Integration of Disability Data Indicators to Monitor Public Health Programs

Miranda Ouellette, MPH, CHES
Prevention and Health Promotion Administration
Center for Chronic Disease Prevention and Control
June 9, 2021

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.
MISSION
The mission of the Prevention and Health Promotion Administration is to protect, promote and improve the health and well-being of all Marylanders and their families through provision of public health leadership and through community-based public health efforts in partnership with local health departments, providers, community based organizations, and public and private sector agencies, giving special attention to at-risk and vulnerable populations.

VISION
The Prevention and Health Promotion Administration envisions a future in which all Marylanders and their families enjoy optimal health and well-being.
Objectives

1. Describe the evidence for the integration of disability data indicators to monitor public health programs.
2. Provide a summary of the implementation process for integrating disability data indicators into program and results of the intervention.
3. Discuss key successes and lessons learned through Capacity Building Process.
Evidence for Implementation and Implementation Summary

• In 2019, 23.2% of Marylanders Reported one or more disability.¹

• It is difficult to track program progress toward eliminating disparities for people with disabilities.

• Improved data collection would strengthen the program’s capacity to monitor outcomes.

¹. 2019 Behavioral Risk Factor Surveillance System.

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.
Outcomes of Intervention and Next Steps

- Disability data has been collected for 1,174 National DPP participants, of which
  - 103 reported one disability, and
  - 48 reported multiple disabilities.

- Most reported disabilities were,
  - walking or climbing stairs (92),
  - hearing impairment (38), and
  - cognitive impairment (31).

- Maryland is now implementing PSE changes through the NCHPAD inclusive Community Implementation Process (NiCIP) model to increase inclusivity of programs in two local health departments.

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.
Key Success and Lessons Learned through Capacity Building

- Prevention and Health Promotion Administration (PHPA) staff are encouraged to complete the NACCHO “Disability 101” training at time of onboarding or upon annual review.
  - 176 staff have completed the training to date

- Begun integration of disability language into small procurement bid templates utilized by PHPA.

- Improved disability data collection and dissemination through the
  - Pregnancy Risk Assessment Monitoring System (PRAMS),
  - National DPP Intake Forms,
  - Chronic Disease Self-Management Programs, and

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.
Questions?

Please contact Miranda Ouellette at Miranda.Ouellette@maryland.gov if you have additional questions.

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.