

REALTIME TEXT FILE

DISABILITY COMMUNITY PLANNING GROUP WEBINAR

Monday, March 30, 2020

11:00 a.m.

REMOTE CART CAPTIONING PROVIDED BY:

Lisa B. Johnston, RMR, CRR, CRC

Certified CART Captioner

*www.providingcart.com*

\* \* \* \* \*

\*\* Edited\*\*

\* \* \* \* \*

>> CLAUDIA FRIEDEL: Hello, everyone. Welcome to the third quarterly Disability Community Planning Group conference call for the Disability and Health Program. My name is Claudia Friedel and I am at the University of Florida here on this grant. I am here to introduce our student, Meagan Sullivan, our program assistant.

She attended the 2019 American Public Health Association annual meeting and expo last fall. And is here to talk about the disability section presentations that she attended, to give everyone sort of a little sneak peek about what the meeting is all about.

So, I will let Meagan take it away now. Thank you!

>> MEAGAN SULLIVAN: Wonderful. Thank you, Claudia.

So, good morning, everyone. I hope you all are staying safe and socially distant if you can.

Thank you for joining our DCPG this quarter. Today I will talk about the American Public Health Association 2019 annual meeting held last November in Philadelphia, Pennsylvania and the theme was "Creating the Healthiest Nation: For Science. For Action. For Health."

[Pause].

>> MEAGAN SULLIVAN: Okay. So, here's a little bit of an overview of what I'll be going over today.

First, I'll start with an introduction to APHA's annual meeting and the disability section itself. And then I'm going to move onto some of the highlights from this year's meeting, including the poster and oral sessions, and I'll talk about how some of the things we learned at the meeting this year can help at the Disability and Health Program and talk about some of the resources that I'm aware of through my membership with APHA about some current events. All right?

So, without further ado...

[Pause].

>> MEAGAN SULLIVAN: So, what is the annual meeting and expo? APHA holds their annual meeting to serve as a place where health professionals can come together and share what they learned in the past year and share resources and disseminate research with one another and to network and to see what we could be doing for the next year.

And it's a great way to touch base. And I found it very helpful as a young health professional to learn about what other people are doing in the disability section. So, within APHA itself, there are SPIGS and member sections. Members of APHA can be a part of a special primary interest group or a member section, and the member sections are a little bit more formally organized and they have broader categories. You can see some of the categories to the right.

The disability section, which would relate most to us at DHP is the member section and that's what I attended most of the presentations of.

Members of the disability section are interested and involved in policies and actions, focusing on promoting equal opportunities for people with disabilities, including the promotion of equity and healthcare and health outcomes and social change to promote socioeconomic integration. Members come from a variety of backgrounds including social and rehabilitative sciences, medical and health professionals, and social sciences. And so thus, they work in various fields such as education, research, provision of clinical services themselves, policy development, and civil service.

[Pause].

>> MEAGAN SULLIVAN: Okay. Now that we've had a little bit of an introduction about what exactly the sections are, I'm going to go into the meeting itself. And a little bit about what I saw for the poster presentations and the oral presentations.

The first starting out with the posters. The posters about disability were disbursed throughout the poster sessions and had an abundance of information about a variety of issues impacting people with disabilities, but I just picked out a few general themes that I noticed showing up in a good amount of the disability posters.

The first posters I saw was intersectionality and it wasn't always labeled, like, with intersectionality with the title in the poster, but a lot of the posters touched about the determinants of health about disabilities and people with disabilities.

And a quick refresher what intersectionality is, it's a framework to help try and understand how social categories, like race, class, and gender, combined to create for disadvantaged for a person or group of people.

For instance, if somebody has a disability and is black, their structural disability in healthcare can't be viewed by looking at these two categories separately. You have to take into account the discrimination they face with their race and their disability together in more of a multiplicative sense instead of an additive sense.

