

# New Hampshire Disability & Public Health Project

2012-2016  
The First Four Years



Institute on Disability/UCED



University of  
New Hampshire

**DPH**

NH Disability &  
Public Health Project

*Alternative formats available on request.*

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Promoting inclusive opportunities requires teamwork and cross-sector collaboration. Where there is a shared vision of health equity and cultural competence, there is opportunity for collective action.

”

**Charles Drum**

DPH Principle Investigator

## Acknowledgements

This collection of stories illustrates the accomplishments and successful partnerships of the New Hampshire Disability & Public Health Project (DPH) from the first four years. The project staff at the University of New Hampshire Institute on Disability and the NH Division of Public Health Services gratefully acknowledges the many individuals, families, advocates, agencies, and organizations whose work to date has paved the way for current public health efforts, programs, and initiatives.

This publication was prepared by Sara Rainer, Kimberly Phillips, PhD, and Molly Thibault at the Institute on Disability. DPH is guided by Principal Investigator, Charles Drum, MPA, JD, PhD, Director of the Institute on Disability. Special thanks are due to current and former members of the Disability Community Planning Group, the project’s advisory committee:

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# Inclusive Public Health

Ensuring individuals with disabilities are included in state public health initiatives, health promotion, and preparedness activities



## About the Project

The New Hampshire Disability & Public Health Project (DPH) works as a bona fide agent of the NH Division of Public Health Services. In its first four years, from 2012 to 2016, project activities aimed at promoting health, preventing chronic disease, and improving emergency preparedness to enhance the quality of life among people with disabilities in New Hampshire (NH). These objectives were achieved by developing and strengthening the state's capacity to reach and include people with disabilities in mainstream programs.

## The Need for Inclusive Public Health

DPH builds on the national public health legacy of the Surgeon General's Call to Action to Improve the Health and Wellness of People with Disabilities.<sup>1</sup> Among the more than 53 million adults in the United States with disabilities, chronic conditions, including high blood pressure, cardiovascular disease, high cholesterol, diabetes, and arthritis, are disproportionately prevalent compared to the general population.<sup>2</sup> This is true, in part, because adults with disabilities receive less support and have more difficulty accessing health promotion programs, health information, and culturally competent quality care.<sup>3</sup> As a result, individuals with disabilities are less likely to engage in healthy behaviors, exhibiting lower rates of physical activity, less consumption of fruits and vegetables, and more use of tobacco.<sup>4,5</sup>

A primary role of DPH is to educate public health professionals, policymakers, and other stakeholders about the need to include people with disabilities in evidence-based health promotion efforts. DPH makes evidence-based strategies available, provides expert training and technical assistance to implement them, and helps improve state surveillance and monitoring.



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## Program Successes

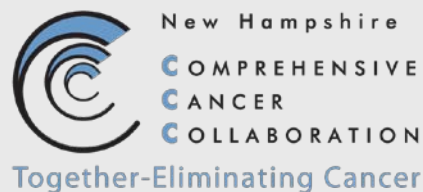
A collection of stories highlighting DPH's accomplishments & key partnerships that support inclusive, accessible public health

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The New Hampshire Comprehensive Cancer Collaboration's recently released White Paper, *Examining Preventive Cancer Screening Rates Among Vulnerable Adults in NH*, is a great example of how partners collaborated to identify a vulnerable population in NH, using employment as a social determinant of health, and targeted the distribution of free cancer screening messages.

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**Robert Gerlach, MPA**  
Board Chair, NH Comprehensive Cancer Collaboration



## Examining Preventive Cancer Screening Rates among Vulnerable Adults in New Hampshire

A fruitful relationship with the NH Breast and Cervical Cancer Program led DPH to participate in and co-Chair the NH Comprehensive Cancer Collaboration's (CCC) Equity Task Force. The task force, a collaboration among state and private entities, launched a pilot intervention to promote preventive cancer screenings among health risk subpopulations including racial and ethnic minorities and people with disabilities in NH. As part of this work, DPH co-authored a white paper, *Examining Preventive Cancer Screening Rates among Socially Vulnerable Adults in New Hampshire*.

CCC staff also sought DPH's guidance to improve the accessibility of the *2015-2020 New Hampshire Comprehensive Cancer Control Plan*. DPH reviewed the 20-page document and provided a detailed report, outlining the specific modifications that would improve its accessibility. After making some of the most important edits, the updated, more accessible Plan was posted on the state's website.

