Success #1: Municipal Accessibility Improvements

• Need:
  • Massachusetts adults with disabilities lack exercise spaces:
    • 48% do not meet CDC guidelines for aerobic or strength-building exercise;
    • 45% name inaccessibility of exercise spaces as a major health concern.
  • Existing MDPH programs such as Mass In Motion promote equitable access on the local level to decrease barriers to physical fitness:
    • Strong racial equity focus, but little disability experience.

• Intervention:
  • Mini-grants to Mass In Motion communities
    • Phase 1: use Community Health Inclusion Index (CHII) to measure accessibility of physical activity infrastructure.
    • Phase 2: make policy and environmental changes based on CHII results.
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• Outcomes and Impact:
  • Nine cities/towns participated in one or both phases of the project.
    • Estimated number of residents with disabilities: 69,000
  • Projects included improvements to:
    • hiking trails;
    • walking routes to schools/civic buildings;
    • community gardens;
    • swimming areas;
    • downtown shopping/strolling areas.
  • Policy changes include:
    • reorganizing ADA Coordinator's office to make it more prominent and responsive to residents' needs.

A new raised garden bed in Medford, MA

This project was funded under CDC cooperative agreement CDC-RFA-DD16-1603: Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Success #2: Massachusetts Facility Access Tool

Need:

• People with disabilities continue to face architectural barriers to accessing public health programs and clinical medical care.
• Many providers under contract with MDPH have expressed a desire to make their service locations accessible but are unsure how.
  • Provider feedback: existing survey tools are outdated, cumbersome, don't provide clear instructions/definitions of measurements, and don't include standards for residential programs. Paper-based tools are inaccessible to some program staff with disabilities.

Intervention:

• Massachusetts Facility Access Tool web app
  • Phase 1: gather feedback on format, contents, and training needs from experienced accessibility coordinators at community and residential sites, paired with local CILs.
  • Phase 2: work with New England ADA Center to develop web app incorporating feedback.
  • Phase 3: test and refine app with new group of less-experienced program staff, again partnered with experts from local CILs.

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Success #2: Massachusetts Facility Access Tool

Outcomes and Impact:

- New web app will launch this month – preview at dph.humancentereddesign.org!
- Extremely positive user feedback:
  - "The app is very intuitive. It will make going through the whole process much easier!"
  - "The tool brought things to light that we wouldn't have considered."
- Lasting CIL/provider relationships:
  - "We now know what changes we want to make and will bring in [CIL partner] when it's safe again, to help make that happen."
- Internal policy changes:
  - Several DPH programs have made using the tool a contract requirement.
  - Others intend to do the same once it is launched.

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• **Need:**
  • Limited, fragmentary data on the health of people with disabilities means less attention on inequities
  • Cutting-edge data tools can’t be used for disability
    • Public Health Data Warehouse (PHD) links datasets from Medicaid, vitals, corrections, housing, SUD treatment, etc., via All-Payer Claims Database (APCD).
    • No way to identify people with disabilities in APCD means no way to find them across PHD

• **Intervention:**
  • Department-wide disability data collection standards
    • Self-report/surveillance data: BRFSS questions
    • Administrative data: ICD-9/10 codes

• **Outcomes and Impact:**
    • Detailed data on disability community led to a revision of COVID Priority Populations list.
  • Administrative data standards undergoing testing.
    • Disability flag expected to be usable for next round of analyses (Fall 2021).
    • Major change: data will be able to include population in correctional facilities, long-term care, and other institutional settings.

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