

Building Inclusive Programs to Serve Adults with Disabilities

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July 18, 2017



National Council on Aging

Improving the lives of 10 million older adults by 2020

NCOA's Center for Healthy Aging

- **Goal:** Increase the quality and years of healthy life for older adults and adults with disabilities
- **Two national resource centers funded by the Administration for Community Living**
 - Chronic Disease Self-Management Education (CDSME)
 - Falls Prevention
- **Other key areas of focus**
 - Behavioral Health
 - Physical Activity
 - Flu + You
 - Oral Health

History of funding for evidence-based CDSME and falls prevention programs

Year	# of grants	Source of funding
2003	14	Evidence-Based Program (EBP) Pilot
2006	27	Evidence-Based Prevention Program (funded by the Administration on Aging and Atlantic Philanthropies)
2007	9	Hispanic Elders Grants, a collaborative effort of: AoA, AHRQ, CDC, CMS, and HRSA
2010	47	Putting Prevention to Work: CDSME Recovery Act
2012-2015	22	Affordable Care Act Prevention and Public Health Fund (PPHF) creates grants for CDSME
2014-2016	14	PPHF creates grants for falls prevention
2015-2017	8 (CDSME) 7 (falls prevention)	PPHF funding continues
2016-2018	12 (CDSME) 11 (falls prevention)	PPHF funding continues
2017-2019	To be announced	PPHF funding continues (Living Well with a Disability added to list of ACL's pre-approved programs)

NCOA program completion by individuals with functional impairments

CDSME completion rates

Functional Limitations – 70%

No Functional Limitations – 75%

Matter of Balance Fall Prevention Program completion rates

Functional Limitations – 76%

No Functional Limitations – 76%

If we include individuals with limitations in evidence-based programs, they are just as likely to complete as those without limitations



American Association on Health and Disability

Building Inclusive Programs to Serve Adults with Disabilities

Presenter: Karl D. Cooper, Esq.

Webinar for NCOA
July 18, 2017



American Association on Health and Disability

AAHD Mission: To promote health and
wellness for people with disabilities

Reduce Health Disparities

Advocate for Community Inclusion

Promote Full Accessibility

Integrate Disability into Public Health Agenda



Health Disparities

- According to HHS, 12.5% of the population has a disability which “seriously limits” them
- People with a disability are:
 - Over twice as likely to not see a doctor due to cost
 - Over 30% more likely to be obese
 - 60% more likely to smoke
 - Over 2.5 times more likely to develop diabetes



Health Disparities

- Women with a disability are:
 - Less likely to have a current mammogram
 - Less likely to have a current pap test
- People with a disability are:
 - Over 3.5 times more likely to have cardiovascular disease (18-44 y.o.)
 - Just under 3 times more likely to have cardiovascular disease (45-64 y.o.)



