

Alaska's Plan to Promote the Health of People with Disabilities

2015-2017 Strategic Plan



The Alaska Health and Disability Program (AHDP) steering committee is pleased to present *Alaska's Plan to Promote the Health of People with Disabilities* to the public and to our many state and community partners. The plan covers state fiscal years 2015 – 2017, and will advance the integration of disability into the health promotion, disease prevention, and emergency preparedness infrastructure within our state as well as increase the focus on health and wellness in the disability community. It calls upon all Alaskans to share expertise and resources to build the state's capacity to improve the health of people with disabilities across the lifespan. The plan does not address every disparity, but challenges us to tackle inaccessible environments, discriminatory attitudes, and policies and norms that result in barriers to health, wellness, and quality of life for Alaskans with disabilities.

We encourage you to review the entire plan and focus on the health areas most relevant to your work and passion. Please take time to consider how you can turn your good intentions into action to improve the health of Alaskans with disabilities by selecting at least one health area as your focus for the year. Share your ideas, successes and challenges with us so, together, we can make Alaska a state where people with disabilities have the opportunity every day and in all places to be healthy and participate in all aspects of community life.

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Unless otherwise specified, photographs provided courtesy of the Alaska Health and Disability Program and University of Alaska Anchorage, Center for Human Development.

Alaska's Plan to Promote the Health of People with Disabilities

2015-2017 STRATEGIC PLAN

Introduction

Acknowledgements

Developing *Alaska's Plan to Promote the Health of People with Disabilities* was not an easy or quick undertaking. It started as an unfunded, volunteer-based ad hoc committee and labor of love that grew into the Centers for Disease Control and Prevention (CDC)-funded Alaska Health and Disability Program. It would not have been possible without the expertise and contributions of Alaskans with disabilities, family members, advocates, public health colleagues, state government, health care professionals, and community members. We are sincerely grateful for everyone's contributions during meetings, their willingness to provide feedback as the plan was written and revised, and most importantly, their commitment to taking action to improve the health of Alaskan children, youth and adults with disabilities.

We gratefully acknowledge the other states that have gone before us with their vision and plan to promote the health of people experiencing disabilities. We particularly thank the authors of *North Carolina's Plan to Promote the Health of People with Disabilities* for allowing us to use language and structural elements in the creation of our plan. After careful review of all available state plans, North Carolina's plan most closely matched our goals and approach.

Background

A person with a disability, like anyone else, is capable of being healthy, and can improve or worsen his or her health in many of the same ways. Due to other conditions that relate to their primary disabilities, some people with disabilities may start at the lower end of the health continuum (Becker, 2006). This means that the road to better health may be longer and more arduous. Consequently, there is an even greater need to focus on access to health care and health promotion for people with disabilities, since a minor illness could compromise a person's functional ability and possibly lead to an earlier decline in health and dependency on others for care (Rimmer, 1999). People with disabilities are less likely to be prepared for emergencies and more likely to live in circumstances that make them vulnerable to emergencies (Bethel, Forman, & Burke, 2011; Eisenman et al., 2006; McClure et al., 2011, National Council on Disability, 2009; Renne, Sanchez, & Litman, 2008; Smith & Notaro, 2009; and Tomio, Sato, & Mizumura, 2012). For many people with disabilities, an inaccessible environment, discriminatory attitudes, government policies, and community norms often present more of a barrier to health, wellness, and quality of life than their disabling condition (United States Department of Health and Human Services [DHHS], 2005).

A disability can be physical, mental, emotional, intellectual, or communication-related. It may result in substantial limitations in one or more major life activities and the limitations may be permanent, temporary, or long-term (chronic) in duration. Disability can be present from birth or may occur later in life due to injury, chronic disease, or aging (CDC, 2014). Disability increases as one ages, the severity can vary considerably from one person to the next, and a disability can be visible or invisible. Some, but not all, people with disabilities use assistive equipment, such as a wheelchair, communication board, or assistive listening device.

In 2013, nearly one in four Alaskan adults experienced a disability (Alaska Behavior Risk Factor Surveillance System [AK BRFSS], 2013). People with disabilities experience more health disparities than people without disabilities, and these disparities are similar to those reported by other minority racial and ethnic groups. While we do not have a complete understanding of why disability is associated with health disparities, there is evidence that low socioeconomic status, higher rates of unemployment, lower educational

attainment, limited access to preventive care, and the cost of health care are among some of the underlying factors associated with disparities (Healthy People 2020).

Decisions about health are influenced by many factors, including family and friends, health care professionals, and the community and environment in which a person lives. Consequently, the most effective approach to promoting health is a combination of efforts at multiple levels—individual, interpersonal, organizational, community, and public policy (Stokols, 1996).

Process and Organization

The development of the Alaska plan started with a core group of stakeholders that included people with disabilities, family members, public health, state government, and the private sector. The committee reviewed other state plans, conducted literature reviews, interviewed key informants, and looked at available data. The committee used a consensus process to identify priority health areas from a comprehensive list of disparities. The following eight priority areas were identified:

- Abuse Prevention and Intervention,
- Behavioral Health,
- Emergency Preparedness,
- Nutrition and Physical Activity,
- Oral Health,
- Preventive Health Screenings,
- Sexual Health, and
- Tobacco Use.



For each priority area, stakeholders identified public health priorities, current state initiatives, evidence-based practices, and needs and gaps experienced by Alaskans with disabilities. Each priority area includes a definition, rationale, and vision statement, followed by measurable action steps for each of four domains:

Access

Identify access needs related to each priority area, which can include physical access, or systems access. This includes relevant resources related to the Americans with Disabilities Act.

Data/Surveillance

Assure that data on children, youth, and adults with disabilities are collected, analyzed, disseminated, and utilized. This section identifies existing data and gaps in data related to the health area.

Education/Awareness

Assure that public awareness messages and campaigns are inclusive of people with disabilities across the lifespan. Advance the development and statewide implementation of health and social interventions that promote health for Alaskans with disabilities across the lifespan.

Collaboration/Integration

Build upon or support existing efforts, programs, best practices, collaborations, and activities in each health area. Assure that, wherever possible, programs and health agendas integrate, rather than segregate, the needs of Alaskans with disabilities.

Each action step within the plan is a recommendation relying on the commitment and engagement of a variety of partners throughout Alaska. The plan's goal is to increase awareness of the health disparities experienced by Alaskans with disabilities to ensure that priorities are set and attention and resources focus on solutions that will benefit Alaskans with disabilities, their family members, community, and our state. Stakeholders focused on identifying ways Alaskans with disabilities could be included in the planning and thinking from the beginning, rather than as a separate addition in the appendix, or as an afterthought. Long-term success will require a shared

culture of inclusiveness and the sharing of resources and knowledge, along with active cooperation and collaboration among multiple and diverse local, state, and national partners.

Vision Statement

All Alaskans with disabilities achieve optimal health across the lifespan.

Purpose

The overarching purpose of *Alaska's Plan to Promote the Health of People with Disabilities* is to improve the health of Alaskans with disabilities and eliminate health disparities they experience. This is achieved by enabling all people to attain a high quality of life that is free of preventable disease, disability, injury, and premature death; creating social and physical environments that promote good health for people with disabilities; and promoting quality of life, healthy development and healthy behaviors across all life stages for people with disabilities (Koh, 2011).



The Alaska plan aligns with Healthy People 2020 disability and health objectives that highlight areas for improvement and opportunities for people with disabilities to:

- be included in public health activities,
- receive well-timed interventions and services,
- interact with their environment without barriers, and
- participate in everyday life activities.

