Who Are People with Disabilities?

Gloria L. Krahn, PhD, MPH
Director, Division of Human Development and Disability
National Center on Birth Development and Developmental Disabilities
CDC
Who Are People with Disabilities?
What Is Disability?

- Impairment in body function or structure
  - E.g., retinal detachment, missing limb
- Limitation in activity
  - E.g., difficulty seeing, hearing, walking, or problem-solving
- Restriction in participation in daily and societal activities
  - E.g., cooking a meal, driving an automobile

World Health Organization, 2001
International Classification of Functioning, Disability, and Health

Body Function and Structure (Impairment) → Activities (Limitations) → Participation (Restriction) → Health Condition (Disorder/Disease)

Environmental Factors
- Physical
- Communication

Personal Factors
- Policy
- Social attitudes

World Health Organization, 2001
Disability and Society

- Disability is not viewed as the health condition of a person.
- It is the limitation experienced in the context of the community and society in which the individual lives.

Societal and environmental accommodations are critical for people with disabilities to engage in various daily activities.

World Health Organization, 2001
Disability in the United States

- 1 in 6 people (37.5 M adults or 16% U.S. population) report serious limitations in functioning
- Health cares costs associated with disability are estimated at about $400 billion/year
  - >¼ quarter of all health expenditures
  - Medicaid and Medicare programs incur about 70% of these costs

NHIS 2010/2011
World Health Organization, 2011
Adults with and without Disabilities by Age Group
United States, 2010
(Weighted Population Estimates)

![Bar chart showing the percentage of adults with and without disabilities by age group in the United States, 2010.](http://www.cdc.gov/nchs/nhis/about_nhis.htm)
Prevalence of Disability Types among Adults with Co-occurring Disabilities

Co-occurring disabilities: Total >100%

- Walk/climb: 46%
- Problem-solve: 39%
- Hear: 26%
- See: 21%
- Dependence: 35%

National Health Interview Survey, 2010–2011
Arthritis is the Most Common Cause of Disability in the United States

Most Common Causes of Disability in the United States

- Arthritis or rheumatism: 8.6 million
- Back or spine problems: 7.6 million
- Heart trouble: 3 million
- Mental or emotional problem: 2.2 million
- Lung or respiratory problem: 2.2 million
- Diabetes: 2 million
- Deafness or hearing problem: 1.9 million
- Stiffness or deformity of limbs/extremities: 1.6 million
- Blindness or vision problems: 1.5 million
- Stroke: 1.1 million

Number in millions reporting a condition


CDC, MMWR 2001;50(7):120–5
CDC, MMWR 2009;58(16):421–6
People with disabilities continue to experience significant disparities in their health and health care

- 4 times more likely to report their health to be fair/poor
- 2.5 times more likely to report unmet health care needs
- A narrower margin of health because of
  - Poverty and other social determinants
  - Secondary health conditions such as pressure sores or urinary tract infections
  - Difficulty accessing mainstream health and public health programs

http://www.ncbi.nlm.nih.gov/books/NBK11434
The Role of Public Health to Improve Health of People with Disabilities

- Prevent disabilities when possible
- Improve data on people with disabilities
- Improve health of people with disabilities
- Reduce health disparities among people with disabilities
CDC Strategy: Make the Broadest Impact

- Include people with disabilities in mainstream programs and services wherever possible
- Use cross-disability approaches where necessary to address unique health needs of people with disabilities
- Use condition-specific focus where essential
CDC Strategy: Specific Actions

- Promote inclusion of people with disabilities in CDC surveys, programs, policies and communications
  - People with disabilities included in CDC surveys and reports
  - Standard disability identifiers in all HHS surveys
  - Enhanced accessibility of ~90 interventions in the Community Guide

- Fund a network of 18 state Disability and Health Programs
  - Health care access
  - Health promotion
  - Emergency preparedness

- Fund a network of Public Health Practice and Resource Centers to reach key populations
Disparities in Health among People with Disabilities in Massachusetts

