

REALTIME TEXT FILE

DISABILITY COMMUNITY PLANNING GROUP WEBINAR

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>> CLAUDIA FRIEDEL: Hello, everyone, this is Claudia Friedel for the quarter four Disability Community Planning Group webinar. We are going to get started shortly.

Bryan will be our presenter, he is the program manager for the Disability and Health Program, he has been in that role for several years, and we're going to be talking a little bit about what we have been doing and what we plan to do for next fiscal year.

So I will let Bryan take it away.

And if everyone can mute their lines, we can ask questions either at the chat feature or at the end and thank you so much, Bryan, for speaking today.

>> BRYAN RUSSELL: Absolutely. Thank you so much, Claudia. And thank y'all for joining us today.

Yeah, I'm going to get started. This is our Disability and Health Program quarter four update.

And I'm going to go ahead and get started.

So just kind of a quick recap on our focus with the CDC. So the Disability and Health Program has been funded for a five year grant for the Center for Disease Control and Prevention and this five year funding is improving the health of people with disabilities, whether that's mobility limitation or intellectual or developmental disabilities, and our main focus this go-round is adopting and implementing evidence-based strategies.

So, what that means is different evidence-based programs that we've identified as -- would be beneficial for people with disabilities, whether it be diabetes prevention, physical activity, obesity, that kind of thing.

And so we took those -- we took -- selected two of those programs and adapted them for people with disabilities.

And so we are currently -- and I'll get into that in just a minute.

But right now we are currently housed in the Bureau Of Chronic Disease and Prevention within the Department of Health and within the Bureau Of Chronic Disease and Prevention we focus on what you think chronic disease are, things like diabetes, heart disease, asthma, epilepsy, lupus actually is another topic that we're working on, lupus and Alzheimer's.

Not making a whole lot of end roads with that but we're addressing those issues as well.

And so like I said, like I mentioned earlier, we choose within the Florida Department of Health diabetes, physical activity, nutrition, and healthy weight. Mainly because that's where the data leads us.

People with disabilities tend to have higher rates of diabetes, they tend to have less access to physical activity and nutrition, less access to healthy foods.

So we wanted to look at two evidence-based programs that are successful that are being implemented elsewhere for just the general population in a very successful manner.

And so we look at the Diabetes Prevention Program and the comprehensive school physical activity program for kids to be physically active before, during, and after school.

And the Diabetes Prevention Program was selected by us to influence in three current county health departments in Santa Rosa County, Seminole, and Walton County. Santa Rosa and Walton are in the Panhandle and Seminole is in Central Florida.

We have year three and a staff trained with the current curriculum with their plans.

And next year we hope to maintain the three sites from leveraging funding from a couple of other sources, additionally some of our DHP funding as well, and basically the funding part is going to focus on salary and marketing, partnership development, and recruitment.

Especially what we're noticing from some other -- we've noticed just based on what our Bureau has been doing with the adapted DPP, with other programs, recruiting and maintaining clients with -- participants with disabilities is the key, and once you get them signed up, that's important, that's great, but then this for all curriculum is a year long. You have weekly meetings that last for six months and then after that, you have multi-meetings that last for an additional six months.

So kind of like an intensive outpatient program, followed up by, like, a continuum of care on the back end.

But getting them to buy in and to stay engaged is vital.

And, you know, right now we're looking at different ways to address issues, such as transportation, such as, you know, access to -- access to the curriculum, access to actual county health departments, that kind of thing.

Additionally, like I said, we're focused -- we're focused on these three county health departments with the Disability and Health Program.

There's also some additional funding through the NACDD, which is the National Association of Chronic Disease Directors, and they are funding five additional DPP -- recognized DPP sites in Florida. To implement the same adapted DPP prevention and so we're working with them on a couple of things, but we're using the same curriculum and this is just to let you know that we're run -- you know, we're one of the leading states in the country right now as it relates to trying to get access, you know, some increased access to DPPs for people with disabilities.

And so the other evidence-based program we are working in and implementing is the CSPAP.

Several years ago, the CDC created this physical activities program for schools to implement, schools and school districts, actually, to implement.

And basically they want to encourage students to be more physically active before, during, and after school.

There are several components to this. Mainly you're wanting to get the community and to get parents to buy in. You're wanting the students to be more -- of course, the teachers, and you want the students to carry home these lessons they learn and carrying home the idea of being more physically active after school as well.

So, what we did was we took a look at the curriculum, we took a look at the program, and we noticed that there was no mention of disabilities, there was no mention of making

accommodations for students with disabilities. Whether that was intellectual or developmental or mobility limitations.

