

Report on the “Pulse of Oregon”: A Web-based Survey with Oregonians on Disability and Programs of the Oregon Office on Disability and Health (OODH)

December 23, 2013

Eva Hawes, MPH, CHES; Konrad Dobbertin, MPH; Willi Horner-Johnson, PhD; Elena Andresen, PhD; Danielle Bailey, MPH and Angela Weaver, MEd



Photos courtesy of CDC, Colorado Medical Home Initiative, and Florida Office on Disability & Health

This report was created by the Oregon Office on Disability and Health (OODH), whose mission is to prevent secondary conditions and improve the health and quality of life of Oregonians with disabilities through improved access to healthcare facilities, public health programs, and effective health promotion and wellness programs. www.oodh.org

The *Pulse of Oregon* was funded by the Centers for Disease Control and Prevention (CDC) National Center on Birth Defects & Developmental Disabilities (NCBDDD) grant number 1U59DD00942-01.

Introduction

The Oregon Office on Disability and Health (OODH) has been funded by the Centers for Disease Control and Prevention (CDC) since 1994 to address the public health of Oregonians with disabilities and their families. In July of 2012, OODH received funds for an additional three years. Our CDC-directed goals for this latest funding cycle include enhancing OODH and state capacity for disability health initiatives and addressing three specific target areas for Oregonians with disabilities. Those areas are: health promotion, access to healthcare, and emergency preparedness. We asked for opinions and suggestions about these goals and targets from a broad range of Oregonians with personal disability experience, or who were interested because of their constituents, clients, family members, communities, or friends. OODH staff worked with our Disability Community Planning Group (DCPG) and other key state partners to develop and test a survey. The result was a web-based survey, the “Pulse of Oregon,” directed at our funded disability public health activities. The intent of the “Pulse of Oregon” was to inform OODH efforts for a state disability strategic plan for sustaining progress on our goals beyond the three-year CDC funding period.

Methods

Staff created a draft set of questions including (1) brief information about the survey participants, and (2) questions about their knowledge and opinions about the specific objectives. In addition to questions about our CDC-funded topics, we included a broad question about the importance of other possible activities related to disability and health. We also allowed open ended answers expanding beyond the “checked response” categories. A sample of these answers is included in our results below.

DCPG members reviewed, tested, and suggested additions and changes to the survey. When all suggestions were included, we received approval from the Oregon Health and Science University (OHSU) Institutional Review Board (IRB) to conduct the survey. The survey was anonymous – that is, no one gave their name, and we could not track individual answers

and link to any actual person. The final survey is included as an appendix to this report on pages 11 through 23.

OODH widely disseminated an invitation to the web survey among our partners and through email lists used for distribution of other documents and reports. This invitation included the web address of the survey and a short description. Some of our partners further distributed the invitation to their constituents in e-mails and newsletters. Partners include state agencies, Oregon Centers on Independent Living, Brokerages, advocacy groups, university partners, and our University Center for Excellence in Developmental Disabilities (UCEDD).

Tables with detailed response information from the survey participants are included in pages 6 through 10 of this report.

Results

Demographics

A total of 246 people completed the “Pulse of Oregon” survey between March 7 and June 13, 2013.

- Most respondents completed the survey on their own behalf (90%) while the remainder completed the survey for someone else.
- Nearly a third (31%) of respondents self-identified as a person with a disability (PWD).
- Thirty-eight percent said that someone in their families had a disability and 31% said they are a friend or neighbor of someone with a disability.
- A quarter of the survey participants reported working for a nonprofit or private agency providing services to PWD and their families (Table 1).
- Fifteen percent said they were educators. Of these, most were in adult (40%) or post-secondary (29%) education (Table 2).
- Roughly a third of survey respondents said they were involved in some sort of health policy efforts.
- The bulk of the sample fell into two age categories, 35-44 years (26%) and 55-64 years (29%) (Table 3).
- More than three quarters of the respondents were female (77%).

- The majority of respondents were white/Caucasian (89%) (Table 4).
- The Portland Metropolitan Area (Clackamas, Multnomah, and Washington counties) was home to a slight majority of respondents (59%). The next largest group lived in Lane County (11%) (see Table 5).
- Nearly a third of the sample had an annual income of \$75,000 or more (Table 6).
- Most respondents reported that their health was excellent (28%), very good (38%) or good (25%).