Health Disparities

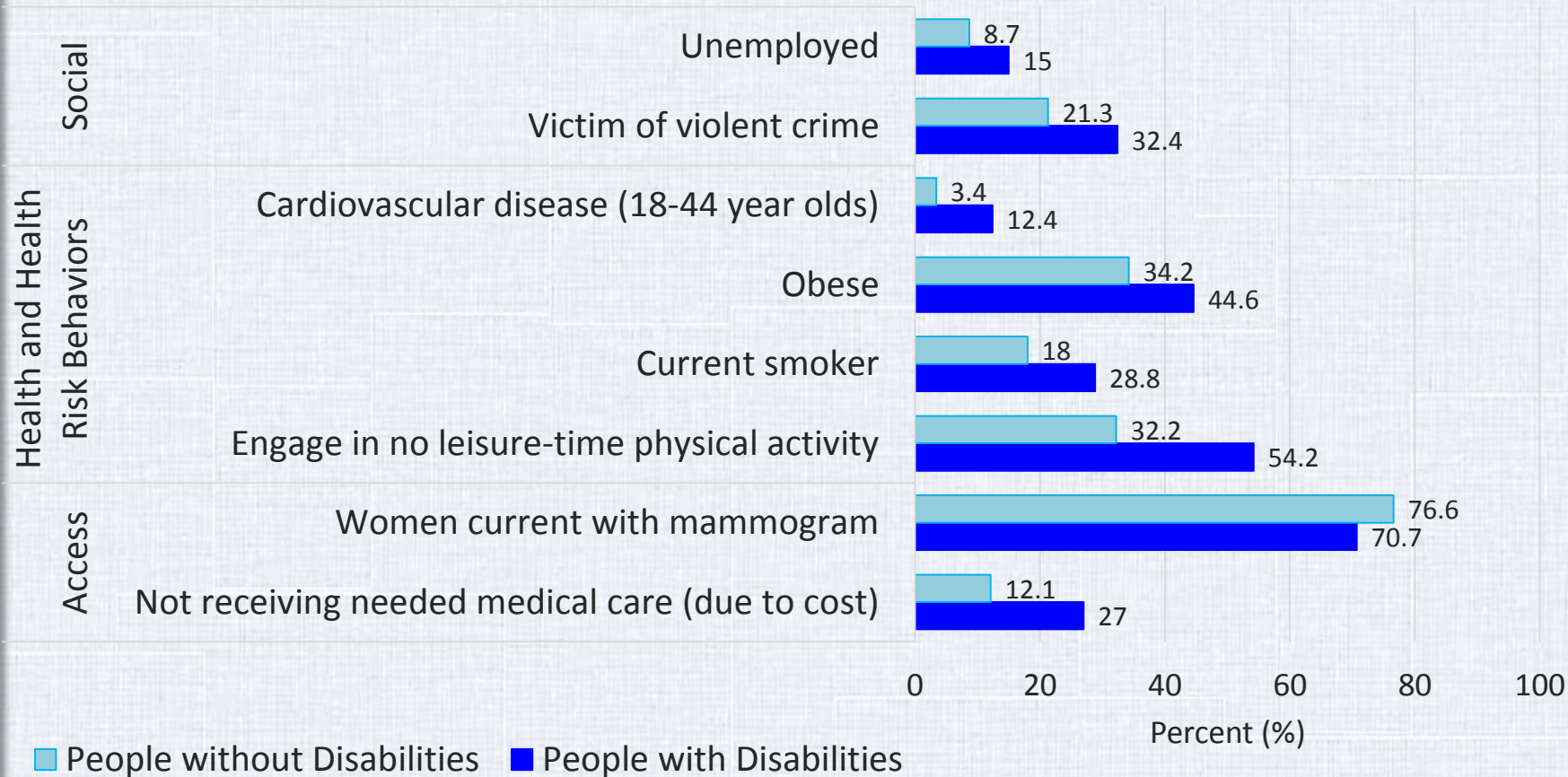
Social Determinants

People with disabilities:

- Have double the unemployment rate among those within the workforce
- About 35% more likely to have less than a high school education
- Less likely to report sufficient social & emotional support



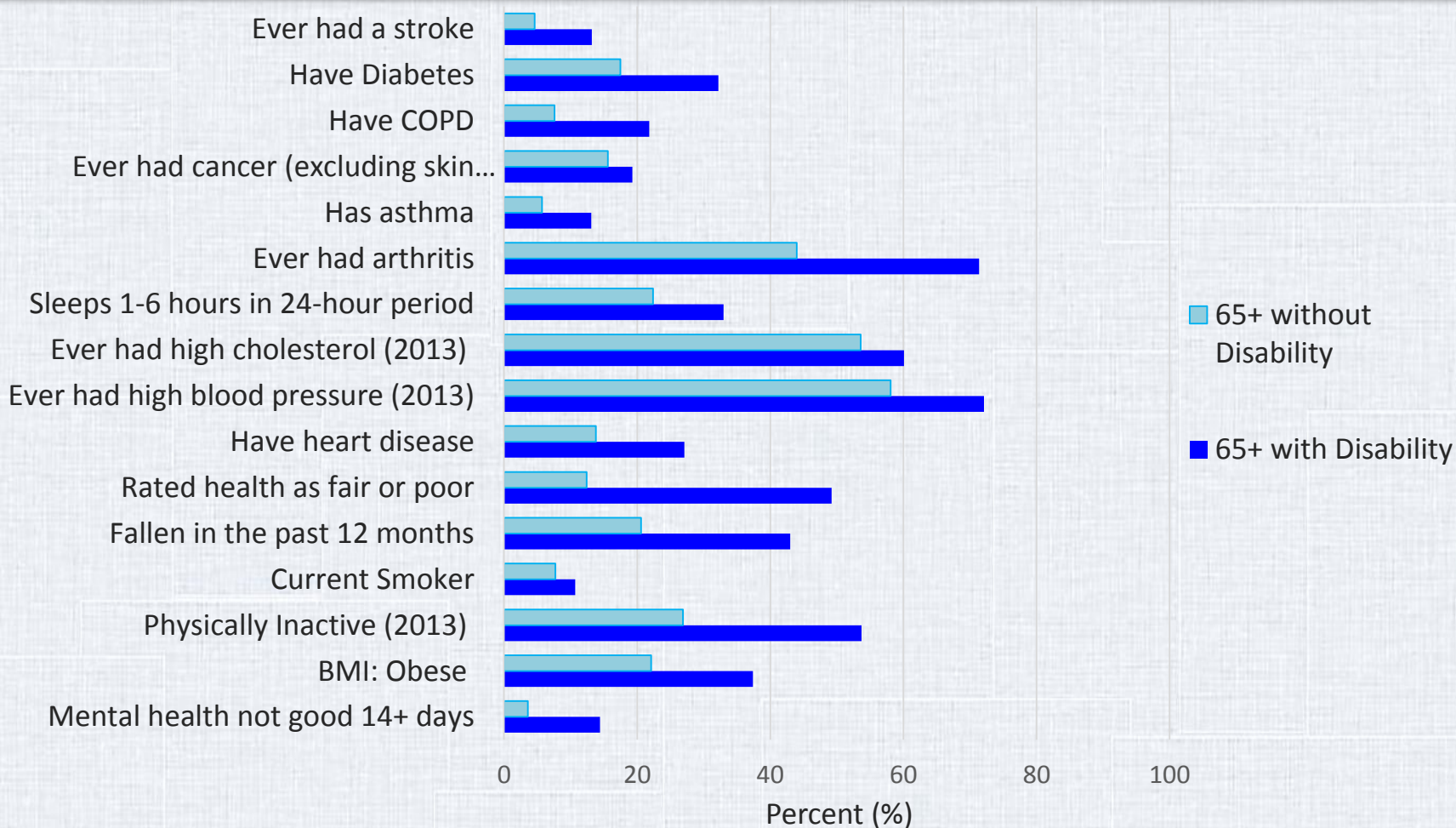
Health Disparities



Source: U.S Department of Health and Human Services. Centers for Disease Control and Prevention. Available here: <http://www.cdc.gov/ncbddd/disabilityandhealth/features/unrecognizedpopulation.html>



Health Disparities



Source: Disability and Health Data System (DHDS). Centers for Disease Control and Prevention. Available here: <https://dhds.cdc.gov/dataviews/>



