California: It's All about Leverage

The California Department of Public Health (CDPH) has a small but passionate toehold on health promotion for people living with disabilities. Nancy Guenther, coordinator of CDPH's Living Health with a Disability Program, has an annual budget of $250,000, all of it coming from the Centers for Disease Control and Prevention (CDC). Additional in-kind support comes from state staff within the CDC's Division of Human Development and Disability in the National Center of Birth Defects and Developmental Disabilities in which the local health department (LHD) resides.

As manager of the program, located in the department's division of chronic disease and injury control, Guenther knows well the key to operating with lean resources: leveraging partnerships.

With a funding history under CDC's Disability and Health program that dates back to 1992, LHD, formerly known the Office of Disability and Health, has worked hard to forge relationships with statewide disability advocacy organizations, community service providers, consumer groups, academia, state health insurance programs, and health professionals with experience in meeting the special needs of people with disabilities.

"Without these partnerships, I would be lost," states Guenther, whose staff consists of herself and a part-time epidemiologist.

Assessing the Need

In a state as heavily populated, geographically vast, and ethnically diverse as California, encouraging health promotion for people with disabilities to prevent secondary conditions poses enormous challenges. The 2007 Behavioral Risk Factor Surveillance Survey reported 5.7 million adult Californians with disabilities, about 23 percent of the population. Moreover, the survey found that adults with disabilities were three times as likely to report fair or poor health status as people without disabilities. Among other findings, adults with disabilities were:

- More likely to be obese – 30 percent versus 20 percent of people without a disability.
- More likely to smoke – 19 percent, versus 14 percent of those without disabilities.
- More likely to suffer from a chronic health condition such as diabetes, arthritis or heart disease – 45 percent, versus 17 percent for those without disabilities.

In light of these daunting health issues, LHD held a Disability Policy Summit in October 2010. The target audience was managers and supervisors at the CDPH and the California Department of Health Care Service (CDHCS), which administers Medi-Cal, the California Medicaid program. As Guenther explains it, the purpose of the summit was to explore ways that disability issues could be integrated into the programs and administrative practices of the two departments.

Members of LHD's 23-person advisory committee, which includes the representatives from the array of partners listed above, helped to plan the event. The summit featured outside speakers; breakout sessions on such topics as program administration, data analysis and surveillance; and development of health promotion interventions and materials. Nonprofit disability groups also prepared exhibits describing their activities.

"We spent a great deal of time developing the content of this conference, which focused on prevention of secondary health problems in people with disabilities," recalls Anne Cohen, an advisory committee member. Cohen, whose muscular dystrophy has not prevented her from running her own health services consultancy, Disability Health Access, adds that it was a huge accomplishment to have program managers discussing ways that they could change the health care environment for people with disabilities.

Based on discussions at the summit, Guenther has drafted Living Health in the Community: A Call to Action", a *white paper* with specific policy recommendations. She is also preparing a companion information packet for managers that includes such topics as planning an accessible meeting, placing people with disabilities on advisory committees, methods for including people with disabilities in data analysis and intervention programs, and language in applications for state funding that address people with disabilities. "Many of these ideas can be accomplished with little or no budget impact," says Guenther.

A Network of Collaborators

Much of what LHD has accomplished can be traced to its partnerships. Guenther meets quarterly to explore synergies with an integration team comprised of other program managers within the division of chronic disease and injury control. Program Epidemiologist, Dr. Julie Riedel, is developing fact sheets showing the incidence of chronic diseases, such as arthritis and diabetes, among people with disabilities, and Guenther looks for opportunities to "piggyback" onto existing programs, both within and outside the CPDH. For example, she has been working with the state Department of Aging to include people with disabilities in a pain management program for people suffering from chronic diseases.

"My message to managers of government programs is that people with disabilities represent a huge population that you should be reaching out to, and here are some ideas for including them in your programs," says Guenther.

Guenther is also a member of the Disability Advisory Committee of CDPH's Office of Civil Rights, which has encouraged CDPH to take steps to make its own building more accessible to people with disabilities, such as placing chairs and couches in the lobby and installing automatic sliding doors at the building entrance. She also serves on advisory teams for other CDPH programs, such as California Active Communities, which promotes physical activity and *universal design* concepts that emphasize accessibility for all people, including people with disabilities, in the planning of buildings, streets, parks and other public spaces.