One of the posters at the meeting was highlighting the unmet needs of disabled people of color in Connecticut and Rhode Island and they reported unmet needs in healthcare access due to racism and attitudes, and unmet needs in social determinants of health like housing and poverty, and accessibility issues with physical access and transportation.

And there were other posters that discussed disabled veterans, mental health, women's disabilities and so on, but there was acknowledging the social determinants that can be labeled with identities if you're a disabled person.

Another really promising thing that I saw throughout the poster sessions was the inclusion of people with disabilities in your research and looking at community assets and strengths during intervention instead of sort of a negative view, which was really great.

Even if they didn't include, like, CBPR in the title, a lot if you look at the message of the posters included some sort of at least one touch point with a person with a disability during their intervention and, of course, we want to reach closer to that really including people with disabilities in all aspects of our research, but it was a nice thing to see that a lot of people were at least taking the time to acknowledge that it's important that we

include people with disabilities in our programming and interventions as a whole. And the last key point that I saw was health communication and social media as a tool for dissemination and social support and community building for people with disabilities. So really, a lot of Facebook for people with chronic pain, things like that, to really how we can use the communication tools that we have in order to help build a more extensive community and how that can serve as a motivator for us to make social change.

And one poster in health communication that was really particularly timely right now was the emergency communication for children with special healthcare needs and their families.

So this poster was out of Drexel university and everyone had preferred sources where they wanted to get their health communication and it depended on, you know, what the -- how serious the emergency was and also what the hazard was itself, whether it was weather, whether it was health, that kind of thing.

Most of them did want to get primarily from their doctor, which serves us to be able to say that well, we need to make sure that well, our healthcare professionals are trained on how to disseminate information in an accessible way to all their patients and their families, and we also need to -- before an emergency happens, work on really building those relationships so that people trust their healthcare providers and that trust is earned.

Moving right along to the oral presentations.

So these had a wide variety of things that they touched on very specific.

But more broadly, a lot of the themes that kept coming up was public health and policy. So including people with disabilities in your programs and services, but also in keeping them in mind when you're making policy decisions, and when you're advocating for certain policies.

So, things like we know that having access to a job can really change the way someone's health is impacted and unemployment is one of those big social determinants of health.

But we also need to keep in mind our job accessible, why aren't people with disabilities employed? And what are the barriers? And how can we make policy work for us in order to make sure that people with disabilities are employed and that that social determinant health is taken care of?

So there were plenty of oral presentations discussing policy and you could really figure out how to fit in the disability, even the ones not in our section, which was really interesting to see.

Another thing that kept coming up was how to train health professionals, which I found really interesting for us as a Disability and Health Program because we have a training ourselves and there were a lot of different approaches as to how people wanted to be trained and what worked and what didn't work.

And I think a lot of it was based off of what resources people had. So there were one or two that were similar to ours that had just lecture based and one was, like, a hands-on type of thing, but you could see they had a lot more resources and time and it really got embedded into the curriculum.

So it's really... um... what you can -- it made a difference, all of them made a difference, even if, like, the hands-on was a little bit better, it still showed a significant difference even just education period, so that was really exciting to see that other people had replicated our results as well.

And then one thing that I did see was education and access a lot. So making sure that our physical environments and our education, and especially our health education, are

accessible and that our communication is accessible.

And I feel, like, you could always do a better job in being -- in having access, but you can't really include people with disabilities unless you're accessible yourself. So that's something to always keep in mind, and I definitely had the point driven home at this meeting.

So, moving right along to what this means for us here at the Florida Disability and Health Program.

Some of the things that I think that we could continue to do is get community feedback from our Disability Planning Group, but also try to build our group a little bit, because it definitely seemed like our big theme was including the community in what your next steps should be.

And I feel like us at FDHP can really continue to do just that and help, you know, really decide where we want to take our, you know, our educational materials, what you want to see in the newsletter, that kind of thing, what will be most useful to our community and really getting that feedback.

