

Health and Disability: An Evolving Paradigm

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Project Evolution

The NACCHO Disability and Health Initiative
The Disability and Health Workgroup
First Round Demonstration Sites
2nd Generation Demonstration



Friday, September 12, 2009

Project Evolution

The NACCHO Disability and Health Initiative

– Partnering with the CDC



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Project Evolution

The Disability and Health Workgroup Within the NACCHO Structure

- Provides: direction, oversight and support to Demonstration Sites
- Drafts and Proposes Policy



Project Evolution

First Round Demonstration Sites

- Alameda County Public Health Dept
- Allegan County Health Dept
- Central Connecticut Health Dist
- Mohawk Area Public Health Coalition (c/o Franklin Regional Council of Governments)
- Multnomah County Health Dept



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Project Evolution

2nd Generation Demonstration

- Alameda County Public Health Dept and Jefferson County Public Health Dept
- Allegan County Health Dept and Madison County-London City Health Dist
- Central Connecticut Health Dist and Charles County Dept of Health



Project Evolution

2nd Generation Demonstration, continued

- Mohawk Area Public Health Coalition (c/o Franklin Regional Council of Governments) and Lee County Health Dept
- Multnomah County Health Dept and Akron Health Dept



Paradigm Evolution

An Evolving Language

- People first
- Disability by impact
- A community of communities

An Evolving Approach

- Involvement and Leadership
 - Upside down and inside out



Alameda County Developmental Disabilities Planning and Advisory Council

Family Health Services Division
Public Health Department
Health Care Services Agency
40+ year partnership!

Barbara Garcia, Alameda County Public Health Department



Friday, September 12, 2009

Collaborating with Our Partners for Systems Health Care Change

- Consumers/Families
- Regional Centers
- Area Board 5
- Contra Costa DDC
- Adult Service Providers
- Generic Services
- Other County Departments
- In Home Support
- Hospitals/Special Clinics/HMOs
- Legislators
- Disability Groups



Social, cultural, environmental and developmental factors that result in health disparities including risk for diabetes for persons with intellectual disabilities

- Limited access to health care
- Sedentary lifestyle
- Nutritional challenges
- Medical interactions
- Limited income
- Patterns of aging
- Increased life expectancy



Objective

To conduct activities to attempt to mitigate the impact of Diabetes and promote its prevention among individuals with developmental disabilities residing in Alameda County



Critical Activities

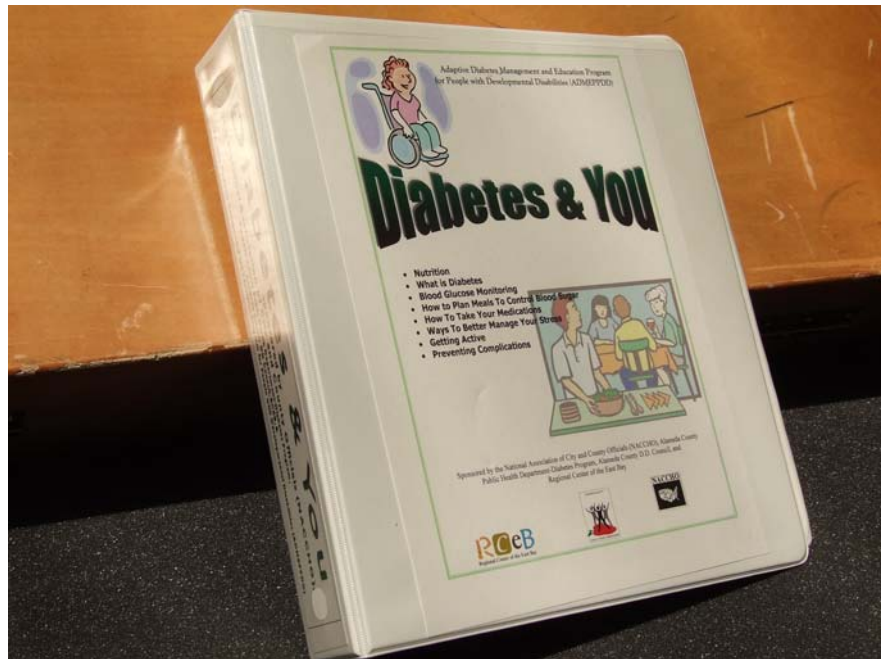
- Hired specialized Nutritionist
- Strategically placed within existing County Diabetes Program
- Developed Curriculum/Materials in conjunction with partners
- Identified population in need and caregivers
- Conducted individualized training & networked