Emergency Preparedness

When asked about emergency preparedness, most respondents said that forming partnerships between the disability community and county emergency management (33%) or including PWD in state level emergency planning (26%) were the most important priorities for OODH (Table 7). Only 8% of respondents said that care providers having tools to create emergency preparedness plans was most important. The following write-in responses to the question “How would you like to see the OODH be involved with emergency preparedness for PWD?” were representative of these qualitative results:

“Facilitate the communication between the disability community and emergency preparedness/disaster specialists.”

“Really reach out to the PWD community and make sure their voices reflect the [emergency preparedness] plans and policies developed. Invite PWD to be part of the oversight of how these plans are implemented. Get feedback from PWD community as key parts of the plans are implemented and adjust the plans to include needed modifications.”

“While all of the items listed above are important, many are probably best addressed in local communities. I'd see OODH's role as working at a state level to push for policies addressing inclusion of PWD issues in emergency planning, and ensuring that disability partners/advocates are required partners in local level planning.”

“Currently Portland neighborhoods are working on [emergency] prep, mine has 4 workshops planned. PWD should be encouraged to attend. Many of them no doubt have ideas on how to adapt information to their needs.”

“...oftentimes "attending meetings" can be burdensome especially if they are early morning or at a location where transportation is difficult or if the PWD has to pay a caregiver to help them to participate in the meeting.”

Most survey participants (67%) were not aware of disability specific emergency preparedness resources in their area. Even more (74%) were not aware of the *Ready Now! Toolkit*, which is a product of the OODH from an earlier funding cycle (see the OODH website for these materials in Spanish and English).¹

Health Promotion

When asked about health promotion, most (62%) said that conducting training for public health professionals on how to include and meet the needs of PWD in their health promotion and educational programs was the top priority in this area (Table 8). The lowest priority area was disseminating health education materials to public health professionals that emphasize the importance of healthy behaviors among PWD (4%). With respect to OODH's role in health promotion for PWD, respondents had the following text comments:

“I'm biased against distribution of materials - and think OODH can be more effective in addressing systems issues such as the approaches above around training public health workforce, working to ensure that existing evidence-based programs are being made available in appropriate ways to people with disabilities, and generally trying to ensure that existing health promotion approaches (programs, policies, population interventions) are appropriately considering and addressing the needs of people with disabilities. My sense is that OODH doesn't have the long-term funding to run programs itself, and

¹ Available at <http://www.ohsu.edu/xd/research/centers-institutes/institute-on-development-and-disability/public-health-programs/upload/ReadyNow-Toolkit.pdf>

so would be more effective in working with partners that do have long-term health promotion funding (i.e. SNAP ed, diabetes education, etc.) to figure out how to ensure these programs are adequately reaching and helping people with disabilities.”

“Provide support to local care providers and health providers on best practices for health promotion among PWD.”

“Work with educators in the classroom of MPH and MA students to disseminate ways to promote healthy behaviors for PWD.”

“ODDH must make health information available in formats that are accessible by PWD. E.G., Provide information in Braille, make websites friendly to most currently used screen reading software, contact PWD by direct e-mail, etc.”

When respondents were asked about specific health promotion activities based on types of disability, nearly two-thirds were aware of activities for people that experience chronic conditions (63%), about half were aware of activities for people that experience mental health issues (50%), and very few (17%) were aware of activities for people that are deaf or hard of hearing (Table 9). Most were not aware of *Healthy Lifestyles* (63%), which is a training and intervention product developed by OODH in the previous funding cycle.

Healthcare Access

When asked about access to healthcare, most participants thought that developing recommendations for improving preventive healthcare services to people with varying disabilities (35%) or promoting increased physical accessibility in healthcare facilities (22%) were the most important priorities for OODH (Table 10). Only 7% said that providing disability awareness etiquette training to healthcare students was a top priority in access to healthcare. Regarding OODH’s role in access to healthcare, some responses that add details that extend the quantitative results included:

“Remembering that there is a wide range of disabilities and just doing something like building a ramp does not mean you are disability friendly.”