Health Disparities

Disability & Aging

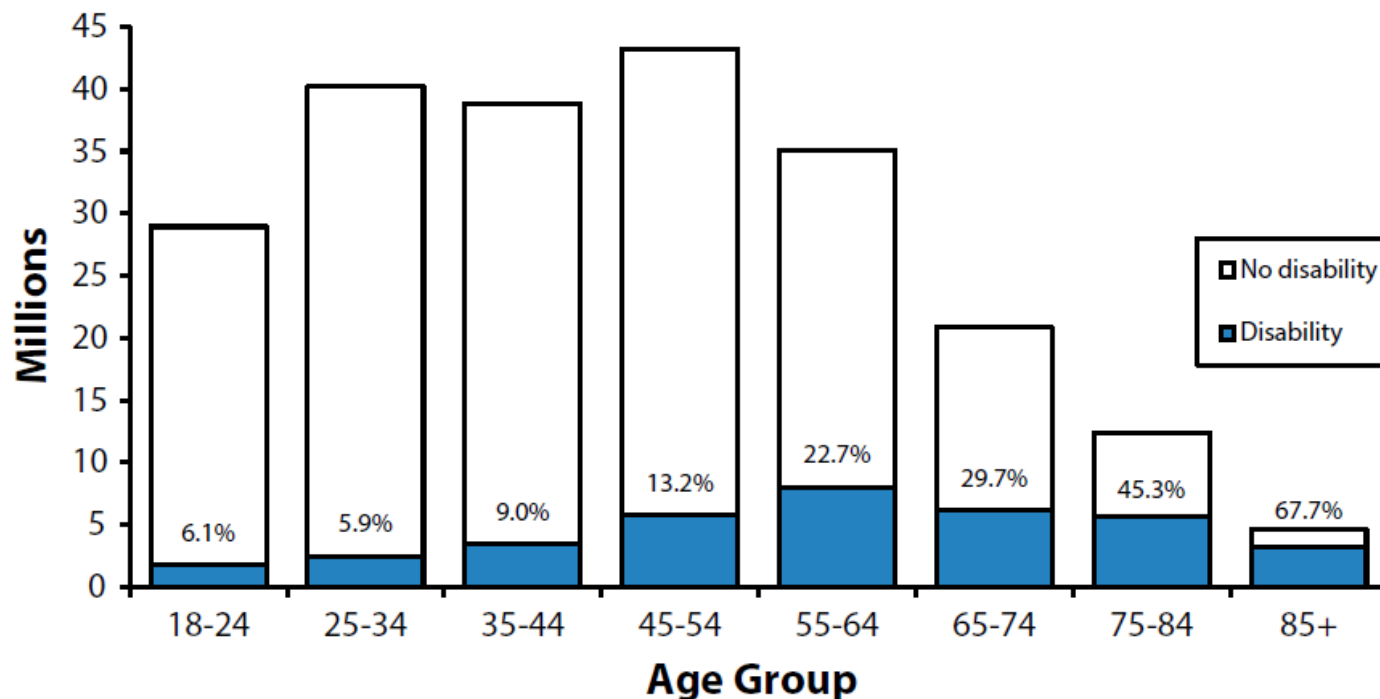


FIGURE 1—Weighted population estimate of adults with disabilities and adults without disabilities by age group: National Health Interview Survey, United States, 2010.



Partnership Development

- State Disability and Health Programs
- Centers for Independent Living (CILs)
- NDNRC Community Outreach Collaboratives (COCs)
- Consortium for Citizens with Disabilities (www.c-c-d.org)



State Disability and Health Programs

www.cdc.gov/ncbddd/disabilityandhealth/programs.html



Partnership Development

Centers for Independent Living (CILs)

Five Core Services

1. Information & Referral
2. Independent Living Skills Training
3. Peer Counseling
4. Individual & Systems Advocacy
5. Services that Facilitate Transitions

<http://www.acl.gov/Programs/AoD/ILA/Index.aspx#cil>

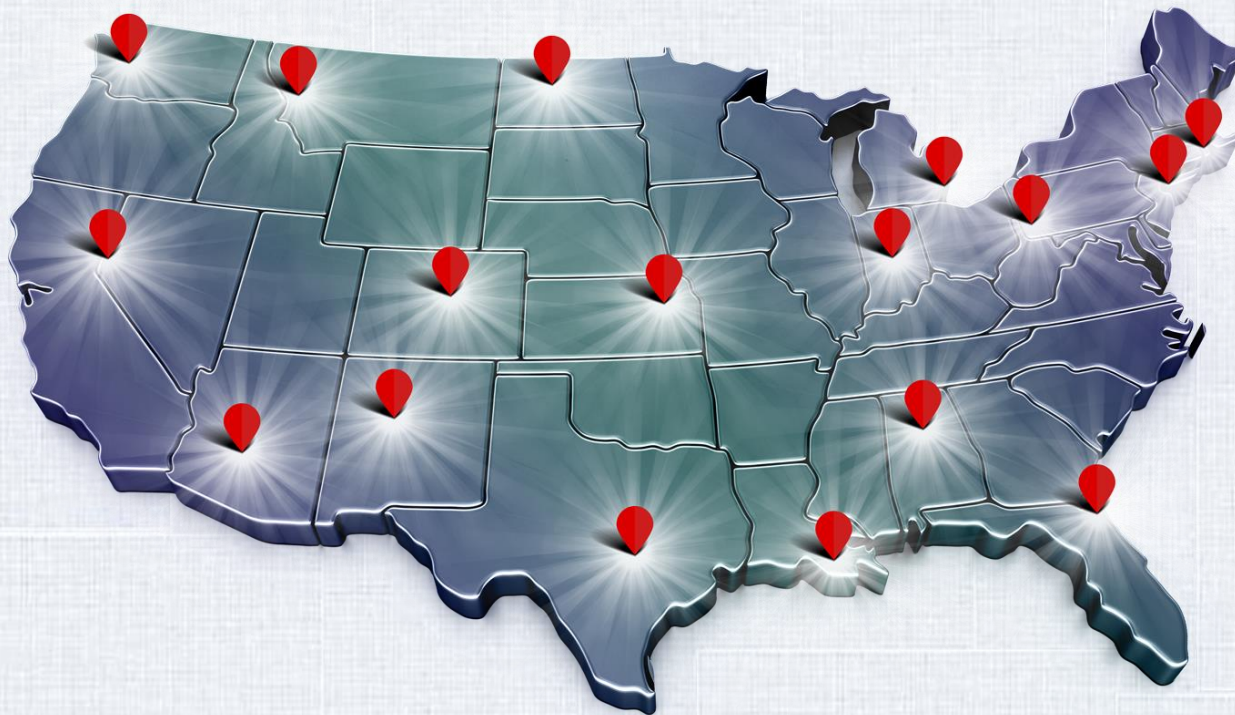
Find a CIL:

www.ilru.org/projects/cil-net/cil-center-and-association-directory



Partnership Development

NDNRC Community Outreach Collaboratives



www.nationaldisabilitynavigator.org/about/community-outreach-collaboratives/



Including People with Disabilities in Your Programs

Tip Sheets

- Tip Sheet: Engaging People with Disabilities in Evidence-Based Programs

<https://www.ncoa.org/resources/tip-sheet-engaging-people-with-disabilities-in-evidence-based-programs/>

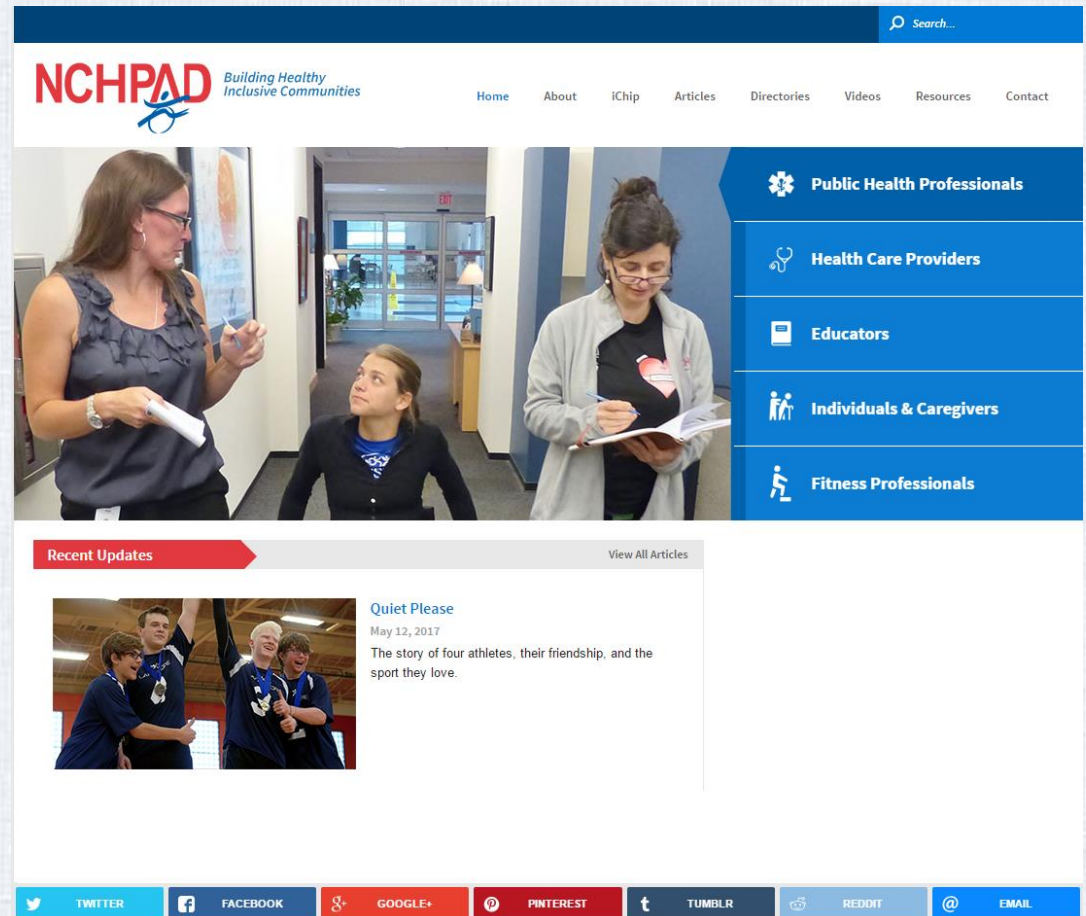
- Tip Sheet: Developing Partnerships with the Disability Community

<https://www.ncoa.org/resources/developing-partnerships-disability-community/>



NCHPAD

National Center on Health, Physical Activity and Disability



<http://www.nchpad.org/>



NCHPAD

Goals

Develop, Implement, Evaluate and Disseminate activities aimed at:

- Raising knowledge and awareness (awareness first – knowledge second) of the health needs of people with disabilities;
- Developing and disseminating models, strategies, tools, and materials;
- Training and educating health care professionals and others that provide support and/or services to people with disabilities;
- Promoting the adoption of healthy behaviors aimed at reducing health disparities for people with disabilities.



NCHPAD

What Does Inclusion Mean?