Monika Mitra, PhD
Assistant Professor of Family Medicine and Community Health
Disability, Health and Employment Policy Unit
Center for Health Policy and Research
University of Massachusetts Medical School
Background

- **1990**: The Americans with Disabilities Act was passed
  - 1st comprehensive civil rights law addressing the needs of people with disabilities
- **Both Healthy People 2010 and Healthy People 2020** have focused on the health and well-being of people with disabilities
- However, people with disabilities continue to experience significant disparities in their health and health care
National and State-level Data about People with Disabilities

- **Behavioral Risk Factor Surveillance System (BRFSS)**
  - Random-digit-dialed telephone health survey of adults in the US
  - Conducted in all 50 states in collaboration with the CDC
  - Primary source of state-based information on risk behaviors and health status of adults
  - Includes questions identifying disability in all 50 states

- **Pregnancy Risk Assessment Monitoring System (PRAMS)**
  - CDC-funded survey on maternal attitudes and experiences before, during, and shortly after pregnancy
  - Survey participants sampled from eligible birth certificates including all live births to state residents
  - Only 2 states include disability identifiers (MA and RI)
Outline

- **Health status**
  - People with disabilities more likely to report poor general and poor mental health
  - These disparities remain after stratifying by education
- Risk factors and preventive behaviors
- Health care access
Self-Reported Fair to Poor Health by Disability Status, MA and United States, 2010

MA and National Behavior Risk Factor Surveillance System (BRFSS), 2010
Self-Reported Fair to Poor Health by Disability Status and Education, MA, 2010

<table>
<thead>
<tr>
<th>Education Level</th>
<th>People with disabilities</th>
<th>People without disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; HS</td>
<td>55.5%</td>
<td>0%</td>
</tr>
<tr>
<td>HS/GED</td>
<td>42.2%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Some college</td>
<td>31.6%</td>
<td>9.2%</td>
</tr>
<tr>
<td>College graduate</td>
<td>15.8%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

MA Behavior Risk Factor Surveillance System (BRFSS), 2010
HS, High school
GED, General Education Development tests
≥14 Days of Poor Mental Health in Past Month by Disability Status, MA and United States, 2010

MA and National Behavior Risk Factor Surveillance System (BRFSS), 2010

- **Massachusetts**
  - People with disabilities: 24.6%
  - People without disabilities: 6.0%

- **National**
  - People with disabilities: 27.0%
  - People without disabilities: 6.8%
Health status

Risk factors and preventive behaviors

- There are significant differences in risk factors and preventive behaviors by disability status
- Differences include
  - Smoking
  - Obesity and physical inactivity
  - Injury by sexual and physical violence

Healthcare access
Current Smoking by Disability Status, MA and United States, 2010

MA and National Behavior Risk Factor Surveillance System (BRFSS), 2010

<table>
<thead>
<tr>
<th></th>
<th>People with disabilities</th>
<th>People without disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts</td>
<td>22.2%</td>
<td>13.1%</td>
</tr>
<tr>
<td>National</td>
<td>26.7%</td>
<td>15.2%</td>
</tr>
</tbody>
</table>
Cigarette Smoking Before, During, and After Pregnancy among Women with Live Births
MA, 2007–2009

MA Pregnancy Risk Assessment Monitoring System (PRAMS), 2007–09
Prevalence of Obesity and Physical Inactivity by Disability Status, MA, 2010

MA Behavior Risk Factor Surveillance System (BRFSS), 2010
Obesity by Disability Status and Age
MA, 2010

MA Behavior Risk Factor Surveillance System (BRFSS), 2010
Obesity among Children 2–17 Years, by Disability Status, United States

2003-2008 National Health and Nutrition Examination Survey (NHANES)
Sexual Violence Victimization against Women by Disability Status, MA, 2005–09

Percent

Women with disabilities  Women without disabilities

Lifetime sexual violence  26.6  12.4
Life time completed rape  18.3  5.9
Lifetime attempted rape  19  8.8
Past year sexual violence  6.3  2.4