CCC member, Regina Flynn, found the technical assistance helpful and informative. She acknowledged that she had not previously considered many of the recommended modifications, suggesting that this is partly because her office, like many other state offices, "lacks the internal capacity" to identify and implement the necessary changes that make materials accessible. DPH has the capacity to provide this support.

## Raising Awareness of Oral Health Needs of Youth with Disabilities

DPH staff were approached by Mary Davis, a school-based dental hygienist with the NH Oral Health Program, for assistance developing a presentation about providing oral health care to youth with disabilities and special health care needs. With over 30 years' experience working with children with and without disabilities in schools, Mary has a plethora of experience to share and was looking for data and research to round out her presentation.

According to Mary, DPH's assistance "provided the platform for me to lead an effective presentation."

For many participants, Mary's presentation was the first time they had discussed how to work with youth with disabilities. When these school-based hygienists go into schools, paraprofessionals and teachers often say things like, 'this child will be too difficult to work with.' Mary explains that her presentation "sparked the possibility that [dental hygienists] could be more inclusive – that they could reach children with disabilities."

One attendee from a NH Community Health Center that offers dental services contacted Mary after her presentation, saying:

"I would be remiss if I did not take a minute to tell you how powerful I felt your presentation was last Friday at the Calibration Clinic. More than the fact that you work well with the special needs population was the message that was resonating...I can do this."

“

When we go into the schools, we are not familiar with the families, students, or paraprofessionals. If we want to be inclusive . . . we need to meet with the school's staff to explain what we can offer. We want [youth with disabilities] to have the same opportunities as any child. . . We have a history, passion, and means for providing care to these children who otherwise wouldn't have access to dental care. . . There's always a way we can be adaptive and flexible.

”

**Mary Davis, RDH, CPHDH**  
Oral Health Program



## Creating Emergency Kits & Plans with People with Disabilities

People with disabilities can be especially vulnerable in emergency situations. Increased risk may be due to difficulty responding rapidly, physical limitations, and social isolation.<sup>6,7</sup>

DPH designed a curriculum that others can use to teach people with disabilities and their families to create customized emergency kits and plans. The training aimed to get people thinking creatively about modifications and considerations that might be required for people with disabilities to be personally prepared. In the past few years, DPH trained more than 285 families, support personnel, and community volunteers in 11 of NH's 13 Public Health Network Regions. Use of a train-the-trainer format allowed active trainers to continue the conversation about inclusive emergency preparedness in their communities.

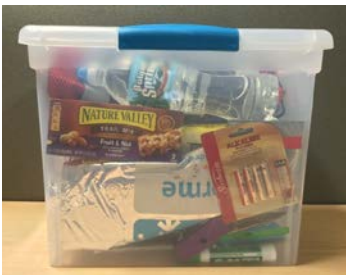
Michelle, a training participant who went on to lead the training for others, said that she had not previously thought about the importance of personal preparedness for individuals with disabilities. After sharing the training with the group of personal care attendants she works with, she noted:

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We put together a plan for what-ifs. We now have plans in place, back-up records, [and] arrangements for transportation. We have a better idea of what we would do if something were to happen. . . [A disaster or emergency] would be mayhem if we weren't prepared . . . but [after the training] we're 100% better than mayhem [because] everyone knows the plan.

”

**Michelle**  
Trainer, Personal Care Attendant



## Improved Access to Health Care for People with Disabilities



DPH's training, *Responsive Practice: Providing Health Care and Screenings to Individuals with Disabilities*, teaches health care providers to recognize and address some of the barriers faced by people with disabilities when accessing health care.

Over 480 staff and providers from hospitals, community health centers, private practices, school nurses, and even a Women, Infants, and Children (WIC) program have participated in the *Responsive Practice* training to date. Of these, 81% reported increased knowledge about barriers to health care experienced by people with disabilities; 83% gained knowledge about health disparities; and 85% of trainees indicated that they had acquired strategies that would help them provide culturally competent, responsive care to their patients with disabilities.

*Responsive Practice: Providing Mammography to Women with Disabilities*, builds on the *Responsive Practice* model, sharing tips and techniques for mammography technicians. The training teaches mammography technologists to employ positioning techniques to obtain high-quality images with a variety of body types and functional abilities.

