AUCD

ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES

RESEARCH, EDUCATION, SERVICE

2016

Including People with Disabilities Public Health Workforce Competencies

Draft 1.8

3/2/2016

This project was funded through a CDC, OSTLTS cooperative agreement, award number 5U38OT000140-03.

Key Dates:

June 2012 - Draft (version 1)
December 2015 – Draft (version 1.1)
January 2016 - Draft (version 1.2)
February 2016- Draft (version 1.3, 1.5, 1.6)
March 2016 Draft (version 1.7, 1.8)

Acknowledgments

Comprised of academic, state and regional practitioners, and national leaders in the field of disability and health, we would like to acknowledge the Development Committee, Work Group, and Advisory Group members and organization partners who worked with dedication to develop the set of four competencies, draft, revise and finalized the report, *Including People with Disabilities: Public Health Workforce Competencies.*

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How to Use This Document

The *Competencies* provide foundational knowledge about the relationship between public health programs and health outcomes among people with disabilities, and are primarily designed for professionals already working in the public health field but can also be used for public health workforce training. Use this document to understand which competencies are needed to enhance disability inclusion skills among staff engaged in practice-based public health efforts. The competencies, while recently drafted and developed, fit seamlessly within the larger domains of the core public health functions - Assessment, Policy development and Assurance.

Organization of the document:

- ✓ The **Introduction** includes information on the need for these competencies and the importance of these competencies for public health professions.
- ✓ The **Disability in Public Health: Public Health Significance** section provides foundational knowledge on the prevalence of disability, health issues and barriers associated with disability, and health disparities for public health professionals.
- ✓ Each ***Competency*** contains ***background*** information to explain the rationale behind the competency and supporting references. The *learning objectives* under each competency help the public health professional to conceptualize how to implement the competency.
- ✓ ***Examples*** under each learning objective actual real world implementations of the strategy.
- ✓ The ***Call to Actions*** includes examples public health professionals can take action in a meaningful way right now.
- ✓ The **Call to Action Summary** is a convenient place to locate all of the call to action strategies under each competency.
- ✓ The **References** supply supporting information for citations within the document.

The **Appendices A – G** provide background, references, and models for implementing these competencies, i.e., including people with disabilities in public health efforts.

- ✓ **Appendix A** includes more detailed information and resources for the strategies highlighted under each competency.
- ✓ **Appendix B** provides models for including people with disabilities in planning efforts, and how to implement these competencies into a training program or curriculum.
- ✓ **Appendix C** includes resources by topic that provide more background information disability,

competencies, and inclusion strategies.

- ✓ **Appendix D** provides information on how to embed the competencies into a curriculum, and a syllabus for training.

- ✓ **Appendix E - G** shows alignments of the four competencies and how they seamlessly align with other competencies and standards (including PHAB, PHF, and the 10 Essential Public Health Services, Council on Linkages Between Public Health and Academia.

Executive Summary

Compared to people without disabilities, people with disabilities are at a higher risk for poor health outcomes such as hypertension, obesity, falls-related injuries, and depression. [2] Knowledge about the health status and public health needs of people with disabilities is essential for addressing these and other health disparities. However, most public health training programs do not include curriculum on people with disabilities and methods for including them in core public health efforts. There is a clear need for public health efforts to reduce health disparities among people with disabilities. This may be achieved by building a stronger public health workforce skilled in ways to include people with disabilities in all public health efforts.

Including People with Disabilities-Public Health Workforce Competencies outlines recent advances in knowledge and practice skills that public health professionals need to include people with disabilities in the core public health functions -- Assessment, Policy development and Assurance. This document provides strategies to meet the competencies and real examples of how people with disabilities can be successfully included in public health activities. Shown in Appendix E, these competencies align and complement existing broad public health competencies including the Association of Schools and Programs of Public Health, Masters in Public Health Core Competencies; Public Health Accreditation Board; Public Health Foundation Core Competencies for Public Health Professionals, Council on Linkages Between Public Health and Academia, and the 10 Essential Public Health Services. In addition, they foster workforce capacity-building priorities, e.g. Healthy People 2020, Disability and Health objective DH-3.

The *Competencies* have been developed by a national committee comprised of disability and public health experts. Work to develop the Competencies began in 2010 through a cooperative agreement between the National Center on Birth Defects and Developmental Disabilities (NCBDDD), Disability and Health Branch and the Association of University Centers on Disability (AUCD). This work concluded in 2016. The *Competencies* aim to expand workforce skills and practice to ultimately enable public health professionals to successfully develop programs and activities that include people with disabilities.

Overview

The Significance of Disability in Public Health

People with disabilities comprise a significant portion of the communities that public health professionals serve. Data show that over 56.7 million Americans have a disability, making up about 19% of the American population.[1] Anyone can acquire or experience a disabling condition in their lifetime. A long-held challenge is to understanding public health circumstances, beyond the disabling condition itself, that influence health and quality of life. This is to say that having a disabling condition should not imply that a person is unhealthy.

Health Assessments for All Americans

People with disabilities are more likely to experience chronic health conditions such as, diabetes and heart disease, and are considerably more likely to be obese when compared with people without disabilities (37.6% compared to 23.8% of people without disabilities). People with disabilities report smoking at a much higher prevalence rate (28.3%) than people without disabilities (16.1%). They are also more than twice as likely to report cost being a barrier to health care (27.4% compared to 12.5% of people without disabilities). Additionally, people with disabilities are less likely to report having recommended preventive screening, including mammograms and colorectal cancer screening and are less likely to have received dental care in the past year.[2]

Policy Development and Health Promotion for All Americans

State and national data demonstrate disparities in health for people with disabilities and suggest that having a disability can create risks for other preventable health issues. The health of people with disabilities should be relatively comparative to those without disabilities. Similar to the general population, it is critical that individuals with disabilities are given the information to make healthy choices on how to prevent illness. Health problems related to a disability, also called secondary conditions, can be prevented as well as treated. These problems can include pain, depression, and a greater risk for certain illnesses such as flu, Methicillin-resistant Staphylococcus aureus (MRSA), or musculoskeletal disorders.[3] Activities such as physical activity, smoking cessation, healthy eating, and preventive screenings should be promoted and accessible to all Americans, as there is a range of health benefits for people with and without disabilities.[4]

Despite legislative actions like the American's with Disabilities Act, many barriers to accessing and participating in healthy lifestyle activities still exist for people with disabilities. Barriers may include such factors as inaccessible health care facilities or health screening equipment, discriminatory attitudes, poverty, and lack of knowledge among people with disabilities or their health care providers. Lack of knowledge or experience on how to interact and communicate with people with disabilities may lead to false assumptions, generalizations, or a lack of trust among people with and without disabilities. Such barriers prevent achieving maximum health.

Many health promotion programs do not reach or include people with disabilities in their program design. Increased risk for serious health conditions, coupled with existing barriers, underscore the importance of including people with disabilities in public health efforts. Development and implementation of health promotion interventions for people with disabilities must be supported by the public health community. Inclusive public health programs would more effectively reach underserved populations and promote reduction of health disparities experienced by people with disabilities.[5] The lack of inclusion may be due to the lack of training. During public health training, very few students have received specific training on how to incorporate people with disabilities leaving a gap in Essential Public Health Service 8 - Assure a Competent Public and Personal Healthcare Workforce.

Development of the Competencies

Stage 1. (2011-2012) A national work committee comprised of 18 of experts representing state, local and university-based public health practices identified and drafted the four competencies, based on existing public health literature, public health curricula, and other public health competencies and standards. Through a soft-launch of the workforce competencies, AUCD gathered initial feedback from public health partners who provided their expertise to research competencies, standards, and curricula, and create the competencies based on this research and their content knowledge.

Public health partners were utilized for their expertise on content development and for help in disseminating the draft product to test with their networks. AUCD revised the draft *Competencies* document.

Stage 2. (2015-2016) Revise the competencies, field-test the revised version, create a final document and disseminate to the current public health workforce.

To revise the document, AUCD reached out to public health professionals from the former Competencies Development Committee as well as other recognized disability experts and organizational leaders to review, discussed and revise the stage 1 draft. Review and revision was established through expert panels for a Work Group whose work included researching public health competencies and standards, as well as curricula. Advisory Group whose work included reviewing the revisions, and professional partners including the APHA Disability Section and the Alliance for whose work included guidance and input, field-testing, and help with dissemination. In December 2015, AUCD's public health team completed a crosswalk with other health related competencies and standards. The competencies seamlessly aligned with other public health competencies and strategies including the MCH Leadership Competencies, PHF Competencies, PHAB Domains and Standards, and the ASPPH MPH Core Competencies, and the Council on Linkages between Public Health and Academia.

Once the updated draft was reviewed and approved by the Work Group and Advisory Group, AUCD's public health team. Groups of public administrators, practitioners, academia and policy makers reviewed and assessed the four competencies, learning objectives and resources for clarity, relevance, potential implementation, use, placement, fit and gaps. The updated version was assessed through a series of in-depth interviews with key stakeholders, and 3 small group discussions including professionals from disability and public health organizations, universities, as well as federal, state and local partners, and surveys of public health practitioners at state and county levels.

The Competencies

Designed specifically for professionals already working in the public health field, the competencies provide foundational knowledge around the relationship between disability and public health programs and outcomes, and are designed to be used in the public health workforce training. There are four practical competencies.

Competency 1: Describe disability models in use across the lifespan.
Competency 2: Discuss methods and measurements used to assess health issues for people with disabilities.
Competency 3: Identify how public health programs impact health outcomes for people with disabilities.
Competency 4: Implement and evaluate strategies to include people with disabilities in public health programs that promote health, prevent disease, and manage chronic and other health conditions.

Including People with Disabilities

Public Health Workforce Competencies

Competency 1:-Describe disability models in use across the lifespan

People with disabilities are individuals who have some type of limitation in mobility, cognition, vision, hearing, or other disorders.[11] Disability is not defined by any specific health condition, but whether that condition actually creates significant limitations for an individual affecting their daily lives and functioning.

The World Health Organization (WHO) describes disability as having three dimensions:1) impairment in body function or structure, such as loss of a limb or loss of vision; 2) limitation in activity, such as difficulty seeing, hearing, walking, or problem solving; and 3) restriction in participating in normal daily activities, such as preparing a meal or driving a car. Any of these impairments, limitations, or restrictions is a disability if it is a result of a health condition in interaction with one's environment.[12] This competency is important because knowledge of the different definitions of disability will help public health professionals plan for programs for people with disabilities across the lifespan.

Learning Objectives

1. Review and understand the International Classification of Functioning, Disability and Health (ICF) and the history of disability.

The International Classification of Functioning (ICF) is the World Health Organization's (WHO) framework for measuring health and disability at both individual and population levels. WHO published the ICF in 2001 to provide standard language for classifying changes in body function and structure, activity, participation levels, and environmental factors that influence health. This helps to assess the health, functioning, activities, and factors in the environment that either help or create barriers for people to fully participate in society.

Even when one person has the same type of disability as another person, every person experiences disability differently. However, it is necessary to have a common way of discussing or defining the various types of disabilities. Data surveys often define disability, or use standard language, in order to identify and examine the different types of disabilities that may affect a person's movement, hearing or vision, intellectual abilities, mental health, and social relationships.