All community members:

1. Are presumed competent
2. Are recruited and welcome as valued members of their community
3. Fully participate and learn with their peers
4. Experience reciprocal social relationships



Disability Etiquette

- People with Mobility Disabilities
- People who are Blind or Low Vision
- People who are Deaf or Hard of Hearing
- People with Speech and Language Disorders
- People with Cognitive or Intellectual Disabilities
- People with Mental Health or Behavioral Health Disabilities

RESPECT!!!

www.ncoa.org/wp-content/uploads/Disabilities-Tip-Sheet_Final061915.pdf

www.nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/fact-sheet-17/



Disability Etiquette

Disability Accessibility and Accommodations

- Parking Lot Accessibility
- Building Accessibility
- Elevator Accessibility
- Ramp Accessibility
- Meeting Room Accessibility
- Restroom Accessibility
- Alternative Formats
- Packaging and Messaging of Materials
- Font Size

Gathering a Community Snapshot



Assets/Strengths



Gaps/Areas for Improvement

Completing a community assessment - CHII



Websites for Resources

AAHD (American Association on Health and Disability)

www.aahd.us

Project Accessibility USA

project-accessibility-usa.org/Home.htm

National Disability Navigator Resource Collaborative

www.nationaldisabilitynavigator.org/



American Association on Health and Disability

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Living Well with a Disability:

Public Health Program Integration

Serving Adults with Disabilities

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University of Montana, Rural Institute for Inclusive Communities¹

Webinar: Building Inclusive Programs to Serve Adults with Disabilities, National Council on Aging

July 18, 2017



Acknowledgements-

- Independent Living Centers
- Disability and Health Branch– NCBDDD
- Research and Training Center (RTC) on Disability in Rural Communities
- National Institute on Disability, Independent Living, and Rehabilitation Research
- National Council on Aging
- Montana Department of Public Health and Human Services and the Montana Disability and Health Program



Confluence of *Healthy Aging* and *Disability and Health*



Healthy Aging: National Institute on Aging, National Council on Aging, Centers for Disease Control and Prevention, Area Agencies on Aging, Senior Centers, AARP, etc.

Disability and Health: National Council on Disability, Centers for Independent Living, National Institute on Disability, Independent Living, and Rehabilitation Research, NCIL, APRIL, etc.





Our perspective: Working in rural America

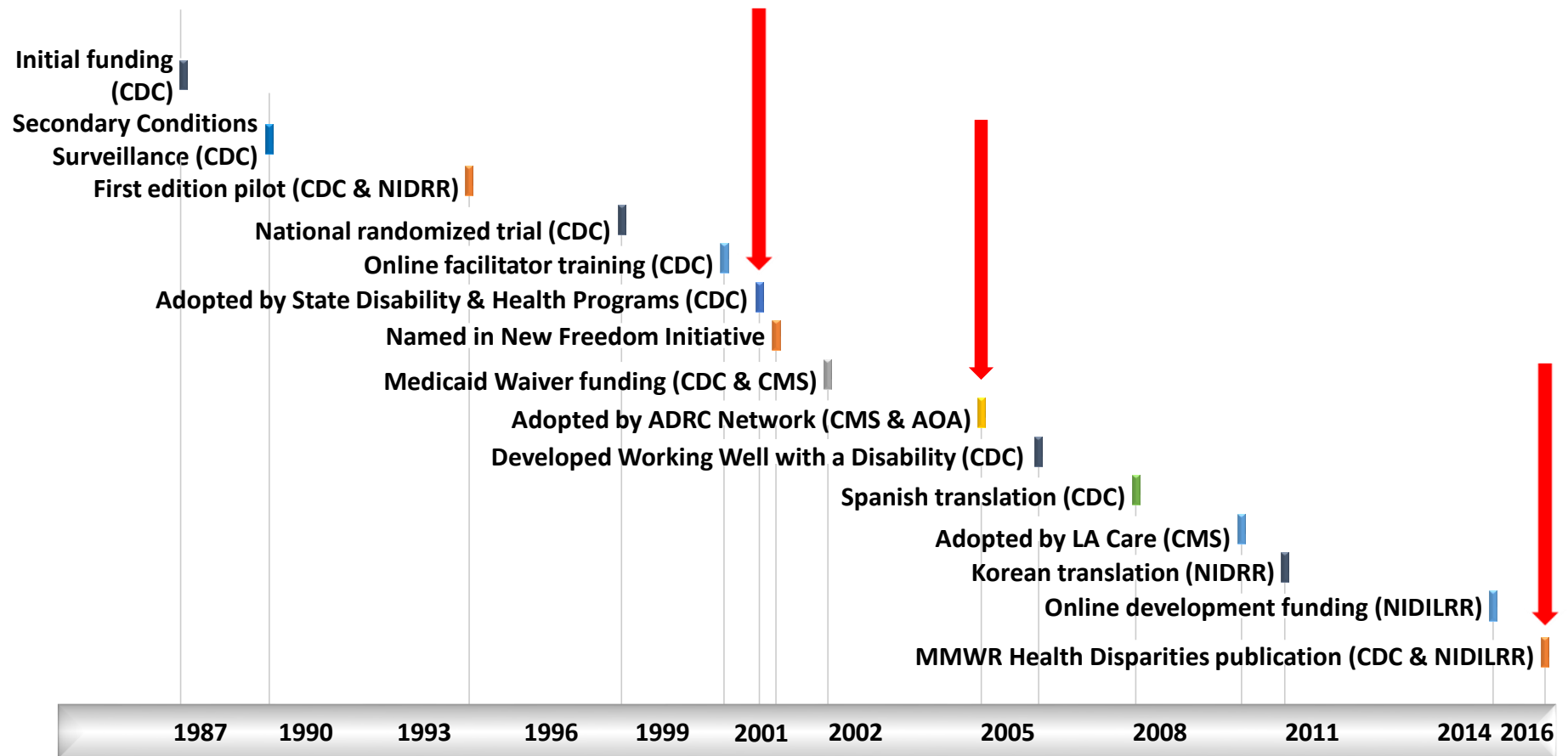
- Needs are high
- Representative community and clinical partners that can organize efficiently
- Access to policy- and decision-makers
 - Strengthen feasibility and sustainability of health promotion interventions
- Increased sensitivity to intervention
 - Strengthens opportunities to 'scale up'
 - Attitude— tend to plan from abundance/strengths perspective



Our perspective: Independent Living Philosophy

- Disability rights are civil rights
- De-institutionalization & De-medicalization
- Self-Determination
- Nothing about us without us
 - Consumerism
- Self-help and peer support
- Advocacy and barrier removal
- More information is available at:
http://www.ilru.org/sites/default/files/resources/il_history/IL_Movement.pdf

1987 – 2016 Living Well with a Disability Activity Timeline (Funding Source)





What do we mean when we say disability?

