

New York: 'Inclusion' is the Key to Progress

Thanks to an imaginative initiative by the New York State Department of Health (NYSDOH) Disability and Health Program (DHP), the needs of persons with disabilities are now being considered as public health programs are being developed.

The initiative developed an "inclusion policy" that requires all requests for proposals and applications (RFP/As) issued by the NYSDOH Center for Community Health to incorporate strategies throughout the funding opportunity to ensure persons with disabilities are integrated in public health programs and services. In practical terms, it would mean that the needs of persons with disabilities are considered in the design, planning, implementation and delivery of public health programs and services.

The DHP, which is funded by the U.S. Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability, pushed for the inclusion policy based on data from the state's Behavioral Risk Factor Surveillance System (BRFSS). The data revealed that New Yorkers with disabilities experience poorer health status; greater rates of obesity, diabetes and cardiovascular disease; less physical activity and many other increased health risk factors and behaviors than New Yorkers without disabilities. All of these are modifiable if persons with disabilities are effectively engaged in public health programs and services.

An Evolutionary Process

"It was an evolutionary process," says Theresa Paeglow, the DHP Director. There were several iterations and layers of review before the NYSDOH Center for Community Health adopted the policy, but it went into effect in January 2009.

Getting the policy adopted was quite an accomplishment for, basically, a one-person (Paeglow) program with a *core* operating budget of \$200,000 from the CDC. Core program funding directs states to develop strategies to improve accessibility of public health programs and services for people with disabilities and to increase the integration of people with disabilities in existing health promotion and prevention programs. Because the program operating budget cannot support the direct development and implementation of community programs and services, implementation of the inclusion policy is a way to achieve these core program objectives.

Beyond the inclusion policy, the DHP also advocates for inclusion of persons with disabilities in health media and marketing materials developed by the NYSDOH. Among accomplishments are inclusion of an image of a child with a disability in the WIC (Special Supplemental Program for Women, Infants, and Children) growth chart, an image of a woman who uses a wheelchair holding her infant in the WIC program banner and the addition of 'wheeling' as an activity on the Healthy Heart Program Food and Fitness Wheel.

Obviously, whatever the DHP may lack in funding, it more than makes up for in energy and aggressive partnering. "We spend a lot of time on internal and external collaboration," says Paeglow. The collaboration has paid off.

Partnering Brings Results

Here are a few examples that illustrate the preliminary impact of the inclusion policy and successful partnership initiatives:

- DHP developed and provided training to NYSDOH Office of Public Health staff on integration of persons with disabilities in their programs and services. Evaluation data indicated that 71 percent of the participants felt the training exercises improved their skill to serve persons with disabilities in their programs.
- Between Jan. 1, 2009 and Nov. 1, 2010, the DHP worked with other NYSDOH staff to develop 18 requests for proposals and applications that incorporate strategies to ensure persons with disabilities are integrated in funded initiatives. Twelve of these 18 RFP/As have been released and will establish 216 contracts with an annual aggregate value of \$80.3 million. These RFP/As fund an array of programs, such as obesity prevention, adolescent-pregnancy prevention, and healthy communities. The DHP serves on the leadership team for two of the funded initiatives: Creating Healthy Places to Live, Work and Play and Healthy Schools New York.

The DHP collaborated with the DOH Office of Health Insurance Programs to develop Americans with Disabilities Act (ADA) Compliance Guidelines for Medicaid Managed Care Organizations (MMCOs). MMCOs must complete and gain approval of their ADA Compliance Plan to participate in the NYSDOH Medicaid Managed Care Program.

To improve access for persons with disabilities at Medicaid Managed Care provider point of service sites, the DHP partnered with the NYSDOH's Office of Health Insurance Programs and the NYS Commission on Quality of Care and Advocacy for Persons with Disabilities (CQC) in development of a site-usability checklist. It's not a checklist to assess full compliance with the Americans with Disabilities Act, but rather it is based on the priorities of barrier removal under the ADA (i.e., ability to access a provider site, navigate its interior, and get the services he or she needs as one without a disability would, including access to examination tables, weight scales and means of effective communication). As part of this initiative, the DHP and the CQC developed and delivered two regional trainings for Medicaid Managed Care Provider Relations staff in the use of the tool.

The DHP also developed a training module for inclusion of employees with disabilities in generic worksite-wellness programs. The module is delivered by the DHP as part of the NYSDOH Healthy Heart Program's Worksite Wellness Coordinator certification training.

Leveraging funds from the NYSDOH Cancer Services Program, the DHP placed 24 accessible exam tables in Healthy Women Partnership provider sites across the state. Once the provider sites were selected, Paeglow says, providers had to agree to attend DHP training on clinical considerations of reproductive health care among women with disabilities and disability awareness.

These are just some of the DHP's internal collaborations.

Among external collaborations, the DHP serves as the facilitator of an interagency partnership to plan and conduct activities for Disability Awareness Month each October. The showcase event is Passport to Awareness, which includes several interactive learning activities presented by people with disabilities. The activities are designed to foster an understanding of the variety of resources, skills and concepts that facilitate access and participation by people with disabilities in their communities. Attendance from year to year has ranged from 60 to 100 children, ages 7 to 13. Participants are asked to identify one

activity they will do in their communities to improve access for and inclusion of people with disabilities. Girl Scouts, for example, have cut plastic tablecloths into five foot diameter circles to measure clear floor space for wheelchair access.

Additionally, in further support of DHP's inclusion efforts, Paeglow sits on several advisory groups, such as the NYS Department of Environmental Conservation Universal Access Program, and the Developmental Disabilities Planning Council's Systems and Community Education subcommittee, among others.

The Funding Dilemma

That is a lot of activity for a program that has seen its CDC funding cut by more than half in recent years. That lack of funding for programs, media and other campaigns, local contracts, and staffing is a major challenge, Paeglow admits, especially given the pervasive lack of awareness that persons with disabilities *can* be healthy, *can* work and *can* do just about anything when the environment (in the broadest sense) enables their participation. Paeglow's DHP will continue to strive to raise this awareness to build healthy communities for everyone.

While lacking funds, the DHP plans to leverage existing and new NYSDOH initiatives to reduce the health disparities between people with and without disabilities in collaboration with NYSDOH colleagues. Funds to support the NYSDOH DHP's activities deplete on March 31, 2012. If continued funding is not secured, the program will end. Meanwhile, through the inclusion policy and an exhaustive collaboration effort, Paeglow's program continues advocating and making progress.

You can learn more about New York's programs for people with disabilities from these sources:

The New York State Developmental Disabilities Planning Council

<http://ddpc.ny.gov/>

The New York State Department of Environmental Conservation Universal Access Program

www.dec.ny.gov/outdoor/34035.html

The New York State Commission on Quality of Care and Advocacy for Persons with Disabilities

<http://cqc.ny.gov/>

The New York State Department of Health Office of Health Insurance Programs

www.health.ny.gov/health_care/

The New York State Medicaid-Buy-in Program for People with Disabilities

www.health.state.ny.us/health_care/medicaid/program/buy_in/index.htm

Resource Directory for Children with Special Health-Care Needs

www.health.ny.gov/publications/0548/

Federation of Organizations for persons with disabilities in New York State

www.fedoforg.org/