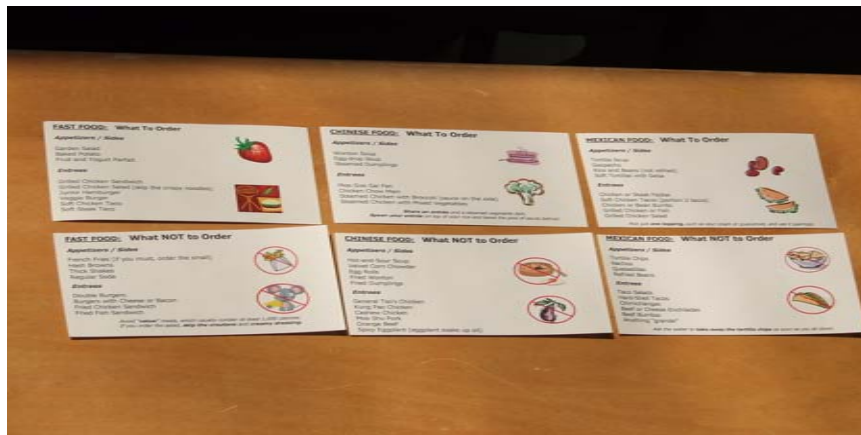
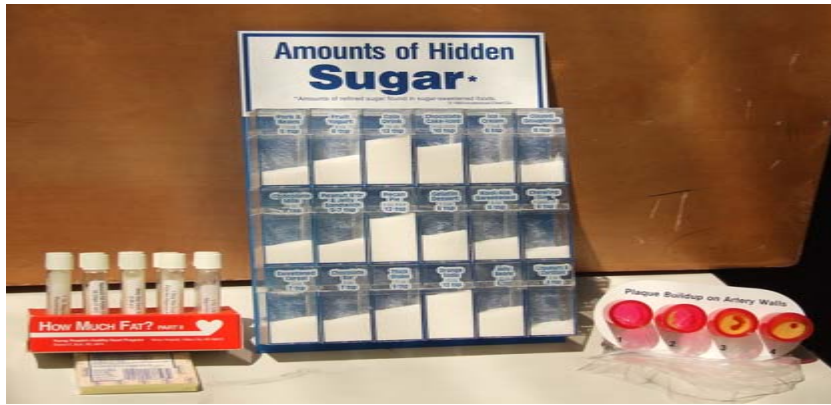
Diabetes & You – Part 2

Our Curriculum

- What is diabetes?
- How to prevent it?
- Healthy eating, meal planning, snacks
- Guide to eating out
- Physical activities



