

REALTIME TEXT FILE

FLORIDA DISABILITY AND HEALTH PROGRAM
ANNUAL MEETING HELD VIRTUALLY
Session 1: "The Florida Disability and Health Program:
Year Five Progress Update and Plan For Next Round"
Tuesday, May 25, 2020
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REMOTE CART CAPTIONING PROVIDED BY:
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Edited

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>> CLAUDIA FRIEDEL: We're going to wait a couple more minutes, just to make sure that everyone can get on.

[Pause].

>> DR. NICOLE MARLOW: Okay. So, we'll go ahead and get started a little bit here. Hi, everyone, and welcome to our first session of our annual partnership meeting. We're very excited to have you here today and be able to host for you a great lineup of speakers.

So, a little bit of housekeeping before we get going.

We will and are recording the sessions today and we do have ASL and CART, live captioning, available.

For those of you who would like to view the captions, please click on the closed captions button at the bottom of your screen to view the captions. There, you will also be able to adjust the font size for those there as well.

For those of you who would like to be -- to have the spotlight/pin or ASL interpreter, please go to the participant list on the right-hand side of your screen. Then you click over the name "ASL interpreter" and then click --

>> [Open mic].

>> DR. NICOLE MARLOW: And then click on pin.

Once you do, you should then see Jesse or Lani in the main box on your screen.

We're holding questions to the end. If you have any that pop up, please feel free to type them in the chat or wait until the end and we'll have time to read questions or have folks unmute and then ask them at that time.

So, we'll begin our day by presenting on the work of the DHP these past few years.

And also, on the proposal that was submitted earlier this month for a renewal of our funding from the CDC.

So now Claudia Friedel, who manages the UF subcontract for the DHP, will begin on some of the work that we have been doing.

So, take it away, Claudia. Thank you.

>> CLAUDIA FRIEDEL: Thank you. Just -- I believe that Lani is captioning for this session, so if you guys do need the ASL, you'll want to look for Lani Crosby. And you can pin her, and you can see her on your screen all the time.

All right. So, thank you, everyone, thank you for joining us this morning. And I'm going to be going over the progress update, a part of it, and we're gonna just kick it off with our successes, I thought that would be a good way to start.

We have worked on some evidence-based interventions, as some of you probably recall. One is the comprehensive school physical activity program, the CSPAP, and we will talk about that in another slide and we have brought that out in nine schools statewide.

For the Diabetes Prevention Program, many have used the Prevent T2 for all curriculums. And that is an accessible or inclusive curriculum, which I will go over a little -- in another slide as well.

For the data products and information/educational products, we developed and submitted over 100 over the life this have grant. Have developed statewide policies to include access for persons with disabilities at the Department of Health through their policies that they have implemented there.

And then for our training, we have trained over 600 individuals. And now the training or soon to be, if it isn't already, is on the TRAIN platform for anybody to take.

Back to the CSPAP, we have increased opportunities through this program, increased opportunities for students with disabilities to participate in physical activities before, during, and after school, and trained teachers and school staff on implementing the program.

In return, the schools were provided a grant to -- a lot of them bought equipment with which to carry out this work and enhance those physical activity opportunities for their students.

And then some of examples of the things that were purchased were one school did a sensory room for their students with intellectual and developmental disabilities. You can see one in the background and then other work was purchased. Creating a rainy-day kits for activities indoors, this happened as a result of -- this happened in years two and three, wanting to find ways to keep active when it was raining, and they couldn't go outside.

A lot of schools in the beginning were remodeling playgrounds for increased access, so we'll have some pictures of that on the next slide.

And then some schools purchased adaptive tricycles and gym equipment and wheelchair odometers and things like that.

And we had some schools develop take home kits for children schooling from home as a result of COVID.

So here are the schools. In the five years, we worked with schools in Alachua and Leon County in years one and two. And then in years three, we hit a school, some schools in Marion, Hillsborough, and Lee County. And St. Johns County, Sarasota, and Palm Beach County.

