

DISABILITY COMMUNITY PLANNING GROUP WEBINAR
Wednesday, September 28, 2016
1:30 p.m. EST

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>> BRYAN RUSSELL: Welcome to the webinar. We'll get started in just a moment. [Pause].

>> BRYAN RUSSELL: Hey, welcome to the webinar. Thank y'all so much for attending. Right now everybody is in listen-only mode, but we wanted to welcome you to the first quarterly conference call and webinar of the Disability Community Planning Group.

A couple of quick housekeeping items. If y'all have a question, just feel free to post it in the chat box, and we'll answer them as quickly as we can.

So, let's go ahead and get started. Maybe.... there we go.

Okay. So, for right now, a couple of highlights from the application for renewal of funding. We got our notice of award back a few months ago from the CDC that we will be awarded for the next five years for the Disability and Health Program grant, and the purpose to do that is to talk about some of the highlights from the application and describe how our Disability and Health Program will use the tools and to finalize our year one work plan.

And, we want to get some feedback from you, our disability community plan, on our plans, get some feedback and suggestions and see what you think about it.

If you find anything that we're missing, feel free to speak up.

So, first off, we were funded as a core implementation program. And, if you'll remember from our earlier conference calls, there were two different programs we could apply for, a core implementation and enhanced implementation phase.

And we were not funded for the enhanced -- we were funded for the core implementation but not for the enhanced implementation, which, looking back is probably a good thing. It would have really added to our workload and strained our capacity to meet the goals for both initiatives.

So, we're in a good spot. We're going to really work on it and see what we need to do.

So, the goal of this next grant is to improve the health and quality of life among people with mobility limitations and/or intellectual disabilities through adaptation and implementation of evidence-based strategies.

In other words, we're gonna work with some, and we'll discuss this in a few minutes, but we're going to work with some current and new partners to really work on and develop some adapted and accessible interventions for children and adults with disabilities. Our target populations for this next round of funding will be persons with intellectual disabilities and mobility limitations, and their caregivers.

We have to choose at least two topic areas, health-related topic areas for people with disabilities and our target population, and so we're looking at options and things we can use for it and we chose diabetes, physical activity, nutrition, and healthy weight, and so we're going to definitely choose those four topics for intervention.

And the four evidence-based interventions are not four -- I mean, you know, we don't have to reinvent the wheel, so we went out there and we worked very closely with our Diabetes Prevention Program and the diabetes program here within the Bureau of Chronic Disease and our system team, so we are going to adapt Diabetes Prevention Program and the diabetes self-education program. We're going to look at and adapt -- create adapted comprehensive school physical activity programs and look at encouraging or choosing the schools that we will be working with to apply for the healthier U.S. schools challenge sponsorship initiative, and we'll talk about each one of those in a little bit.

So, DPPs, DPP is for Diabetes Prevention Program, and some of the things we're going to look at doing is adding inclusive language to the existing Diabetes Prevention Program curriculum. That will be discussing how people can use adapted exercise, make sure that all the locations that are hosting a DPP intervention are accessible, to make sure that we're going to provide them with an accessibility checklist, and a list of methods to target outreach for people with disabilities.

So, we want to make sure that they can -- they have some ideas how they can reach out specifically to people with disabilities who are, um.... who are predisposed to diabetes.

And we're going to do this in four piloted programs in the first year. That's our goal. Realistically, we'll probably do better than that, but we at least want to try four.

And, the good news is we're working with an organization called Niche Pad, the National Center for Health and Physical Disability and based out of the University of Alabama in Birmingham and the links formation, and they're great resources for us.

And, we're working with them and partnering with them the Florida YMCAs and the Florida Centers for Independent Living. We are going to work with them to develop, to create a focus group, and then from the focus group we'll want to do some needs assessments and get their feedback from what are the best ways they see to be successful in creating some type of adapted DPPs and adapted DPP curriculum.

The Diabetes Self-Management Education Program -- there we go -- currently the Department of Health funds many grants to create new DSME programs throughout the state, and we do this using what we call our 1305 grant funding.

Our disability health program, we plan on ensuring the fall round of many funding grant opportunities that they focus on adding inclusive language and make sure all DSME sites are accessible. And, we have information that we can provide for them to make sure they are.

Scoring of these mini-grant funding applications will place an emphasis on the applicants' responses for the need for DSME programs, and we want to make sure the applicants have the ability to provide accommodations for people with disabilities and they're willing and able to promote the program among the population.

>> Can I add something?

>> BRYAN RUSSELL: Sure.