Example: How to Use the ICF

At the Individual Level...

- For the assessment of individuals: What is the person's level of functioning?
- For individual treatment planning: What treatments or interventions can maximize functioning?
- For the evaluation of treatment and other interventions: What are the outcomes of thetreatment? How useful were the interventions?
- For communication among physicians, nurses, physiotherapists, occupational therapists and other health works, social service works and community agencies
- For self-evaluation by consumers: How would I rate my capacity in mobility or communication?

At the Institutional Level...

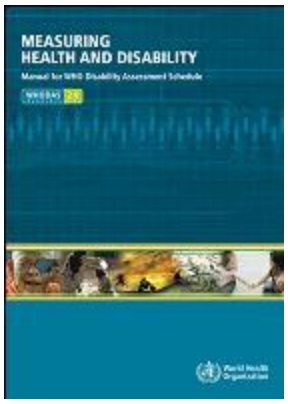
- For educational and training purposes
- For resource planning and development: What health care and other services will be needed?
- For quality improvement: How well do we serve our clients? What basic indicators for quality assurance are valid and reliable?
- For management and outcome evaluation: How useful are the services we are providing?
- For managed care models of health care delivery: How cost-effective are the services we provide? How can the service be improved for better outcomes at a lower cost?

At the Social Level...

- For eligibility criteria for state entitlements such as social security benefits, disability pensions, workers' compensation and insurance: Are the criteria for eligibility for disability benefits evidence based, appropriate to social goals and justifiable?
- For social policy development, including legislative reviews, model legislation, regulations and guidelines, and definitions for anti-discrimination legislation: Will guaranteeing rights improve functioning at the societal level? Can we measure this improvement and adjust our policy and law accordingly?
- For needs assessments: What are the needs of persons with various levels of disability - impairments, activity limitations and participation restrictions?
- For environmental assessment for universal design, implementation of mandated accessibility, identification of environmental facilitators and barriers, and changes to social policy: How can we make the social and built environment more accessible for all person, those with and those without disabilities? Can we assess and measure improvement?

From "Towards a Common Language for Functioning, Disability and Health ICF". World Health Organization (WHO).
http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf

Learn More



International Classification of Functioning (ICF): Framework for measuring health and disability

The International Classification of Functioning (ICF) gives a broad framework for measuring health and disability at both individual and population levels. Health conditions (illness, disease, disorder, injury or trauma), body structures (physical parts of the body), body functions (how body parts and systems work), functional limitations (difficulties completing a variety of basic or complex activities that are associated with a health problem), activity (doing a task or action), activity limitations (difficulties a person may have in doing activities), participation (being involved in a life situation and fully participating in society), participation restrictions (problems a person may have in life situations), environmental factors (things in the environment that affect a person's life), and personal factors (age, gender, social status, and life experiences) are components of the ICF framework.

2. Compare and contrast different models of disability.

Several models of defining disability have been developed to try to address the many types of disabilities. Models of disability provide a reference for society as programs and services, laws, regulations and structures are developed which affect the lives of people living with a disability. There are two main models that have influenced modern thinking about disability: the Medical Model and the Social Model.

Medical Model

The medical model of disability describes a disability as a physical or mental condition that has some impairment and has social and personal implications for the individual

Social Model

The social model of disability identifies the relationship between having a disability and the social environment and how the physical or mental disability can exclude people from major areas of social life.

Learn more

Example: Mark has Type 2 Diabetes and has a lower limb amputation. When visiting medical doctors for his diabetes and other health conditions, the care Mark receives is impacted by the way in which his disability is perceived. Some doctors see Mark's disability as an illness or deficit that prevents him from living a healthy life (according to the Medical Model of Disability). Other doctors see any functional limitations (according to the Functional Model of Disability) Mark faces as the result of the

environment in which he lives. They prescribe lifestyle or environment changes as ways for Mark to live a healthier life (according to the Social Model of Disability).

Learn More

3. Identify model(s) of disability that align with a particular scope of work or population served.

Over 60 various definitions of "disability" have been generated for legislative and policy uses. Definitions of disability often vary by agency for the purpose of establishing eligibility criteria for services and programs. Definitions vary because the legislative and policy outcomes often differ.

Example: Civil rights legislation emphasizes a broad definition of disability, such as in the ADA, while the definition of disability used to determine eligibility for Social Security is a much narrower definition.

Learn More

Call to Action

You can make a difference in your daily work. Here are a few strategies to help you take action in a meaningful way now.

1. Identify policy changes to include people with disabilities in public health efforts.

Action Example: Programs designed to be inclusive at the outset expand reach, ensure accessibility and are more cost effective than retrofitting or modifying inaccessible programs. Adults with disabilities in New York are 35% more likely to characterize their health as fair or poor compared with adult New Yorkers without disabilities. New York State (NYS) also has the highest disability-associated health expenditures of any state in the country—more than $40 billion. The Disability and Health Program (DHP) within the New York State Department of Health (NYSDOH) initiated a policy change to ensure public health programs are integrating the needs of people with disabilities into initiatives. The Inclusion Policy, which proposes including people with disabilities in the initial stages of procurement development, became a requirement in 2009 for programs and services released by the NYSDOH Center for Community Health (CCH). The DHP worked with the CCH to integrate disability components into a variety of public health programs, including tobacco cessation, food security, adolescent pregnancy prevention, and obesity prevention. With this effort, approximately $123.5 million is saved annually.

2. Support the inclusion of people living with disabilities in clinical preventive health services.

Action Example: Breast cancer is the most frequently diagnosed cancer in American women and the second leading cause of cancer death. The American Cancer Society estimated that in 2011, more than 15,000 women in Florida would be diagnosed with breast cancer, and nearly 2,700 would die from the

disease. Studies show that women living with disabilities are less likely than women without disabilities to receive mammograms per recommended guidelines. This represents a significant public health concern as nearly 1 in 5 women in Florida are living with at least one disability.

The Florida Office on Disability and Health (FODH) introduced the CDC campaign, *The Right to Know,* for women living with disabilities to increase breast cancer awareness and encourage regular screening, in partnership with the Centers for Independent Living, Florida Breast and Cervical Cancer Early Detection Program, and Susan G. Komen for the Cure. More than half of women with disabilities surveyed by the campaign reported that they are more prepared for a mammogram and have new information about breast cancer, mammograms, and special accommodations to request for their screening exam. Women reported a new understanding of the importance of regular mammograms, and feeling more confident and prepared for the screening exam.

3. Identify the most appropriate definition of disability to tailor public health efforts to the audience.

Action Example: In 2007, the University of Delaware's Center for Disabilities Studies initiated a partnership with the Nemours/Alfred I. duPont Hospital for Children (AIDHC), Christiana Care Health System, Inc., and the Delaware Division of Public Health with the goal of improving health care transition for CSHCN. According to the National Survey on Children with Special Health Care Needs (CSHCN),[1] 13% of all children in the U.S. under the age of 18 have a special health care need[2]. Coordinated services are critical for these children as they prepare to transition to the adult health care system. However, data show that only 41% of Delaware's estimated 34,500 children with special health care needs receive transition preparation. Since establishing the Division of Transition of Care in February 2010, AIDHC has prepared more than 150 children and young adults for transition through consultation, medical history summaries and referrals to adult provider.

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

Background:

Having knowledge of methods and measurements for public health programs is needed for public health professionals. This knowledge will help public health professionals with planning programs, examining the operations of a program, and conducting activities that improve health outcomes for people with disabilities throughout their lifespan. [18]

Learning Objectives

1. Identify surveillance systems commonly used to capture data that includes disability.

There are surveillance systems that monitor the health and behaviors of people with disabilities and a useful source of disability related data. Having data will help public health programs create and achieve health goals, determine the prevalence of disease, and how to target resources for better health outcomes. One commonly used surveillance system is the Behavioral Risk Factor Surveillance System (BRFSS).

Reflective Learning

Reflecting back on what you are learning while implementing the competencies is essential.

Taking time to reflect as a group or individually will enhance learning, collaboration, and proffessional development.

Resources:

Reflection as part of continuous professional development for public health professionals: a literature review

Learn more

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

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2. Understand how disability can be used as a demographic variable.

Defining disability is a significant challenge for public health. Surveillance systems must have some way of identifying people with disabilities, in order to produce comparative data on people with and without disabilities. For example, many health reports that capture information on health disparities typically do not include disability status as a demographic indicator. For example, of the 42 topic areas

in *Healthy People 2020,* only 10 included objectives for disability. [6] However, a standardized definition or indicator of disability would demonstrate need for tailored public health programs and policy development.[7]

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

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Call to Action

1. Facilitate the coordination of disability surveillance methods and data.

Action Example: The Centers for Disease Control and Prevention (CDC)/National Center on Birth Defects and Developmental Disabilities (NCBDDD), with assistance from the Association of University Centers on Disabilities, convened a meeting in September 2009 to consider the feasibility of conducting population surveillance of the health status of adults with ID. From this meeting, key questions for pursuing an action plan emerged. Other results of the meeting included a whitepaper, a consensus to find better ways to identify the population with ID in the United States, and six "Call to Action" items.

In 2010, the CDC funded a translational research project entitled *Health Surveillance of Adults with Intellectual Disabilities*. The study sought to gather and catalogue health indicators in the population of adults with ID, to provide methodologically sound investigation of health disparities as well as to establish accurate and valid benchmarks for health improvement in this population. A result of this project funding, in 2010 the University of Massachusetts Center for Developmental Evaluation and Research (CDDDER), in collaboration with the Human Services Research Institute (HSRI), is developed Expanding Surveillance of Adults with Intellectual Disability in the US which is a foundational work to coordinate and enhance health surveillance of adults with intellectual disability.

2. Build evaluation into programmatic efforts.

Action Example: Florida's Office on Disability and Health (FODH) received funding from the CDC specifically to develop healthcare provider training. The project works with faculty members in the department of medicine at University of South Florida on incorporating disability training into clinical curriculum for students in the 3rd year of medical school and to measure the growth in knowledge, aptitude, comfort and attitude in providing treatment to individuals with disabilities. Project activities

and evaluation criteria were developed specifically to support the goal of increasing the capacity of health care providers in Florida to provide quality healthcare to individuals with disabilities.

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

As mentioned previously, over 56.7 million Americans have a disability, making up about 19% of the American population.[1] This means that people with disabilities are a large part of the communities that public health professionals serve. People with disabilities experience barriers to access health services. People with disabilities experience more chronic health problems than the general population. People with disabilities have the right be able to access and interact with their environment without barriers, and receive health interventions and services just like the general population. [6]

This competency is important because it will help provide awareness for Public Health professionals that disability is a part of the human experience and a focus of public health should be the promotion of health to people with disabilities, and the identification and reduction of health disparities of people with disabilities. [11] Public Health organizations and professionals should always include people with disabilities in health promotion and planning efforts to help reduce health disparities and improve the health outcomes of people with disabilities.

How are the lives of people with disabilities affected?

People with disabilities are particularly vulnerable to deficiencies in health care services. Depending on the group and setting, persons with disabilities may experience greater vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviors and higher rates of premature death.