So, some pictures of some of the items that were purchased and some of the things that the kid used to being more active, there's also some quotes from principals about how their kids have loved the equipment, so that's nice to see.

So, and before and after of a space that wasn't being used as much before and that was at Sidney Lanier down at the bottom on the right, and there were some spare kits and those were very popular.

For DPP, DHP identified existing DPPs in Florida and partnership with the NCHPAD,

and under all of the curriculum including persons with disabilities and taking the traditional T2 curriculum and modifying it.

There were some challenges with this, with this intervention, specifically because of the length. It is a year-long program and it is a pretty intense program.

The goal of it is to get participants to prevent type II diabetes by losing 7-10% of their body fat and it is a difficult program for people to stick with and we found it is harder for people even with disabilities, with transportation and sometimes needing a caregiver to rely on for getting there.

They were in person. And then due to COVID, switched online, so that transition also slipping up a little bit.

But seven DPPs in the state are using the adaptive Prevent T2 for the curriculum, so that's good.

For the five years of communication products, here's just a couple of examples of some of the things we do. Always do quarterly partner calls and quarterly newsletters and just a snippet, we did some diabetes information guides and tip sheets and some transportation guides in year one.

Every year, we sort of did a different iteration of physical activity and healthy eating tips for the caregivers and for the teachers of the schools that we worked with.

So, in year two, we had done the training with the domestic violence shelter here in Gainesville and worked with them and gave a tip sheet for people with disabilities and tips they can use.

All these are on our website. And I can have Meagan put our website on... I can have Meagan put the website on the chat if you guys want to check that out.

For year three, we also did school reports. Some of the schools, or all of the schools were asked to, um... pre -- to fill out the school health index, which is a pretty intense survey to find out where they are before they implement the CSPAP, so we used that data to create the school reports showing where they are, where they were before, and then evaluating their efforts.

Along with the educational materials and, um... and then we also create school community resource guides for faculty and for parents sort of to find out where they could find activities for their children to be more active.

In year four, Bryan created an ADA anniversary poster, and we created a service animal self-advocacy resource tip sheet in response to technical assistance call that we received from a woman who was being discriminated against because of her service animal.

So, a lot of things are created as a result of opportunities that were approached with -- so that's -- so that's nice to be able to go both ways.

In year five, we created partner expansion report and engagement plan and some COVID information and some resources for veterinarians, among other things.

So, for policies, the Department of Health level, there was a program, inclusive program development policy that was requiring all programs in -- to be able to work with health programs to make sure their interventions were inclusive for persons with disabilities.

In year three, there was an infographic policy requiring visual information by all products produced by the Department of Health.

In year four, there was a data inclusion policy where we were -- the Department of Health was requiring disability questions to be included in the youth risk behavior survey.

So, Bryan worked very diligently on emergency preparedness and COVID activation.

So, he serves as the state access coordinator during emergency activations and ensures that the need of people with disabilities are addressed.

And we also collaborate with the CIL of North Central Florida to include persons with disabilities in emergency preparedness planning.

Bryan is also the point of contact for the SEOC during disasters and helps develop and contribute resources and tools for PWD and help distribute PPEs around the state when needed and participants in trainings, conference calls, and conferences and also during the COVID access sights and accessibility.

And here are some of the vaccine and testing sites.

And Bryan, you could probably speak to this more, but I believe they were using Centers for Independent Living as vaccine sites in some counties.

And now I'm going to pass it over to Rebecca, who's going to talk about our understanding of the needs of persons with disabilities training, the training that I mentioned earlier.

So, take it away, Rebecca.

>> REBECCA TANNER: Okay. So, this presentation is mainly going to focus, like the slide says, on how effective this training has been, kind of what's in it.

Next slide.

So, we know that access to healthcare among people with disabilities is limited for a number of reasons.

A recent study came out that shows healthcare providers, doctors, tend to have very negative attitudes about people with disabilities, along with the wider public.

There are also problems with miscommunication and most particularly a lack of information tailored to people with disabilities.