Specific activities within each health topic support the following Healthy People 2020 objectives:

- improve the conditions of daily life by:

- encouraging communities to be accessible so all can live in, move through, and interact with their environment and
- removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- address the inequitable distribution of resources among people with disabilities and those without disabilities by increasing:
 - appropriate health care for people with disabilities,
 - social participation, and
 - access to needed technologies and assistive supports.
- expand the knowledge base and raise awareness about determinants of health for people with disabilities by increasing:
 - the inclusion of people with disabilities in public health data collection efforts across the lifespan,
 - the inclusion of people with disabilities in health promotion activities, and
 - the expansion of disability and health training opportunities for public health and health care professionals.

In addition, the Alaska plan aligns with the Healthy People 2020 emerging issues related to disability and health.

- Assess drug and alcohol abuse and their treatment among people with disabilities.
- Include and improve strategies for emergency preparedness and response for people with disabilities.
- Include people with disabilities in all health promotion efforts.

Though Healthy Alaskans 2020 does not include a disability-specific section, the plan aligns itself with many of the Leading Health Indicators.

- Reduce Alaskan deaths from cancer.
- Increase the proportion of Alaskans who are tobacco-free.
- Reduce the proportion of Alaskans who are overweight or obese.
- Increase the proportion of Alaskans who are physically active.
- Reduce Alaskan deaths from suicide.
- Reduce the number of Alaskans experiencing poor mental health.

- Reduce the number of Alaskans experiencing domestic violence and sexual assault.
- Reduce the number of Alaskans experiencing alcohol and other drug dependence and abuse.
- Increase the proportion of Alaskans protected against dental diseases.
- Reduce the proportion of Alaskans without access to high quality and affordable healthcare.

Health

Health is “a complete state of physical, social, and mental wellbeing and not merely the absence of disease” (World Health Organization [WHO], 2011). Health is not a fixed state, but rather a dynamic one that shifts back and forth over a person’s lifetime. Access to care, individual choices and behaviors, genetics, the environment, and social determinants affect an individual’s health status (DHHS, 2005). A person with a disability is able to be healthy, and can improve or worsen his or her health in many of the same ways as anyone else. The difference is that some people with disabilities may start at the lower end of the health continuum due to other conditions that relate to their primary disability (Becker, 2006). This means that there is an even greater need to focus on access to health care and health promotion for people with disabilities since a minor illness could compromise a person’s functional ability and possibly lead to an earlier decline in health and dependency on others for care (Rimmer, 1999). For many people with disabilities, an inaccessible environment, discriminatory attitudes, government policies, and community norms present more of a barrier to health, wellness, and quality of life than their disabling condition (DHHS, 2005).

The Role of Public Health

Public Health is the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, communities, organizations, and individuals. Public health focuses on protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country (Drum et al., 2009). Core public

health functions include monitoring health status to identify community health problems, diagnosing and investigating health problems and hazards in the community, and evaluating the effectiveness, accessibility, and quality of personal and population-based health services. Public health professionals try to prevent problems from happening or re-occurring through implementing educational programs, developing policies, administering

services, and conducting research (Institute of Medicine [IOM], 2002).



Prevention and Health Promotion

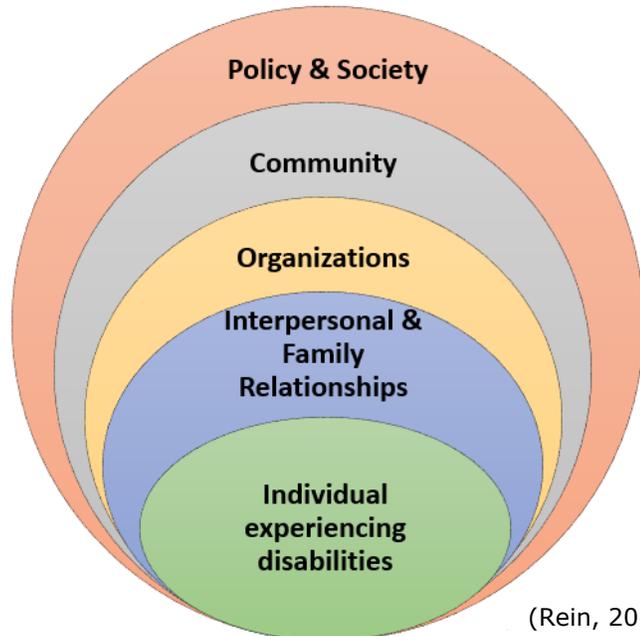
Prevention can save lives, improve quality of life, reduce the likelihood of secondary conditions, and, in some cases, decrease costs. Research has shown that several health behaviors, including tobacco use, exercise, nutrition, and

substance use can either positively or negatively affect an individual's health. However, we know that decisions about health are influenced by many factors, including family and friends, health care professionals, and the community and environment in which a person lives. Local, state and federal laws and policies can also have a major impact on the health of an individual, family, and population (Stokols, 1996). People with disabilities need accessible, relevant, and quality health promotion and disease prevention services as they are at risk for developing the same chronic conditions as the rest of the population and, in some instances, are at an increased risk (Drum et al., 2009). Prevention must include self-care and management of health conditions, screening for early detection, appropriate and timely treatment, and early recognition and reduction of known risks. Health promotion for people with disabilities should reduce barriers to good health and include a focus on the reduction of secondary conditions (e.g., obesity, hypertension, pressure sores), maintenance of functional independence, and improved quality of life (IOM, 2002). Health promotion for people with disabilities

should use theories and concepts drawn from a wide variety of disciplines such as health promotion, disability studies, and education; conduct evaluations that include consumer satisfaction; emphasize outcomes data using disability-appropriate outcome measures; and ensure the on-going involvement of people with disabilities in the development, implementation, and evaluation of health promotion programs. People with disabilities need support to assume responsibility for their personal health status and lifestyle behaviors. Research has documented that some individuals with disabilities are unaware of their health risks and the need for screening and preventive services. Many people with disabilities also report that some health care providers focus on their disability and fail to deal with primary care issues, health and wellness (National Council on Disability, 2009).

Social Ecological Model

The social ecological model recognizes the relationships that exist between the individual and their environment (McLeroy et al., 1988). While individuals are responsible for starting and maintaining lifestyle changes necessary to reduce risk and improve health, we must acknowledge that largely our social environment (e.g., community norms, values, regulations, and policies) determines individual behavior.



(Rein, 2012)

Behavior change becomes more achievable and sustainable by lowering or removing barriers to good health. The most effective approach to promoting health is a combination of efforts at all levels—individual, interpersonal, organizational, community, and public policy.

Data: Its Importance and Limitations

Historically, people with disabilities are not recognized as a distinct population. As a result, collection of data on the health status and health-related needs of people with disabilities is limited. Since surveillance serves as the foundation for public health action, it is critical that data on people with disabilities are collected, analyzed, and disseminated. Such data allows for the identification and measurement over time of health disparities, progress, and trends.

Currently, there are several surveys used to identify and track the health of people with disabilities nationally and in Alaska. Each survey includes questions to identify and define disability as a limitation in the ability to perform one or more major life activities. National and state surveys include:

- U.S. Census and American Community Survey,
- National Survey of Children's Health and National Survey of Children with Special Health Care Needs,
- Alaska Behavioral Risk Factor Surveillance System (AK BRFSS), and
- Alaska Youth Risk Behavior Survey (AK YRBS).

It is important to acknowledge all data systems have limitations. Each of the previously mentioned surveys uses different disability screener questions. This limits the comparability of the data across data systems. Further, data collection techniques and survey formats may not include people with disabilities. For example, the AK BRFSS is a random digit-dialed telephone survey. This survey does not include people who do not have a telephone or those living in congregate residential settings (e.g., group homes, nursing homes, dormitories). Similar limitations exist for all surveys resulting in people with disabilities being under-represented in surveillance systems and reports.

The limited availability of data on children and adults with disabilities presents a challenge to establish baseline health data, monitor progress, and identify emerging trends. Despite these limitations, data from various surveys are a resource for professionals, advocates, and policy makers. These data systems can provide information to set priorities, allocate

resources, and design inclusive policies and services to meet the needs of people with disabilities.