>> I am the diabetes program analyst and we have already accomplished this, the scoring of the applicants for the DSME mini-grants from 2016-2017. And, they were asked about their readiness to -- and ability to provide services for people with disabilities, and they had a broad range, as you might expect, of responses. Some of them really knew what we were talking about, and some are going to need some education to be able to make their curriculum and programs inclusive.

But that's part of what we'll be doing.

There are 13 mini-grantees in 11 counties.

>> BRYAN RUSSELL: We're off to a good start.

We have two programs, these interventions, these programs, we're going to work with Gretchen Everhart's School here in Tallahassee and another school in Gainesville. And, we targeted these two schools for a couple reasons, one is a logistics reason and our contracting partner is the University of Florida and they are in Gainesville and we're in Tallahassee, so it's going to be much easier logistically for us to work with two schools in the same area as our home bases of operation.

One of the other main reason we chose these two is because of their ability, they have the good ability to do this, they have the good capacity to work with us, and we've noticed that currently there are no adapted comprehensive school physical activity programs in the U.S. that we know of, and there are no -- and out of all of the schools last year that achieved some type of level of recognition with the smarter lunchroom, only 2% were of an exceptional education school background.

So, we really want to increase those numbers and increase the accessibility and the equity in that area.

So, the CSPAP, it's a CDC-developed evidence-based, online training for educators that promotes school-based activity, and not just school-based but anything before, during, and after school.

And, our goal is to provide contracts to these two exceptional education schools and assist them with implementing an adapted program.

And with the HUSSC:SL, it employs a behavioral approach to changing food practices. What this means is it does -- they do things like they'll look at the school -- we're going to be working with the Department of Agriculture on this and, of course, the Department of Education.

But, they look at the schools and they want to look at their lunchroom specifically and things like making healthier food options easier, whether it's snacks and/or foods, drinks, making sure that water and milk are more available, and easier accessible than soft drinks, Gatorade, that kind of thing, chocolate milk, put that to the back, the good stuff up at the front; make it easier from a behavioral modification standpoint.

And, we're going to work with them on making sure it's inclusive and more accessible for children with disabilities.

Now, for the work plan development. We worked with this and we ensured that our work plan aligns with our funding opportunity announcement.

So, when we were writing the SLA, we want to make sure our work plan aligns with what we originally submitted to the CDC.

Currently, we are, in this stage, we are working with the CDC to get their feedback on what we submitted and we're determining our objectives, what we want to accomplish for this first year.

Some of the things we initially, you know, submitted were great, wonderful ideas, but the -- and after talking with the CDC, once we got the award, it was great ideas, but pull back a little bit. Make it more realistic and achievable.

So, that's what we're kind of doing right now.

And it wasn't just us, it was the other 17 states that were awarded this funding. We all have great ideas, they just want to make sure we're realistic in what we can accomplish this first year.

Their work plan strategies for core implementation for all of our programs, really, we wanted to look at the four core areas and those are partnerships, programmatic, policy, systems, and environmental changes -- yes, we like big words at DOH and the CDC loves stretching them all out -- dissemination and communication and technical assistance and training and we'll get into that, each one of these, right now.

So, with partnerships, some of the goals we're looking at doing are to strengthen and maintain the established advisory committee with representation from persons with disabilities. That is you, the Disability Community Planning Group. We want to participate in relevant local and statewide or nationwide coalitions.

We're going to strengthen and maintain a working relationship with our state intellectual disability program provider or state Chronic Disease director.

And participate in a joint project with a National Center on Disability.

>> [Away from microphone and unable to clearly hear].

>> BRYAN RUSSELL: That would be the association -- or Agency for Persons with Disabilities, APD.

>> Okay.

>> BRYAN RUSSELL: And with the PPSE or the program, policy, systems, and environmental change core plan, that's what we were just discussing with the CSPAP, HUSSC and the DPP to compile it in evidence-based strategies for persons with mobility limitations or intellectual disabilities and their caregivers.

Use public health guidelines to customize evidence-based programs for persons with disabilities.

Implement rigorous, evaluate new programs and implement new programs.

And the dissemination and communication strategies are disseminate key findings and lessons learned on several key modes whether it's social media success stories, our quarterly newsletters -- sorry -- and conference presentations, manuscripts, and develop health promotional materials tailored specifically for persons with disabilities.

Focusing on health literacy and understanding -- well, not -- healthcare issues or however it relates to persons with disabilities.

And, of course, our technical assistance and training. We're going to continue to train select audiences about health risk factors, health disparities, and policies that affect people with disabilities.