And so I know at our annual meeting, we are planning to, online or not, you know, talk to our Disability Planning Group, if maybe you are in the Disability Planning Group and you know someone who would be a great partner for us, please send information about us their way and see if they would be interested in us, that kind of thing. We're definitely going to be building our planning group.

And I think also expanding our target audience for the cultural competency training is something we want to do within the next year, since we want to be on more sites and maybe take it on an online format and see if we can get a bigger target audience, since training health professionals on disability itself seems to be something that's very important to everyone.

And our training has had some promising initial results, so we want to make sure that we're getting -- you know, nursing was one of the ones that we saw at the meeting, so we want to make sure that we see if we can get into the nursing school and see if we can get, you know, out of the Gainesville greater area as well.

And then something I'm going to touch on a little bit later is that because I'm a part of the disability section as a member, I get updates and resources from their LISTSERV and we want to use these resources that are sent and make sure that we're using them to the best of our ability on our Facebook page, on our newsletter, and see from our community how else we can be disseminating information to you that would best serve all of y'all in your endeavors to help people with disabilities.

[Pause].

>> MEAGAN SULLIVAN: Like I said, I'm part of the Disability Section LISTSERV and a lot of it right now is about COVID-19 resources which has actually been relatively helpful because they're very specific, and so I -- before that, they had kept things up to date, that's just what's happening in the world right now, as we all know.

So, we'll continue to, even after COVID-19, we'll be continuing to use that resource. That's something that we can give to our partners as well.

But right now, something that's really great is the different audience-specific resource material that we've been getting from being a member of the disability section, and so, like, one of them yesterday, just yesterday, was if you're using a wheelchair, what special precautions you could take to make sure that your assistive technology is clean and that you're the most hygienic you can be, because imagine putting your hands on the wheels and you're also lower, so, you know, sneezes and coughs get on you a little bit more frequently.

So, like, what special things that people who use wheelchairs can do to make sure that

they're safe.

There was one with plain language and in Spanish that really very simply explains what was going on. There were videos in ASL and there's, like, small infographics will mental health you can see.

So, a lot of just resources like PDFs that you can click on are very, very useful.

And they also advertise webinars that give some more information about what's going on, like, right up to date, like, I was just on one on Friday that, you know, that gave me some up-to-date news, and especially for people with underlying health conditions, so, you know, continue to take your medications, if you have an underlying health condition, that kind of thing.

Please don't forego medical care, those sorts of things, so that was really helpful.

And I have a slide on here, we'll be able to share these slides with everyone, that has, so far, what resources that we've been sent from the disability section LISTSERV, and I can continue to update that too and I'll talk to Claudia about that.

But hopefully these are clickable links and you all gets these slides, so don't worry about writing them down really fast.

And so, yeah, I wanted to save some time and open it up for questions. So thank you all for listening.

Does anyone have any questions about APHA or the disability section LISTSERV?

>> CLAUDIA FRIEDEL: Thank you so much, Meagan. I actually do have a question.

>> MEAGAN SULLIVAN: Awesome!

>> CLAUDIA FRIEDEL: Let me... my question is: What -- can you give me some examples about when you were talking about the trainings and how some trainings were like ours, lecture-based, and there was the one that was more hands-on.

What kind of things did they talk about, like, sort of what kinds of activities they did or how they were more hands-on?

>> MEAGAN SULLIVAN: Right. So, I think I have those notes specifically for you about that one.

I believe that was the one in the nursing school, which was interesting, because we also wanted to get into the nursing, because they don't have it -- what I learned, they don't have it in their curriculum, or in most of their textbooks either.

Um... a lot of it was stimulation-based but they used real people with disabilities. So it wasn't -- they had the nurses go in as if they were treating the patients, but it wasn't, like, where you put blindfolds on, it wasn't like that, it was actually a person with a disability and they would go in and ask if they were their nurse and they would get feedback from the person training them.

So it was really like a simulation study

>> CLAUDIA FRIEDEL: Okay, cool.