The Alaska Health and Disability Program is focused on the following areas to improve the health outcomes of people with disabilities: abuse prevention and intervention, emergency preparedness, behavioral health, nutrition and physical activity, oral health, preventive health screenings, sexual health, and tobacco use. Data related to each of these areas will help to inform and monitor outcomes for Alaskans with disabilities.

The Definition and Measurement of Disability

A disability can be physical, mental, intellectual, emotional, or communication-related. Disability results in the substantial limitation in one or more major life activities (e.g., personal care needs, walking, working, mental/emotional processing, etc.). Further, the limitations are permanent, temporary, or long-term in nature. The severity of a disability varies considerably from person to person. A disability can be visible or invisible. Some people with disabilities use assistive equipment, such as a wheelchair, communication board, or assistive listening device. Disability can be present at birth or occur later in life due to injury, chronic disease, or aging. The probability of developing a disability increases as one ages. The Americans with Disabilities Act (ADA) defines disability as a physical or mental impairment that causes a substantial limitation in one or more major life activities, has a record of a past disability, or is regarded as having a disability (ADA Amendments Act of 2008).

Historically, people with disabilities are not recognized as a distinct population. As a result, collection of data on the health status and health-related needs of people with disabilities is limited.

According to the U.S. Census Bureau, 56.7 million people (18.7% of the U.S. population) have some level of disability and 38.3 million people (12.6%) have a severe disability (Brault, 2012). The American Community Survey (2010) included six disability screener questions.

- Is this person deaf or does he/she have serious difficulty hearing?
- Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
- Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
- Does this person have serious difficulty walking or climbing stairs?
- Does this person have difficulty dressing or bathing?
- Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

The AK BRFSS (2011/13) included two disability screener questions:

- Are you limited in any way in any activities because of physical, mental, or emotional problems?
- Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

Adults with Disabilities

According to the 2011/13 AK BRFSS, 23.3% of people aged 18 and older in Alaska reported having a disability. As the Alaskan population ages, the prevalence of disability increases, rising sharply at middle age (45-64 years). Individuals who self-identified as "White" experience the highest rate of disability (70.3%) among the differing racial and ethnic groups.

Approximately 12.2% of Alaskans with disabilities reported having less than a high school degree, compared to 7.9% of Alaskans without disabilities. Nearly twice as many Alaskans with disabilities indicated their household income was lower than \$25,000 compared to Alaskans without disabilities (34.6% vs. 17.7%). See Table 1 for detailed demographic information.

Table 1 AK BRFSS Demographic Information, 2011/13

Demographic Characteristic	Alaskans with Disabilities %	Alaskans without Disabilities %
Gender		
Female	50.5	47.5
Male	49.5	52.5
Age		
18-44	33.8	56.6
45-64	46.0	34.2
65+	20.3	9.2
Race/Ethnicity		
White	70.3	68.9
American Indian/Alaska Native	19.2	16.8
Hispanic or Latino	3.9	5.2
Other/multiracial	10.5	14.4
Education Level		
Less than high school	12.2	7.9
Graduated high school or GED	26.7	26.9
Some college or higher	61.2	65.2
Income Level		
< \$25,000	34.6	17.7
\$25,000 to \$49,999	22.8	22.1
\$50,000+	42.6	60.2

Health Disparities for Adults

Many Alaskans with disabilities experience a higher number of health disparities than Alaskans without disabilities. The AK BRFSS has documented that Alaskans with disabilities experience health disparities related to health risks and behaviors including a greater likelihood of being obese and lower rates of sufficient physical activity. This is of concern as obesity increases the risk of developing conditions such as diabetes, cancer, and heart disease. Alaskan adults with disabilities were significantly more likely to report the inability to see a doctor due to cost in the past year than Alaskans adults without disabilities. However, Alaskans with disabilities report higher rates of routine check-ups and immunizations. It is not surprising to see higher rates of routine check-ups and immunizations given that people with disabilities

tend to be older. See Table 2 for statistically significant disparities related to health risks and behaviors, barriers, and prevention.

Table 2 *AK BRFSS Health Risks and Behavior Disparities, 2011/13*

Indicator	Alaskans with Disabilities %	Alaskans without Disabilities %	p-value
Health Risks & Behaviors			
Obese based on body mass index	39.2	24.3	0.000
Daily aerobic physical activity	69.2	82.0	0.001
Drank alcohol in the past 30 days	47.7	59.3	0.001
Tested for HIV (age 18-64)	55.7	46.2	0.000
Barriers & Cost of Health Care			
Could not see a doctor due to cost in the past 12 months	25.0	11.8	0.000
Do not have a personal doctor	16.4	14.8	0.000
Prevention and Screenings			
Routine check-up in the past year	65.7	57.9	0.029
Ever had a pneumonia vaccine	40.3	24.1	0.000

Alaskan adults with disabilities were also significantly more likely to report disparities related to a number of general and chronic health conditions. Conditions include higher rates of fair or poor self-rated health, heart disease, high cholesterol, diabetes, arthritis, asthma, and kidney disease. Alaskan adults with disabilities also reported a significantly higher rate of depression than adults without disabilities. See Table 3 for a full list of disparities related to general, chronic, and mental health conditions.

There is not a complete understanding of why disability is associated with health disparities. However, there is evidence that low socioeconomic status, higher rates of unemployment, lower educational attainment, limited access to preventive care and health promotion, the cost of health care, and inadequate health insurance coverage, in addition to attitudinal, communication, and environmental barriers, are among some of the underlying causes.

Table 3 AK BRFSS General Health Conditions, Chronic Health Conditions, and Mental and Emotional Health Disparities, 2011/13

Indicator	Alaskans with Disabilities %	Alaskans without Disabilities %	p-value
General Health Conditions			
Fair or poor self-rated health	41.0	7.0	0.000
14 or more physically unhealthy days in the past 30 days	35.1	4.0	0.000
14 or more limited activity days in the past 30 days	26.5	1.7	0.000
Have coronary heart disease	8.1	1.5	0.000
Ever had high blood pressure	46.7	24.0	0.000
Ever had high cholesterol	47.5	32.3	0.000
Chronic Conditions			
Ever had arthritis	51.5	14.3	0.000
Currently have asthma	15.4	7.5	0.000
Ever had asthma	5.6	4.7	0.000
Ever had cancer (excluding skin cancer)	14.4	6.0	0.000
Ever had skin cancer	5.5	2.3	0.014
Have diabetes	17.2	4.5	0.000
Have kidney disease	5.2	1.1	0.000
Ever had a stroke	6.2	1.4	0.001
Mental & Emotional Health			
Ever had depression	34.2	11.7	0.000
Average number of mentally unhealthy days in the past 30 days	6.8 days	2.0 days	0.000

Children with Disabilities

Children with special health care needs (CSHCN) are children who need prescription medications or have an elevated need for medical, mental health, or education services due to a medical, behavioral, or other health condition that has lasted, or is expected to last, for at least 12 months (McPherson et al., 1998). The National Survey of Children's Health (NSCH) and the National Survey of Children with Special Health Care Needs (NS-CSHCN) are random national telephone surveys used to gather information

about the health and well-being of children. Information is gathered from parents or guardians on non-institutionalized children aged 0 to 17. According to the 2011/12 NSCH, 14.4% of Alaskan children have special health care needs. Children aged 12 to 17 have the highest prevalence rate among children who have special health care needs. See Table 4 for detailed demographic information for CSHCN.

Table 4 *CSHCN Demographic Information for Alaskan Children, 2009-10*

Demographic Characteristic	CSHCN %
Gender	
Female	47.4
Male	52.6
Age	
0-5	33.4
6-11	32.0
12-17	34.7
Race/Ethnicity	
White, non-Hispanic	55.7
Hispanic	8.2
Black, non-Hispanic	4.6
Other, non-Hispanic	31.6
Household Income Level	
0-99% FPL	19.9
100-199% FPL	25.1
200-399% FPL	36.1
400% FPL or greater	19.0

Health Disparities for Children

Like adults with disabilities, children with special health care needs experience a higher number of health disparities than children without special health care needs. Parents of children with special health care needs were significantly more likely to report difficulty paying medical bills, fair or poor rated overall health and oral health, no physical activity, and the child being a victim or witness of



violence in their neighborhood. See Table 5 for a complete list of disparities experienced by children with special health care needs.