This is a problem, because when it doesn't -- when something doesn't speak to them, they're not going to engage with it.

So, in the Surgeon General's call to action to improve the health and wellness of persons with disabilities report, one of the identified goals was for healthcare providers basically to have the knowledge and tools in order to treat the whole person with the disability with dignity.

And so, the presentation that we've created has really started to kind of coalesce around the idea of respect.

Next slide.

So, the training we developed includes information about the general health status and health disparities for people with disabilities.

We also talk about the care experience differences between people with and without disabilities.

We focus a lot on language. Some of the nuances of language about people with disabilities and how it's changing and evolving.

There are communication tips for engaging with people with disabilities. We have slides with specific information for each disability because some things carry through, but some things can be very different.

And so, we've also recently included testimonials for people with disabilities to kind of, you know, share their experiences, what they've seen in their interactions with healthcare providers, such as doctors and nurses, etc.

We also talked to a caregiver and a provider who actually works with people with disabilities who talks about other problems within the system.

And finally, we close out with information about the Americans with Disabilities Act, as well as some resources.

Next slide.

So, this is an example of one of the training slides. This one is focused on kind of general communication tips that we would talk about.

And, again, these are all focused -- kind of they're based in the idea of respect. And considering how language has evolved or what the words that we mean -- or the words that we use actually mean.

Such as wheelchair -- person who uses a wheelchair versus wheelchair-bound, which is problematic in a lot of ways.

Next.

So, another section, another part of the presentation, like I said, focuses on the ADA and some resources for working with people with disabilities.

So, we give information about some of the priority areas for the ADA that you see below. We give information about some of those -- we give examples for some of those specific, um, ADA accommodations.

For instance, door pull weights and ramp -- wheelchair ramp specifications.

Next.

So, the training itself is approximately 45 minutes. We've tried to increase the interaction of it with questions to the audience at various points.

These questions tend to be knowledge-based and skills-based and depending on the audience, we can get really good discussions out of these. But we do have a constant request for more interactivity. So, we've been trying to, you know, striving to improve this over time.

We also have a pre-test and post-test on the knowledge change on the part of participants on people with disabilities.

Next. So, we've presented to a number of groups, including community healthcare workers, students in the college of Public Health and Health Professions and presented to a number of courses, Master of Public Health, public health management and leadership course and introduction to health professions, which is a freshmen class that is kind of an introduction, I mean obviously, an introduction to the entire system as a whole.

So, we also presented to the Florida Association of Community Health Care Center's Annual Provider meeting back in 2018 and we reached a number of providers that way. We also presented at the veterans Administration geriatric resources, education, and clinical center. We've presented five years now for the past five years to veterinarian students and staff and in the College of Dentistry.

Next.

The point of the study that we were working with, the training evaluation, is basically successful and addressing some of the knowledge and attitudes of people with disabilities and professionals in North and Central Florida.

We use pre- and post-test surveys because it's voluntary and this is an IRB study, and everything is voluntary. We used true/false, Likert-type agree/disagree and recently added multiple choice questions.

And we also get the opportunity to get some open-ended answers, as well as the overall training evaluation for the training itself.

To understand, to determine the statistical significance of any differences, we use Wilcoxon signed-rank test to assess the differences on primarily true/false and then the total number of associates who on the attitude questions who either strongly agree or disagree per participant. So that's what we will be looking at today.

Next slide.

As you can see, the reach of the disability program is significant over the last several years. In 2016-2017, it was being developed, so we only gave it -- we only presented to one or two groups and didn't do the pre-test or post-test because it was still in development.

But every year, there's been a significant degree of change in the percentage of true/false correct from the pre-test to the post-test and there's been strongly significant changes to the percentage of strongly agree responses.

So, change from any other response to strongly agree and the post-test.

