



## **Year 3 Evaluation Summary**

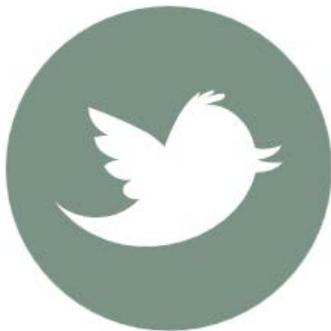
Highlighting reach, impact & successes

July 1, 2018 to June 30, 2019



## Web & Social Media Reach

**Outcome:** Increased availability and use of health promotion resources, tools, and inclusion strategies to promote health equity for people with intellectual disabilities and mobility limitations



### TWITTER

**1,052** followers

**128,850** average weekly reach



### WEBPAGE

**6,320** unique web visits

**605** product downloads



### FACEBOOK

**675** followers

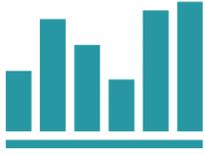
**3,368** average weekly reach

### Increased Accessibility of Webpage and Expanded Social Media Reach

In Year 3, DPH used Responsive Web Design (RWD) to share project data briefs and reports on the DPH website. RWD is more accessible, especially for mobile screens and screen-readers.

The number of unique web visits in Year 3 (6,320) was much higher than in Year 2 (4,818).

More people are visiting DPH social media pages regularly. The average weekly reach of the DPH Facebook page was over 6 times higher than in Year 2 at 3,368. The average weekly reach of the DPH Twitter page was over 3 times higher than last year at 128,850.



## Surveillance & Policies

**Outcome:** Increased dissemination of information about health inequities and health risk factors experienced by people with disabilities in order to promote programmatic, policy, systems, and environmental changes



1

Improved Accessibility of  
Regional Public Health  
Meeting



3

New Disability In  
Focus Data  
Briefs

651 accessed  
online



1

New Disability &  
Public Health  
Infographic Report

865 accessed  
online

### Improved Accessibility for Seacoast Public Health Advisory Meetings

In Year 3, DPH was active in the Public Health Advisory Councils (PHAC) for two New Hampshire Public Health Regions. As a result of DPH's encouragement, the Seacoast PHAC decided that they would be proud to be the first to change their early meeting time to a later hour to make it more accessible.

*"We need to walk the talk. If we talk about equity and inclusion, we need to be prepared to act and co-create space for us to work together. Changing the time of our meeting is one thing we can do at the system level to improve access to our Public Health Advisory Council Meetings."*

Paula Smith, Seacoast PHAC



## Technical Assistance & Training

**Outcome:** Increased number of NH programs and initiatives receiving technical assistance (TA) and training aimed at improving inclusion and accessibility for people with intellectual disabilities and mobility limitations



15

TA requests  
completed



5

New Programs  
Engaged in TA  
and/or training



696

People  
Trained

### Disability-Competence and Accessibility Trainings Successful

DPH has created trainings as a result of conversations with public health staff and their need for greater disability competence. To date, 315 public health professionals around the state have attended in-person trainings on (1) cultural competence with disability and (2) the creation of accessible content and dissemination.

The success of the free, online, on-demand *Responsive Practice* training for health care providers, with 381 trainees in Year 3, has informed our plans for additional, follow-up mini modules on requested topics, such as communication.



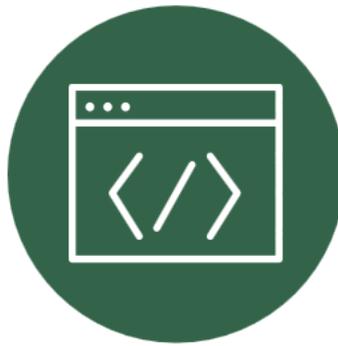
## Medicaid Data Analysis

**Outcome:** Improved monitoring of health and health care utilization among NH Medicaid Beneficiaries with intellectual and developmental disabilities (IDD)



10

Collaborating  
States



5

Conditions analyzed  
to examine health and  
health care utilization  
of people with IDD



1

Web-Based Media  
Product Planned

### New States Join Collaboration to Explore Health of People with IDD

Three new states (KS, MI, MT) joined NH and the other six states (SC, AR, NY, OR, IA, MA) to explore the health and health care utilization of Medicaid beneficiaries with intellectual and developmental disabilities (IDD). The group has prepared a manuscript about comprehensive diabetes care, and it continues to analyze data related to cardiovascular disease and hypertension, epilepsy, and avoidable emergency department utilization. As a result of this collaboration, South Carolina has developed an educational media product related to diabetes self-management, which DPH will help to finalize and disseminate in Year 4.



## Looking Ahead

### July 2019 – June 2020

#### From July 1, 2019 to June 30, 2020 DPH will:

- Increase the number of people who access health promotion resources, tools, and inclusion strategies electronically from 15,743 to 19,000;
- Increase by 4 the number of data briefs and reports about health inequities and health risk factors experienced by people with mobility and intellectual disabilities in NH;
- Increase the number of public health staff receiving technical assistance and training aimed at improving inclusion and accessibility for people with mobility and intellectual disabilities in NH;
- Promote *Responsive Practice: Providing Health Care and Screening to Individuals with Disabilities*, an online training which teaches health care professionals about strategies and approaches to break down barriers to care for people with mobility, intellectual, and other disabilities;
- Create and disseminate follow-up training mini modules for health care providers;
- Collaborate with South Carolina, Massachusetts, New York, Oregon, Arkansas, Kansas, Michigan, Montana, and Iowa to conduct analyses of Medicaid data regarding people with IDD and refine, disseminate, and evaluate 1 data-driven, web-based media product about diabetes self-management;
- Support the implementation of Walk With Ease, an evidence-based physical activity program, in at least two regions of NH to integrated groups of adults that include people with self-identified intellectual and mobility disabilities;
- Collaborate with Vermont and National Jewish Health on the creation and dissemination of a new training for tobacco cessation coaches to improve their competence to coach quitline callers with cognitive disabilities;
- Continue to monitor patterns of Quit-NowNH use among people with mobility, learning, and intellectual disabilities; and
- Continue to mentor the Vermont Department of Health, a capacity-building program, and provide technical assistance as they strengthen their infrastructure to include people with disabilities in public health programs and activities.