“I have been amazed at how little doctors/health care providers know about the simplest changes they could make in their offices to make it easier for a person with a disability to have a more positive visit to a clinic/facility.”

“Help facilities do self-assessments, and provide resources and guides for improvement. Provide on-line sensitivity training.”

“I would like to see "accessibility" expanded to include more than just physical access. Access means cognitive and sensory as well as physical. ADA is broad, but often only thought of as physical.”

Most had heard of the *Oregon Mammography Directory* (69%), a project and resource funded in the previous OODH cycle and that is available on-line.² Almost half had heard of *BluePath* (48%), that is part of a partnership with the Northwest ADA Center. One third had heard of *OHCUP* (Outpatient Health Care Usability Profile) (33%), an OODH assessment tool on accessibility. However, the total number of respondents for this question was small: only 51 people responded (195 skipped the question).

Other Priorities and Goals for the Future

When asked about other priority areas for PWD, participants added details, and these underscored some of the more directed OODH priority goals above. For example, more than half of the “Pulse of Oregon” participants reported that primary and preventive care for PWD (56%), or financial access to healthcare (53%) were high priorities (Table 11). Echoing these areas of concern, respondents wrote:

“Funding. As long as the State continues to fund providers at a level below what it actually costs to provide those services, we

² Available at <http://www.ohsu.edu/xd/research/centers-institutes/institute-on-development-and-disability/public-health-programs/oodh-mammography-directory-map.cfm>

will continue to see those services dry up. That would be medical professionals and service providers alike.”

“I see making health insurance affordable for individuals with disabilities as a key priority. Those of us who have disabilities but choose to live in the working world face stigmas and barriers that create gaps in employment and often force us into self-employment. This makes individual insurance, often through COBRA and HIPPA Portability plans absolutely necessary, but also very expensive, especially in the context of the overall disadvantages of managing disabilities (additional time, money, energy, other resources). The high risk pool has become a joke with its budget constraints. I also realize that this will not be as much of a problem as soon as 2014 with the new insurance marketplace, but even then the subsidies will not offset the excessive medical costs incurred by those with disabilities who live in the working world. These costs lead to self-rationing of medically necessary care, something I have done for years.”

“Continued access to healthcare that is not dependent upon them [PWD] remaining in poverty.”

“DENTAL CARE. For goodness sake, dental care is as important [as] medical care.”

Most participants also thought that access to mental healthcare (76%), availability of transportation (70%), accessible housing (69%), funding for healthcare (65%), independence in housing and life skills (61%) and access to medical specialists (61%) were top priorities for OODH (Table 12).

Tables (see specific question wording in the appendix)

Note: The single letter, N, stands for Number of Respondents that had that answer. The % shows the percent of respondents with that answer. This note applies to all tables.

Table 1: Respondent interest in disability & health issues in Oregon

	N	%*
I am a self-advocate (person with a disability)	72	31
I work for a non-profit or private agency providing services to Oregonians with disabilities and their families	57	24
I am an educator	35	15
I work for a county government in Oregon	35	15
I am a licensed health care provider	33	14
I work for a state agency in Oregon which provides services related to persons with disabilities	23	10
I am a researcher at an Oregon college or university	21	9
I work for an Oregon college or university in a non-research role	16	7
I work for another type of state agency in Oregon (please specify)	13	6
I am a public health administrator.	10	4
Other	46	20
*More than one answer was possible, percents do not sum to 100.		

Table 2: Type of education*

	N	%
Adult education	14	40
Post-secondary	10	29
K-12	2	6
Special education	2	6
Other	7	20
Total responses	35	100
*Of those that are educators (n=35) from Table 1.		

Table 3: Age at last birthday (years)

	N	%
Under 18	0	0
18-24	7	3
25-34	45	19
35-44	61	26
45-54	41	17
55-64	68	29
65 or more	17	7
Total responses	239	100

Table 4: Respondent race or ethnicity

	N	%*
Caucasian/White	216	89
Asian/Pacific Islander	9	4
Hispanic/Latino	6	3
Native American/Alaska Native	5	2
Black/African-American	4	2
Other/Multi-Racial	6	3
Decline to respond	10	4
*More than one answer was possible; percents do not sum to 100.		