And we started to make adaptations, we started to change the language in the curriculum, in the program, to be more inclusive.

And we're working with Exceptional Student Education, or ESE, and mainstream schools across the state to implement this program.

And a quick description of what this looks like, so in the first 30 days, we identify -- we'll identify school districts, and then the school districts then designate the school, they tell us what school they think would be a great partner to work with.

And we work with the schools within the first 30 days, hopefully this takes place in August, the school designates a liaison, someone we can work with hand in hand and we will conduct a first assessment.

And usually this team is something like a school wellness team.

We hope it includes, of course, teachers, to include a P.E. coach, and then hopefully it will also really encourage them to include a couple of parents who have students with disabilities on this. Just so they can help with implementing the program, making it a good buy in for the skill in what this is.

And the school inclusion index is just a quick assessment, it's an online assessment that we created for the school liaison to get a feel for where they currently are as far as accessibility and where they need to be.

This isn't just like an ADA accommodation, you know, an ADA assessment, this takes it a step further.

And so then within the next -- within the next month, they also do a school health index. And that's some type of an inventory on what all the tools they may need. And so things like they may need an adapted swing set, do they need more sensory items, that kind of thing.

So after we've done all that, then we help them to -- then we help them to start implementing, you know, implementing with the CSPAP or implementing the adaptive CSPAP and what that looks like and usually within the first six months, they also will start purchasing the tools and then you can see, then it goes from purchasing to evaluating and try to figure out how they will sustain this after the money runs out.

And here is where we are and where we're going to be. So currently we started out in Tallahassee and Gainesville, with Gretchen Everhart in Tallahassee and the Sydney Lanier Center in Gainesville and now we've gone to Maplewood Elementary, Lavoy Exceptional Center in Tampa, Hillsborough, Lee, and Marion counties and now we're going to implement this in Miami, St. John's, and Sarasota Counties, while at the same time maintaining the schools that we're working with this year.

And just real quick, here are some of the accomplishments we've done over the last couple of years. You know, we increased opportunities, you know, minutes of physical activity for students with disabilities in every school, going from 30 minutes a day to 60 minutes a day.

So we also have helped create rainy day kits for teachers to use in their classrooms.

One school we created a sensory room and used some of the funding to provide a structural and create a sensory room in their school for the students who, you know, are on the autism spectrum.

Teachers have been trained on the CSPAP and I would say at least half a dozen or if not all of the schools are using some of the funding for new adaptive equipment.

Currently at Veterans Park Academy in Ft. Myers, you know, they've got about 250 students with disabilities out of 1700.

Interestingly enough, none of their students with disabilities have the mobility limitation,

it's all on the intellectual or developmental disabilities side.

That's just interesting for the data, for the data geek in me.

Additionally, some of the things that they are discussing that we've had to help them work through are things like how to adapt the current activities for students with disabilities. They're a mainstream school and we anticipated this, so helping them understand what -- the conflict of universal design, helping them understand, you know, what it means to be inclusive in the general education classes, how do we include our disabled student populations or our students with disabilities in the general Ed classes as opposed to just the ESE classes.

And then we're also in Maplewood Elementary School in Ocala and they have about 739 students and students with disabilities, where they need assistance with are things like partners with the Special Olympics or other disability organizations.

And incidentally, Maplewood is one of the schools that is retrofitting or re-outfitting one of their playgrounds with adaptive equipment.

And Lavoy is an exceptional school in Tampa, it's a small school and we've expected that, and they're making a lot of great strides in this.

So that's where we are right now, as far as those with the adapted interventions.

And I'm proud of the success we've made so far.

Incidentally, we have been asked by the State of Arkansas and their Disability and Health Program to mentor them and copy what we're doing in Arkansas.

Any questions?

[Pause].

>> BRYAN RUSSELL: Claudia, whatchya got?

>> CLAUDIA FRIEDEL: No, I don't have any questions. That's great about Arkansas, I didn't know about that, that's wonderful.

>> BRYAN RUSSELL: Yeah, absolutely, absolutely, they approached our project officer a couple weeks ago and she --

>> CLAUDIA FRIEDEL: Great, wonderful. Well, that's good to hear!

>> BRYAN RUSSELL: Absolutely.

>> CLAUDIA FRIEDEL: Okay. Do you want me to do the healthcare provider?

>> BRYAN RUSSELL: Yeah, could ya?