- The International Classification of Functioning, Disability and Health is a framework for describing the continuum of function and disability. (WHO 2001)
- In this model, disability is not considered an illness
- Unlike previous models of disability, this framework considers not only bodily function but also the disabling characteristics of social, cultural and environmental contexts.
- Disability is seen as a dynamic interaction between a person and these contexts.
- In environments that are inclusive, such as those that include accessible built environments or social structures that support participation for all people, a person with a functional limitation may not experience that limitation as a disability.



Secondary Conditions: Health risks associated with disability

- Poorer overall health.
- Less access to adequate health care.
- Pain and fatigue.
- Mental health issues, such as depression.
- Engaging in risky health behaviors including smoking and a sedentary lifestyle.

"Those physical, medical, cognitive, emotional, or psychosocial consequences to which persons with disabilities are more susceptible by virtue of an underlying condition, including adverse outcomes in health, wellness, participation, and quality of life" (Hough, 1999, p. 186).



- Common healthy behaviors can lead to a variety of improved health outcomes such as:
 - Secondary condition prevention
 - Chronic disease prevention
 - Meaningful participation
- Within the context of disability, organizing for a healthy lifestyle can require support to imagine and adopt something new or different.
 - Healthy home = accessible home
 - Physical activity = adaptive physical activity
 - Patient Advocacy = patient advocacy for people with disability
- What does healthy aging look like for someone with disability?



Living Well with a Disability and Health Behavior Change

Stages

Pre-Contemplation

Contemplation

Preparation

Action

Maintenance

Processes

Cognitive

Behavioral

Peer Support to Increase Awareness and Motivation

Goal Setting

Training

Advocacy

Reinforcement

Living Well with a Disability

Personalized Exercise Program (PEP)

Healthy Life Style

Chronic Disease Self Management

Selected
CDC
Funded
Programs

RTC: Rural, The University of Montana

Living Well with a Disability and Health Behavior Change

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Working with partners to understand Wellness Recovery Action Plans where WRAP may belong in this framework.

Living Well with a Disability

Personalized Exercise Program (PEP)

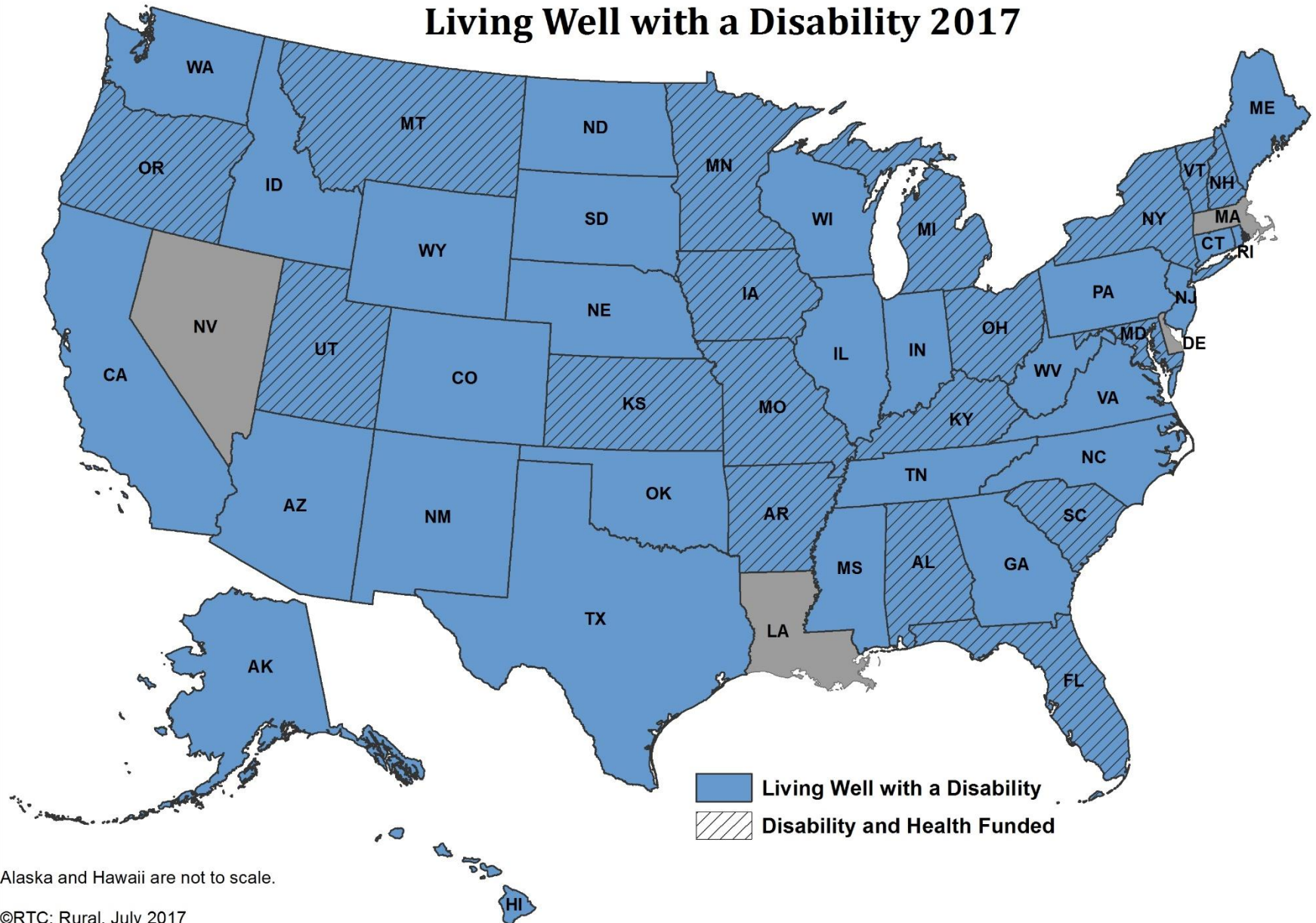
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Living Well with a Disability 2017



Alaska and Hawaii are not to scale.