Secondary conditions

Secondary conditions occur in addition to (and are related to) a primary health condition, and are both predictable and therefore preventable. Examples include pressure ulcers, urinary tract infections, osteoporosis and pain.

Co-morbid conditions

Co-morbid conditions occur in addition to (and are unrelated to) a primary health condition associated with disability. For example the prevalence of diabetes in people with schizophrenia is around 15% compared to a rate of 2-3% for the general population.

Age-related conditions

The ageing process for some groups of people with disabilities begins earlier than usual. For example some people with developmental disabilities show signs of premature ageing in their 40s and 50s.

World Health Organization (WHO). Disability and health http://www.who.int/mediacentre/factsheets/fs352/en/

Learning Objectives

1. Understand and be able to communicate health issues of people with disabilities and health promotion strategies that can be used to address them.

Disability remains a largely unaddressed public health issue. People with disabilities may experience barriers to the access of health care screenings, interventions, and overall health care. Adults with both disabilities and chronic conditions receive fewer preventive services and are in poorer health than individuals without disabilities who have similar health conditions. People with disabilities need health care programs just like the general population to stay healthy, and be a part of the community. They have the right to tools and information to be able to make healthy choices to prevent illness as well as make decisions about their healthcare. Public health promotion efforts can positively affect the health and wellbeing of people with disabilities.[6]

Preventive screenings and health promotion for people with disabilities could ultimately reduce secondary conditions, reduce national and individual costs, and improve quality of life. Specific health promotion strategies for people with disabilities can impact their health and well-being across the lifespan.

Example: An example of health promotion activities for people with disabilities is the Montana Living Well with a Disability Program. The program is designed to help people with a disability strengthen existing skills to live well. The program includes a workshop comprised of eight, two hour sessions that introduce a process for setting and clarifying goals, as well as teaching skills for generating, implementing, and monitoring solutions.

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2. Understand federal and state laws and local ordinances that have special importance for people with disabilities.

People with disabilities have the same rights to access and civil rights as people without disabilities. Due to the history of discrimination against people with disabilities, their lack of access to housing, healthcare, transportation, and employment, and health disparities there have been many laws and regulations enacted to protect their civil rights and ensure equal access and opportunities for people with disabilities. Foundational knowledge about laws and regulations that protect people with disabilities is essential to providing appropriate public health services but also to avoid breaking laws and encroaching on the civil rights of people with disabilities.

Americans with Disabilities Act (ADA)	The ADA prohibits discrimination on the basis of disability in employment, State and local government, public accommodations, commercial facilities, transportation, and telecommunications. It also applies to the United States Congress. To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. [13]
Olmstead Act	This Act requires states to eliminate unnecessary segregation of persons with disabilities and to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. [14]
Rehabilitation Act	The Rehabilitation Act prohibits discrimination on the basis of disability in programs conducted by Federal agencies, in programs receiving Federal financial assistance, in Federal employment, and in the employment practices of Federal contractors. [13]
Affordable Care Act	In 2010, the Affordable Care Act was signed into law. The law puts in place comprehensive health insurance reforms and consumer protections with the intention of increasing affordable health care access for all. [14]

Example: Women with disabilities in Virginia face access barriers to routine mammography screenings because of lack of compliance with regulations set by the Americans with Disabilities Act (ADA). Virginia's Health Promotion for People with Disabilities Project (HPPD) conducted surveys of 168 mammography sites in 2007-2009 to evaluate physical access and customer service accommodations. Using their findings, HPPD tailored outreach technical assistance and training resources to improve site accessibility according to ADA regulations, address facility and service accessibility, educate staff on disability awareness and enhance communication with people with disabilities.

Learn More

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

Offices, parks, health care facilities, schools, or any other public spaces should be built to meet the needs of all of the people who will use the space. For people with disabilities, getting health care can be difficult because of lack of access. [3] One way to increase accessibility for people with disabilities is through universal design. The intent of universal design is to simplify life for everyone by making products, communications, and the physical environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities. [3]

Example: Iowa's public health department is responsible for providing appropriate shelter during an emergency situation for all its residents, including those with disabilities. For the safety of people with disabilities, it is critical to consider the accessibility of designated refuge centers, such as schools. Until recently, the city of Des Moines had only one elementary school, one middle school and one high school that met Americans with Disabilities Act (ADA) accessibility requirements. In 2011, the Disability and Health Program of the Iowa Department of Public Health (IDPH) partnered with Polk County Emergency Management (PCEM) to evaluate disaster shelters for ADA accessibility compliance. IDPH surveyed each property and recommended temporary and long-term modifications to improve accessibility. As a result, Des Moines Public Schools System committed to upgrading 62 of 63 district schools to make the facilities accessible for people with disabilities.

Learn More

Example: The South Carolina Interagency Office of Disability and Health (SCIODH) partnered with the S.C. Office of Rural Health, and the Centers for Disease Control and Prevention's (CDC) breast and cervical cancer program, Best Chance Network, to conduct an accessibility assessment of facilities, educate facility staff on how to provide equitable services, and acquired funding for facility modifications. Response has been positive with 42 out of 46 counties in South Carolina having been assessed with specific modification recommendations for medical facilities for American Disabilities Act (ADA) compliance.

Learn More

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

Public health professionals should have an understanding of the responsibilities, services and resources government and non-governmental agencies as well as what community based organizations are responsible for providing people with disabilities. There should be a basic understanding of national and local services for people with disabilities as well as the agencies and organizations that provide those services, and where to receive more information. They should be able to provide information to people with disabilities in their communities on what programs and services they may be eligible for, services they are entitled to by law, and where to receive these services.

Example: The Pan-American Health Organization/World Health Organization (PAHO/WHO) defined the Essential Public Health Functions (EPHF) which are the fundamental set of actions that should be performed in order to achieve public health's central objective: improving the health of populations. State and/or local health departments would have the responsibility to provide services to all community members including people with disabilities since they have a higher incidence of chronic

health problems. State and/or local health department professionals should be aware this responsibility and be involved in activities to ensure people with disabilities are included programs, including:

• The promotion of equitable access to necessary health services for all citizens
• The development of actions geared toward overcoming access barriers to public health interventions and toward linking vulnerable groups to health services
• The monitoring and evaluation of access to necessary public and private health services, adopting a multi-sectoral, multi-technical and multicultural approach in conjunction with various agencies and institutions to resolve the injustices and inequalities in the utilization of services.
• The close collaboration with governmental and non-governmental organizations to promote equitable access to necessary health services.

Resource:
http://www.paho.org/hq/index.php?option=com_content&view=article&id=4030&Itemid=3617&lang=en

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

Having an understanding of the environmental where people with disabilities live, work and recreate is essential to understanding challenges, needs and appropriate resources for people with disabilities in the community.

Example: The Kansas Disability and Health Program (DHP) recruited Kansans with disabilities to participate in state-level public health advisory councils. These participants comprise the DHP Advisory Board. The Advisory Board met with chronic disease managers in 2010 to address health care barriers for people with disabilities. By involving people with disabilities as part of their Advisory Board, DPH hopes all of their programs will reflect different perspectives and personal experiences with disability, and better address the needs of people with disabilities in the community.

Learn More

Call to Action

Given that the U.S. population is aging and obesity is on the rise, disability estimates are expected to increase. Now is the time to take action and engage in creative partnerships with strategic partners.

1. Include people with disabilities in public health program planning and design.

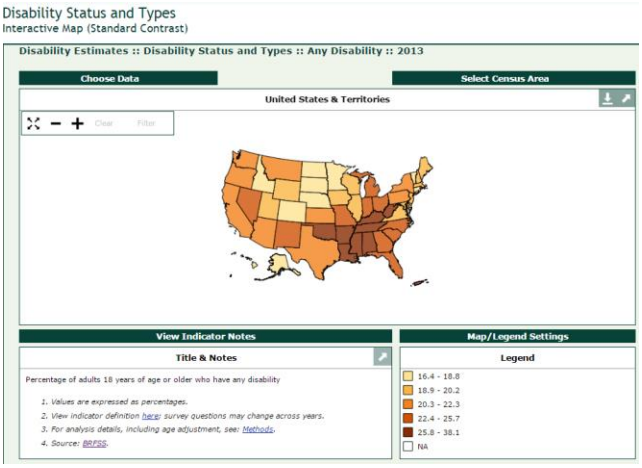
Action Example: California's Living Healthy with a Disability Program: Tobacco Cessation Program for People with Disabilities serves a critical role in providing needed services to people with disabilities who are not usually targeted in state health promotion efforts. In 2009, the California Department of Public Health (CDPH) and the California Smokers' Helpline (Helpline) began a collaboration to reach more people with disabilities (PWDs). Activities included training for Helpline staff on how to work with PWD, revisions to Helpline materials and programmatic standards to ensure accessibility, and collaborating with disability organizations and health care insurers to disseminate Helpline information to clients with disabilities.

2. Use data to demonstrate the need for and impact of programs for people with disabilities.

Action Example: Preventive health care services are an important aspect of living a healthy life for all people, yet inaccessible facilities and equipment often prevent people with disabilities from receiving adequate care. Women 40 years of age or older with a disability were less likely to have had a mammogram (72.2%) than were women without a disability (77.8%). Significantly fewer women with a disability (78.9%) reported receiving a Pap test during the previous 3 years compared to women without a disability (83.4%).

Disability and Health Data System (DHDS)

For the first time, state-level disability data are housed in a central, online location and include timely, consistent ways to compare data by state or region. DHDS will help better identify health and wellness opportunities for people with disabilities by allowing users to compare over 70 different health measures, as well as data on data on psychological distress and disability-associated health care expenditures. The design of DHDS was based on input from identified users of the system, providing a rich, user-centered experience for people who seek information on health disparities among people with disabilities. **Source: http://dhds.cdc.gov/**



Case Studies:

Highlighting the process of including people with disabilities in public health planning and other programmatic efforts.