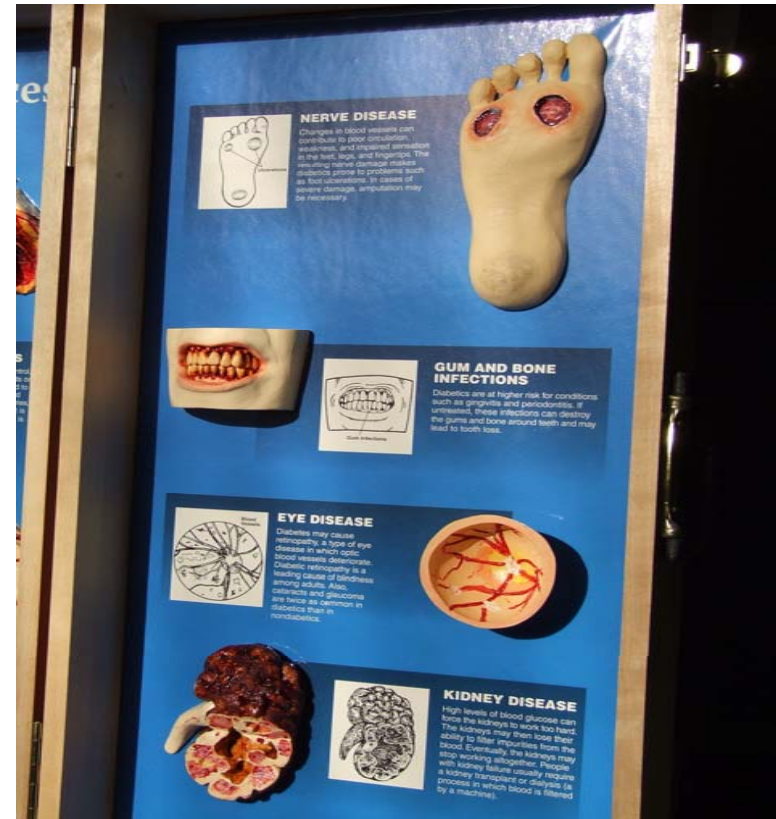
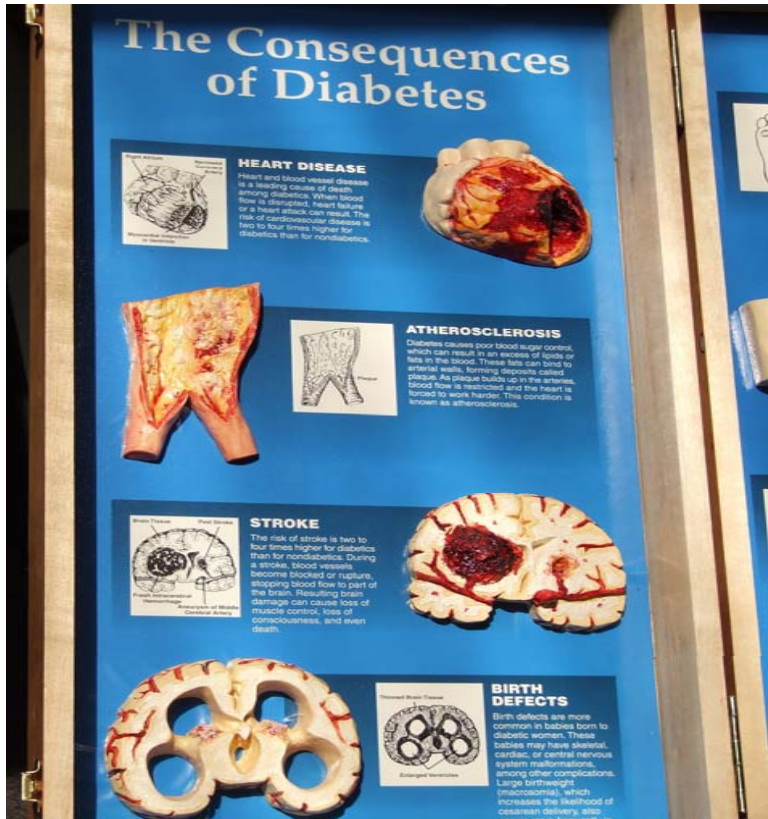
Interactive Tools



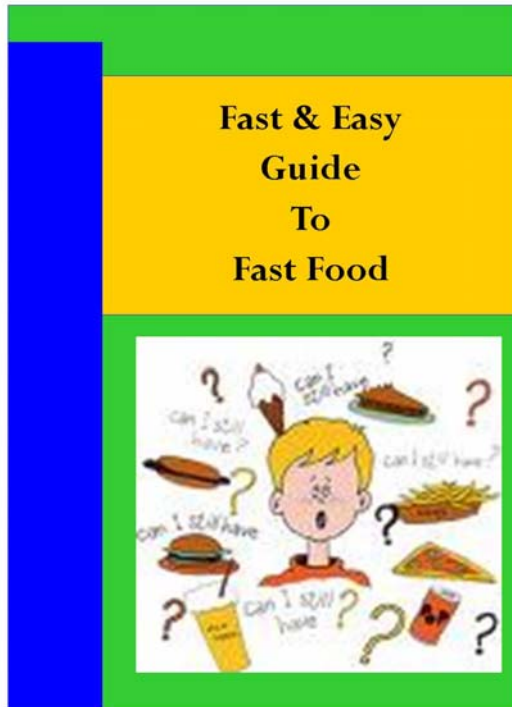
- Simple Hands-on demonstration tools
- Interactive Menu guides and food choices
- Snack ideas
- “Build your plate”