We also see a decrease in the disagree responses and every year it ranges from about 4-5%. We typically start in the pre-test data with relatively few numbers of disagree responses but we still see enough to show this decrease, that is statistically significant. And finally, when we look at the knowledge of PW -- of people with disabilities after training, we see that the overall training rates about, for the post-training, as you can see and pretty much every year except for 2018 and 2019, it ranks over 4 on a scale of 1-5, with 5 being high satisfaction.

We're seeing high satisfaction ranks and so we do see that apart from, you know, we get the feedback, like I said, about what to improve. Interactivity seems to be the biggest which is going to be an issue moving forward on Zoom and as we do these kind of meetings.

Next slide.

Like I said, the training feedback overall was 4.1 out of 5 and we saw the training mean knowledge level changing from 3.2 out of 5 to 4.1 out of 5 post-training.

For the scale -- for the participants ranked on a scale of 1-5, a score for -- they felt that they had learned new skills as a result of the training, so students and professional satisfaction was very high.

And attendees also felt they would be able to either demonstrate that they had learned or apply what they had learned as a result of the training, so we see some strong indicators of positive effect from the training, at least in the short-term.

Next slide.

So, some of the open-ended feedback we received was, for instance, for how the training deepened attendees' knowledge, one person said this got rid of my assumptions how to treat people with PWD the.

Another said I realized now unintentional actions like standing could be perceived as power.

And there are certain actions and terms that I did not know were deemed derogatory and I think it will help me addressing the PWD and not their caregiver or people assisting them.

Give respect to the person with disabilities and what is okay and not okay and to help include them in how to behave and how to communicate in actions with people with disabilities.

Next slide.

So overall, in the short-term, the training increased the knowledge of people with disabilities on associated issues. It imparted useable skills, and impacted attitudes about people with disabilities.

And taught trainees how to communicate more effectively with person with disabilities.

And there are some limitations. This is a short-term assessment, and because the surveys are anonymous, we do not have a way to test knowledge change after, for instance, six months or a year to see if these changes hold.

The data is also primarily for students because it's been difficult, many physician practices are very busy and so they don't have time for something like this.

So, we've reached out to -- we've been successful with specialty groups such as the BA Geriatric Research Center and working with diversity focused VetMed groups.

And these are some of the problems that we have and we're looking to address those in the future.

Next slide.

So essentially for in terms of future plans, we are continuing to expand the reach of the training through the Department of Health and using online meeting software for class presentations and webinars, when they're requested.

Doing this increases the reach of the training significantly by bringing it on to the training platform, and we also want to professionally produce the training for recording version of asynchronous use.

For instance, if it's going to be used in an online classroom or an online course and some recorded video and they want the recorded video, to have something professionally done rather than have it basically produced on a laptop by someone who doesn't know anything about editing at all.

We also want to -- we're going to try and provide communication -- or continuing education credits for providers so we can incentivize training among healthcare providers. This would be a really big health because healthcare professionals need something of value, not just what they learn, but also something that helps them meet their requirements for their own jobs.

So, by providing continuing education credits, we can do that, and we would be much more likely to be available to get more providers.

We also would like to present the results of the study at national conferences and also publishing the results in a reputable high-impact journal.

>> CLAUDIA FRIEDEL: All right. Thank you so much, Rebecca.

Bryan is up, he is our leader. He manages the overall grant out of the Department of Health.

So, Bryan, whenever you're ready.

>> BRYAN RUSSELL: Okay, thank you so much, Claudia. So, yes, so back in, what, March, we received our -- we received the notice of funding opportunity announcement or NFOA from the CDC for this next round of funding. It will be a five-year, as per the current one, it's a five-year funding cycle and it will be for \$585,000 per year.

Um... the focus this year is on adults with mobility limitations and intellectual and developmental disabilities.

It's taken about 4½ years for us to get through -- to get through their head that -- to the CDC, it has taken a while to really help them understand the need to be more focused on adults with intellectual or developmental disabilities.

This current funding cycle -- yes, this current funding cycle, you know, we included people of all disabilities, of all disability types.

However, so much of it was focused on implementing, um... intervention, public health interventions for adults with mobility limitations.