MA Behavior Risk Factor Surveillance System (BRFSS), 2005–09
Physical Abuse Around the Time of Pregnancy Among Women with Live Births, MA, 2007–08

MA Pregnancy Risk Assessment Monitoring System (PRAMS) 2007–08
Outline

- Health status
- Risk factors and preventive behaviors
- **Health care access**
  - People with disabilities
    - Experience lower rates of preventive screenings
    - Have more difficulty accessing health care services
Cost as a Barrier to Seeking Health Care by Disability Status, MA and United States, 2010

National and MA Behavior Risk Factor Surveillance System (BRFSS), 2010
Cost as a Barrier to Seeking Health Care by Disability Status and Education, MA, 2010

MA Behavior Risk Factor Surveillance System (BRFSS), 2010
HS, High school
GED, General Education Development tests

<table>
<thead>
<tr>
<th>Education Level</th>
<th>People with disabilities</th>
<th>People without disabilities</th>
</tr>
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<tbody>
<tr>
<td>&lt;HS</td>
<td>22.0%</td>
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</tr>
<tr>
<td>College graduate</td>
<td>8.9%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>
Dental Visit within Past Year by Disability Status, MA and United States, 2010

Percentage of individuals with and without disabilities who had a dental visit within the past year in Massachusetts and nationally. The graph shows that people with disabilities in Massachusetts had a dental visit within the past year at a rate of 74.8%, compared to 82% for people without disabilities. Nationally, the rates were 59.2% for people with disabilities and 70.4% for people without disabilities.
Mammogram in Past Year among Women Aged ≥40 Years by Disability Status
MA and United States, 2010

Women with disabilities
Women without disabilities

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Disability Status</th>
<th>Massachusetts</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-44</td>
<td>Women with disabilities</td>
<td>68.6%</td>
<td>70.7%</td>
</tr>
<tr>
<td></td>
<td>Women without disabilities</td>
<td>72.4%</td>
<td>76.6%</td>
</tr>
</tbody>
</table>

National and MA Behavior Risk Factor Surveillance System (BRFSS), 2010
Summary

- There are significant disparities in health and health care access among people with disabilities in the United States and MA.

- Elimination of health disparities among people with disabilities should be a **critical public health priority**.

- Structural and environmental barriers to health care services and programs need to be addressed through a multi-stakeholder approach involving:
  - The federal government
  - State and local health care professionals
  - People with disabilities and their families
Strategies to Eliminate Health Disparities

- Improve disability data collection through the inclusion of standardized disability identifiers
- Advance health and disability research
- **Train** health care and public health professionals about the needs of people with disabilities
- Create barrier-free environments
- People with disabilities: “Nothing about us without us”
  - Educate and empower people about their health care rights
  - Improve access to health care services and support
  - Include development and implementation of public health programs and interventions
Expanding Reach of Evidenced-based Health Promotion Programs

Jennifer M. Hootman PhD, ATC, FACSM, FNATA
Epidemiologist, Arthritis Program
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
CDC
Arthritis in the United States Is Very Common

- **Presently: 50 million adults and 300,000 children**
  - 40% (20 million) are limited in usual, daily activities
  - 33% report severe pain
  - 11% are restricted in valued social activities
  - These factors lead to poor quality of life

- **By 2030: 67 million adults will have arthritis**
  - 37% (25 million) will be limited in their usual activities
  - Based on aging of the population only

MMWR 2010;59(39):1261–1265. Data source: National Health Interview Survey
Arthritis is the Most Common Cause of Disability in the United States

Top 10 Causes of Disability Among US Adults

- Arthritis or rheumatism: 8.6 million
- Back or spine problems: 7.6 million
- Heart trouble: 3 million
- Mental or emotional problem: 2.2 million
- Lung or respiratory problem: 2.2 million
- Diabetes: 2 million
- Deafness or hearing problem: 1.9 million
- Stiffness or deformity of limbs/extremities: 1.6 million
- Blindness or vision problems: 1.5 million
- Stroke: 1.1 million

Number in millions reporting a condition

Arthritis in the United States

Secondary prevention: Preventing the progression of arthritis that results in
- Worsening of symptoms and loss of function

Physical activity: Key approach to prevention
- Regular physical activity decreases age-related functional decline by 32%
- Aerobic and resistance exercise reduced incident activity of daily living disability by 43% over 18 months

What is CDC Doing?