"Too often, programs overlook people with disabilities," says Lisa Cirill, acting chief of California Active Communities. "But that population has been part of our focus from the very beginning."

Cirill cites a course that her program developed to improve balance, strength and mobility in older adults. Established in 32 counties, the course also served people with disabilities, including young people with developmental disabilities. Although CAC is no longer able to fund this effort, many of the projects have been embedded into ongoing programs and continue to thrive.

Beyond such cooperative ventures, LHD has partnered with health professionals whose careers have focused on populations underserved by the health care system. With LHD funding, Dr. Paul Glassman,

professor of dental practice at the University of the Pacific in San Francisco, has developed an online continuing education curriculum for dentists and hygienists and modified an oral health assessment tool for student nurse practitioners to use in the field as part of a practicum. And, a course teaching advanced practice nurses, piloted at UCLA, trains nurse practitioners in helping prevent dental disease in people with disabilities.

"The data show that people with disabilities have more dental disease and greater difficulty getting access to care than does the general population," says Dr. Glassman. He cites a Year 2000 Surgeon General's report that noted overall improvement in oral health care in America but "profound disparities" in some groups, including people with disabilities.

Similarly, LHD has funded the development and pilot testing of a new multidimensional health risk appraisal tool by Harriet Aronow, Ph.D., a research scientist at Cedar-Sinai Medical Center in Los Angeles. The standardized questionnaire assists health professionals, such as nurses, in determining the health strengths and weakness of a person living with a disability. Questions range from a person's living arrangements and access to preventive care to medications and pain management. Guenther has met with staff at the CDHCS to explore use of the health risk appraisal tool by nurses who help transition people with disabilities from institutions to community settings under the "Money Follows the Person" program.

"We've had an opportunity to present this health risk appraisal tool in a number of settings across state government," says Aronow. "That is one of the many benefits of working with LHD, which stays on top of developments across so many different programs, including those having to do with managed care and developmental disabilities."

Still other LHD partnerships tackle such issues as smoking cessation and pedestrian safety. For example, LHD is working with the California Smokers' Helpline to improve its outreach efforts to people with disabilities by training counseling staff about the stresses of living with a disability and including images of people with disabilities in its materials. In the safety area, LHD is advising the Disability Health Coalition in Southern California on how to be proactive in communicating information to the media about dangerous street design and pedestrian crossings.

Charting the Future

Looking ahead, LHD recently completed its new five-year strategic plan, developed in close partnership with its advisory committee. "Compared to the previous strategic plan, the 2011-16 plan is more dynamic, with a focus on goals and strategies to meet the changing needs and priorities that will occur," says Guenther. Among its chief goals:

- Develop and implement state-level policies and programs to quantifiably improve the health status of people with disabilities.
- Conduct innovative and timely data analysis on health-related issues of the disability population and widely disseminate data and related articles.
- Increase participation of the disability community in health promotion and wellness programs.
- Increase the number of health care professionals who know how to work effectively with the disability community.

Those who have worked with LHD over the years believe that the program has already made substantial headway on these goals. Says Anne Cohen of the advisory committee, "Even with its limited resources, the LHD program has been quite creative in developing innovative ideas, which the advisory committee can then take to others in government, local communities and nonprofits."

You can learn more about programs for people with disabilities in California by consulting these sources:

California Living Healthy with a Disability Program
http://www.cdph.ca.gov/programs/Pages/DisabilityandHealth.aspx

California Active Communities
http://www.caactivecommunities.org/

California Department of Public Health
http://www.cdph.ca.gov/Pages/Default.aspx

California Department of Public Health Center for Disease Prevention and Promotion
http://www.cdph.ca.gov/programs/CCDPHP/Pages/default.aspx

California Department of Public Health Division of Chronic Disease and Injury Control
http://www.cdph.ca.gov/programs/Pages/cdic.aspx

California Department of Health Care Services
http://www.dhcs.ca.gov/Pages/default.aspx

California Money Follows the Person Rebalancing Demonstration
http://www.chhs.ca.gov/initiatives/Olmstead/Documents/CDHS%20MFP%20Demo%20Application%2011-1-06.pdf

California Disability Health Coalition
http://www.disabilityhealthcoalition.org/site/pp.aspx?c=anJALGNlGmF&b=2293665