“Healthy Communities: An Assessment and Implementation Framework to Achieve Inclusion of Persons with Disabilities”

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Sponsored by: The Oregon Office on Disability and Health
Oregon Public Health Association’s Disability Section
&
Portland State University/Oregon Health & Science University: School of Public Health
Presenters

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- Darrin Umbarger, Founder of Clearview Mediation and Disability Resource Center, Pendleton OR
- Mac Gillespie, Healthy Communities Coordinator, Benton County Health Dept.
- Joseph Lowe, Program Analyst, Aging & People with Disabilities, Oregon’s DHS.
Learning Objectives

- Recognize persons with disability as a demographic group that experience health disparities;
- Identify two ways a community health assessment tool can guide the development of community health improvement plans that integrate inclusive policy, systems and environmental strategies;
- Describe several successful inclusionary efforts taking place in Benton and Umatilla Counties and their proposed impact on community participation and access to healthy lifestyle opportunities for persons with disability; and
- Understand the steps taking place in Oregon at the state and local levels, and how you too can help promote healthy lifestyle for Oregonians with disabilities.
Funding Support

- Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD)
- Grant #’s
  - NCHPAD - U59DD000906
  - NACDD DHC - U38OT000225
Two Perspectives

Title 1: Where is Disability?

Title 2: Where are People with Disability?

% with a disability

0% - 7%
8% - 9%
10% - 13%
14% - 40%
Prevalence of Disability in the US

By Age:

- **16%** of people 18 to 44 have disability
- **27%** of people 45 to 64 have disability
- **36%** of adults 65 and older have disability

Image of shadow of someone who uses a wheelchair
# Health Disparities

## Disability and HEALTH

Adults living with disabilities are more likely to:

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>With Disabilities</th>
<th>Without Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>BE OBESE</td>
<td>38.4%</td>
<td>24.4%</td>
</tr>
<tr>
<td>SMOKE</td>
<td>30.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>HAVE HIGH BLOOD PRESSURE</td>
<td>41.7%</td>
<td>26.3%</td>
</tr>
<tr>
<td>BE INACTIVE</td>
<td>36.3%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

Adults living with disabilities are 3x more likely to have heart disease, stroke, diabetes, or cancer

(CDC NCBDDD website, 2016)
Health Disparities

Prevalence of Chronic Disease among U.S. Adults with Disability, 2014 BRFSS

<table>
<thead>
<tr>
<th>Condition</th>
<th>Disability (%)</th>
<th>No Disability (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>6.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>11.9</td>
<td>4.1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16.8</td>
<td>7.2</td>
</tr>
</tbody>
</table>
Health Disparities - Oregon
Prevalence of Chronic Disease among Adults in Oregon by Disability, 2015 BRFSS

<table>
<thead>
<tr>
<th>Condition</th>
<th>% of Population (Disability)</th>
<th>% of Population (No Disability)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetics</td>
<td>20.4</td>
<td>7.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>9.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Stroke</td>
<td>7.8</td>
<td>1.5</td>
</tr>
<tr>
<td>No Physical Activity</td>
<td>33.3</td>
<td>14.0</td>
</tr>
</tbody>
</table>
Physical Activity And Disability

Percentage of adults ages 18-64 who get no aerobic physical activity, by disability type

NHIS 2009-2012 (Carrol et al, 2014)
Inclusion

To transform communities based on social justice principles in which all community members:

- Are presumed competent
- Are recruited and welcome as valued members of their community
- Fully participate and learn with their peers, and
- Experience reciprocal social relationships
Towards PSEs

(Frieden, TR., 2010)
Environmental Barriers

Images of a wheelchair user near a curb with no curb cut, an image of an individual in a powerchair using the street, stairs at an entrance to a building, & fixed metal benches that block access to lockers at a gym.
Environmental Facilitators

Images of man in wheelchair getting off a bus, a women in wheelchair using an Arm Ergometer, Staff at a fitness facility showing an individual using a walker around the facility, a sloped entry to a swimming pool, and a red detectable warning.
Changing The Context

Current context-
Which are inclusive?

A picture of inclusion in the community

CHII

Changing the CONTEXT of inclusion

Easier to engage in healthy living
CHII Organization

1. Multi-level
   - Macro-community, organizational, on-site

2. Sectors
   - Schools, workplaces, community institutions, healthcare & the community at large

3. Venues
   - Physical activity, healthy eating, community mobility

4. Domains
   - Built environment, equipment, programs, staff, policy
Macro-Community Assessment

Involves interactions with community representatives that have knowledge of policies and programs related to:

- Public transportation
- Community design policies
- Community health promotion
Organizational Assessment

- Online survey
- Send to community partners

Which sector of the community does the site belong to? (choose the sector that most applies)

- School
- Worksite
- Healthcare site
- Community institution/organization (examples include YMCAs, Senior centers, boys and girls clubs, recreation organizations etc.)
- Food site (examples include grocery stores, farmers markets etc.)

Previous  Next

An image of online survey of the CHII organizational assessment
On-Site Assessment

- External environment
- Internal environment
- Venues for physical activity, healthy eating and health care
Model for Inclusive Healthy Communities

#1 Commitment (Inclusive coalitions)

#2 Assessment (CHII)

#3 Planning & Prioritization (GRAIDs)

#4 Implementation (Inclusive PSEs)

#5 Evaluation (CHII & other)

#6 Dissemination (Success stories)
Guidelines, Recommendations, Adaptations Including Disability (GRAIDs)

- CDC 24
  Recommended Community Strategies to Prevent Obesity

Adapted Guideline → Recommendation → Adaptation → Inclusion Element

- Literature
- PWD & Family Experts
Planning and Prioritization

- Community coalition prioritization
- Community Action Plans (CAP)

Image of community group measuring sidewalks
How CHII & GRAIDs were used?

- **CHII**: One of the lower scored areas (48 out of 100) across 9 sites sampled was exercise equipment.

- **CAP Goal**: Increase awareness of and access to inclusive physical activity opportunities in Example City by June 15, 2017.

  - **Objective**: Increase the number of sites with physical activity equipment inclusive to persons with disabilities from 1 to 2 sites by June 15, 2017.
“TWIN” Approach

Population-wide interventions *that are inclusive* of people with disabilities + Targeted interventions to address *greatest burden* of people with disabilities.
Future Directions

Support future implementation:

- Develop a Community Health Inclusion Dashboard
- Web-based training
- Technical assistance
- Community Health Needs Assessments (CHNAs)