This is one of the strategies we're using to continue to work with our cultural competency training for healthcare professionals. And not just healthcare professionals, but we're wanting to tweak that for emergency preparedness, emergency responders, teachers, really, any audience we can work with that.

And then, of course, support -- continue to support persons with disabilities and their families on providing technical assistance, referral information, resource information as well.

Yes?

>> How do you select the audiences that you're going to provide technical assistance to? And are those the same audiences in the second bullet? The families with healthcare providers and et cetera.

>> BRYAN RUSSELL: The first bullet has been geared towards our healthcare professionals, whether it's medical school, students in medical school, healthcare practitioners and other groups, and it's mainly been focused on this and the other one is any time we get people calling or e-mailing for, really, resource information; you know,

how do I sign my spouse up on disability? How do I get it -- um.... I'm moving to Florida from, you know, Massachusetts, how do I get signed up for Medicaid?

>> So, people who contact us for technical --

>> BRYAN RUSSELL: Right, exactly, these are people who contact us.

[Pause].

>> BRYAN RUSSELL: And for the work plan components, we have to really -- they want and it's a great idea to use what we call the "SMART objective tool," I'm sure y'all are familiar with it. We want to make sure it's specific, measurable, achievable, realistic, and time oriented.

We want to make sure we know what we're doing, who we're working with, who we're doing it too, when, and how much, measurable, can you measure it, is it something you can look at later and say yes, we accomplished this. Is it achievable? Is it likely to succeed? How long will this take?

We're looking at our objectives and we want to make sure they fit in that -- they fit in that timeline, in that template.

CDC provided us with this tool, to help us make sure that our objectives are SMART.

You know, we like to think we're smart, but now we have an acronym to prove it.

So, we looked at things like the time phase. By what month and year do you want to measure your progress towards this? Do you want to maintain? I can't -- this is just a screen shot so I can't really -- oh, I don't want to do that either. Sorry!

[Pause].

>> BRYAN RUSSELL: I can't really click on it, but trust me, it says maintain and when you click on it, you can say increase, maintain, or decrease.

And then we look at measurement units, whether it's a number or a percentage. So what are you measuring? How will you characterize that objective? How do you want to go with your objective? Do you want to increase it or decrease it or keep it the same?

So, for this instance, we want to -- we're going to measure our health promotion and disability resource materials. We want, by June 2017, we want to maintain our number of the resource materials to fit and that it automatically populates, so by June 2017, maintain the promotional disability research materials at six for the year.

And this is where we put it. So, this is the work plan template. This is what actually goes to the CDC. The previous template, that's just for us here at the office, but this one has to be nice and pretty for the CDC.

So, there's the annual objective. We then move down to the description of what it is the objective means.

And for this one, it's worth -- well, the Disability and Health Program will use the disability and health data system, which is a CDC-based data system and other data sources to identify, create, and disseminate health promotional resource materials tailored for persons with disabilities.

This will, of course, include things like tip sheets, our annual legislative brief, newsletters, brochures, pamphlets, resource guides.

Our partners, of course, will be the University of Florida, our Bureau of Chronic Disease prevention and you, the disability planning group.

The resource materials will cover various different health topics, such as diabetes, cardiovascular disease, physical activity, hypertension. The target population will be persons with mobility disabilities and intellectual disabilities.

And, then they want us to look at the milestones. What key events need to happen for us to accomplish this objective? Things like, of course, create the quarterly newsletter, create the annual program brief, and create the educational materials.

The milestones list who is responsible for which objectives, so it will be us and our UF partners, primarily. Moreover, a timeframe is also listed. We can start completing objectives for the year in September and end in June.

The annual program brief, will start in October, which is next month, and end in December. We do this because the legislators really start getting here in Tallahassee and getting ready for the session in January/February timeframe, so we want to get that to them ahead of time.

And, then the measures are things like the number of newsletters we created and disseminated, the number of annual program briefs we disseminated, and, of course, the number of our resource materials.

And now for some of the different objectives that we've proposed to the CDC, now, keep in mind these are subject to change, they're subject to editing, we're still working with the CDC on their feedback, so....

With this one, this is for the DSME, the diabetes education and the diabetes prevention programs. By June of next year, we plan to increase the number of DSME programs in Florida that are funded and provide DSME interventions for persons with disabilities with accommodations to them from 0-3. And, by June 2017, we're going to increase the number of adapted DPP curricula that's approved by the CDC from 0-1.

So, what we're going to be doing there is we're going to leverage our support from our Bureau of Chronic Disease Prevention, our existing resources to work with three DSME hubs in Florida, that's the Big Ben health council, the council in southwest Florida and others, and we want to ensure that there are opportunities that focus on inclusive language and emphasize accessible facilities.