- **Funding 12 states to implement arthritis management programs**
  - Physical activity
  - Self-management education
  - Health communications

- **Implement proven evidence-based programs to increase physical activity**
  - Accommodate persons with various functional levels
  - Improve arthritis symptoms and function
  - Easily implemented in community settings

Approved Evidence-Based Physical Activity Programs

Arthritis Foundation Aquatics Program
Arthritis Foundation Exercise Program
Walk with Ease
Active Living Every Day
Enhance Fitness
Fit and Strong!

http://www.cdc.gov/arthritis/interventions.htm
http://www.arthritis.org/program-list.php
Results from the 2008–2012 Funding Cycle

- In the first 3 years, all 12 states increased their reach and some doubled their reach of evidence-based programs for adults with arthritis
  - Total reach over 4 years: 132,443 people

- CDC conducted a 3-year cluster evaluation of state arthritis programs
  - Factors significantly correlated with higher reach included
    - Work with existing delivery systems that have multiple sites
    - Prioritization of the expansion of program reach

Unpublished CDC reports
Average award: $427,000/year
Required Activities for the CDC-funded State Arthritis Programs, 2012–2017

- Increase awareness of the importance of physical activity through health communications campaigns
- Identify and embed physical activity programs into delivery systems
  - Delivery systems: Organizations with 3 or more delivery sites
  - Embed: Offering programs is part of daily operations
- Report to CDC every 6 months
  - Reach: Number of new people with arthritis enrolling in evidence-based programs
  - Capacity: Number of systems, sites, classes, leaders, etc.
Scaling-up!
5-Year Goals for 12 States

- Reach 5% of the state’s arthritis population (range of 12,500-50,000 per state)
- Total reach will be 457,800 new individuals with arthritis
- Decrease by 5% the proportion of adults with arthritis who report no physical activity during leisure time
  - Almost 300,00 fewer inactive adults with arthritis in these 12 states
Conclusions

- Arthritis is one of the most common chronic diseases in the United States and is the most common cause of disability
- Physical activity improves pain and function and help maintain independence
- There are evidence-based physical activity programs that can be further scaled up

Success ingredients

- Increasing awareness of the importance of physical activity through health communications campaigns
- Embedding physical activity programs into existing delivery systems
Health and Wellness in People with Disabilities
Progress in South Carolina

Catherine Leigh Graham, MEBME
Rehabilitation Engineer/Project Manager
University of South Carolina School of Medicine
Interagency Office of Disability and Health
Health Status of South Carolinians with Disabilities

Self-Reported Fair to Poor Health Among Adults by Disability Status

<table>
<thead>
<tr>
<th>Percent</th>
<th>Fair/poor health</th>
</tr>
</thead>
<tbody>
<tr>
<td>45.3</td>
<td>People with disabilities</td>
</tr>
<tr>
<td>7.7</td>
<td>People without disabilities</td>
</tr>
</tbody>
</table>

SC Behavior Risk Factor Surveillance System (BRFSS), 2010
Critical Role of Partnerships in Improving the Health of People with Disabilities in SC

- Key Partnerships established in 1997
  - University of South Carolina
  - SC Health Department
  - Disability Service Agency
  - Developmental Disabilities Council

- Common Goal: Improve the health and well-being of people with disabilities in South Carolina

- SC Disability and Health Project: www.sciodh.com
Progress in SC in Three Major Areas

- Access to health care
- Health promotion
- Emergency preparedness
Physical Accessibility

- **Issue**: Physical access to primary care is critical to health of people with disabilities
- **Goal**: Assess/improve accessibility of primary care sites
- **Partners**
  - Health Department-Best Chance Network
  - Office of Rural Health
  - SC Blue Cross/Blue Shield
Results