Table 5: County of residence*

	N	%
Multnomah	89	38
Washington	32	14
Lane	25	11
Clackamas	16	7
Benton	15	7
Marion	8	4
Douglas	6	3
Jackson	5	2
Klamath	5	2
All others**	31	13
Total responses	232	100
*There were no respondents from the following counties: Crook, Curry, Harney, Lake, Lincoln, Malheur, Tillamook, Wallowa and Wheeler.		
**Less than 5 responses from each county.		

Table 6: Annual household income from all sources

	N	%
Less than \$10,000	11	5
\$10,000 to <\$15,000	14	6
\$15,000 to <\$20,000	5	2
\$20,000 to <\$25,000	10	4
\$25,000 to <\$30,000	23	10
\$30,000 to <\$50,000	46	20
\$50,000 to <\$75,000	44	19
\$75,000 or more	70	31
Not Sure	4	2
Total responses	227	100

Table 7: Most important emergency preparedness activity

	N	%
Forming partnerships between the disability community and county emergency management	77	33
Including PWD in state level emergency planning	62	26
The number of people with disabilities who have an emergency plan and/or kit	50	21
The accessibility of public emergency shelters in accordance with the ADA	28	12
The number of care providers of PWD who have tools to create emergency preparedness plans	19	8
Total responses	236	100

Table 8: Most Important health promotion activity

	N	%
Conduct training for public health professionals on how to include and meet the needs of PWD in their health promotion and educational programs, (Living Well with Chronic Conditions, Diabetes Program, Arthritis Program, Tobacco Education, etc.).	147	62
Provide disability sensitivity/disability etiquette training to public health department staff (WIC, Family planning, immunizations, etc.)	47	20
Disseminate health education materials and information to PWD that promote healthy behaviors.	34	14
Disseminate health education materials to public health professionals that emphasizes the importance of healthy behaviors among PWD.	10	4
Total responses	238	100

Table 9: Respondents that were aware of current health promotion activities (workshops, classes, etc.) that are disability specific

	Yes (Number)	Yes %
Chronic conditions	95	63
Mental health issues	76	50
Intellectual or developmental disabilities	67	44
Any type of disability	54	36
Mobility impairments	34	23
Visual impairment or blindness	32	21
Deaf or hard of hearing	25	17

Table 10: Most important healthcare access activity

	N	%
Develop recommendations for improving preventive healthcare services to people with varying disabilities	83	35
Promote increased physical accessibility in healthcare facilities that provide preventive and primary healthcare for PWD	51	22
Provide disability awareness etiquette training to healthcare providers	32	14
Conduct ADA assessments of healthcare facilities and medical equipment	30	13
Promote accessibility improvements and availability of appropriate medical equipment	23	10
Providing disability awareness etiquette training to healthcare students	17	7
Total responses	236	100

Table 11: Priority of policy topic areas specific to disability

Note: The number of respondents is followed by the percentage of respondents in parentheses.

	Lowest priority	Low priority	Neutral priority	High priority	Highest priority	Not Sure priority	Total responses
Primary and preventive care for PWD	2 (1)	1 (<1)	13 (6)	78 (35)	127 (56)	5 (2)	226 (100)
Financial access to healthcare	6 (3)	7 (3)	26 (11)	64 (28)	122 (53)	4 (2)	229 (100)
Healthcare provider education	4 (2)	12 (5)	36 (16)	89 (39)	82 (36)	3 (1)	226 (100)
Access barriers surrounding the built environment*	7 (3)	11 (5)	40 (18)	88 (40)	68 (31)	6 (3)	220 (100)
The inclusion of PWD in emergency planning	7 (3)	9 (4)	32 (14)	106 (47)	68 (30)	2 (1)	224 (100)
Accessible medical equipment	2 (1)	11 (5)	41 (18)	96 (43)	64 (29)	9 (4)	223 (100)
*Such as parks, sidewalks, benches, etc.							

Table 12: Priority of other topic areas specific to disability

Note: The number of respondents is followed by the percentage of respondents in parentheses.