A picture's worth a 1000 words



Fast and Easy Pocket Guide



- 
Fire Grilled Chicken Caesar Salad with KEN'S® Light Italian Dressing
- 
Fire Grilled Shrimp Garden Salad with KEN'S® Light Italian Dressing
- 
TENDERGRILLED™ Chicken Garden Salad
KEN'S® Light Italian Dressing
- 
BK Quad Stacker
Sausage Biscuit



Successes

September 2006 – May 2008

– Trained 153 consumers

- Most were consumers who live independently or were participants in day programs

– Trained 224 Care Providers

- Included residential and day program staff, ILS instructors, case managers & teachers

– Specialized Nutritionist became permanent staff for PHD

– Other PHD staff departments became involved



Lessons Learned

- Take the show on the road – go to places where people gather
- Adapt your lesson plans to needs of group and time limitations
- Wherever possible, train consumers AND relational care providers to effect change
- Use a variety of simple visual materials and props
- Maximize interactive activities



Other Outcomes

- Pre/Post test for direct care staff – 100 % improvement in awareness of 20 essential issues regarding diabetes and the prevention of diabetes
- Hands on activities for consumers indicated their ability to make healthier choices in their eating habits and other healthy lifestyle changes.
- Compounded the overall effect of nutrition awareness training by training both consumers and care providers



Vulnerable Populations Planning:

Lessons Learned In Franklin County Massachusetts

Nina Martin-Anzuoni, Franklin Regional Council of Governments



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Step One: Advisory Council

- Local Community Based Organizations (CBOs)
- State Agencies
- First Responders
- Municipal Leaders
- Consumers



Advisory Council

- Set goals
- Educated each other
- Brought us to places we did not expect to go
- Assisted in developing questions for focus groups
- Identified others that needed to be at the table



Challenges of the Advisory Council

- Differing Priorities
- Need to educate members about preparedness
- Adrenaline junkies vs. planners/processors
- Time to participate



Early Discussions

- What is preparedness?
- What is a disability?
- What is disability in a disaster?
- Who is at risk in our community?



Issues/Problems

- How do we identify individuals in need of assistance?
- How do we get them out?
- Registries
 - Fear of being identified
 - Fear of being left behind
- Inclusion of Individuals in the planning
- Trust, Trust, Trust



Step 2: Focus Groups

–Identified the populations that we wanted to reach in our community

Had a back and forth dialogue:

- What were the barriers to accessing services on a normal day?
- What could be the barriers to accessing service in a disaster?



Step 2: Focus Groups, Continued

–Discussed what was in the individuals power to change and what changes needed to occur on town/state/federal level

Use to

- Educate individuals and groups
- Identify community needs/concerns
- Gather information to use for planning



Let's Make a Plan: Personal Preparedness Planning

- Train Agency Staff
- Train Consumers
- Train-the Trainer
- Developing a Training for Responders
- Developing a Resource Database for Responders



What is Public Health Thinking?

- We in Public Health are again asking individuals and our communities to change their behavior
- We need to apply the Risk Reduction Communication lessons we learned in tobacco control, teen pregnancy prevention, and AIDS prevention, to educating our communities about emergency preparedness.



Culture and Diversity

Each population has its own history.

- For many it includes a history of social and political activism.

Remember Public Health lessons learned:

- Reach out to community leaders and get them to buy in.
- Tailor your message for the target population.
- Remember that you are a visitor.
- Fear does not motivate behavioral change.



Culture and Diversity

We must integrate personal and family emergency planning into our Public Health training and outreach.