- Assessed 150 primary care sites with patient load of >750,000
- Changes made at 1/3 of practices
- Expanded to internal medicine, OB/BGN, pediatric, and dental care sites in 2012
Equipment Accessibility

- **Issue:** People with disabilities are not able to get on/off high exam tables and therefore do not receive proper physical exams
- **Goal:** Assess/increase number of providers with height-adjustable exam tables
- **Partners**
  - Health Department-Best Chance Network
  - Office of Rural Health
  - SC Blue Cross/Blue Shield
Equipment Accessibility

Results

- 34% of practices assessed had height-adjustable exam tables
- Subsequent to the assessment, 2 sites purchased a height-adjustable exam table
- Best Chance Network intake form now includes a disability screener question so a patient can be referred to accessible location

**BEFORE:** Standard 36”-high exam table

**AFTER:** Height adjustable exam table lowered to 19” high
Issue: Weight can only be managed if it can be tracked. Yet, people with mobility disabilities are unable to weigh

Goal: Assess/improve access to scales

Partners
- Health Department-Best Chance Network
- Office of Rural Health
- SC Blue Cross/Blue Shield
Results

- <2% of practices have accessible scales
- 11 sites purchased new scales

BEFORE: Old style scales that most places have that are not wheelchair accessible or accessible to anyone with a mobility issue such as balance

AFTER: New scales at primary care sites in SC
Progress in SC in Three Major Areas

- **Health care access**
- **Health promotion**
  - Obesity prevention
  - Weight management
  - Physical activity
- **Emergency preparedness**
South Carolinians with Disabilities Status: Obesity and Physical Inactivity

SC Behavior Risk Factor Surveillance System (BRFSS), 2010

Prevalence of Obesity and Physical Inactivity Among Adults by Disability Status

- **Obesity**
  - People with disabilities: 41.5%
  - People without disabilities: 43.2%

- **Physical inactivity**
  - People with disabilities: 28.7%
  - People without disabilities: 22.5%

SC Behavior Risk Factor Surveillance System (BRFSS), 2010
Self-Reported Body Mass Index (BMI) Among Adults by Disability Status, SC, 2010

<table>
<thead>
<tr>
<th>BMI Category</th>
<th>People with disabilities</th>
<th>People without disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI &lt; 25</td>
<td>26.4</td>
<td>34.7</td>
</tr>
<tr>
<td>BMI 25-29.9</td>
<td>32.1</td>
<td>36.7</td>
</tr>
<tr>
<td>BMI ≥ 30</td>
<td>41.5</td>
<td>28.7</td>
</tr>
</tbody>
</table>

SC Behavior Risk Factor Surveillance System (BRFSS), 2010
Health promotion program for people with disabilities

- Steps to Your Health
  - 8-week participatory program covering healthy eating and physical activity
  - >1,300 participants
  - Train-the-trainer model

- Results
  - Weight loss of ≥5 pounds during the efficacy program
  - Knowledge of healthy food choices increased
Health promotion program for people with and without disabilities

- Arthritis Foundation Exercise Program
  - 8-week participatory program
  - Train the trainer model
  - Efficacy in people with disabilities
Results: Instructed >700 medical students and health professionals about care for people with disabilities including weight management, proper nutrition, not smoking, physical activity.

Future Goals: Expand into other specialties and professions such as health care paraprofessionals through technical colleges.

Group Risk for Developing Obesity:

<table>
<thead>
<tr>
<th>Groups</th>
<th>Number</th>
<th>Prevalence</th>
<th>Hazard Ratio*</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>54</td>
<td>40.7</td>
<td>2.27</td>
<td>0.001</td>
</tr>
<tr>
<td>Cerebral Palsy</td>
<td>150</td>
<td>20.9</td>
<td>0.77</td>
<td>0.024</td>
</tr>
<tr>
<td>Down syndrome</td>
<td>47</td>
<td>62.1</td>
<td>1.63</td>
<td>0.001</td>
</tr>
<tr>
<td>ID &amp; Psychiatric Illness</td>
<td>117</td>
<td>46.1</td>
<td>1.18</td>
<td>0.081</td>
</tr>
<tr>
<td>ID Alone</td>
<td>223</td>
<td>42.7</td>
<td>0.98</td>
<td>0.793</td>
</tr>
<tr>
<td>Spinal Cord Injury</td>
<td>38</td>
<td>42.1</td>
<td>0.88</td>
<td>0.687</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>149</td>
<td>45.4</td>
<td>1.08</td>
<td>0.342</td>
</tr>
<tr>
<td>Comparison</td>
<td>1809</td>
<td>46.1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* HR= effect of an explanatory variable on the hazard (risk) of an event.
Physical Activity

- In-person training of staff of federal, state and local parks and recreation/gyms/YMCAs and the health Departments
  - Communication with people with disabilities
  - Modifications of policy, procedure, service, building and equipment to include people with disabilities

Accommodations for people with Sensory Disabilities
- Offer assistance - wait until accepted
- Identify yourself - when speaking to someone who is blind
- Never pet a guide dog
- Speak to the person, not to a companion or interpreter
- To get the attention of a person who is deaf, tap them on the shoulder/wave your hand
- Written notes can facilitate communication

Proper communication for people who are blind or deaf
Wheelchair-accessible mat from the walkway across soft sand
Adaptation of fitness equipment for people with disabilities
Collaborated with SCDOT to update their Americans with Disabilities Act (ADA) Transition Plan for inclusive
- Policies/drawings, communication, meetings, planning, etc.

Results
- DOT’s new ADA transition plan calls for wheelchair accessible sidewalks, curb cuts, pedestrian crossing signals, etc.
Trained 95% of SCDOT planners and engineers on accessibility in new construction and for modifications (lecture and hands-on experience)
Progress in SC in Three Major Areas

- Health care access
- Health promotion
- Emergency preparedness
Emergency Preparedness

- SC Issues/needs
  - Coastal, hurricane prone, rural state
  - High level of poverty

- Emergency Planning Committee for People with Functional Needs
  - Emergency Management Department
  - Health and Mass-Care Service Organizations
  - Disability Service/Advocacy Organizations
  - Faith-Based Organizations
Collaborated with Red Cross to assess shelters

- Red Cross assesses each hurricane shelter in SC
- Planning Committee assists with accessibility portion of assessment (e.g., parking, ramps, entrances, restrooms, showers, conclusion)

Measuring height of dispenser in restroom

Measuring slope of curb cut from parking area to facility entrance

Relevant areas of the facility are accessible to people with disabilities without adjustments.

- Facility has at least one accessible entrance and one accessible restroom, and otherwise is capable of being made accessible during a disaster with minor adjustments.
- Facility would require extensive adjustments to be accessible during a disaster.

Adjustments for Accessibility (Identify any adjustments or enhancements that should be made to make the relevant areas of the facility accessible during a disaster)
Collaborated to create emergency shelter “Welcome to the Shelter” DVD
- Loop on portable DVD at hurricane shelters
- Can be seen at www.youtube.com/watch?v=CDnf7QdDiGw
- Includes sign language/words and pictograms
Use of Assistive Technology in Shelters

- Results
  - Assistive Technology Definitions
    - Sheet in each Shelter Kit
  - Assistive Technology Kit in each Shelter Kit
    - Magnifier
    - Communication Sheet
    - Washcloths and rubber bands
Successes

- Adding 2 questions to the SC Behavior Risk Factor Surveillance System (BRFSS) beginning in 2013 to determine **preparedness of people with disabilities**

In the event of a large-scale disaster or emergency, which of the following do you have in place? Please answer yes or no to each option.

1. Emergency supply kit (including items such as water, flashlight, and batteries)
2. Disaster evacuation plan (including how to get out of your house, or town, and where you would go)
CDC supports 18 state-based programs to promote equity in health, prevent chronic disease, and increase the quality of life for people with disabilities. Each program customizes its activities to meet its state’s needs.
Lessons Learned for Scaling Up!