	Lowest priority	Low priority	Neutral priority	High priority	Highest priority	Not Sure priority	Total responses
Access to mental health care	0 (0)	3 (1)	8 (4)	40 (17)	173 (76)	3 (1)	227 (100)
Availability of transportation	1 (<1)	2 (1)	9 (4)	55 (24)	158 (70)	2 (1)	227 (100)
Accessible housing	1 (<1)	0 (0)	16 (7)	52 (23)	157 (69)	1 (<1)	227 (100)
Funding for health care	0 (0)	2 (1)	21 (9)	51 (23)	147 (65)	6 (3)	227 (100)
Independence in housing and life skills	0 (0)	2 (1)	14 (6)	67 (30)	138 (61)	6 (3)	227 (100)
Access to medical specialists	0 (0)	2 (1)	18 (8)	69 (30)	135 (60)	3 (1)	227 (100)
Availability of personal care providers	2 (1)	1 (<1)	16 (7)	70 (31)	132 (59)	3 (1)	224 (100)
Employment and workplace issues	2 (1)	3 (1)	22 (10)	66 (29)	129 (56)	7 (3)	229 (100)
Access to and funding for assistive technology/devices	1 (<1)	3 (1)	19 (8)	75 (33)	126 (56)	2 (1)	226 (100)
Access to recreation and social opportunities	2 (1)	1 (<1)	25 (11)	74 (33)	123 (54)	1 (<1)	226 (100)
Education	0 (0)	2 (1)	24 (11)	70 (31)	121 (54)	7 (3)	224 (100)
Programs and support for families and caregivers	1 (<1)	2 (1)	20 (9)	84 (37)	113 (50)	5 (2)	225 (100)
Crimes against people with disabilities	1 (<1)	4 (2)	31 (14)	75 (33)	108 (48)	8 (4)	227 (100)

	Lowest priority	Low priority	Neutral priority	High priority	Highest priority	Not Sure priority	Total responses
Children with disabilities moving to adult health care (transition)	2 (1)	3 (1)	33 (14)	74 (32)	108 (47)	9 (4)	229 (100)
Provide technical assistance and/or education for healthcare providers, community health workers, and peer wellness coaches on the needs of PWD.	2 (1)	7 (3)	25 (11)	83 (37)	106 (47)	3 (1)	226 (100)
Provide data to CCOs and their CACs in order to educate them on state-wide disability prevalence and health*	3 (1)	6 (3)	27 (12)	78 (35)	105 (47)	5 (2)	224 (100)
Access to businesses and neighborhoods	1 (<1)	3 (1)	29 (13)	85 (38)	105 (47)	2 (1)	225 (100)
Access to alternative health care	5 (2)	17 (8)	39 (17)	87 (39)	74 (33)	3 (1)	225 (100)
*Coordinated Care Organizations (CCOs) and Consumer Advisory Committees (CACs).							

Appendix: Pulse of Oregon Web Survey

Intro

Welcome to our survey on the Pulse of Oregon for people with disabilities and their families. This survey is created by the Oregon Office on Disability & Health (OODH). Our mission is to prevent secondary conditions and improve the health and quality of life of Oregonians with disabilities through improved access to healthcare facilities, public health programs, and effective health promotion and wellness programs. OODH has been continuously funded as a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD) since 1994. We are a collaborative effort between Oregon Health & Science University, and the Oregon Health Authority, Public Health Division. You can read more about us at www.oodh.org.

This survey aims to take the "pulse" of Oregon's disability community. You have been invited to this research study because we want to know what you think about disability issues and policy. During the first year of our project, we are developing a strategic plan to focus on disability and health in Oregon. Through your participation in this survey, you will provide important information to assist us in the development of this plan and help to form the background for future funding for disability and health. A report reflecting what was collected in this survey will be made available on our website, www.oodh.org.

You do not have to participate in this survey. You may skip any questions you want and may stop the survey at any time. Your name will not be collected and the survey information will not be linked to you personally. We will report on the entire set of participants and in groups of participants, not individuals. You must be 18 or older to participate. By continuing with this survey, you give your consent to participate.

This survey has been reviewed by the Oregon Health & Science University's Institutional Review Board. IRB #00009169. The survey should take about 15 minutes to complete. Thank you for sharing your thoughts and time with us! If you have any questions about this survey, please contact us at.