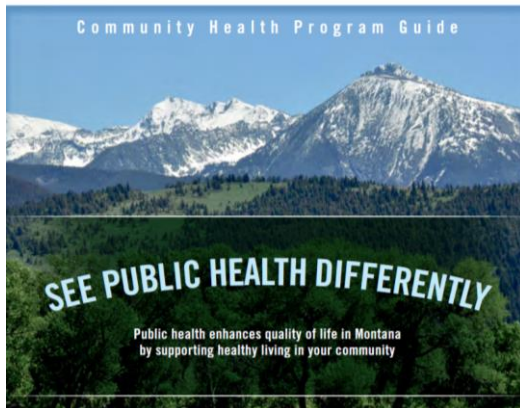


LWD Outcomes

- From February 1995 to July, 2017, RTC: Rural staff trained 1,218 Living Well with a Disability (LWD) facilitators in 46 states, who served more than 9,744 adults with disabilities.
- Since 2002, 778 LWD facilitators in current and previous CDC Disability and Health funded states reached over 6,224 workshop participants, whose symptom-free days are estimated at having increased by 74,066 days.



See Public Health Differently



- ¹Guide Available at:
ChronicDiseasePrevention.mt.gov
- **Community Health Program Guide** –
- Downloadable PDF
- Accessible/large print version available
- **Interactive Map**
- Accessible list – searchable by county/program name

- *See Public Health Differently*¹ is a communication plan of the Montana Department of Public Health and Human Services; the plan leverages partners statewide to promote health and wellness programs to Montanans.
- LWD is included with other programs, such as Diabetes Prevention and Self Management Education Programs, Arthritis Programs, and the Quit Line.
 - Evaluate participation rates of Montanans with disabilities in programs:
 - 11.5% Montana Breast and Cervical Cancer Screening Program
 - 29.0% CVD/Diabetes Prevention Program
 - 41.2% Montana Tobacco Quit Line
 - 100% Living Well with a Disability

²HP2020 DH-8. Reduce the proportion of adults with disabilities aged 18 and older who experience physical or program barriers that limit or prevent them from using available local health and wellness programs





Building an Inclusive Portfolio

- Include a Disability Advisor in program planning groups
- Use data from disability population to guide program
- Train staff and community partners on inclusion strategies
 - Accessible and inclusive meetings, communications, health care, and physical activity and health eating

More information is available at:

<https://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html>



How LWD is being integrated

- CDC Self-Management Education [Learn More. Feel Better campaign.](#)
 - Goal: to increase enrollment in SME programs
 - Continued statewide approach to implement LWD through Centers for Independent Living
- FOA from Administration on Aging “Empowering Older Adults and Adults with Disabilities Through Chronic Disease Self-Management Education Programs” (FY 2017)
 - LWD one of several CDSME programs listed



What is Living Well?



Working
toward
my goals
is hard,
but I feel
so much
better
when I
do it.

- Living Well is a goal-oriented health promotion programs for people with disabilities.
- Living Well focuses on developing a healthy and balanced lifestyle to meet quality of life goals.
- The program was developed in collaboration with consumers to ensure their relevance to actual health needs.
- The Independent Living philosophy is central to the curriculum.



How Does Living Well Work?



- Living Well With A Disability is a 10-week workshop for groups of 8-10 people.
- Sessions are two hours long, meet once a week and are led by peer facilitators.
- Peer facilitators have been through the program and can offer support and mentorship to participants.
- Facilitators guide participants using a self-help workbook.





Personal Benefits of Living Well

- Compared to pre-workshop measures, following the workshop participants reported:
- Fewer symptom days across physical and mental health symptoms (Health Related Quality of Life – 14)
- Reductions in activity limitation due to secondary conditions (Secondary Conditions Surveillance Instrument)
- Improvements in health behavior (Health Promoting Lifestyle Profile II)
- Improved Life Satisfaction (Behavior Risk Factor Surveillance System item)

Raveslout, Seekins & White (2005) Living Well with a Disability Health Promotion Intervention: Improved tHealth Status for Consumers and Lower Costs of Healthcare Policymakers. *Rehabilitation Psychology*, 50(3), 239-245.





Living Well Workshop Goals and Content

- The Living Well workshop begins by developing basic goal setting skills.
- Each chapter in the workbook builds on the next.
- As participants progress through the workshop, they get to test their skills within a supportive peer community.
- The building blocks of healthy communication and healthy reactions to stressful situations are learned early to support additional skills.





Living Well Workshop Goals and Content, Cont'd.

- The Living Well workshop provides accurate information about healthy lifestyle habits including exercise and nutrition.
- The program helps participants build the skills to find information for themselves and advocate for their needs.
- The workshops are interactive and participants have the chance to ask questions and share ideas for maintaining lifestyle changes.





Third-Party Payer Benefits of Living Well

- Compared 2-month retrospective recall of healthcare utilization (outpatient visits, emergency room visits, outpatient surgeries and inpatient hospital days) before and after the workshop. Converted visits to healthcare costs using 1998 Medicare reimbursement rates.
- Program outcome = \$3,227 savings per person
- Study-wide cost savings (n=188) = \$494,628 over six months
- By May 2015, LWD was implemented by 279 community-based agencies in 46 states to approximately 8,900 persons with disabilities. On the basis of the 6-month cost savings observed in the field trial, these community applications are estimated to have saved as much as \$28.8 million, which would have been incurred since February 1995 by health care payers without program implementation.