In total, 130 radiologic technologists registered for the training; of those, 97% felt the training improved their ability to recognize barriers to mammography faced by women with disabilities and 90% felt prepared to utilize *Responsive Practice* strategies to facilitate access to mammograms for women with disabilities. One participant explained, "I learned how to correctly position patients with disabilities using our mammography machine. . . I also advised my department on the need to supply a mammographic machine with modifications for patients with disabilities."

*A physician who attended a training in 2016 shared her appreciation for:*

“

How real the training was. I love that Kathy [DPH co-trainer] was strong to share her experiences, trials, and tribulations with us. I was able to identify with her and feel I can now realize things that may be hurtful to her I never noticed before.

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## What's Next?

DPH continues to make evidence-based strategies available, provides expert training and technical assistance to implement them, and helps improve state surveillance and monitoring

## DPH Continues to Promote Inclusion & Accessibility

In 2016, DPH was funded by the CDC for an additional five years. The project continues to improve the health and quality of life of people with intellectual disabilities (ID) and mobility limitations (ML) in NH. By the end of the five-year period, DPH will result in the following outcomes:

- Improved collaboration with partners;
- Increased surveillance of health and health program participation;
- Increased availability & use of health promotion resources, tools & inclusion strategies;
- Increased knowledge & awareness of health risk factors & strategies to address them;
- Increased participation in evidence-based & innovative health promotion programs;
- Improved evidence base for health promotion programs; and
- Increased use of programmatic, policy, systems & environmental changes.

DPH achieves its outcomes by a) providing training and technical assistance to public health professionals, health care providers, policymakers and others whose public or private roles have potential to influence the health and health behaviors of people with ID and ML; b) supporting the adaptation of the evidence-based InSHAPE® program for use with people with ID; c) improving surveillance related to health risk factors and health care utilization among people with ID, DD, and ML; and d) translating research knowledge to practice by sharing health information, tools, and resources through multiple dissemination vehicles, including a dedicated website.

**For more information about project activities, and to stay up to date on strategies to improve health, best practices, resources, news, and more, visit:**

**<http://nhdisabilityhealth.org>**.

## References

- 1) Office of the Surgeon General (US); Office on Disability (US). (2005). The Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities. Rockville (MD): Office of the Surgeon General (US). Retrieved March 23, 2016, from <http://www.ncbi.nlm.nih.gov/books/NBK44667/>
- 2) Havercamp, S M, Scandlin, D, & Roth, M. (2004). Health disparities among adults with developmental disabilities, adults with other disabilities, and adults not reporting disability in North Carolina. Public health reports, 119(4), 418. Retrieved March 21, 2017, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1497651/pdf/15219799.pdf>
- 3) Reichard, A, Stolzle, H, & Fox, M H. (2011). Health disparities among adults with physical disabilities or cognitive limitations compared to individuals with no disabilities in the United States. Disability and Health Journal, 4(2), 59-67. Retrieved March 21, 2017, from <http://dx.doi.org/10.1016/j.dhjo.2010.05.003>
- 4) Drum, C E, McClain, M R, Horner-Johnson, W, & Taitano, G. (2011). Health disparities chart book on disability and racial and ethnic status in the United States. Durham, NH: Institute on Disability, University of New Hampshire. Retrieved March 21, 2017, from <http://iod.unh.edu/>
- 5) Pharr, J R, & Bungum, T. (2012). Health disparities experienced by people with disabilities in the United States: a Behavioral Risk Factor Surveillance System study. Global journal of health science, 4(6), 99. Retrieved March 21, 2017, from [http://digitalscholarship.unlv.edu/community\\_health\\_sciences\\_fac\\_articles/82/](http://digitalscholarship.unlv.edu/community_health_sciences_fac_articles/82/)
- 6) Krahn, G.L., Klein Walker, D., and Correa-De-Araujo, R. (2015). Persons with Disabilities as an Unrecognized Health Disparity Population. American Journal of Public Health, 105(2), S198-S206.
- 7) Gershon, R.R.M., Kraus, L.E., Raveis, V.H., Sherman, M.F., and Kailes, J.I. (2013). Emergency Preparedness in a Sample of Persons with Disabilities. American Journal of Disaster Medicine, 8(1), 35-47.



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