This survey was supported by Grant/Cooperative Agreement Number U59DD00094201 from the Centers for Disease Control and Prevention (CDC) Disability and Health Program. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.

Age disqualifier

To begin, please tell us about yourself.

How old were you at your last birthday?

- under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

****Researcher note: If a participant selects under 18, they will be automatically disqualified from the survey****

Proxy question

Are you completing this survey for yourself or on behalf of someone else?

- Myself
- On someone else's behalf

As you continue, please keep in mind that you are filling out this survey on behalf of someone else. The questions will ask about "you" but we are asking about the person you are filling out the survey for.

Early demographics

Now we would like to ask about your interest in disability and health issues in Oregon.

Please click on all statements that apply.

- I am an educator
- I am a licensed healthcare provider
- I am a self-advocate (person with a disability)
- I am a public health administrator.
- I work for a county government in Oregon
- I work for a non-profit or private agency providing services to Oregonians with disabilities and their families
- I work for another type of state agency in Oregon (please specify)
- I work for a state agency in Oregon which provides services related to persons with disabilities
- I am a researcher at an Oregon college or university
- I work for an Oregon college or university in a non-research role
- Other (please specify)

What type of education?

- K-12
- Post secondary
- Special education
- Adult education
- Other (please specify): _____

What is your gender?

- Male
- Female

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What state do you live in?

- Oregon
- Washington
- Other, please specify: _____
- Idaho
- California
- Alaska

What county do you live in?

- Baker
- Benton
- Clackamas
- Clatsop
- Columbia
- Coos
- Crook
- Curry
- Deschutes
- Douglas
- Gilliam
- Grant
- Harney
- Hood River
- Jackson
- Jefferson
- Josephine
- Klamath
- Lake
- Lane
- Lincoln
- Linn
- Malheur
- Marion
- Morrow

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- Multnomah
- Polk
- Sherman
- Tillamook
- Umatilla
- Union
- Wallowa
- Wasco
- Washington
- Wheeler
- Yamhill

What is your race? Select all that apply.

- Asian/Pacific Islander
- Black/African-American
- Caucasian/White
- Hispanic/Latino
- Native American/Alaska Native
- Other/Multi-Racial
- Decline to Respond

CDC Funded Target Areas--Emergency Preparedness

OODH is funded by the CDC to concentrate on three topic areas for people with disabilities (PWD). These are: Emergency Preparedness, Health Promotion and Access to Healthcare. We will ask you about each of these topic areas first and then ask for additional input into other areas of interest for PWD and their families.

We will now ask you about emergency preparedness. What we mean by emergency preparedness is: ensuring the individual or organization has taken preventive measures to lessen the effects of a disaster.

What level of priority do you think each of these activities should have in the state?

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Click on the button which most closely reflects your opinion with 1 being lowest priority and 5 being highest priority

	Lowest Priority 1	Low Priority 2	Neutral 3	High Priority 4	Highest Priority 5	Not Sure
Including PWD in state level emergency planning	()	()	()	()	()	()
Forming partnerships between the disability community and county emergency management	()	()	()	()	()	()
The number of people with disabilities who have an emergency plan and/or kit	()	()	()	()	()	()
The accessibility of public emergency shelters in accordance with the Americans with Disabilities Act (ADA)	()	()	()	()	()	()
The number of care providers of PWD who have tools to create emergency preparedness plans	()	()	()	()	()	()

Which of these activities do you think is the MOST important?

- Including PWD in state level emergency planning
- Forming partnerships between the disability community and county emergency management
- The number of people with disabilities who have an emergency plan and/or kit
- The accessibility of public emergency shelters in accordance with the ADA
- The number of care providers of PWD who have tools to create emergency preparedness plans

Are you aware of disability specific emergency preparedness resources (training, workshops, informational resources) in your area?

- Yes
- No
- Not Sure

Are you aware of the Ready Now! Toolkit (a disability specific individual preparedness guide/training)?

- Yes
- No
- Not Sure

How would you like to see OODH be involved with emergency preparedness for PWD?

Health Promotion

We will now ask you about health promotion. What we mean by health promotion is: any combination of education designed to help people take greater control of and improve their health.

What level of priority do you think each of these activities should have in the state?