There wasn't as much of a focus on I/DD population. With this funding announcement, there has been a focus.

So fortunately, there has been a focus.

So, we submitted our application on May 11th to the CDC.

You know, we're anticipating getting the award. We presented a really, really strong case. I thought our application was really solid.

We couldn't have done it without UF Health and Claudia, Rebecca, Nicole, and Meagan, really, they're champions at this, they're pros at this, so we definitely appreciate their collaboration and support.

So, yeah, so like I said, it's going to be \$585,000 a year and, um... so currently we're at 19 states. And they paired it down, so they're going to pair it down to 10 states, which is definitely different. It's definitely a much more competitive process this cycle, but I still feel really good about it.

Mainly we're the third largest state in the country now. You know, about 30% of our population has a disability. And we've made a lot of great strides over the last five years. So, we've got a lot of successes to build upon.

And we have some really great partners that we hope to be working with over the next five years. Which leads me into what we're going to be doing.

So currently, we're going to be working to expand this Disability Planning Group and we're going to create an advisory group, like a subcommittee off of this. We're going to call it a Project Advisory Work Group, PAW, and basically it will help us direct and implement the interventions that we're gonna do.

Secondly, the other strategy is conducting a needs assessment. We want to make sure we know what -- we want to make sure we can identify what the needs are.

[Pause].

>> BRYAN RUSSELL: And... forgive me, I'm going through my notes really quickly...

[Pause].

>> BRYAN RUSSELL: Yeah, so yeah, the purpose of this statewide needs assessment is we want to identify any gaps and information and resources and to -- and also identify any barriers for people with disabilities. Identify any barriers for them in accessing healthcare services, health promotional programs, that kind of thing.

Um... the first strategy is we're going to continue to work with UF and another partner to administer -- to do the disability competency training.

Um... so... we hope to work with -- we plan to continue working with UF in training, you know, medical and health professional students across the state.

So that's been -- I mean, you already heard from Rebecca on the training, on the training programs, it's fantastic. Love what we do, I know the CDC really likes it.

And it's -- hopefully we can get it considered a best practice.

And we're also going to work with the University of Miami's disability awareness and sensitivity and healthcare training for healthcare providers. They have a training that focuses specifically with healthcare providers and so that's another way that we can continue to expand our training, our training library and help improve our reach, to increase access to healthcare services for adults with disabilities.

The next one is going to be interesting. Strategy four, um... we've never done it before.

Uh... many -- most people haven't done this before, so it's definitely going to be a pilot.

And so, the CDC is asking us to implement a demonstration project that will link people with disabilities -- people -- adults with intellectual or developmental disabilities to link them that are either uninsured or underinsured. This project is going to link underinsured or uninsured adults with intellectual or developmental disabilities to link them with folks in their community.

Meaning we plan to work with the Florida Association of Centers for Independent Living and their local Center for Independent Living, to implement this demonstration project.

Now, the only dicer is this demonstration project must be decided upon by the entire -- by all 10 disability and health states and the CDC.

So, that's what's going to be interesting about it.

Um... so we're not sure what the demonstration project is going to look like; we just know it's going to be... we're going to work with the CILs to link adults with disabilities into the projects in their areas.

So, we're working with the CILs. We're gonna use community health workers to create -- to establish those linkages.

[Pause].

>> BRYAN RUSSELL: And we have to have up to, like, 50 adults, you know, completing the program per year.

Um... moving on into strategy five, this is where we also -- we have some experience in this. And I really think we can do really well with it.

But it's to implement evidence-based health promotion interventions and other policy changes... um... for adults with intellectual and developmental disabilities and adults with mobility limitations.

And all of our funded states will decide on -- will get together at the beginning of this and decide which -- on what intervention we're gonna use for the adults with I/DD and the other one for the adults with mobility limitations.

Um... this one's going to be a little different in the sense of we're all going to be doing the same thing across the country. Um... but we have to propose something to the CDC.