Case Studies on the Implementation of the Workforce Investment Act: Focus on Involving People with Disabilities. Case Studies 5

This brief is part of a series of products offering practical solutions for state and local entities as they implement the Workforce Investment Act. Topics covered in other briefs include: leadership, merging cultures between partnering agencies, colocation of staff, and accessibility. The source of much of the information presented below is from state case studies conducted in Maine, Minnesota, and Kentucky, completed as part of the Center on State Systems and Employment. Additional information is derived from other Institute for Community Inclusion work on increasing access for individuals with disabilities within the workforce system. http://www.communityinclusion.org/pdf/cs5.pdf

United Nations. Best Practices for Including People with Disabilities in All Aspects of Development Efforts

The case studies presented here are diverse, geographically, thematically and in scope. They range from specific mainstreaming activities and initiatives to organizational and national strategies that address the inclusion of individuals with disabilities. They also cover, with different degrees of detail, the criteria for best practices in mainstreaming disability and come from a range of organizations, including Disabled Persons Organizations (DPOs), donor organizations, disability-focused and mainstream non-governmental organizations (NGOs) and United Nations agencies.

http://www.un.org/disabilities/documents/best_practices_publication_2011.pdf

Guide for Including People with Disabilities in Disaster Preparedness Planning

This guide, written for municipal and regional planners, reflects information, concerns and recommendations that emerged at the daylong forum on December 6, 2005, on “Lessons Learned” from recent large-scale disasters that affected states along the Gulf Coast. At the forum, individuals connected with the disability communities in those states presented a compelling picture of both widespread ignorance of disability issues among those responsible for disaster planning and response, and a tragic lack of preparedness on the part of people with disabilities and the human service infrastructure. Discussions among forum participants focused on sharing information about Connecticut’s system for planning and responding to large scale emergencies, and on ways to make sure the needs of people with disabilities are met.

http://www.ct.gov/ctcdd/lib/ctcdd/guide_final.pdf

Competency 4: Implement and evaluate strategies to include people with disabilities in public health programs that promote health, prevent disease, and manage chronic and other health conditions

Background

People with disabilities experience more chronic health problems than people without disabilities. [2] Having access to health promotion, and preventative services is essential for people with disabilities for improved health outcomes. People with disabilities should be included in health promotion efforts, and disease prevention and management. It is not only the law, but it supports the commitment of public health professionals to ensure the reduction of health disparities. [16] What better way to know the challenges and needs of people with disabilities than partner with them in public health efforts? This competency is important because it will help professionals to have foundational knowledge on program planning and health promotion that included people with disabilities.

Learning Objectives

1. Understand factors that affect health care access for people with disabilities.

People with disabilities may experience barriers to health care access. Some of these barriers include: high cost of services, limited services, physical barrier, and a lack of skills and knowledge on the part of health care providers. [17]

Example: With support from the Centers for Disease Control and Prevention (CDC), the Illinois Disability and Health Program collaborated with the Southern Illinois University School of Medicine in Springfield (SIU) beginning in 2009 to develop a disability awareness course for second-year medical students. The goal was to build a foundation of communication skills for better care and interaction with patients with disabilities. A panel presentation focused on the experiences of five people with disabilities: a person with visual impairment, a person with hearing impairment, a person with speech impairment, a person with a mobility limitation, and the parent of a child with a developmental disability. Each described their experiences accessing health care and offered tips on cultural sensitivity and disability etiquette. The program will continue to recruit additional health professional training programs and assist them in adding this important component to their curriculum. With awareness training available early in their careers, the next generation of medical providers will be able to reduce the barriers that people with disabilities currently face.

Learn More

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

Integrating people with disabilities into public health promotion campaigns is essential to decreasing health disparities for this population. There are many resources for strategies to include people with disabilities in health promotion that are available for public health professionals to review. Being familiar with these strategies will aid in inclusion efforts.

Here are a few resources to get started. More are included in the Appendix section:	NACCHO. Tips and Strategies for Successful Integration of People with Disabilities into Local Public Health Promotion Programs.
	CDC Grand Rounds: Public Health Practices to Include Persons with Disabilities
	ASTHO. State Strategies for Promoting Wellness and Healthy Lifestyles for People with Disabilities.

Example*:* Montana's Disability and Health Program has taken a multi-pronged approach in addressing health care barriers faced by women with disabilities in Montana. MDHP disseminated CDC's Right to Know Campaign materials to share experiences some women have had trying to access women's health services, and raise awareness about cancer and other health risks all women face. MDPH also developed *Every Woman Matters: A Montana Multi-media Event Highlighting the Importance of Breast Cancer Screening among Women with Physical Disabilities*, which showcases local stories from women with disabilities to the community. They also worked with mammography facilities throughout Montana to evaluate facility and customer service accessibility and create a Mammography Directory which provides information on mammography service providers by city. Materials developed and disseminated strategically target multiple audiences to raise awareness and better incorporate people with disabilities into health promotion programs.
Learn More

3 Identify emerging issues that impact people with disabilities.

There are many issues to be aware of that impact the lives of people with disabilities. These emerging issues should be considered when planning public health programs.

Emerging Issues:

Housing
Housing issues for people with disabilities include lack of affordability for those on fixed incomes, accessibility, and housing discrimination

Emergency Preparedness – Mobility and other challenges for people with disabilities can add difficulty when emergencies arise. Emergency preparedness for people with disabilities that take into account challenges and issues is essential for public safety.

Building Healthy Communities for Active Aging
As people age they may experience some form of disability. Also as people who have disabilities age their needs change as well. Older people with disabilities need sustainable environments free of hazards and accessibility challenges.

Preventive Screening

People with disabilities have a greater incidence of chronic disease than people without disabilities. [2] Because of this there is a greater need for people with disabilities to have access to preventative screenings for chronic health issues. Because of issues like access, and cost there may be barriers to preventative screening that public health professionals should be aware of to help decrease health disparities for people with disabilities.

Transportation
People with disabilities may have difficulty accessing transportation services. Transportation is vital for people with disabilities to access healthcare, employment and life in the community.

Examples

Housing

For many people with significant and long-term disabilities who must rely on disability income, the desperation associated with not having a home in the community is a constant of daily life. In 2010, approximately 4.4 million adults with disabilities between the ages of 18 and 65 who relied on the federal Supplemental Security Income (SSI) program had incomes of less than $8,500 per year – low enough to be completely priced out of every single rental housing market in the country. [19]

Learn more

Emergency Preparedness

In 2009, the Oregon Office on Disability and Health (OODH) developed the "Ready Now! Emergency Preparedness Toolkit" and a complementary interactive training for people with disabilities living independently and semi-independently in the community. "Ready Now!" encourages self-reliance, teaching people with disabilities how to prepare and care for themselves in case of an emergency. Participants learn to identify emergency situations, develop personal contact lists, and assemble "to-go bags" and "72-hour kits," care for their pets and service animals during an emergency, develop evacuation plans, and update emergency preparedness plans regularly.

Learn More

Building Healthy Communities for Active Aging

In 2007, the City of Rogers, Arkansas won the US Environmental Protection Agency's (EPA) Commitment Award for Building Healthy Communities for Active Aging. The Adult Wellness Center in Rogers, Arkansas completed construction of a Wellness Garden. The Wellness Garden provides visitors and residents of the adjacent senior housing complex an opportunity for outdoor physical activity and connects pedestrians with the surrounding community. The Wellness Garden features a rubberized walking trail as well as balance, strengthening, stretching, and exercise stations. The entire Wellness Garden is accessible and also includes a demonstration garden with raised accessible planter beds and a "4 Seasons Garden" designed and maintained by volunteers. Trails extending from the Garden lead to

senior housing and retail shops, and eventually will connect into the City's master trail system, making walking a viable option to and from the Wellness Center.

Learn More

Preventive Screening

The Women's Independence Through Health ~ Universal Screening Solutions project (WITH~USS) (Funded by Komen for the Cure) was conducted through a partnership between the Center for Independent Living of North Central Florida, and the University of Florida's College of Public Health. In-depth interviews conducted with 30 women with physical disabilities revealed that only ½ were receiving breast health information from their providers, and few women knew the recommended guidelines for the three common breast health screenings (self-breast exams, clinical breast exams, and mammograms/sonograms). Although most women reported being screened for breast cancer, most were not up- to-date with recommended screenings. WITH~USS helped host community meetings and presentations of narrated slideshows by women with disabilities, showing providers, medical students, and others perspectives about the often "small, yet significant" changes that can be made to improve access to breast health screening.

Learn More

Transportation

In Gainesville, Florida, the fixed-route bus system is the city's primary form of public transportation. Although individuals with disabilities are offered a reduced fare, or are able to ride free of charge (if they have an ADA identification card), many have to rely on expensive and limited paratransit services instead of riding the bus. In a partnership between the Center for Independent Living of North Center Florida and the University of Florida's College of Public Health students used a Bus Stop Checklist published by Easter Seals Project Action to conduct a systematic accessibility assessment of the 254 bus stops located along four bus routes. Of the 254 bus stops assessed, only 15 (5.9%) met the criteria necessary to be deemed accessible. The findings were presented at a community meeting and again during a City Commission meeting which prompted a motion carried that required the Regional Transit System to submit a report on the current ADA compliance of their bus stops, along with cost estimates for making suggested improvements.

Learn More

4. Understand how environment can impact health outcomes for people with disabilities.

There is a direct relationship between how the environment people live, work and recreate in affects their physical and mental health outcomes. Environment is a social and physical determinant of health.[6] Poor health outcomes can be made worse because of the interaction between people with disabilities with their social and physical environments. [6]

Physical determinates of health related to environments include built environments like transportation and buildings, worksites, recreational settings, housing and neighborhoods, as well as physical barriers. Social determinates of health related to environments include availability of resources, employment, and healthy foods, exposure to crime and violence, social supports, transportation options, and socioeconomic conditions. Knowledge of the relationship between environment and health outcomes is essential to decreasing health disparities among this population.
To put this in context let's look at Montana. The "visitable" home is one which has at least one zero-step entrance, a bathroom on the main floor, and hallways and doorways wide enough to accommodate a wheelchair. In Montana, one in four adults has a mobility limitation, and many require special equipment for mobility. However, fewer than 20% of Montana homes are "visitable" and finding accessible housing is a major challenge for people with disabilities who want to live independently in the community. A lack of accessibility in a home can lead to greater possibility of falls, decreased independence, and isolation.

Example: In 2010, the Florida Office on Disability and Health (FODH) conducted a pilot survey to assess how many homes had visitability features and how supportive people were of building visitable homes. FODH found that 41% of respondents had at least one zero-step entrance, 55% had a bathroom on the main floor, and 83% had hallways wide enough to accommodate a wheelchair. The majority of respondents (72%) said they were in favor of building new homes with these features, even if it cost an extra $100 to do so. Respondents supported building visitable homes regardless of whether or not they or a member of their household had a disability. Among respondents living in a household with a person with a disability and at least one visitable home feature, 35% said that having the feature has increased their quality of life.

Learn More

Example: Concrete Change, an international coalition formed in Atlanta, promotes the concept through its website at http://concretechange.org/ and worked with the city of Atlanta to pass the nation's first visitability law, which required that all public housing be accessible. Atlanta now has more than 500 single family homes with visitability features.

Learn More

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

People with disabilities are more likely to experience chronic health problems and health disparities. [2,3,5-7] Having an understanding of program and process evaluations will increase the capacity of public health professionals to create and manage programs targeted at reducing health disparities for people with disabilities.

Example: Special Olympics Healthy Athletes program has provided more than 1.2 million free health screenings in more than 100 countries to people with intellectual disabilities. Data collection is incorporated at every phase of planning and implementation, which is then aggregated to demonstrate

progress towards the goal of reduced health disparities for people with disabilities. Data on the health of athletes collected through free health screenings is used to demonstrate need for the program's medical services provided by program volunteers. Both program participants and program volunteers report on their satisfaction and increase in knowledge during and after the program, and provide feedback on program success and worth. Findings from these combined strategies are used to educate policymakers, expand research and programming, and promote greater awareness of health disparities and needs.[8]

Learn More

Resources:
Disability Etiquette
A-Z of Disability Etiquette

Most people with disabilities can live and function independently, but some may have caregivers who also need to be included in planning efforts.

Eventhough this may be the case, it is proper etiquette to still address the person with a disability when communicating.