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Click on the button which most closely reflects your opinion with 1 being lowest priority and 5 being highest priority

	Lowest Priority 1	Low Priority 2	Neutral 3	High Priority 4	Highest Priority 5	Not Sure
Provide disability sensitivity/disability etiquette training to public health department staff (WIC, Family planning, immunizations, etc.)	()	()	()	()	()	()
Disseminate health education materials and information to PWD that promote healthy behaviors.	()	()	()	()	()	()
Disseminate health education materials to public health professionals that emphasizes the importance of healthy behaviors among PWD.	()	()	()	()	()	()
Conduct training for public health professionals on how to include and meet the needs of PWD in their health promotion and educational programs, (Living Well with Chronic Conditions, Diabetes Program, Arthritis Program, Tobacco Education, etc.)	()	()	()	()	()	()

Which of these activities is the MOST important?

- Provide disability sensitivity/disability etiquette training to public health department staff (WIC, Family planning, immunizations, etc.)
- Disseminate health education materials and information to PWD that promote healthy behaviors.
- Disseminate health education materials to public health professionals that emphasizes the importance of healthy behaviors among PWD.
- Conduct training for public health professionals on how to include and meet the needs of PWD in their health promotion and educational programs, (Living Well with Chronic Conditions, Diabetes Program, Arthritis Program, Tobacco Education, etc.,)

Are you aware of current health promotion activities (workshops, classes, etc.) that are specific for:

Select all that apply:

- People that experience any type of disability
- People that experience mobility impairments
- People that experience chronic conditions
- People that experience mental health issues
- People that experience intellectual or developmental disabilities
- People that experience a visual impairment or blindness
- People who are deaf or hard of hearing

Are you aware of Healthy Lifestyles (a disability specific health promotion training)?

- Yes
- No
- Not Sure

How would you like to see OODH be involved with health promotion for PWD?

Healthcare Access

We will now ask you about access to healthcare. What we mean by access to healthcare is: accessibility to needed primary care, healthcare specialists and emergency treatment.

What level of priority do you think each of these activities should have in the state?

Click on the button which most closely reflects your opinion with 1 being lowest priority and 5 being highest priority

	Lowest Priority 1	Low Priority 2	Neutral 3	High Priority 4	Highest Priority 5	Not Sure
Conduct ADA assessments of healthcare facilities and medical equipment	()	()	()	()	()	()
Promote increased physical accessibility in healthcare facilities that provide preventive and primary healthcare for PWD	()	()	()	()	()	()
Promote accessibility improvements and availability of appropriate medical equipment	()	()	()	()	()	()

	Lowest Priority 1	Low Priority 2	Neutral 3	High Priority 4	Highest Priority 5	Not Sure
Develop recommendations for improving preventive healthcare services to people with varying disabilities	()	()	()	()	()	()
Provide disability awareness etiquette training to healthcare providers	()	()	()	()	()	()
Providing disability awareness etiquette training to healthcare students	()	()	()	()	()	()

Which of these activities is the MOST important?

- Conduct ADA assessments of healthcare facilities and medical equipment
- Promote increased physical accessibility in healthcare facilities that provide preventive and primary healthcare for PWD
- Promote accessibility improvements and availability of appropriate medical equipment
- Develop recommendations for improving preventive healthcare services to people with varying disabilities
- Provide disability awareness etiquette training to healthcare providers
- Providing disability awareness etiquette training to healthcare students

Have you heard of these access to healthcare tools?

Select all that apply:

BluePath (An online directory of business's accessibility for PWD)

Oregon Mammography Directory (An online list of accessible mammography facilities)

Outpatient Health Care Usability Profile (OHCUP) (A tool for measuring accessibility to healthcare facilities for PWD)

Have you attended any of OODH's community engagement activities on healthcare access for PWD?

Yes

No

I was not aware of the activities

How would you like to see OODH be involved with access to healthcare for PWD?

Health policy

Health policy refers to decisions, plans, and actions that are implemented to achieve specific healthcare goals. Health Policy can achieve several things: it defines a vision for the future which in turn helps to establish targets for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people.

What do you see as a priority (either short or long term goal) in improving the health and wellness of Oregonians with disabilities?