Ravesloot, Seekins, Traci, Boehm, White, Witten, Mayer & Monson (2016). Living Well with a Disability, a self-management program. *MMWR*, 65 (01), 61-67.





Implementing the Program

- **Facilitator training**

- Peer facilitators are trained in in-person or online classroom settings.

- **Program delivery**

- Workshops are held at local service providers such as Centers for Independent Living.

- **Capacity building**

- Community stakeholders support program implementation through consumer referrals, funding support and help in providing facilities or coordination services.





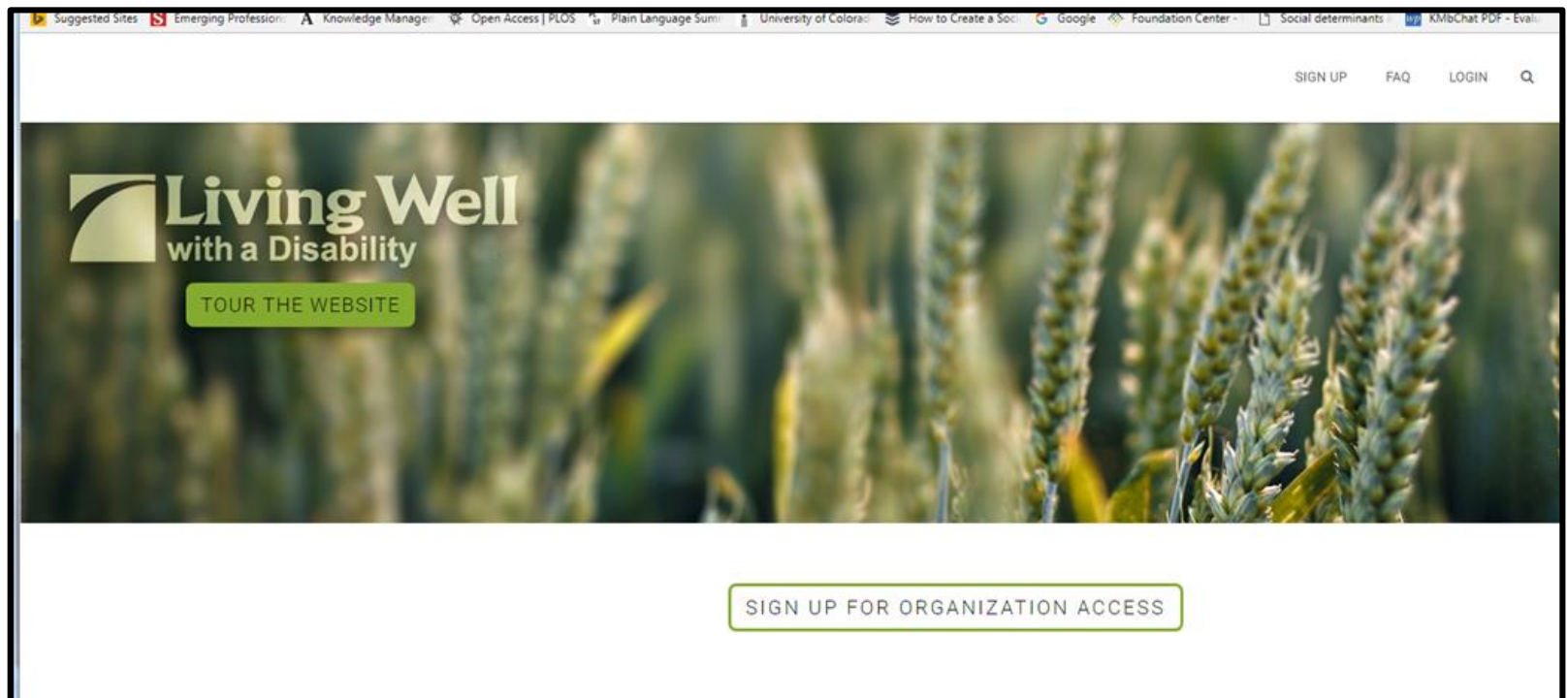
Program Licensing

- One year renewable program licenses
- Allows an organization to be recognized as an official program provider
- Provides flexible access to facilitator training for up to 15 people per licensed agency
- Provides just-in-time access to the most current training, curriculum content and program updates
- Convenient access to downloadable curriculum workbooks and worksheets
- Connects organizations to other program providers through the listserv



Program Access

<http://healthycommunityliving.com/LWC-facilitator-training/>





More Developments...

- Development project to expand the Living Well with a Disability program called Healthy Community Living
- Developing and evaluating two online programs that blend face-to-face and online learning.
- The *Community Living Skills* program is using Self-Determination Theory (Deci & Ryan, 2000) to help people prepare for health self-management.
- The *Living Well in the Community* program is adapting the Living Well with a Disability course content to an online blended learning format.
- Twelve staff from eight CILs around the US are participating in an iterative participatory curriculum development process for program development.

<http://rtc.ruralinstitute.umt.edu/healthy-community-living-proj/>



More information

[Living Well Technical Assistance Webinar](#)

- **10:00 – 11:30am Mountain Time on Thursday, August 3rd, 2017.**
- For past and current LWD program providers and facilitators

[Living Well Intro Webinar](#)

- **10 – 11:30am Mountain Time on Thursday, August 24th, 2017.**
- For people and organizations new to LWD

Email:

livingwell@ruralinstitute.umt.edu for more info and to register



Resources

Living and Working Well Program Website:

<http://www.livingandworkingwell.org/>

Living Well Facilitator Training Website:

<http://healthycommunityliving.com/LWC-facilitator-training/>

Research reports and publications:

http://rtc.ruralinstitute.umt.edu/rtcBlog/?page_id=5350



THANK YOU

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Questions & Answers



Type your question into the chat box on the lower left-hand side of your screen.

For reference, the recording of this webinar will be available shortly on www.ncoa.org/cha.