Table 5 *NSCH Health Care Access, Quality, and Health Disparities, 2011/12*

Indicator	CSHCN %	Non- CSHCN %	p- value
Health Care Access and Quality			
Problems paying or unable to pay medical bills	19.8	7.7	0.000
Care meets the criteria for having a medical home	60.4	46.0	0.000
Parents who are never frustrated in their efforts to obtain health care services for child	54.8	79.4	0.000
Problems accessing needed specialist care	20.8	4.0	0.000
Physical and Dental Health			
Child’s overall health status as fair/poor	5.9	1.3	0.000
Child’s oral health status rated as fair/poor condition	9.1	5.6	0.011
No physical activity during the past week	14.7	6.4	0.021
Child missed 11 or more days of school because of illness or injury during the past 12 months	20.5	5.1	0.000
Family Functioning			
No family meals eaten together during the week	7.8	2.9	0.000
Child has witnessed domestic violence	15.3	7.4	0.000
Child has been a victim or witnessed violence in neighborhood	21.5	8.6	0.000

Alaska Needs Assessment

In 2013, the University of Alaska Anchorage Center for Human Development (UAA CHD) was contracted by the State of Alaska Division of Public Health (DPH), Alaska Health and Disability Program (AHDP), to conduct a statewide needs assessment regarding the health status of Alaskans with disabilities. Established data sources regarding people with disabilities and health disparities, such as the BRFSS dataset, provide insight to incidence and prevalence data. However, there is limited information about the experience of Alaskans with disabilities and health disparities.

A root cause analysis identified the focus of the needs assessment. The root cause analysis started with the question, “Why do Alaskans with disabilities

experience health disparities?" The main themes that emerged related to access and health care issues. The remaining activities then gathered information on the health care system and access to health care services for Alaskans with disabilities to gain a better understanding of their experiences.

Based on the findings of the root cause analysis, the needs assessment consisted of the following four activities:

- focus group interviews with individuals with disabilities and family members,
- survey of health care providers,
- survey of agency and support staff, and
- emergency preparedness survey of Alaskans with disabilities and family members.

Data collected in the needs assessment activities assisted in the development of the plan and informed the DPH and others about health care services in Alaska. This information is used to develop training and outreach activities to improve health across the lifespan of Alaskans with disabilities.

Root Cause Analysis

A root cause analysis (RCA) gathered input from health care providers, agency support staff, and family members of Alaskans with disabilities about why people with disabilities experience health disparities. The information gathered informed the development of the survey questions and focus group guide for the subsequent needs assessment activities. Due to a lower than anticipated response rate, a literature review was conducted to identify additional topics not detected by the RCA. Key findings from the RCA and the literature review included: communication differences between providers and patients with disabilities; difficulty accessing health care services due to structural, financial, and personal barriers; lack of providers; limited support staff; varying comfort levels of health care providers; lack of person-centered services; and treatment for only the primary diagnosis. While the RCA provided critical insight as to why people with disabilities experience health disparities, the addition of the literature review improved and expanded the questions developed for the surveys and focus groups.

Needs Assessment Focus Groups

In 2013 and 2014, focus group interviews occurred in urban and rural communities of Alaska. The focus groups gathered information from individuals with disabilities, and family members of people with disabilities, about their experiences with health care services in Alaska. Focus group interviews for individuals with disabilities and family members were held separately. A total of 43 people participated in fifteen focus groups. Of the 43, 25 were individuals with disabilities (59.0%) and 18 were family members (42.0%).



Based upon the analysis of the focus group interviews, six key findings emerged from the data.

- Public insurance plays a critical role for Alaskans with disabilities to attain health care services.
- Alaskans with disabilities experience delays in the health care system which impact care.
- Alaskans with disabilities have limited access to health care providers.
- Behavioral health services are limited for Alaskans with disabilities.
- Inadequate health care options cause Alaskans with disabilities to seek services outside of their community.
- Alaskans with disabilities and complex medical needs benefit from a coordinated, team approach when obtaining health care services.

The six key findings from focus group interviews overlap one another and add to the complexity of obtaining health care services for individuals with disabilities. The focus group interviews found that for some, their health care needs are being met at this time; they have been able to access services they need. However, the larger portion of the focus group participants reported challenges to accessing health care in Alaska.

Health Care Provider Survey

The health care provider survey gathered information from health care providers in Alaska about their experiences with health care services for Alaskans with disabilities. One hundred thirteen health care providers completed the survey. Key findings from the survey concluded that overall, health care providers in Alaska are comfortable working with people with disabilities. On average, they spent significantly more time, nearly 40.0% more, with patients with disabilities than with patients without disabilities. Health care providers who received disability-related trainings were more aware of the importance of accommodations and have made them available to their patients. Yet, 48.4% of health care providers had not received any disability-related training in the last five years. When making health care decisions with patients, providers indicated they consulted with the individual over 90.0% of the time. However, there were a substantially lower percentage of providers who consulted with individuals with memory or cognitive and developmental disabilities. Most health care providers, save those practicing in a specialty care setting, were interested in receiving disability-related training. The most requested areas of training included legal requirements of the ADA, how to use TTY or Alaska Relay Service, disability-specific training, and effective communication with people with disabilities.

Agency and Support Staff Survey

The agency and support staff survey solicited information from staff about their experiences with health care services for people with disabilities. Agency and support staff in Alaska completed 177 surveys. Key findings from the survey found the size and diversity of a support staff's caseload influenced their ability to attend health care appointments with their clients. Support staff who always attended health care appointments with patients with disabilities reported health care providers were more comfortable with their clients and spent significantly more time with providers during appointments than staff who sometimes or never attended appointments. Support staff who never attended health care appointments reported a greater number of barriers experienced by those they support in accessing health care services. Support staff in urban locations reported more difficulty in finding providers and services, reluctance of health care providers to serve people with disabilities, and a limited number of providers. Over half of the support staff

who attended health care appointments with clients had not received training related to their role. Agency and support staff play a critical role in access to health care services for people with disabilities.

Emergency Preparedness

The emergency preparedness survey gathered information from adults with any disability, or adult caregivers of people with disabilities, in Alaska about how prepared they are for natural disasters or emergencies and what influences their preparedness. One hundred eleven Alaskans completed the survey. Key findings from the survey concluded that few Alaskans with disabilities are adequately prepared for emergencies. Ninety-two percent of those responding to the survey feel vulnerable to disaster. Most (76.9%) feel a written emergency or disaster plan would make them safer, but less than 1 in 5 (18.8%) have a plan. Those responding to the survey believe having a written emergency plan would help ensure continuity of their care, but listed a lack of time, apathy, financial resources, and knowledge as barriers to completing a plan. It is clear that significant opportunities exist to increase emergency preparedness among Alaskans with disabilities and that family and caregivers are important partners.

Moving forward, the AHDP is confident that existing data sources, the Alaska needs assessment, and ongoing collaborations throughout our state, will continue to inform and motivate efforts to improve the health of Alaskans with disabilities across the lifespan. The AHDP continues to focus heavily on promoting and supporting the collaborations that exist within Alaska, as well as developing new partnership opportunities. See appendix for the many organizations the AHDP currently works with, or has identified through this planning process as having a role in implementing this plan.

The plan challenges us to tackle inaccessible environments, discriminatory attitudes, policies, and norms that result in barriers to health, wellness, and quality of life for Alaskans with disabilities.