Call to Action

Acknowledging and addressing barriers that people face will help you tailor your efforts to reach and serve all demographics in your community. Use these strategies to start conversations and change in your community.

1. Identify and connect with key partners at various levels.

Action Example: In 2011, the Disability and Health Program of the Iowa Department of Public Health (IDPH) partnered with Polk County Emergency Management (PCEM) to evaluate disaster shelters for ADA accessibility compliance. IDPH's partnership with and support from county-level government led to improved accessibility in designated emergency shelters across the state. IDPH continues to partner with disability-related organizations and government agencies to positively impact the lives of people with disabilities.

2. Network with non-traditional partners.

Action Example: The *Learn the Signs. Act Early.* Ambassador project is a collaborative effort on behalf of CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD), the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), and the Association of University Centers on Disabilities (AUCD). Act Early Ambassadors serve as state liaisons to the *Learn the Signs. Act Early.* campaign. In Tennessee, the Act Early Ambassador has collaborated with the Tennessee Department of Health to develop a digitally recorded web training presentation for the Home Visiting Program. The presentation was designed to be included in training program options for Home Visiting workers.

In Wisconsin, the Ambassador worked with Wisconsin's Head Start Collaboration Office and the Wisconsin Surveillance on Autism and Other Developmental Disabilities System, which resulted in a successful collaboration on the purchase of Wisconsin customized *Learn the Signs. Act Early*. materials, used for statewide dissemination. In this case, the Wisconsin University Center for Excellence in Developmental Disabilities acted as the fiscal agent, which enabled several agencies to leverage their individual funds into a single print order and purchase materials at a lower cost.

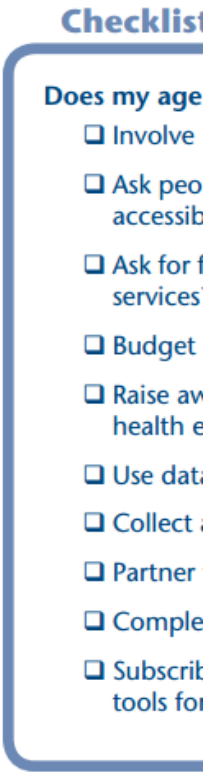
3. Engage community partners in support of lifestyle changes and supports.

Action Example: The Michigan Disability and Health Program, in collaboration with the National Center on Health, Physical Activity and Disability (NCHPAD), hosted an inclusive fitness workshop, attended by over 50 fitness professionals from around the state. Presenters from NCPAD discussed facility accessibility and inclusiveness, the increased importance of exercise for people with disabilities, and condition-specific concerns. Eleven people with disabilities volunteered to be part of the hands-on portion of the workshop, allowing the fitness professionals to work with real people and real lifestyle challenges.

Call to Action Summary

This section summarizes strategies for including people with disabilities in your practice. Learn about and take advantage of strategic national partners who share that goal.

1. Include people with disabilities in public health program planning and design.
2. Use data to demonstrate the need for and impact of programs for people with disabilities.
3. Identify policy changes to include people with disabilities in public health efforts.
4. Support the inclusion of people living with disabilities in clinical preventive health services.
5. Identify the most appropriate definition of disability to tailor public health efforts to the audience.
6. Identify and connect with key partners at various levels.
7. Network with non-traditional partners.
8. Engage community partners in support of lifestyle changes and supports.
9. Facilitate the coordination of disability surveillance methods and data.
10. Build evaluation into programmatic efforts.



From: Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services. NACCHO
http://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/na598pdf.pdf

References

1. United States Census Bureau. (2012). Americans with Disabilities: 2010. Current Population Reports. Retrieved from: https://www.census.gov/prod/2012pubs/p70-131.pdf

2. Centers for Disease Control and Prevention (CDC). (2013). CDC Health Disparities and Inequalities Report—United States, 2013. *MMWR, 62*(3), 1-189. Retrieved from: http://www.cdc.gov/mmwr/pdf/other/su6203.pdf

3. Centers for Disease Control and Prevention (CDC). (2014a). Disability and Health Related Conditions. Retrieved from: http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html

4. Centers for Disease Control and Prevention (CDC). (2014b). The 10 Essential Public Health Services. Retrieved from: http://www.cdc.gov/nphpsp/essentialservices.html

5. National Center on Birth Defects and Developmental Disabilities (NCBDDD). CDC Promoting the Health of People with Disabilities, NCBDDD Fact Sheet. Retrieved from: http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/PromotingHealth508.pdf

6. US Department of Health and Human Services. (2010). Healthy people 2020. Retrieved from: http://www.healthypeople.gov/sites/default/files/HP2020_brochure_with_LHI_508_FNL.pdf

7. Lollar, DJ and Crews, JE. (2003). Redefining the role of public health in disability. *Annual Review of Public Health, Volume 24*, 195-208.

8. Special Olympics Healthy Athletes, Special Olympics International Website. http://www.specialolympics.org/healthy_athletes.aspx

9. Sinclair, L., Tanenhaus, R., Courtney-Long, E., Eaton, D. (2015). Disability within US public health school and program curricula. *Journal of Public Health Management Practice, 21*(4), 400–405.

10. National Institute on Aging. (2007). Living long & well in the 21st century: Strategic directions for research on aging. Retrieved from: file:///P:/CDC/Competencies/2015-2016%20Competencies%20Project/CDC%20Competencies%20Project/strategic_plan108.pdf

11. Centers for Disease Control and Prevention. (2013). DC Grand Rounds: Public Health Practices to Include Persons with Disabilities. *MMWR, 62*(34), 697-701.

12. World Health Organization. World report on disability, 2011. Geneva, Switzerland: World Health Organization; 2013. Retrieved from: http://www.who.int/disabilities/world_report/2011/en/index.htmWorld health Organization

13. U.S. Department of Justice. (2009). A Guide to disability rights laws. Retrieved from: http://www.ada.gov/cguide.htm

14. U.S. Department of Justice. (2015). Olmstead: Community Integration for Everyone. Retrieved from: http://www.ada.gov/olmstead/

15. U.S. Department of Health & Human Services. (2015). Affordable care act. Retrieved from: http://www.hhs.gov/healthcare/about-the-law/read-the-law/index.html

16. California Department of Public Health (CDPH) Safe and Active Communities (SAC) (n.d) Engaging People with Disabilities: Promoting Health Through Program Integration. Retrieved from: https://www.cdph.ca.gov/HealthInfo/injviosaf/Documents/engaging_people_w_disabilities.pdf

17. World Health Organization. (2015). Disability and Health. Retrieved from: http://www.who.int/mediacentre/factsheets/fs352/en/

18. U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011.

19. Technical Assistance Collaborative, Inc. Consortium for Citizens with Disabilities, Housing Task Force (2011). The Housing Crisis for People with Disabilities. Retrieved From: https://www.aucd.org/docs/policy/PricedOut2010.pdf

20. Centers for Disease Control and Prevention. DATA2010: The Healthy People 2010 Database. Hyattsville, MD: Centers for Disease Control and Prevention; 2010. http://wonder.cdc.gov/data2010/focus.htm. Accessed August 28, 2013.

21. Centers for Disease Control and Prevention. Disability and Health Data System (DHDS). Atlanta, GA: Centers for Disease Control and Prevention; 2012. http://dhds.cdc.gov.Accessed December 26, 2012

Appendix A: Strategy Highlights

Competency 1

The Montana Living Well with a Disability Program

http://livingandworkingwell.ruralinstitute.umt.edu/

http://www.cdc.gov/ncbddd/disabilityandhealth/documents/pd_hlthdept_strategies.pdf

Virginia's Health Promotion for People with Disabilities Project (HPPD)

www.hppd.vcu.edu/

South Carolina Interagency Office of Disability and Health (SCIODH), S.C. Office of Rural Health, and CDC'S Best Chance Network

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6234a3.htm

http://www.astho.org/Wellness-and-Healthy-Lifestyles-for-People-with-Disabilities-Issue-Brief/

http://www.aucd.org/docs/Success%20Story%20-%20SC%20IODH%20Physician%20Offices%20(JZ)%202%20FINAL%20CLEAN.pdf

http://www.astho.org/uploadedFiles/Programs/Access/Maternal_and_Child_Health/Disability_Case_Studies/South%20Carolina%20Disability%20Case%20Study%2020111206.pdf

Competency 2

World Health Organization's (WHO) International Classification of Functioning (ICF)

http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf

Models of Disability

http://www.disabled-world.com/definitions/disability-models.php

http://www.disabled-world.com/definitions/disability-today.php

http://nau.edu/uploadedFiles/Academic/SBS/IHD/Research/Smart,%20Models%20of%20Disability,%20Handout.pdf

http://plato.stanford.edu/entries/disability/

http://www.making-prsp-inclusive.org/en/6-disability/61-what-is-disability/611-the-four-models.html

http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf

http://www.who.int/classifications/icf/icfchecklist.pdf?ua=1

Agency-Specific Definitions of Disability

http://www.dol.gov/odep/faqs/general.htm

https://www.ssa.gov/disability/professionals/bluebook/AdultListings.htm

http://www.parentcenterhub.org/wp-content/uploads/repo_items/gr3.pdf

http://www.disabled-world.com/definitions/disability-definitions.php

Competency 3

The Kansas Disability and Health Program (DHP) DHP Advisory Board

https://www.aucd.org/docs/KS%20Success%20Story.pdf

http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/describe-the-community/main

Iowa Department of Public Health (IDPH) and the Polk County Emergency Management (PCEM)

https://www.aucd.org/docs/Health%20and%20Disability%20Digest%202010/IA%20Succes%20Story.pdf

Illinois Disability and Health Program and the Southern Illinois University School of Medicine in Springfield (SIU)

https://www.aucd.org/docs/ncbddd/IL%20Success%20Story%20SIU%20Medical%20Student%20Education%20(JZ-CC-JB)%20FINAL%20CLEAN.pdf

Montana's Disability and Health Program

http://mtdh.ruralinstitute.umt.edu/EveryWomanMatters.htm#Every%20Woman%20Matters

Housing

https://www.aucd.org/docs/policy/PricedOut2010.pdf

http://www.thearc.org/what-we-do/public-policy/policy-issues/housing

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/inhousing

Emergency Preparedness

https://www.ohsu.edu/xd/outreach/occyshn/upload/ReadyNowToolkit.pdf

http://oregonfamilytofamily.org/ReadyNowRevised2014_6-23-14.pdf

Building Healthy Communities for Active Aging

http://archive.epa.gov/ordntrnt/ord/archive-aging/web/html/2008-awards.html#rogers

http://cssr.berkeley.edu/research_units/casas/documents/Compendium_Final_031110.pdf

http://archive.epa.gov/ordntrnt/ord/archive-aging/web/html/2008-awards.html#rogers

www.atlantaregional.com/.../MediaActivityReport_Februray2012.pd

Preventive Screening

http://withuss.phhp.ufl.edu/

Transportation

http://fodh.phhp.ufl.edu/files/2011/05/Bus-Stop-Accessibility-in-North-Central-Florida.pdf
http://www.projectaction.org/Portals/3/Documents/Training/Quick_Bus_Stop_Checklist.pdf
http://www.oregon.gov/odot/pt/docs/ada/ada-bus-stop-toolkit-aug2011.pdf
http://www.ncbi.nlm.nih.gov/books/NBK11420/

Florida Office on Disability and Health (FODH)

http://fodh.phhp.ufl.edu/files/2011/05/Visitability_Pilot_Results_final_09-05-11.pdf

http://wellflorida.org/wp-content/uploads/2012/10/Florida-Office-on-Disability-and-Health_FINAL_May-23.pdf

Concrete Change

http://concretechange.org/

Competency 4

State Disability and Health Grantees and the Behavioral Risk Factor Surveillance System (BRFSS)

http://www.cdc.gov/brfss/pdf/238974_BRFSS-AAG.pdf

http://www.cdc.gov/ncbddd/disabilityandhealth/programs.html

http://www.cdc.gov/brfss/

Department of Health and Human Services (DHHS)

https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status

http://www.cdc.gov/nchs/ppt/nchs2012/SS-34_GREENBERG.pdf

https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/4302b-rtc-2014.pdf

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html

Special Olympics Healthy Athletes program

http://www.specialolympics.org/healthy_athletes.aspx

Appendix B – Models for Inclusive Planning and Organizational Training

These resources can be used as a tool for planning your efforts, implementation, and training

Kochtitzky, Chris and Richard Duncan (2006). Universal Design: Community Design, Public Health, and People with Disabilities. In Morris, Mayra (Ed.), Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places (51-64). Chicago, IL: American Public Health Association.

