you took this hour, this time to learn about disability inclusion. I think this is an important step in your ongoing learning so thank you and I honor that and I really appreciate you being with the National Center on Disability in Public Health. Thank you, all so much.

12:44 PM (EST)