Abuse Prevention and Intervention

Definition

Abuse includes physical and psychological abuse, neglect, domestic violence, sexual assault, child sexual abuse, abandonment, and financial exploitation. This plan refers to the systems in place to prevent and reduce the frequency of abuse as well as the systems in place to provide services and supports after abuse has occurred.

Rationale

Reducing abuse promotes the dignity and value of every Alaskan and promotes respect for ourselves and for others. It sends a strong message of hope and healing to victims and survivors and strengthens communities (Parnell, 2012).



- Alaskans with disabilities are twice as likely to report fearing for their safety or being physically hurt by an intimate partner in the last five years (DHSS, 2011).
- Alaskans with disabilities are twice as likely to report they have been made to take part in unwanted sexual activity (DHSS, 2011).
- Individuals with disabilities are more than twice as likely to be the victim of violent crime (Bureau of Justice Statistics, 2012).
- Only 41% of individuals experiencing disabilities report their victimization to the police in 2010, compared to 53% for those without disabilities (Bureau of Justice Statistics, 2012).
- Children with three or more adverse childhood experiences (including verbal, physical, or sexual abuse; family dysfunction such as incarcerated, mentally ill, or substance-abusing family member; domestic violence; or absent parent) are nearly four times more likely to have developmental delays (Harvard University Center on the Developing Child, n.d.).

- Risk of assault or sexual assault for an adult experiencing a developmental disability is 4-10 times higher than for those who do not experience a developmental disability (Sobsey, Wells, Lucardie, & Mansell, 1995).
- Individuals experiencing disabilities are more likely to be victimized by someone they know (67% of victims with disabilities compared to 59% of victims without disabilities) (Hughes, 2003).

Vision

Alaskans with disabilities have access to culturally competent integrated support systems to prevent violence and abuse, and to promote recovery and healing when abuse has occurred.

Access

ACTION STEPS

- 1.1.1 The Alaska Health and Disability Program (AHDP), in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of abuse prevention and victim related services.
- 1.1.2 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of abuse prevention and victim related services.
- 1.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of abuse prevention and victim related services.

Data/Surveillance

ACTION STEPS

- 1.2.1 The Division of Public Health Section of Chronic Disease Prevention and

Health Promotion (DPH CDPHP) will add standardized questions, according to federal guidance to identify respondents experiencing a disability to the 2015 and future Alaska Youth Behavior Risk Survey to identify issues affecting youth who experience disabilities.

- 1.2.2 The AHDP will utilize data to identify and prioritize abuse disparities among Alaskans with disabilities and disseminate information in annual reporting to stakeholders.
- 1.2.3 The AHDP recommends the Alaska Mental Health Trust Authority, Council on Domestic Violence and Sexual Assault, and Adult Protective Services improve the collection of quality population-based data related to abuse prevention and intervention involving Alaskans with disabilities and distribute reports to AHDP annually or upon request.

Education/Awareness

ACTION STEPS

- 1.3.1 The UAA Center for Human Development (UAA CHD) will utilize a train-the-trainer model to promote evidence-based education for youth and adults with disabilities (and their families and caregivers) about healthy relationships, boundaries, safety and rights, such as the Friendships and Dating Program, to providers at least annually.
- 1.3.2 The AHDP and the UAA CHD will promote educational opportunities for **medical and social service professionals** about delivering abuse and victim services to people with disabilities.
- 1.3.3 The AHDP will promote educational opportunities **for legal and law enforcement professionals** about providing abuse and victim services to people with disabilities.
- 1.3.4 Abuse prevention and intervention agencies (e.g., the Alaska Network on Domestic Violence and Sexual Assault, Council on Domestic Violence and Sexual Assault , and their members) will work with the AHDP and the Independent Living Network to ensure that media campaigns and resources about abuse and violence prevention are accessible and inclusive of people with disabilities through the use of diverse images of

persons with disabilities, person-first language, varied literacy levels, and alternate formats.

- 1.3.5 The AHDP will collaborate with the Anchorage Police Department (APD) Crisis Intervention Team and subject matter experts to pilot at least three video-based education sessions for first responders to promote awareness of, and effective interaction with, Alaskans with disabilities.
- 1.3.6 The AHDP will partner with the Independent Living Network and the Alaska Police Standards Council to disseminate the three video-based education sessions piloted with APD to first responders throughout Alaska, including online availability.
- 1.3.7 The AHDP will facilitate the identification of appropriate guest speakers or panel members with disabilities (or care for family members with disabilities) as requested for organizations or trainings integrating disability awareness into their programs.
- 1.3.8 The AHDP, UAA CHD, and Independent Living Network will distribute accessible information about developing healthy relationships, recognizing abusive relationships, and resources for help if violence or abuse has occurred.

Collaboration

ACTION STEPS

- 1.4.1 The AHDP, Independent Living Network, and Disability Law Center will assist ANDVSA in promoting a model on inclusion that programs such as victims' rights and criminal justice systems can use to review their own strategic or work plans to integrate abuse prevention and victim services for people with disabilities.
- 1.4.2 The AHDP and the Independent Living Network will promote the recommendations and activities of current initiatives to prevent domestic violence and encourage the inclusion of materials, recommendations, and activities applicable to people with disabilities.
- 1.4.3 The AHDP will advocate for the participation of individuals with disabilities and families in abuse and violence related state and local

advisory groups by meeting with Boards and Commissions staff of the Governor's Office.

- 1.4.4 The Independent Living Network, Disability Law Center, and UAA CHD will support the establishment of Disability Abuse Response Team (DART) in at least two additional communities across Alaska through advocacy and leveraging of available resources. A DART team brings different agencies together to provide a unified support response to victims of violence and help prevent people with disabilities from falling through the cracks when they have been victimized (UAA CHD, n.d.).
- 1.4.5 The AHDP recommends that the Office of Children's Services continue to implement the evidence-based Strengthening Families programs to promote family resiliency to reduce the frequency and impact of adverse childhood experiences.
- 1.4.6 The AHDP recommends that the Alaska Department of Education & Early Development, Anchorage School District, and Division of Behavioral Health, with the support of disability and abuse intervention support organizations, advocate for the district-wide implementation of trauma-sensitive schools in the Anchorage and at least one additional school district to increase resiliency and reduce the impact of adverse childhood experiences.
- 1.4.7 The Governor's Council on Disabilities and Special Education (GCDSE) will replicate the Alaska Safety Planning and Empowerment Network community needs assessment and systems change education process in one Alaska community annually.
- 1.4.8 The AHDP recommends that the Autism Society of Alaska and the GCDSE collaborate to provide the Anchorage Police Department Search Team a white paper outlining recommendations regarding available tracking technologies and sustainable funding sources to address the needs of individuals with disabilities experiencing wandering behaviors. Currently Anchorage Police Department Search Team manages Project Lifesaver, a radio frequency tracking system to locate and return wandering adults and children to families and caregivers (www.apdst.org/project_lifesaver).

Behavioral Health

Definition

"Behavioral health is defined as how a person thinks, feels, and acts when faced with life's situations. It is how people see themselves, their lives, and the other people in their lives. It is how they evaluate their challenges and problems, and explore choices" (University of Mississippi Medical Center, 2014).

Rationale

- Alaskans with disabilities rated their mental health in a 30-day period, as "not good" an average of 6.8 days. This is more than triple the rate of Alaskans without disabilities (2.0) (Alaska BRFSS, 2013).
- Behavioral health services are limited for Alaskans with disabilities ("such as not knowing how to access behavioral health services, facing long waitlists, providers not understanding co-occurring behavioral health and disability needs, and financial limitations.") (Atkinson, Smith, Tew, Heath, Reed & Miller, 2014).
- In 2012, 19.2 deaths per 100,000 in Alaska were alcohol-induced (DHSS, 2013).
- 14% of Alaskans age 12 years and older report using illicit drugs in the last month (DHSS, 2013).