The Center for Universal Design. Guidelines for use of the Principles of Universal Design https://www.ncsu.edu/ncsu/design/cud/about_ud/docs/use_guidelines.pdf

Plan4Health Resource Library: http://www.plan4health.us/tools-and-resources/

Harris, A., and Enfield, S. (2013). Disability, Equality and Human Rights: A training manual for development and humanitarian organisations. Oxfam International

file:///C:/Users/shaworth/Downloads/bk-disability-equality-human-riights-010403-en.pdf

Public Health Partnerships Can Increase State Disability Capacity for Healthcare and Health Promotion (OR UCEDD) https://www.aucd.org/template/news.cfm?news_id=9567&id=17

Inclusion Made Easy: A quick program guide to disability in development. CBM

http://www.cbm.org/article/downloads/78851/CBM_Inclusion_Made_Easy_-_complete_guide.pdf

Best Practices for Including Individuals with Disabilities in all Aspects of Development Efforts

United Nations

http://www.un.org/disabilities/documents/best_practices_publication_2011.pdf

Including People with Disabilities in Emergency Planning: How Are We Doing?

http://www.ici.umn.edu/products/impact/201/over2.html

Involving People with Disabilities as Members of Advisory Groups

http://mtdh.ruralinstitute.umt.edu/blog/?page_id=1031

Community Health Inclusion Sustainability Planning Guide. The National Center on Health, Physical Activity and Disability (NCHPAD)

http://www.nchpad.org/CHISP.pdf

Effectively Including People with Disabilities in Policy and Advisory Groups

http://www.jik.com/Effectively-Including-People.pdf

Major Hazards and People with Disabilities. Their Involvement in Disaster Preparedness and Response

https://www.ucl.ac.uk/igh/research/a-z/related-docs-images/kelman-ref_2014_CoE_Alexander_and_Sagramola__EN_.pdf

Why and How to Include People with Disabilities in Your Emergency Planning Process

http://www.hpod.org/pdf/Why-and-How-to-Include.pdf

Strategies to Incorporate the Voices of People with Significant Disabilities in UCEDD Information Gathering and Operations. AUCD http://www.aucd.org/docs/urc/AUCD_StrategiesReport_Final.pdf

Appendix C – Resources by Topic

Here are resources divided into area of interest.

Communication with People with Disabilities

A-Z Disability Etiquette. Independence Australia.

American Psychological Association (APA). Enhancing Your Interactions with People with Disabilities. http://www.apa.org/pi/disability/resources/publications/enhancing.aspx

American Psychological Association (APA). Guidelines for Assessment of and Intervention with Persons with Disabilities. http://www.apa.org/pi/disability/resources/assessment-disabilities.aspx

American Psychological Association (APA). Interacting with Our Members with Disabilities; Using appropriate language and being sensitive to accommodation preferences. http://www.apa.org/pi/disability/resources/interacting-disabilities.pdf

Disability Etiquette. Eastern Paralyzed Veterans Association.

Florida Center for Inclusive Communities. Improving Communication with Patients who have Intellectual and Developmental Disabilities http://flfcic.fmhi.usf.edu/docs/FCIC_PhysicianFactSheet_1_Improving_Communication.pdf

Riddle, I., Romelczyk, S., & Sparling, E. (2011). Effective Communication for Health Care Providers: A Guide to Caring for People with Disabilities. Newark, DE. Center for Disabilities Studies, University of Delaware. http://www.gohdwd.org/documents/Effective_Communication.pdf

Data & Surveillance

Bonardi, A., Lauer, E., Mitra, M., Bershadsky, J., Taub, S., Noblett, C., (2011) Expanding Surveillance of Adults with Intellectual Disability in the US. Center for Developmental Disabilities Evaluation and Research (CDDER), E.K. Shrive Center University of Massachusetts Medical School.

Centers for Disease Control and Prevention. Disability and Health Data System (DHDS). [updated 2011 March 23; viewed 2012 April 9]. Available from: http://dhds.cdc.gov.

Centers for Disease Control and Prevention. (2009). U.S. Surveillance of Health of People with Intellectual Disabilities. Retrieved from: http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/209537-a_idmeeting-short-version12-14-09.pdf

Disability Statistics Compendium Rehabilitation Research and Training Center on Disability Statistics and Demographics (StatsRRTC) http://disabilitycompendium.org/)

Disability and Health Data System (DHDS) Fact Sheet
http://www.cdc.gov/ncbddd/disabilityandhealth/dhds-factsheet.html

The Current State of Health Care for People with Disabilities. National Council on Disability

http://www.ncd.gov/rawmedia_repository/0d7c848f_3d97_43b3_bea5_36e1d97f973d.pdf

Health Disparities for People with Disabilities. Disability Rights Education & Defense Fund]

http://dredf.org/wp-content/uploads/2012/08/Yee-Intersections-Conf-disability-health-disparities-101-April-2013.pdf

Disability and Health Fact Sheet. World Health Organization (WHO)

http://www.who.int/mediacentre/factsheets/fs352/en/

Prevalence of Disability and Disability Type among Adults, United States – 2013

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6429a2.htm?s_cid=mm6429a2_w

U.S. Surveillance of Health of People with Intellectual Disabilities

http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/209537-a_idmeeting-short-version12-14-09.pdf

Kraus, Lewis. (2015). 2015 Disability Statistics Annual Report. Durham, NH: University of New Hampshire

http://www.disabilitycompendium.org/docs/default-source/2015-compendium/annualreport_2015_final.pdf

Disability Costs

Cost as a Barrier to Care for People with Disabilities NCBDDD Fact Sheet
http://www.cdc.gov/ncbddd/disabilityandhealth/documents/cost_barrier-tip-sheet--_phpa_1.pdf

Disability & Socioeconomic Status Fact Sheet.
http://www.apa.org/pi/ses/resources/publications/factsheet-disability.pdf

Financial Hardship Among Families of Children with Special Health Care Needs. The Catalyst Center.
http://hdwg.org/sites/default/files/resources/FinancialHardshipFamiliesofCSHCN.pdf

MarketWatch: Illness and Injury as Contributors To Bankruptcy. David U. Himmelstein, Elizabeth Warren, Deborah Thorne, and Steffie Woolhandler.
http://content.healthaffairs.org/content/suppl/2005/01/28/hlthaff.w5.63.DC1

Emergency Preparedness

American National Standards Institute (ANSI) Homeland Security Standards Panel. Final Workshop Report Emergency Preparedness for Persons with Disabilities and Special Needs.

http://publicaa.ansi.org/sites/apdl/Documents/News%20and%20Publications/Links%20Within%20Stories/Final%20Workshop%20Report%20Persons%20with%20Disabilities%2005-07-09.pdf

ANSI Homeland Defense and Security Standardization Collaborative (HDSSC)

http://publicaa.ansi.org/sites/apdl/Documents/Standards%20Activities/Homeland%20Security%20Standards%20Panel/Resource%20Pages/Citizen.htm

Association of Schools of Public Health (ASPH). Public Health Preparedness and Response Core Competency Model.
http://www.cdc.gov/phpr/documents/perlcpdfs/preparednesscompetencymodelworkforce-version1_0.pdf

Federal Emergency Management Agency (FEMA). Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters.
http://www.fema.gov/pdf/about/odic/fnss_guidance.pdf

Ready Now! Toolkit for Emergency Preparedness for People with Disabilities.
https://www.ohsu.edu/xd/outreach/occyshn/upload/ReadyNowToolkit.pdf

Illinois Emergency Management Agency. Emergency Preparedness Tips for Those with Access and Functional Needs

http://www.illinois.gov/ready/SiteCollectionDocuments/PreparednessTips_FunctionalNeeds.pdf

Red Cross Action Checklist for People with Disabilities

http://www.redcross.org/news/article/ny/new-york/Red-Cross-Action-Checklist-for-People-with-Disabilities

Tips for First Responders. Center for Development and Disability

http://cdd.unm.edu/dhpd/pdfs/FifthEditionTipsSheet.pdf

Health Promotion

Disparities in Cigarette Smoking among Adults with Disabilities
http://www.cdc.gov/ncbddd/disabilityandhealth/documents/cigarettesmokinganddisabilityfactsheet.pdf

Disability and Health. Healthy People 2020. http://www.healthypeople.gov/2020/topics-objectives/topic/disability-and-health

Drum, C.E., Peterson, J., Culley, C., Krahn, G., Heller, T., Kimpton, T., McCubbin, J., Rimmer, J., Seekins, T., Suzuki, R., White, G. (2009). *Guidelines and Criteria for the Implementation of Community-Based Health Promotion Programs for Individuals with Disabilities.* American Journal of Health Promotion: Vol 24, No.2. http://www.ncbi.nlm.nih.gov/pubmed/19928482

Impact of Poor Oral Health Care on Overall Health, Especially Among Adults With Disability. Illinois Department of Public Health
http://dph.illinois.gov/sites/default/files/publications/policybrief1.pdf

Kansas Research and Training Center on Independent Living (RTCIL). Healthcare Access for Persons with Disabilities, a Continuing Education Course for Physicians, Nurses, Social Workers, Other Healthcare Professionals and Medical Office Staff.
http://rtcil.org/products/healthcareaccessWomen with Disabilities and Breast Cancer Screening
http://www.cdc.gov/ncbddd/disabilityandhealth/pdf/fs_disabilities_breastcancer.pdf

Oral Health and People with Disabilities NCBDDD Fact Sheet
http://www.cdc.gov/ncbddd/disabilityandhealth/documents/oral-health-tip-sheet-_phpa_1.pdf

Public Health is for Everyone Toolkit. Association of University Centers on Disabilities (AUCD)
http://www.phetoolkit.org