>> CLAUDIA FRIEDEL: Sure, the Disability and Health Program has hosted our disability training several times in the last few years, starting in 2017, we worked mostly with MPH students and worked with other healthcare people locally and we worked with shelter staff, and in 2018, we presented at a big training conference for the Florida Association of Community Health Centers and they had an annual provider training, so we were able to hit a lot of M.D.s, nurses, and other providers that work for the FACHC in the state.

And we worked with pre-health undergraduate students at UF.

In the past, this year, we have performed -- well, given the training to UF students, the VA locally, again to the MPH students, pre-health and undergraduates.

So the results from the pre- and post-tests were disseminated as abstract and we gave them at several meetings in order to share the results, the NACHC conference and Rebecca talked about the data at our annual face-to-face meeting, and I don't have the results in front of me at the moment, but we'll continue to get that information.

Bryan, can you advance, please? Thank you.

We didn't add it here, but Bryan will talk about the policy work that they're doing.

>> BRYAN RUSSELL: Yeah, so one of the really good things that we get to do here within the Disability and Health Program is we get to discuss, you know, you can be more inclusive as it relates to policy.

You know, policy work is a great way to build in some sustainability in the programs.

This year, we've been able to work with the Office of Communications and to require the inclusion of persons with disabilities in imaging, because it's really important for people to see themselves in, you know, that they feel that they're being heard, they feel like they're part of something, when they see themselves in the media, in -- in the Tony Awards, the lady in the lead of the musical "Oklahoma" was in a wheelchair and she won a Tony Award and that was really important for this population.

And some say that the communication did not agree with us and they added this policy, they added that requirement now, so the Department of Health infographics and messaging should be more inclusive, should start becoming more inclusive within the communication products.

And to kind of help that along, we purchased stock photos of people with disabilities and we're sharing that with county health departments and other programs and bureaus within our division.

And we're also working with our Office of Contracts to implement some type of program where people with disabilities and organizations serving disabilities are included in different RFAs and requests for applications.

And next year, next year we're looking at some other ways to be proactive in policies and try to figure out ways to maintain it.

One of the things we're looking at next fiscal year is requiring or hopefully creating and drafting policy to require disability be listed in some of our data products as they -- as a general demographic.

[Pause].

>> CLAUDIA FRIEDEL: Okay. Thank you so much, Bryan, for providing that summary --

>> BRYAN RUSSELL: No problem.

>> CLAUDIA FRIEDEL: -- of what we're working on.

Now would be a time if anyone has any questions, to go ahead and shoot us either in chat or to go ahead and unmute your lines.

I think -- is everyone muted, Bryan, or do you have to do that?

>> BRYAN RUSSELL: Yes. Everyone's muted right now, but they should be able to unmute themselves, I believe.

>> CLAUDIA FRIEDEL: Hmm... okay.

>> BRYAN RUSSELL: If not, I can unmute them.

>> CLAUDIA FRIEDEL: Okay. Just shoot us a chat if anybody has any questions and we can unmute your lines.

And we'll just give it a minute if anything pops up.

[Pause].

>> CLAUDIA FRIEDEL: I did see that, Bryan, about the Tony, the Tony Awards and that was really cool.

>> BRYAN RUSSELL: Yeah, my mother called me, she texted me, like, two or three times Sunday night while she was watching.

>> CLAUDIA FRIEDEL: Awww... nice. All right. I don't see anything, Bryan, do you?

>> BRYAN RUSSELL: No, I don't.

>> CLAUDIA FRIEDEL: Okay. Well, everyone has our contacts so if anyone has any questions, they can feel free to contact us. And we'll be sharing the CART notes and recording of this webinar to the general partnership in the coming weeks.

So, thank you so much to everyone who made it on. And to Bryan for presenting.

>> BRYAN RUSSELL: You're welcome!

>> CLAUDIA FRIEDEL: We will see you all or talk to you all next fiscal year, which will start sometime in -- it will start in July.

>> BRYAN RUSSELL: Sounds great. Thanks so much, y'all.  
>> CLAUDIA FRIEDEL: All right. Thank you all. Everyone have a great day.  
>> BRYAN RUSSELL: Bye.  
>> CLAUDIA FRIEDEL: All righty. Bye-bye.  
>> BRYAN RUSSELL: Bye.  
[Concludes at 2:27 p.m.]

\*\* Edited \*\*

#### Recommendations and Findings:

- Access to and inclusion in evidence-based programming, such as Diabetes Prevention Programs and the Comprehensive School Physical Activity Program, help to reduce health disparities for PWD.
- Recommendations include continuing efforts to make evidence-based programming accessible to PWD and including inclusive images in health communication campaigns such as infographics.