And, now working with the DPP, like I said earlier, we're going to work with, of course, our partners, with UF, the YMCA, Florida Centers for Independent Living and the American Diabetes Association of Florida to adapt the curriculum for persons with mobility limitations or intellectual disabilities and their caregivers.

And, our goal is to obtain the status of pending recognition by the CDC.

We know this can take a long time, so that's why we're gonna look -- we're gonna shoot for pending recognition by the CDC. That means they'll actually put it on their website as adapted for people with disabilities. So, if you're coming in the state or if you have a disability and you're eligible for a DPP, you can actually look and hopefully the CDC will be able to list that as, hey, if you have a disability, the YMCA Winter Park can take care of that for you and meet your needs.

Yes?

>> Comment. This is Imar again. And although it's not a requirement for this grant, what I would like to see is that the CDC's curriculum, they had a standard curriculum that programs can either adopt as-is or if they have a different curriculum, it has to get approved by the CDC in order to get on that pending recognition registry.

But what I would like to see happen is that the standard curriculum does include that adapted language, it includes exercises that can be done by persons can disabilities.

>> BRYAN RUSSELL: Mmm-hmm.

>> Every part of the curriculum would include those adapted elements.

And, I also want to say the CDC is all for that. Our project officer for the 1305 grant is behind it 100%. So, hopefully that's what we'll be able to do.

>> BRYAN RUSSELL: Awesome; excellent.

Okay. So, that's -- I know we can make that happen, so....

The main purpose of this objective is basically to add the inclusive language to existing DPP curricula and make sure they're accessible. And....

[Pause].

>> BRYAN RUSSELL: Like we discussed earlier, with the CSPAP and the HUSSC or the school programs, we are contracting with our partners, with the University of Florida and NCHPAD, and we're working very closely with our Department of Education and their Bureau of Exceptional Education Schools to develop this adapted CSPAP and learning series.

Right now the main purpose is to improve activities for children where mobility limitations and/or intellectual disabilities through evidence-based health promotion interventions.

And, so this is one of the ones that the CDC, that we were talking about scaling back and going -- our initial goal was full implementation by, like, February or March, and that means have both schools trained, everything they need, and fully implemented by March.

But, after talking with the CDC and talking with the two schools, with people in the Department of Education, a lot of what we're asking is great, but it's a lot more work -- it's not realistic.

So, we're kind of scaling back a little bit. And, we want to make sure that -- well, myself and Claudia with UF are trained in the CSPAP and then working with the two schools to figure out what they need to make it adapted and training the staff at both schools on adapting it.

And, so hopefully by the end of June, we'll have both schools ready for full implementation starting in September of next year for the next school year.

So, that's kind of how we've tweaked it to make it more realistic, is shooting for full training and ready to implement by the end of the year.

And, when I say full training, if we can train at least 15% of the staff at each school, that's about 15-16 people, then we will have met our goal and I think we can reach that.

And, we will be contracting with Gretchen Everhart School and Sidney Lanier Center and we will be giving them about \$7,000 each to purchase any type of needed equipment. If there is any, you know, adaptive equipment that they need, we can purchase that to do pretty much what they need to do to help make this happen.

So, we are, you know -- there is definitely some incentive for them.

And, long-term, I hope to expand this from just these two schools to more exceptional education schools and more general K-12 schools throughout the state.

And, now for the other strategy we're looking at for the dissemination and communication. This is what I had an old boss, a former boss call the "fun stuff," the stuff that you get to create and publish.

We're looking at doing, like I had mentioned earlier, at least 4-6 different data products, whether that's an annual legislative brief to our state legislators and their aides about a public health-related issue for persons with disabilities, to data briefs about new public health issues coming on, and other disability-related resource materials.

You know, even if that's something, you know, editing our and republishing our person -- you know, *Emergency Planning and Preparedness Guide* for people with disabilities, things like that, we're open to anything.

And, also for partnerships, we want to increase our adapted physical activity and education joint projects. That's something that we're going to plan with NCHPAD and definitely more people that can help us with it. We've worked with NCHPAD before and like I said, they're one of the best national groups to do this.

And, also, we want to increase our percentage of new partners with disabilities on our planning group by 10%. So, between now and next June, we need at least 10% -- a 10% growth in membership of persons with disabilities.

>> How many people are on the planning group?

>> BRYAN RUSSELL: We've got about 120, 125 currently. So there's definitely room for growth, I think especially in the north to northwest part of the state. Yes?