Screening Saves Lives: Breast Health Screening the Right to Know
http://mtdh.ruralinstitute.umt.edu/?page_id=1217

U.S. Department of Justice (2010). *Access to Medical Care for Individuals with Mobility Disabilities.*
http://www.ada.gov/medcare_mobility_ta/medcare_ta.pdf

WHO Global Disability Action Plan 2014-2021: Better health for all people with disability

http://apps.who.int/iris/bitstream/10665/199544/1/9789241509619_eng.pdf

North Carolina's Plan to Promote the Health of People with Disabilities

http://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/NC_Plan_Health_People_with_Disabilities_2013.pdf

Frieden TR. Foreword. MMWR Suppl 2016;65:1. DOI:
http://dx.doi.org/10.15585/mmwr.su6501a1Physical Activity & Obesity

Obesity and People with Disabilities NCBDDD Fact Sheet
http://www.cdc.gov/ncbddd/disabilityandhealth/documents/obesity-tip-sheet-_-phpa_1.pdf

Physical Inactivity and People with Disabilities NCBDDD Fact Sheet
http://www.cdc.gov/ncbddd/disabilityandhealth/documents/physical-inactivity-tip-sheet-_phpa_1.pdf

Policy

The Americans with Disabilities Act and the Rehabilitation Act.
http://www.vcu.edu/eeoaa/pdfs/adafacts.pdf

The Olmstead Decision: Assuring Access to Community Living for the Disabled.
https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd011400c.pdf

Toolkit II: Legal Issues – ADA, Section 504, FERPA. American Psychological Association
http://www.apa.org/pi/disability/dart/legal/index.aspx

Implementing the Affordable Care Act: A Roadmap for People with Disabilities. National Council on Disability (NCD). Retrieved From:
http://www.ncd.gov/sites/default/files/Documents/NCD_ACA_Report01_508-1.pdf

Transition

Six Core Elements of Health Care Transition. *Got Transition? National Health Care Transition Center.*
http://www.gottransition.org/6-core-elements

Transition to Adulthood: Guidelines for Individuals with Autism Spectrum Disorders. *Ohio Center for Autism and Low Incidence*. http://www.ocali.org/project/transition_to_adulthood_guidelines

Leadership Education in Neurodevelopmental and Related Disabilities (LEND): Training Our Future Leaders in the Maternal and Child Health Field. February 2012. *Association of University Centers on Disabilities*. http://www.aucd.org/docs/publications/brochures/lend_brochure2012.pdf

Transition Planning for Students with Chronic Health Conditions. National Association of School Nurses
http://www.floridahats.org/wp-content/uploads/2011/01/Transition-Planning-for-Students-with-Chronic-Conditions-or-Disabilities.pdf

Universal Design

Kochtitzky, Chris and Richard Duncan (2006). Universal Design: Community Design, Public Health, and People with Disabilities. In Morris, Mayra (Ed.), Integrating Planning and Public Health: Tools and Strategies to Create Healthy Places (51-64). Chicago, IL: American Public Health Association.

Guidelines for use of the Principles of Universal Design. The Center for Universal Design
https://www.ncsu.edu/ncsu/design/cud/about_ud/docs/use_guidelines.pdf

What is Universal Design?
http://www.universaldesign.com/index.php?option=com_content&view=article&id=327:what-is-universal-design&catid=2196:universal-design&Itemid=113

Action learning

Marquardt, M.: Optimizing the Power of Action Learning. 2nd Ed. Boston, Nicholas Brealey Publishing, 2011.

Reflection

Turner, E.: Gentle Interventions for Team Coaching-Little Things that Make a Big Difference. Fort Lauderdale, FL. Leadership in Motion (LIM), LLC, 2013.

McLean, S., Feather, J., and Butler-Jones, D.: Building Health Promotion Capacity-Action for Learning, Learning from Action. Vancouver, BC, UBC Press, 2005.

Whitney, D., Tosten-Bloom, A., Cherney, J., and Fry, R. Appreciative Team Building-Positive Questions to Bring Out the Best of Your Team. Lincoln, iUniverse, Inc., 2004.

Cooperrider, D. and Whitney, D. Appreciative Inquiry-A Positive Revolutionary Change. San Francisco, Berrett-Koehler, 2005.

Learning through reflection: The interface of theory and practice in public health
http://www.waceinc.org/bahcesehir2012/cp/refereed/Australia/Jan%20Moore%20Deakin%20University%20(Research)%20Learning%20through%20reflection%20-%20the%20interface%20of%20theory%20and%20practice%20in%20public%20health.pdf

Reflection as part of continuous professional development for public health professionals: a literature review -
http://jpubhealth.oxfordjournals.org/content/early/2014/03/17/pubmed.fdu017.full.pdf+html

Academic Resources

Here are some academic resources you might find helpful in preparing scholarly material or funding applications.

Albrecht, G. L., Seelman, K. D., & Bury, M. (Eds.). (2001). Handbook of disability studies. Thousand Oaks, CA: Sage Publications.

American Association on Health and Disability (AAHD). Health promotion and wellness for people with disabilities. http://www.aahd.us/2011/04/health-promotion-and-wellness-for-people-with-disabilities/

Bersani, H.J. & Lynman, L. (2009). "Governmental policies and programs for people with disabilities." In Drum, Krahn & Bersani.

Calhoun, J. G., Ramiah, K., Weist, E. M., & Shortell, S. M. (2008). Development of a core competency model for the master of public health degree. American Journal of Public Health, 98(9), 1598-1607.

Drum, C.E. (2009). Models and Approaches to Disability. In Drum, Krahn & Bersani.

Drum, C. E., Krahn, G. L., Bersani, H. Jr. (Eds.). (2009). Disability and Public Health. Washington, DC: American Public Health Association & American Association on Intellectual and Developmental Disabilities.

Iezzoni, L. & Freedman, V. (2008). Turning the Tide: The importance of definitions. *JAMA, 299*, 332-334.

Institute on Disability, University of New Hampshire. 2014 Annual Disability Statistics Annual Report. http://www.disabilitycompendium.org/docs/default-source/2014-compendium/annual-report.pdf

Institute of Medicine (IOM). (2007). The Future of Disability in America. Washington, DC: The National Academies Press.

Kochtitzky, C. S. (2011). Vulnerable Populations and the Built Environment. In Dannenberg, AL., Frumkin, H., and Jackson, RJ. (Eds.), Making Healthy Places: Designing for Health, Well-Being, and Sustainability (129-143). Washington, DC: Island Press.

Lollar, D.J. (2002) Public health and disability: emerging opportunities. P*ublic Health Reports, 117 (2)*, 131-136.

Lollar, D.J. and Andresen, E.M. (Eds.). (2011). Public Health Perspectives on Disability: Epidemiology to Ethics and Beyond. New York, NY: Springer Science Business Media, LLC.

Lollar, D.J. and Crews, J.E. (2003). Redefining the role of public health in disability. *Annual Review of Public Health, 24*, 195-208.

Lollar, DJ and Simeonsson, RJ. (2005). Diagnosis to function: classification for children and youth. Journal of Developmental and Behavioral Pediatrics. August, 26:4, 1-8.

World Health Organization (WHO). (2011). International Classification of Functioning, Disability and Health (ICF). Geneva: World Health Organization.

World Health Organization (WHO)/World Bank. (2011). World Report on Disability.

Appendix D – Resources for Embedding the Competencies into a Public Health Curriculum or Training

Accreditation *S*tandards Related to Disability

Council on Education for Public Health. School of Public Health. Accreditation Criteria (Item 1.8). Silver Spring, MD: Council on Education for Public Health; 2011. http://www.ceph.org/pdf/SPH-Criteria-2011.pdf. Accessed November 1, 2011.

Commission on Dental Accreditation. Accreditation Standards for Dental Education Programs (Standard 2–23). Chicago, IL: American Dental Association; 2004. http://www.ada.org/sections/educationAndCareers/pdfs/current predoc/pdf. Accessed December 12, 2013.

Assessments of Disability and Health Training Opportunities

Sinclair LB, Tanenhaus RH, Courtney-Long E, Eaton DK. Disability within US public health schools and program curricula. J Public Health Management and Practice. 2015;21(4):400–405.

Tanenhaus RH, Meyers AR, Harbison LA. Disability and the curriculum in the US graduate schools of public health. Am J Pub Health. 2000; 90(8):1315–1316.

Disability and Health Competencies Developed for:

I. Health Care Practitioners

Kirschner KL, Curry RH. Educating health care professionals to care for patients with disabilities. JAMA. 2009;320(12):1334–1335.

Coursey RD, et al. Competencies for direct serviced staff members who work with adults with severe mental illnesses in outpatient public mental health/managed care systems. Psychiatric Rehabilitation Journal. 2000; 23(4):370–377.

Smith WT et al. Disability in cultural competency pharmacy education. Am J Pharmaceutical Education. 2011; 75(2) Article 26. Pages 1−9.

Eddey GE & Robey KL. Considering the culture of disability in cultural competence education. Academic Medicine. 2005; 80(7):706−712.

II. Public Health Practitioners

Textbooks Available to help Learn Disability and Health Competencies

Albrecht GL, Seelman KD, Bury M, eds. Handbook of disability studies. Thousand Oaks, CA: Sage Publications; 2001.

Simeonsson RJ, McDevitt LN eds. Issues in disability and health: the role of secondary conditions & quality of life. Chapel Hill NC: University of North Carolina, Chapel Hill and North Carolina Office on Disability and Health; 1999.

Drum CE, Krahn GL, Bersani Jr H, eds. Disability and public health. Washington, DC: American Public Health Association; 2009.

Lollar, D.J. and Andresen, E.M. (Eds.) Public Health Perspectives on Disability-Epidemiology to Ethics and Beyond, New York, NY, Springer, 2011.

Operating Models and Guidelines for Teaching Disability and Health Studies and Curriculum

Taylor SJ, Zubal-Ruggieri R. Academic Programs in Disability Studies. Syracuse, NY: Syracuse University; 2012. http://disabilitystudies.syr.edu/programs-list/ Accessed February 1, 2016.

Symons AB, McGuigan D, Akl EA. A curriculum to teach medical students to care for people with disabilities: development and initial implementation. BMC Med Educ. 2009;9:78.

World Bank. World Bank inaugural disability and development core course. May 7−11, 2012. Washington, DC.

Sachs R. Faculty/staff guide: Integrating disability studies into existing curriculum. [community college] http://www.montgomery.college.edu/dss/diversity.htm Accessed June 29 2012.

Salloway JC et al. Constructing gerontological curricula for health administration. Journal of Health Administration Education. 1993; 11(1):68−77.

Brandert, K. et al. (2014). A model the training public health workers in health policy: the Nebraska Health Policy Academy. P*reventing Chronic Disease, 2*, 1-6.