And so, our plan is to collaborate with Special Olympics Florida and Centers for Independent Living to implement these chosen interventions.

We hope they take our suggestions. I really hope they take our suggestions because I think Special Olympics Florida is a leader in this and they can really crush it.

So, here's hoping that they take our suggestions.

So, yes, we plan to work with Special Olympics Florida to expand one of their health promotion programs for the adults with intellectual or developmental disabilities that are uninsured or underinsured.

And with the Centers for Independent Living, we plan to work with three different ones across the state.

First off, um... we -- when we're proposing to use -- to implement this program called Living Well With a Disability, it's specifically designed for adults with mobility limitations, and it is an evidence-based health promotion program.

With that in mind, we're going to work with FACIL, which is the state association, and the three CILs we're going to focus on first up is the Center for Independent Living of North Central Florida in Gainesville.

Then we're going to work with them for a couple of years. Then we're going to implement -- move and implement it at the Center for Independent Living down in Fort Lauderdale/Broward County and we'll wind up in the Panama City/bay County Northwest Florida region.

That's not to say that other Centers for Independent Living can't, you know, duplicate our efforts, absolutely, and we can provide some technical assistance in that.

And finally, the last strategy is to disseminate findings and lessons learned just to disseminate it through communications, through journal articles, submitting to different journal articles, through Claudia and her team's newsletters, social media, all that good stuff.

[Pause].

>> BRYAN RUSSELL: And we will definitely be evaluating all it has [chuckles].

Seriously!

>> CLAUDIA FRIEDEL: Yes! [Chuckles].

All right.

[Pause].

>> CLAUDIA FRIEDEL: Thank you guys so much --

>> BRYAN RUSSELL: Thank you.

>> CLAUDIA FRIEDEL: -- for joining us.

Does anybody have any questions? I see one from Jodi Armstrong: Is there any form of consensus among the 10 states?

So, right now we don't know which are the funded states. The CDC has indicated that within the first six months, we are, to all, whoever responded, will have to meet, and

make decisions on which evidence-based programs are chosen and beta collection methods for the demonstration project.

And I don't -- I feel like there was -- we have to decide also on the training or figure out what things would be included in the training so that we were all -- the states are all kind of doing the same thing for strategy, for the... uh... for the training strategy.

So, I think this time they really want -- they really want states to all be doing very, very similar things. Which is good, and I understand why, we understand why they want to do that.

But it does make it difficult for us to have a timing to do what we would like to do in Florida.

So, I think it's very different funding announcement than any of the others that we have seen, so....

I hope that we get it. And I think we do have a good chance. And we will let everybody know for sure in the fall when we hear.

I think it will be sometime between July -- between July and August that we will hear.

If anybody has any other questions, feel free, you can feel free to unmute yourselves or put it in the chat.

But, yeah, I think getting that consensus among the 10 states is going to be fun [laughs], I don't know how else to say it! It's going to be interesting.

[Pause].

>> CLAUDIA FRIEDEL: I'll give everyone another minute or two to throw out any questions, if they have any.

[Pause].

>> CLAUDIA FRIEDEL: Okay. I'm going to go back to the agenda really quick. Oops... there it is. Okay.

Up next is another topic, it's going to be on a different -- you'll have to get on that one, the link is here.

We're going to have Sara Lyons from NACCHO speaking about addressing the needs of people with disabilities in COVID-19 local preparedness planning, mitigation, and recovery efforts, so that's going to be great.

NACCHO is a national organization. It will be very interesting talk.

So, if anybody has any questions, y'all I'm sure know how to reach me, so feel free to e-mail me any questions.

And I will -- I think we'll let everybody go so that they have a chance to take a little break before our next session starting at 10:00.

So, thank you again so much for joining us.

And we are -- we do have a recording of this that we will be putting up on the website and we will be sending the link out to our partners and all the folks who attended.

So, all right. Thank you, guys! And we'll see you shortly for Session Number 2.

[Concludes at 9:45 a.m.]

** Edited**