Vision

Alaskans with disabilities and their families will receive necessary and adequate prevention, intervention, treatment, and supports required to achieve and maintain optimal mental health and freedom from substance abuse.

Access

ACTION STEPS

- 2.1.1 The Division of Behavioral Health and the Division of Health Care Services will create and maintain a list of behavioral health providers that accept Medicaid.

2.1.2 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of behavioral health services.

2.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of behavioral health services.

2.1.4 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of behavioral health services.

Data/Surveillance

ACTION STEPS

2.2.1 The AHDP will utilize data to identify and prioritize behavioral health disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

Education/Awareness

ACTION STEPS

2.3.1 The AHDP will advocate for the Alaska Healthcare Workforce Plan aimed at increasing the recruitment and retention of the behavioral health workforce. The UAA CHD will continue to offer professional development trainings for behavioral health professionals serving Alaskans with co-occurring disabilities and mental illness.

2.3.2 The AHDP will disseminate accessible materials via multiple methods (e.g., website, listserv) about common behavioral health topics (depression screenings, self-care, suicide risk, prescription drug abuse, etc.) to persons with disabilities, their families, and direct service providers.

2.3.3 The AHDP and the Division of Behavioral Health will promote use of standard depression screener questions by health care professionals for people with disabilities.

2.3.4 The State of Alaska Substance Abuse Prevention Program, Division of Behavioral Health, and Alaska-211 will promote resources on substance abuse prevention and treatment that are accessible and inclusive of people with disabilities, using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.

Collaboration

ACTION STEPS

2.4.1 The AHDP recommends the Alaska Workforce Investment Board to routinely report on trends, successes, and challenges identified in increasing the behavioral health workforce.

2.4.2 The AHDP will recruit individuals from the Division of Behavioral Health and other behavioral health agencies to participate on the AHDP committee to enhance strategic partnerships.

Emergency Preparedness and Response

Definition

Emergency preparedness is “a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and taking corrective action in an effort to ensure effective coordination during response” (Federal Emergency Management Agency [FEMA], 2014). The cycle is part of a broader National Preparedness System to prevent, respond to, and recover from natural disasters, acts of terrorism and other disasters. Involving the whole community is essential to success.



Rationale

Alaskans with intellectual and developmental disabilities, advanced medical needs, and access and functional needs face unique challenges in emergency preparedness and response. Disasters may increase anyone's vulnerabilities, but this effect is even more likely for individuals with disabilities.

Research suggests that home preparation for a disaster is less likely among persons with disabilities and that they are less likely to evacuate their home or community, but will likely need greater assistance when they do so (National Council on Disability, 2009). All individuals, including people with disabilities, must plan before a disaster for survival at

home, in a shelter, or elsewhere in an emergency. By planning ahead, people with disabilities increase the likelihood that they will stay safe, healthy, informed, mobile, and independent during a disaster.

In the United States:

- Nearly 4 in 10 people said they would expect to need help to evacuate or get to a shelter (FEMA 2009).

- Twenty-nine percent of people responding to a national disaster reported having a physical or other disability, or indicated they lived with and/or cared for someone with a physical or other disability, that would affect their capacity to respond to an emergency (FEMA, 2009).
- Only 43% of emergency managers had some idea of the possible number of persons with mobility impairments within their jurisdictions (National Council on Disability, 2009).

In Alaska:

- Only 53.9% of Alaskans with disabilities report having supplies to shelter in place for 5 to 7 days during an emergency (Rein, 2013).
- Only 31.6% of Alaskans with disabilities report having a "go kit" containing supplies to take with them during an evacuation (Rein, 2013).
- Only 18.8% of Alaskans with disabilities have a written emergency plan that details what they need, who to contact, and where to go during an emergency (Rein, 2013).

Individual and Family Preparedness

Vision

Alaskans with disabilities, their families, and households are fully prepared for a disaster.

Access

ACTION STEPS

- 3.1.1 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of emergency preparedness related services.
- 3.1.2 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, Red Cross of Alaska, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of emergency preparedness related services.

3.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, Red Cross of Alaska, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of emergency preparedness related services.

3.1.4 The AHDP will ensure that the online version of the Get Ready! toolkit meets the accessibility regulations of the Rehabilitation Act of 1973, and other relevant laws (U.S. General Services Administration, n.d.).

Data/Surveillance

ACTION STEPS

3.2.1 The AHDP and the UAA CHD will conduct follow-up surveys related to emergency preparedness interventions.

3.2.2 The AHDP will utilize data to identify and prioritize emergency preparedness disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

Education/Awareness

ACTION STEPS

3.3.1 The Division of Public Health Section of Emergency Programs (DPH EP) and the Division of Homeland Security and Emergency Management (DHSEM) will promote resources on emergency preparedness that are accessible and inclusive of people with disabilities, using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.

3.3.2 The AHDP in partnership with the Governor’s Council on Disabilities and Special Education (GCDSE), Independent Living Network, and Municipality of Anchorage will increase awareness of the Get Ready! toolkit among Alaskans with disabilities, their families, and their support systems, by providing targeted outreach at existing venues and training for provider agencies.

- 3.3.3 The AHDP will disseminate the Get Ready! toolkit to Alaskans with disabilities, their families, and agencies providing disability-related services.
- 3.3.4 The AHDP will promote ongoing direct care staff training as part of new staff orientation and staff meetings on the Get Ready! toolkit to mitigate high levels of employment turnover across Alaska.
- 3.3.5 The AHDP, in collaboration with the DPH EP, will develop an accessible webinar on personal preparedness inclusive of people with disabilities and make it available online. A webinar is a cost-effective strategy given the cost and time required to conduct face-to-face training across Alaska's vast expanse and potentially increases access for individuals with limited mobility, transportation, and related issues.
- 3.3.6 The AHDP, DPH EP, Division of Senior and Disabilities Services (DSDS), Office of Children's Services, and Division of Healthcare Services will identify and customize materials on best practices related to emergency preparedness for residential group settings.
- 3.3.7 The AHDP and the DPH EP will identify and customize materials on best practices related to continuity of operations plans.

Collaboration

ACTION STEPS

- 3.4.1 The AHDP and the DSDS will use the Get Ready! toolkit to meet the emergency preparedness requirement associated with individual plans of care.
- 3.4.2 The AHDP, Assistive Technology of Alaska, Red Cross of Alaska, Access Alaska, and Municipality of Anchorage will produce and promote the Emergency Preparedness for All video.
- 3.4.3 The Municipality of Anchorage, Fairbanks North Star Borough, and Mat-Su Offices of Emergency Management will adopt the Get Ready! toolkit as their primary emergency preparedness resource for people with disabilities.

Integrated Emergency Planning

Vision

Alaska's overall response and recovery efforts address the impact of disasters upon children and adults with disabilities in Alaska.

Access

ACTION STEPS

- 3.5.1 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, Red Cross of Alaska, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of emergency response and recovery related services.
- 3.5.2 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, Red Cross of Alaska, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of emergency response and recovery related services.
- 3.5.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, Red Cross of Alaska, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of emergency response and recovery related services.
- 3.5.4 The DPH EP and the DHSEM will increase universal access across the domains of preparedness, response, and recovery through the inclusion of Alaskans with disabilities and other subject matter experts on local emergency planning committees. Partners in this effort include the Centers for Independent Living and local disability subject matter experts. Initial steps should address access to community congregate shelters, including emergency notification, transportation plans, shelter accessibility, and access to life-sustaining equipment during power disruptions.

Data/Surveillance

ACTION STEPS

- 3.6.1 The DPH EP will identify, summarize and disseminate existing emergency preparedness and response data, such as 2010 Census data, to demonstrate need, in multiple formats to diverse audiences to support whole community planning.
- 3.6.2 The AHDP will utilize data to identify and prioritize emergency preparedness disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

Education/Awareness

ACTION STEPS

- 3.7.1 The AHDP, Independent Living Network, and Northwest ADA Center will provide guidance for local and state emergency planners on emergency planning resources related to disabilities.