>> MEAGAN SULLIVAN: You would see why that would be very resource heavy. And while it had really good results, as you can imagine, we might not be able to do that always. But it's always good to see what we can do within our means, you know.

>> CLAUDIA FRIEDEL: For sure, yeah. Oh, yeah, as soon as you said that, I said ooh, let me find out more about that.

>> MEAGAN SULLIVAN: Yeah!

>> CLAUDIA FRIEDEL: We're always looking for ways to improve our training.

What would you say was... um... the most sort of interesting talk that you went to or something that you -- that you sort of personally took away from the -- from the... um... from the meeting?

>> MEAGAN SULLIVAN: I got... um... I think some of the more interesting talks that I went to, there was one about employment and creating socially-valued roles through

employment, and that's something that really struck me, was not only we were -- they gave some statistics about, like, people with disabilities and work and employment that, again, with that intersectionality, women with disabilities are still disproportionately employed, even compared to men with disabilities. And I found that really interesting. And then also their takeaway was creating internships that have meaning to them -- [Background noise on telephone].

>> MEAGAN SULLIVAN: -- so not really looking more at, like, you know, financial or just, like, getting a job, like, stacking shelves or whatever that is, but really finding what's meaning to the individual and individualizing their employment strategy, and I found that really -- it would probably be very helpful in most senses, is to really look at the individual and see what they could have most use of, even if it's not with employment, if it's with other things, like school or just healthcare in general, just really seeing what the person needs and meeting those needs, instead of just generalizing well, you need a job, let's just get you into this job. If they don't find it meaningful, it's not doing what they say it is, so I found that very impactful.

>> CLAUDIA FRIEDEL: That's great.

Well, I wanted to give a minute to see if anybody else had any questions or... [Pause].

>> CLAUDIA FRIEDEL: Any comments?

>> MEAGAN SULLIVAN: I don't see any in the chat.

>> CLAUDIA FRIEDEL: Yes, I think folks still might be muted. So if anybody does have a question, feel free to put it in the chat box.

>> MEAGAN SULLIVAN: And you can see my e-mail there, so if you have any questions about the specifics or if you want, like, more information or just some of those resources that I sent, if the link is not working, please feel free to e-mail me with any questions after this.

[Pause].

>> CLAUDIA FRIEDEL: Yep. Well, that... um... hearing none or seeing none, I wanted to thank you, Meagan, so much for going up to Philadelphia for this. And it's been your -- it's your third time, I want to say? Second time?

>> MEAGAN SULLIVAN: Second, yeah.

>> CLAUDIA FRIEDEL: Second? Yeah, so we've really enjoyed hearing your recaps and finding out what the meetings were about.

These meetings are huge events. They're thousands of people. It's -- I mean... it's a lot [chuckles], so to condense it down for us is really helpful

>> MEAGAN SULLIVAN: Thank you!

>> CLAUDIA FRIEDEL: So I really appreciate your time on that.

And if anybody has any questions, feel free to e-mail Meagan or myself or Bryan. And, you know, everybody stay safe and stay home, if you can.

And we're here. So if anybody needs anything from me, feel free to e-mail me. Calls are forwarded to my cell phone. I'm here to provide technical assistance to anybody, as always.

So, everybody -- we'll adjourn with that. Thank you so much.

>> MEAGAN SULLIVAN: Thank you.

>> CLAUDIA FRIEDEL: Thank you. Bye-bye.

[Concludes at 11:23 a.m.]

\*\* Edited\*\*

## **Recommendations and Findings**

-Key findings from this year's APHA annual meeting included the call for continuing inclusion and access of PWD in research and provision of health services, the benefits of using an intersectionality framework when working with PWD, and exposure to different methods for training health professionals on PWD.

-Recommendations include broadening the target audience for disability and health trainings, considering creative ways to implement disability and health trainings, and eliciting disability community feedback and inclusion.