Center for Health Policy Columbia University School of Nursing and Association of Teachers of Preventive Medicine. (2008). Competency to curriculum toolkit: Developing curricula for public health workers. Retrieved from: http://cphp.sph.unc.edu/lifelonglearning/toolkit/Competecy_to_Curriculum_toolkit.pdf

The Council on Linkages Between Academia and Public Health Practice. Competency Assessments for Public Health Professionals. Retrieved from: http://www.phf.org/resourcestools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx

Fleckman JM, Dal Corso M, Ramirez S, Begalieva M and Johnson CC (2015) Intercultural competency in public health: a call for action to incorporate training into public health education. *Front. Public Health* 3:210. doi: 10.3389/fpubh.2015.00210 .
http://journal.frontiersin.org/article/10.3389/fpubh.2015.00210/full

Jayatilleke, N., and Mackie, A. (2012). Reflection as part of continuous professional development for public health professionals: a literature review. *Journal of Public Health, 35*(2), 308-312.

Stephen M. Shortell, Elizabeth M. Weist, Mah-Sere Keita Sow, Allison Foster, and Ramika Tahir. Implementing the Institute of Medicine's Recommended Curriculum Content in Schools of Public Health: A Baseline Assessment. American Journal of Public Health: October 2004, Vol. 94, No. 10, pp. 1671-1674. doi: 10.2105/AJPH.94.10.1671

Winskell, K., Evans, D., Stephenson, R., Del Rio, C., & Curran, J. W. (2014). Incorporating Global Health Competencies into the Public Health Curriculum. *Public Health Reports*, *129*(2), 203–208.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3904902/

Appendix E - Alignments with Core Competencies for Public Health Professionals

The *Including People with Disabilities Public Health Competencies* align within the Core Competencies for Public Health Professionals developed by the Council on Linkages between Academia and Public Health Practice. The Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. These competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals. [June 27, 2014]

- http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf

Learning Domains:

- Analytical/Assessment Skills
- Policy Development/Program Planning Skills
- Communication Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills

Core Competencies	Draft Disability Public Health Competencies and Learning Objectives (AUCD and CDC) - 2/10/2016
Policy Development/Program Planning Skills **Communication Skills** **Cultural Competency Skills** **Community Dimensions of Practice Skills** **Leadership and Systems Thinking Skills**	**Competency 1:** Describe the transdisciplinary models, definitions and experiences of populations of people with disabilities across the lifespan and within public health programs and policies. **Learning Objectives:** 1.1. Review and understand the International Classification of Functioning (ICF) and the history of defining disability. 1.2. Be able to compare and contrast the models of disability. 1.3. Be able to choose an appropriate, agency-specific definition of disability based on the scope of work and clients served. 1.4 Understand and be able to communicate the quality of life issues people with disabilities may have and their right to health promotion 1.5. Understand the Americans with Disabilities Act (ADA), Olmstead, the Rehabilitation Act of 1973, the Affordable Care Act (ACA), as well as other disability related federal, and state laws. 1.6. Understand the services, programs, and the various responsibilities of government and non-governmental/community-based organizations.
Analytical/Assessment Skills **Public Health Sciences Skills**	**Competency 2**: Identify and discuss the methods and measurements used to assess the population, prevalent health issues and risk factors among people with disabilities. **Learning Objectives:** 2.1. Be familiar with surveillance systems commonly used to analyze disability data. 2.2. Understand the concept of disability as a demographic variable.
Analytical/Assessment Skills **Community Dimensions of Practice Skills** **Public Health Sciences Skills**	**Competency 3**: Identify effective public health program efforts and their impact on health outcomes among people with disabilities. **Learning Objectives:** 3.1 Know the community environment (where people live, work, and recreate) and disability resources at the national, state, county, and local levels. 3.2 Be familiar with accessibility standards, universal design, built environment. 3.3 Understand factors that affect health care access for people with disabilities. 3.5 Be aware of emerging issues that impact people with disabilities when planning public health programs. 3.6 Understand how environment can impact health outcomes. 4.1 Identify evidence-based public health strategies and interventions targeted or inclusive of people with disabilities.

Community Dimensions of Practice Skills **Public Health Sciences Skills** **Financial Planning and Management Skills** **Leadership and Systems Thinking Skills**	**Competency 4**: Implement and evaluate strategies to include people who have disabilities in public health efforts to promote health, prevent disease, and manage chronic and other health conditions. **Learning Objectives:** 3.4 Use a variety of strategies to reach out to and integrate people with disabilities into health promotion programs. 4.1 Identify evidence-based public health strategies and interventions targeted or inclusive of people with disabilities 4.2 Understand evaluation strategies (needs assessment, process and program evaluation, and outcomes evaluation focused on reductions in health disparities among people with disabilities.

Appendix F –Alignments with Service Standards in Public Health Departments

The *Including People with Disabilities Public Health Competencies* align within with the 10 Essential Public Health Services for practitioners.

10 Essential Public Health Services	Draft Disability Public Health Competencies and Learning Objectives (AUCD and CDC) - 2/10/2016
POLICY DEVELOPMENT • Inform, educate and empower people about health issues. • Mobilize community partnerships to identify and solve health problems. • Develop policies and plans that support individual and community health efforts. **ASSURANCE** • Assure a competent public and personal healthcare workforce.	**Competency 1:** Describe the transdisciplinary models, definitions and experiences of populations of people with disabilities across the lifespan and within public health programs and policies. **Learning Objectives:** 1.1. Review and understand the International Classification of Functioning (ICF) and the history of defining disability. 1.2. Be able to compare and contrast the models of disability. 1.3. Be able to choose an appropriate, agency-specific definition of disability based on the scope of work and clients served. 1.4 Understand and be able to communicate the quality of life issues people with disabilities may have and their right to health promotion 1.5. Understand the Americans with Disabilities Act (ADA), Olmstead, the Rehabilitation Act of 1973, the Affordable Care Act (ACA), as well as other disability related federal, and state laws. 1.6. Understand the services, programs, and the various responsibilities of government and non-governmental/community-based organizations.
ASSESSMENT • Monitor and evaluate health status to identify and solve community health problems. • Diagnose and investigate health problems and health hazards in the community. **ASSURANCE** • Assure a competent public and personal healthcare workforce.	**Competency 2**: Identify and discuss the methods and measurements used to assess the population, prevalent health issues and risk factors among people with disabilities. **Learning Objectives:** 2.1. Be familiar with surveillance systems commonly used to analyze disability data. 2.2. Understand the concept of disability as a demographic variable.
ASSURANCE • Assure a competent public and personal healthcare workforce. • Research for new insights and innovative solutions to health problems.	**Competency 3**: Identify effective public health program efforts and their impact on health outcomes among people with disabilities. **Learning Objectives:** 3.1 Know the community environment (where people live, work, and recreate) and disability resources at the national, state, county, and local levels. 3.2 Be familiar with accessibility standards, universal design, built environment. 3.3 Understand factors that affect health care access for people with disabilities. 3.5 Be aware of emerging issues that impact people with

	disabilities when planning public health programs. 3.6 Understand how environment can impact health outcomes. 4.1 Identify evidence-based public health strategies and interventions targeted or inclusive of people with disabilities.
POLICY DEVELOPMENT • Inform, educate, and empower people about health issues. **ASSURANCE** • Enforce laws and regulation that protest and ensure public health safety. • Link people to needed personal health services and assure the provisions of health care when otherwise unavailable. • Evaluate effectiveness, accessibility, and quality of personal and population-based health services.	**Competency 4**: Implement and evaluate strategies to include people who have disabilities within public health efforts to promote health, prevent disease, and manage chronic and other health conditions. **Learning Objectives:** 3.4 Use a variety of strategies to reach out to and integrate people with disabilities into health promotion programs. 4.2 Understand evaluation strategies (needs assessment, process and program evaluation, and outcomes evaluation focused on reductions in health disparities among people with disabilities.

Appendix G - Alignments with Learning Standards in Graduate Programs

The *Including People with Disabilities Public Health Competencies* align within the 12 ASPPH and 5 CEPH Learning Domains

- http://www.aspph.org/wp-content/uploads/2014/06/MPHPanelReportFINAL_2014-01-09-final.pdf
- http://ceph.org/assets/PHP-Criteria-2011.pdf

ASPPH Core MPH Domains and CEPH Core Knowledge	Draft Disability Public Health Competencies and Learning Objectives (AUCD and CDC) - 2/10/2016
HEALTH POLICY AND MANAGEMENT (ASPPH) **DIVERSITY AND CULTURE (ASPPH)** **LEADERSHIP (ASPPH)** **PUBLIC HEALTH BIOLOGY (ASPPH)** **SYSTEMS THINKING (ASPPH)**	**Competency 1:** Describe the transdisciplinary models, definitions and experiences of populations of people with disabilities across the lifespan and within public health programs and policies. **Learning Objectives:** 1.1. Review and understand the International Classification of Functioning (ICF) and the history of defining disability. 1.2. Be able to compare and contrast the models of disability. 1.3. Be able to choose an appropriate, agency-specific definition of disability based on the scope of work and clients served. 1.4 Understand and be able to communicate the quality of life issues people with disabilities may have and their right to health promotion 1.5. Understand the Americans with Disabilities Act (ADA), Olmstead, the Rehabilitation Act of 1973, the Affordable Care Act (ACA), as well as other disability related federal, and state laws. 1.6. Understand the services, programs, and the various responsibilities of government and non-governmental/community-based organizations.
BIOSTATISTICS (ASPPH/ CEPH) **EPIDEMIOLOGY (ASPPH/ CEPH)**	**Competency 2**: Identify and discuss the methods and measurements used to assess the population, prevalent health issues and risk factors among people with disabilities. **Learning Objectives:** 2.1. Be familiar with surveillance systems commonly used to analyze disability data. 2.2. Understand the concept of disability as a demographic variable.
SOCIAL and BEHAVIORAL SCIENCES (ASPPH/ CEPH) **COMMUNICATION and INFORMATICS (ASPPH)**	**Competency 3**: Identify effective public health program efforts and their impact on health outcomes among people with disabilities. **Learning Objectives:** 3.1 Know the community environment (where people live, work, and recreate) and disability resources at the national, state, county, and local levels. 3.2 Be familiar with accessibility standards, universal design, built environment.

	3.3 Understand factors that affect health care access for people with disabilities. 3.5 Be aware of emerging issues that impact people with disabilities when planning public health programs. 3.6 Understand how environment can impact health outcomes. 4.1 Identify evidence-based public health strategies and interventions targeted or inclusive of people with disabilities.
HEALTH SERVICES ADMINISTRATION (CEPH) **PROFESSIONALISM (ASPPH)** **PROGRAM PLANNING (ASPPH)**	**Competency 4**: Implement and evaluate strategies to include people who have disabilities in public health efforts to promote health, prevent disease, and manage chronic and other health conditions. **Learning Objectives:** 3.4 Use a variety of strategies to reach out to and integrate people with disabilities into health promotion programs. 4.1 Identify evidence-based public health strategies and interventions targeted or inclusive of people with disabilities 4.2 Understand evaluation strategies (needs assessment, process and program evaluation, and outcomes evaluation focused on reductions in health disparities among people with disabilities.
Note: *The Draft Disability Inclusion Competencies do not align with the ASPPH Environmental Health Sciences Domain of the Core MPH Competencies.*	

2016

Suggested Citation: ***Including People with Disabilities - Public Health Workforce Competencies,*** Association of University Centers on Disabilities (AUCD), CDC /OSTLTS Grant # 5U38OT000140-03: 2016.