>> This is Susan Redmon. Have there been any outreach towards people in the schools working with to bring them in with the disabilities --

>> BRYAN RUSSELL: Yes, yes, we've been reaching out to both schools and getting a warm reception. So far, so good.

Yeah, it's something that they're willing to do, especially to know, you know, it's not an unfunded mandate. There is some funding coming down, they weren't asking anything curriculum change-wise or not teaching them anything new.

And the good thing about the CSPAP, it's not just during physical -- during PE time, the students -- the teacher can give them about a let's do ten minutes of yoga before a test or, you know, say for ear and Chronic Disease Prevention, we did something called the Walking School Bus a few years ago and it's still going on, it's walking to school, walking back home from school, it's before, during, and after school physical activity. So, anything we can do to help that is a good thing.

A lot of stuff that they're probably doing now, whether they can do relatively easy throughout the day, so....

Definitely something that's doable.

And, we want to increase the number of Train the Trainer presentations by at least a factor of one.

We can do that, that's not a problem.

And, also, we want to maintain our percentage of the interpersonal, technical assistance referral info we provide, we want to keep that at 100%, we respond to everything that comes in.

>> So, last year you had two Train the Trainer presentations?

>> BRYAN RUSSELL: Yes, yes, last year we had two. We want to increase that to three.

>> Do you have the subjects yet or....

>> BRYAN RUSSELL: Yes, the one I know we're going to do we want to continue is the cultural competency. It's geared toward medical professionals, healthcare professionals. I would like to see us increase our footprint and expand that out to maybe in an emergency preparedness planning situation, things like how can persons in a shelter -- especially if it's a regular shelter, not a special needs shelter, but persons, say in Duval County, if a hurricane hits Jacksonville area, people with disabilities come to a shelter, how do I deal with that? You know, how do I deal with a family who has two kids who are autistic come to a shelter? How do I -- you know, if I'm a shelter manager, what do I do? That kind of thing.

So, work maybe with them. And, you know, we're open to other options as well.

>> Are those going to be held by a webinar or in-person?

>> BRYAN RUSSELL: Right now it's in-person only. I'm working with Claudia and her team at UF to modify that. That's one thing we're working on right now, is how can we modify that to do it by webinar.

There's definitely some opportunities to put that on our Florida Training System and for those of you that don't know, train, just like it sounds, the Training System is a portal for training that the Department of Health uses and so do some other state agencies, but it makes it so much easier for us here at DOH Headquarters to get training out to the local County Health Departments and all its employees to get required training done.

So, I would love to get it on there so we can work with the local county health department clinic workers and our liaisons so they can get trained in it, that kind of thing.

Any questions from anyone? Feedback, please?

If I can't unmute you, feel free to put a question in the chat box.

>> [Away from microphone and unable to clearly hear].

[Pause].

>> BRYAN RUSSELL: Well, I'm seeing no questions.

Any thoughts? Anybody think that this is definitely doable?

Any thoughts on other agencies we can work with, you think? Just type in the chat box.

Oh, there we go.

Valerie, I do see something. "Are there any particular data reports you have in mind to develop?" Um....

[Pause].

>> BRYAN RUSSELL: Yes, Valerie, you know, that's definitely something that we're looking at. Some of the things we're going to be looking at, definitely data-report-wise would be things like using the BRFSS, census data, other CDC and state reports and state data as well.

You know, trying to see -- I know UF had done a couple of studies and we might ask them to -- had done a couple of in-house surveys on emergency preparedness for persons with disabilities and we may try to do that again this year and see if we can get any updates to it.

[Pause].

>> BRYAN RUSSELL: Well, we will get the -- once I get -- once the recording is complete and everything shakes out, we'll get these -- we can share the recording of this webinar out to everybody.

[Pause].

>> BRYAN RUSSELL: And, if there are no other questions, I think that's all we have. But thank y'all so much for attending and for participating.

Our next conference call will be tentatively scheduled for Wednesday, December 21st, probably from 1:30-2:30, but we'll definitely send information out the closer we get to that date.

Remember, next month, October, is National Disability Awareness Month, so there's a few events going on, I know, in Tallahassee, so be on the lookout for that.

I want to say October 5th, something with Florida Developmental Disabilities Council is hosting a couple of big events on October the 5th with some Employment First initiatives.

And without further -- you know, without anything else, thank y'all for coming and attending, and we will be in touch.

>> Bye, everybody.

>> BRYAN RUSSELL: Bye.

[Meeting concludes at 2:12 p.m. EST].