Please rate the priority of the following policy topic areas specific to disability:

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Click on the button which most closely reflects your opinion with 1 being lowest priority and 5 being highest priority

	Lowest Priority 1	Low Priority 2	Neutral 3	High Priority 4	Highest Priority 5	Not Sure
Access barriers surrounding the built environment (parks, sidewalks, benches, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthcare provider education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial access to healthcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The inclusion of PWD in emergency planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary and preventive care for PWD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are you involved in health policy efforts?

- Yes
- No
- Not Sure

Please describe the work you are doing:

Other issues for PWD

Please tell us what else you think is important for Oregonians with disabilities and their families. The next section of this survey contains a list of possible concerns and issues which may affect the quality of life and healthcare access for PWD in Oregon.

Please rate the importance of the following items.

Click on the button which most closely reflects your opinion with 1 being not important and 5 being very important.

	Not Important 1	Not Very Important 2	Neutral 3	Somewhat Important 4	Very Important 5	Not Sure
Access to alternative healthcare	()	()	()	()	()	()
Access to and funding for assistive technology/devices	()	()	()	()	()	()
Access to medical specialists	()	()	()	()	()	()
Access to mental healthcare	()	()	()	()	()	()
Access to recreation and social opportunities	()	()	()	()	()	()
Access to businesses and neighborhoods	()	()	()	()	()	()
Accessible housing	()	()	()	()	()	()
Availability of personal care providers	()	()	()	()	()	()
Availability of transportation	()	()	()	()	()	()

	Not Important 1	Not Very Important 2	Neutral 3	Somewhat Important 4	Very Important 5	Not Sure
Children with disabilities moving to adult healthcare (transition)	()	()	()	()	()	()
Crimes against people with disabilities	()	()	()	()	()	()
Education	()	()	()	()	()	()
Employment and workplace issues	()	()	()	()	()	()
Funding for healthcare	()	()	()	()	()	()
Independence in housing and life skills	()	()	()	()	()	()
Programs and support for families and caregivers	()	()	()	()	()	()
Provide technical assistance and/or education for healthcare providers, community health workers, and peer wellness coaches on the needs of PWD.	()	()	()	()	()	()

	Not Important 1	Not Very Important 2	Neutral 3	Somewhat Important 4	Very Important 5	Not Sure
Provide disability data to Coordinated Care Organizations (CCOs) and their Consumer Advisory Committees (CACs) in order to educate them on state-wide disability prevalence and health	()	()	()	()	()	()

What else do you think is important for the health of PWD in Oregon?

More demographics

Now we would like to ask you a little more about yourself. This information will not be used in any way to describe you or anyone individually. It will help us gain an understanding of persons interested in disability.

What is your experience with disability?

Select all that apply

- I am a caregiver for a person with a disability
- I am a friend/neighbor of a person with a disability
- My spouse/significant other has a disability
- I am a parent of a child with a disability or special health need
- Someone in my family has a disability
- I am a person with a newly diagnosed disability
- I am a person with a long-time disability
- I am a personal assistant

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- None of the above
- Other (please specify)

What is your living situation?

- Independently
- Independently, with support
- Foster home
- With family or others
- Group home
- Other (please specify): _____

Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

Is your annual household income from all sources:

- Less than \$10,000
 - Less than \$15,000 (\$10,000 to less than \$15,000)
 - Less than \$20,000 (\$15,000 to less than \$20,000)
 - Less than \$25,000 (\$20,000 to less than \$25,000)
 - Less than \$35,000 (\$25,000 to less than \$35,000)
 - Less than \$50,000 (\$35,000 to less than \$50,000)
 - Less than \$75,000 (\$50,000 to less than \$75,000)
 - \$75,000 or more
 - Not Sure
-

Thank you—survey feedback [survey testing phase questions]

Thank you for completing our survey. We are still testing and would like to ask you for your feedback. If you prefer, you can contact us directly at: [email address removed]

Was any part of the survey difficult to understand or confusing?

Yes

No

Please explain:

Is there anything that we did not ask that we should consider adding?

Yes

No

Please explain:

Any other comments or questions?

Thank You!

Thank you for taking our survey. Your response is very important to us and will help shape the Strategic Plan for Disability in Oregon.