- **Collaborators**
  - Requires time and sustained effort
  - Identify collaborators that function at a high level
  - Identify common goals

- **Public health’s role**
  - Implementation of Healthy People 2020
  - Integration of people with disabilities

- **CDC’s role**
  - Sustained support
  - Data/surveillance
Georges C. Benjamin
MD, FACP, FACEP(E), FNAPA, Hon FRSPH

Executive Director, American Public Health Association

“Protect, Prevent, Live Well”
The American Public Health Association (APHA) Founded on April 18, 1872

- The oldest and largest organization of public health practitioners
- Nonpartisan 501C(3)
- 50,000 individual and affiliate members
- Multiple sections, special interest, and affiliated caucuses
- Major programs
  - Professional education
    - Annual scientific meeting
    - Books
    - Briefs and distance learning
  - Health policy advocacy
  - Health communication

WWW.APHA.ORG
Three Strategic Priorities

- Build public health infrastructure and capacity
- Create health equity
- Ensure the right to health and health care
A Health Sector Leader in Disabilities for Many Years

A model employer for many years
- Supports an accessible workplace
- Nondiscrimination of workers with disabilities
- Provides universal health coverage to employees

Strong support for people with disabilities in APHA programming
- Annual meeting
- Access to educational materials

Active Disabilities Section
- Subject matter experts on public health and disabilities
- Supports APHA advocacy agenda on disabilities
Use of accessible facilities
- Hotels and convention center

Web page dedicated to accessibility resources, and services

Sign language interpreters, housing, and transportation

ADA training for hotel staff and vendors

Accessibility Desk in convention center

Dedicated accessibility Web page

www.apha.org/meetings/access
Accessibility Guide to convention city
On-call accessible shuttle van and regular shuttle buses with lifts
Reimbursement for taxi service for registrants with mobility issues
Assistive listening devices
Accessibility surveys of all hotel properties
Scientific programming on the public health aspects of disability issues

www.apha.org/meetings/access
Educational Content Delivery

- **Online educational tools**
  - Webinars
  - Podcasts

- **Closed captioning of videos and support-assistive technology**

- **Engaging the public with disabilities through public messaging**
  - National Public Health Week
National Public Health Week 2012

A healthier America begins with mental and emotional well-being

THIS PERSON BELIEVES A HEALTHIER AMERICA BEGINS TODAY.

Celebrate National Public Health Week
www.nphw.org
Advocacy Efforts

- **Transportation and health**
  - Led the health effort for reauthorization of the federal transportation bill

- **Reduction disabling conditions**
  - Policy on addressing musculoskeletal conditions

- **Injury reduction**
  - Occupational safety

- **Access to health care for all**
  - Supported the Affordable Care Act
  - Fought for mental health parity
APHA Is Looking To Strengthen Its Capacity To Address Disabilities

- Need to “walk the talk”
- APHA can and needs to do more
- Not a one-time fix
- Must change its way of thinking as an association so that ensuring accessibility is engrained in all that APHA does
Move from being **a model employer** to becoming **the model employer**

Move from **being an industry leader** to becoming **the association to emulate** for health, disability, and accessibility issues
The APHA Approach to Ensuring Accessibility in Its Work

- Do an accessibility evaluation of programs and business practices
- Do a periodic review of Web and communication tools
- Use APHA’s accessibility team as advisers to help us improve our performance in ensuring accessibility
The APHA Approach to Ensuring Accessibility In Its Work

- Train staff in diversity and health inequities
- Develop a written plan based, in part, on a comprehensive external review
  - Programs, facilities and work practices
- Implement the plan and track progress
  - Milestones and timelines based on external review and association priorities
- Ensure success
  - Resolve workplace issues
  - Achieve a culturally competent staff and membership on accessibility issues
Failure Is Not an Option

- This will not be easy
- Price of failure is high
  - Inadequate access to knowledge for APHA members and the profession
  - Higher cost of health care for preventable disabilities APHA could have influenced
  - Poorer quality of health care and health outcomes for the public
  - Lower quality of life for the public and APHA employees