Collaboration

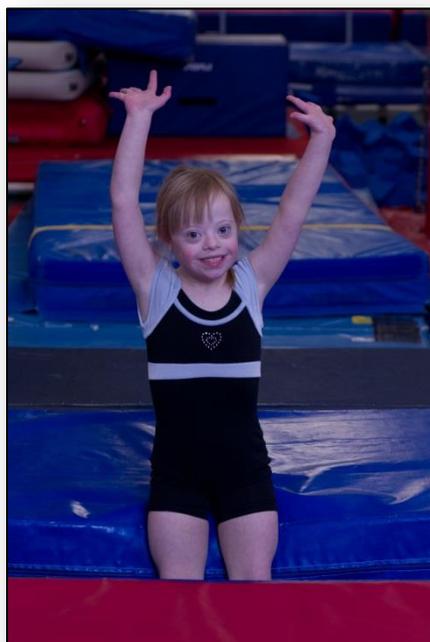
ACTION STEPS

- 3.8.1 The AHDP, Independent Living Network, GCDSE, and DPH EP will advocate for the meaningful inclusion of Alaskans with disabilities on local emergency planning committees.
- 3.8.2 The AHDP, Independent Living Network, GCDSE, and DPH EP, will advocate for the meaningful inclusion of Alaskans with disabilities in local and state policies and emergency operations plans (EOPs) that address the needs of all individuals through embedded and integrated emergency planning documents.
- 3.8.3 The AHDP, GCDSE, and Division of Public Health Section of Women's, Children's, and Family Health (DPH WCFH) will advocate for annual review of school emergency plans for inclusion of children with disabilities.

Nutrition and Physical Activity

Definition

"Nutrition is the intake of food, considered in relation to the body's dietary needs. Good nutrition – an adequate, well balanced diet combined with regular physical activity – is a cornerstone of good health. Poor nutrition can lead to reduced immunity, increased susceptibility to disease, impaired physical and mental development, and reduced productivity" (WHO, 2014).



"Physical activity...means movement of the body that uses energy" (U.S. Department of Agriculture, n.d.).

Rationale

Health and wellness affect quality of life and people with disabilities can be both healthy and well. A number of factors affect a person's ability to make healthy choices, eat a healthy diet, be physically active, and achieve a healthy weight. Some factors that can influence individual decisions include availability of fresh fruits and vegetables, access to a safe place to be physically active, food security, and disability status. A lower percentage of people with disabilities report that their health is very good (Office of the Surgeon General, 2005). Some

individuals with disabilities do not have independent choices about the foods they eat, or may not be able to prepare healthy meals. Some medications also contribute to weight gain. Regular physical activity can improve the health and quality of life of Alaskans of all ages, regardless of the presence of a chronic disease or disability. Regular physical activity protects against heart disease, colon cancer, diabetes, depression, and anxiety. Regular physical activity maintains normal muscle strength, joint structure and function, and is essential for normal skeletal development and attainment of optimal peak bone mass during childhood and adolescence. Adults benefit from at least 150 minutes of moderate physical activity each week. The recommendation

for children and adolescents, based on the most current (as of Oct. 7, 2008) Health and Human Services Physical Activity Guidelines for Americans, is 60 minutes or more of physical activity per day; and most of the activity should be moderate or vigorous aerobic physical activity.

Physical activity is an independent protective factor against cardiovascular disease. Physical activity reduces the risk of some cancers, type 2 diabetes, stroke, and heart disease; and improves general physical and mental health (CDC, 1996). Weight-bearing activity can improve bone density, reducing the risk of hip fractures in elderly persons. Regular activity helps to relieve pain from osteoarthritis (Diabetes Prevention Program Research Group, 2002). Regular physical activity improves affective disorders such as depression and anxiety, and increase quality of life and independent living among the elderly (Kesaniemi, et al., 1994).

Likewise, it is important to eat a healthy diet that meets, but does not exceed, nutritional needs.

- In Alaska, 78.5% of adults with disabilities eat less than the recommended five servings of fruits and vegetables per day (Alaska BRFSS, 2013).
- 73.8% of Alaska's adults with disabilities are either overweight or obese (Alaska BRFSS, 2013).
- Overall, Alaska's direct medical costs related to obesity alone are estimated at \$477 million per year (Fenaughty, Fink, Peck, Wells, Utermohle, & Peterson, 2010).
- 46.7% of Alaska adults with disabilities report having high blood pressure (compared to 24.0% of Alaska adults without disabilities) (Alaska BRFSS, 2013).
- 47.5% of Alaska adults with disabilities report having high blood cholesterol (compared to 32.3% of Alaska adults without disabilities) (Alaska BRFSS, 2013).

Vision

Alaskans with disabilities are active and healthy. They have access to quality physical activity and healthy foods.

Access

ACTION STEPS

- 4.1.1 The Alaska Health and Disability Program (ADHP) and the Governor's Council on Disabilities and Special Education (GCDSE) will bring together health professionals, disability agencies, and people with disabilities to discuss barriers and solutions to physical activity and good nutrition.
- 4.1.2 The Division of Healthcare Services will investigate adherence to 7 AAC 75.265. Food Service regulations for assisted living homes, and the feasibility of updating the regulations to conform to current dietary guidelines.
- 4.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of nutrition and physical activity related services.
- 4.1.4 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of nutrition and physical activity related services.
- 4.1.5 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of nutrition and physical activity related services.

Data/Surveillance

ACTION STEPS

- 4.2.1 The AHDP will utilize data to identify and prioritize nutrition and physical activity disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.
- 4.2.2 The Division of Public Health Section of Chronic Disease Prevention and Health Promotion (DPH CDPHP) will include standardized questions to

the Alaska Youth Risk Behavior Survey to identify issues affecting youth who experience disabilities.

Education and Awareness

ACTION STEPS

- 4.3.1 The AHDP, Division of Senior and Disabilities Services (DSDS), and parent organizations will work with disability providers to identify best practices among agencies using evidence-based guidelines to promote the use of physical activity, nutrition, and weight goals on Plans of Care.
- 4.3.2 The AHDP will develop and disseminate an online guide to summer camps emphasizing a healthy lifestyle for children experiencing disabilities, highlighting both disability-specific camps as well as basic accessibility information for general camps to encourage physical activity.
- 4.3.3 The AHDP will post plain language and accessible materials for physical activity and nutrition on the AHDP website and provide links to relevant state webpages and community partners.
- 4.3.4 The DPH CDPHP will promote resources on nutrition and physical activity that are accessible and inclusive of people with disabilities, using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.
- 4.3.5 The AHDP and the DPH WCFH, in collaboration with the DPH CDPHP, will develop presentations and educational opportunities for provider agencies and families on the health risks and benefits of **physical activity** among Alaskans with disabilities.
- 4.3.6 The AHDP and the DPH WCFH, in collaboration with the DPH CDPHP, will develop presentations and educational opportunities for provider agencies on the health risks of **obesity** and **poor nutrition** among Alaskans with disabilities.

Collaboration

ACTION STEPS

- 4.4.1 The AHDP will engage strategic partners to present on physical activity and nutritional benefits to seniors, people with disabilities, communities, and disability providers at conferences.
- 4.4.2 The UAA Center for Human Development will provide coordination and technical assistance on evidence-based, health promotion train-the-trainer programs to agencies serving individuals with intellectual and developmental disabilities in Alaska.
- 4.4.3 The AHDP and Accessible PE Consulting will implement adapted physical activity workshops for physical education staff in at least three communities.
- 4.4.4 The AHDP and Accessible PE Consulting will produce, and distribute to every school in Alaska, a [Teaming for Success](#) resource booklet that includes various types of adapted physical activities based on age, disability, and activity.
- 4.4.5 The AHDP and the DPH CDPHP will produce and distribute a [public service announcement](#) for the Play Every Day marketing campaign that is inclusive of children with disabilities doing a variety of activities, including adapted physical activity.

Oral Health

Definition

Surgeon General David Satcher's report on "Oral Health in America" refers to a "silent epidemic" of oral disease, restricting activities in school, work, and home, often diminishing the quality of life. The mouth for children and adults is vital to everyday life, serving to nourish our bodies, communicate, and as an early predictor of problems elsewhere in the body, such as infection, disease, immune disorders, nutritional deficiencies, and cancer (DHSS, 2012).

Rationale

- Children and adults with disabilities are an at-risk group for a wide variety of conditions because of specialized medications, sensory issues affecting hygiene habits, and features of their disability.
- Access to dental care is influenced by a number of factors including: an individual's insurance coverage for dental services; dentist participation in Medicaid; routine dental services not being covered in Medicare; availability of dental services in rural/remote regions of the state; and transportation and other factors which are barriers to making or keeping dental appointments.
- Access to dental care is a common unmet need for children and adults with disabilities as conditions also may present physical barriers to dental care (e.g., dental office wheelchair accessibility). Additionally, dentist/dental hygienist experience or comfort level in treating patients with more complex medical or developmental conditions may pose a barrier. In addition to the unmet need of workforce development, a 2007 Oral Health Forum on "Access to Care," identified the following as most urgent unmet Oral Health Need in Alaska –
 - finding providers who accept Medicaid,
 - difficulty coordinating appointments and long waits, and
 - reliance on pediatric dentists for ongoing care of children/youth with disabilities through adolescence and adulthood.
- At an oral health planning meeting in 2012, two of five priorities addressed individuals with disabilities.

- Support the “creation of a state loan repayment/incentive program for dentists and dental hygienists for practice in underserved populations.”
- The “improvement [of] oral health care and dental treatment by supporting a provider training program and/or development of incentives in Medicaid reimbursement for treatment in the dental clinic setting” (Alaska Dental Action Coalition, 2012).
- 57.6% of Alaskan adults with disabilities have had at least one tooth removed due to tooth decay or gum disease during 2008 – 2011, compared to 35.7% of Alaskans without disabilities (Alaska BRFSS, 2012).
- Only 57.8% of Alaskan adults with disabilities have had their teeth cleaned in the last year, compared to 63.5% of Alaskans without disabilities (Alaska BRFSS, 2010).

Vision

Alaskans with disabilities have access to quality oral health care.

Access

ACTION STEPS

- 5.1.1 The Alaska Dental Coalition (ADAC) will support the state loan repayment/incentive program for dentists and dental hygienists to serve underserved populations along with provisions for dental hygienist practice under collaborative agreement(s) (Alaska Statute 08.32.115) with a dentist(s).
- 5.1.2 The Alaska Native Tribal Health Consortium will continue to support the Dental Health Aide Therapist Program, which provides services in rural/remote regions of the state to underserved populations – the population served includes individuals with fetal alcohol spectrum disorder, sensory sensitivity and other conditions falling under children/adults with disabilities.
- 5.1.3 The State of Alaska DHSS SHARP Program (SHARP) will ensure language defining underserved populations includes children and adults with disabilities for workforce development in the state loan repayment/incentive program for dentists and dental hygienists.

- 5.1.4 The ADAC will identify a dental champion, agency, or professional organization to design, program, and supervise start-up for the development of specialized dental hygienists, who meet collaborative agreement criteria, to perform allowable services for children and adults with disabilities.
- 5.1.5 The ADAC will highlight the Alaska Native Medical Center beneficiary disability dental clinics in other venues. For example, initiate inclusion and targeted promotional materials for children and adults with disabilities at UAA's annual Alaska Cares Dental Days or in new venues like United Way's Mission of Mercy.
- 5.1.6 The ADAC will continue to monitor and explore the implementation of use of diagnosis codes on dental claim forms as an opportunity for discussion of Medicaid providing additional reimbursement for treating certain conditions which typically would require more time for dental treatment in the dental office setting. The Alaska Oral Health Program will conduct an annual provider community needs assessment and train dentists and hygienists on evidence-based techniques for working with people with disabilities.
- 5.1.7 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of oral health related services.
- 5.1.8 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of oral health related services.
- 5.1.9 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of oral health related services.

Data/Surveillance

ACTION STEPS

- 5.2.1 The SHARP Program will monitor progress on legislative and programmatic efforts for a loan repayment incentive program for dental professionals, specifically benefiting Alaskans with disabilities, and report results annually to the Alaska Dental Coalition.
- 5.2.2 The Alaska Oral Health Program will monitor trends in Medicaid dental reimbursement rates and report results to the Alaska Dental Coalition.
- 5.2.3 The Alaska Oral Health Program will examine and report on annual Medicaid claims reflecting dental treatment under general anesthesia for children and adults with disabilities that are enrolled in the Medicaid program.
- 5.2.4 The AHDP will utilize data to identify and prioritize oral health disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

Education and Awareness

ACTION STEPS

- 5.3.1 The AHDP will distribute and promote free documents from the National Institute of Health on oral conditions and interventions for children and adults with disabilities through outreach clinics, health fairs, public health nursing, etc.
- 5.3.2 The Alaska Oral Health Program will work with the Alaska Dental Society, dental offices, and stakeholder groups representing children and adults with disabilities to develop a resource to identify dentists experienced and willing to treat children and adults with specified disabilities in their dental office (e.g., dentist survey).
- 5.3.3 The Alaska Oral Health Program will promote resources on oral health that are accessible and inclusive of people with disabilities using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.

Collaboration

ACTION STEPS

- 5.4.1 The Alaska Oral Health Program, Division of Public Health Section of Women's, Children's, and Family Health, Alaska Dental Society, and Alaska State Dental Hygienists' Association will report annually to the ADAC and Federal funding sources (e.g., CDC) on developments, successes, and challenges identified in underserved populations.
- 5.4.2 The Alaska Oral Health Program, Stone Soup Group, and other stakeholder groups representing children and adults with disabilities will examine strategies to reduce "no-show/failed" dental appointments and short-notice cancellation of dental appointments for Medicaid recipients including recipients with disabilities.

Preventive Health Screenings

Definition

Preventive health screenings are an important part of health promotion, and are a cost-effective way to identify and treat potential health problems before they develop or worsen (CDC, 2010). Key preventive screenings include diabetes, blood pressure, cholesterol levels, tobacco, colorectal cancer, breast cancer, cervical cancer, weight, teeth cleaning, vision, and bone density. Information and action items specific to tobacco, sexual health, and oral health are primarily addressed within their own sections of this plan.

Rationale

These indicators have a disparity of 5% or more between Alaskans with disabilities and Alaskans without disabilities.

- 61.1% of Alaskan women over 40 years of age with a disability report having an annual clinical breast exam (compared to 68.3% of women without disabilities) (Alaska BRFSS, 2012).
- 65.7% of Alaska adults with disabilities report visiting a doctor for a routine checkup within the last year (compared to 57.9% of Alaska adults without disabilities) (Alaska BRFSS, 2013).

These indicators have a disparity of less than 5% between Alaskans with disabilities and Alaskans without disabilities, but will continue to be monitored for changes.

- 67.1% of Alaskan women over 40 years of age with a disability report having a mammogram within that last two years (compared to 70.9% of women without disabilities) (Alaska BRFSS, 2004/12).
- 81.9% of Alaskan women with disabilities report having a Pap test within the past three years (compared to 85.9% of women without disabilities) (Alaska BRFSS, 2012).
- 10.5% of Alaska adults over 50 years of age with a disability report having a home fecal occult blood test within the last two years (compared to 8.5% of those without disabilities) (Alaska BRFSS, 2012).

- 64.7% of Alaska adults over 50 years of age with a disability report ever having a sigmoidoscopy or colonoscopy (compared to 56.7% of those without disabilities) (Alaska BRFSS, 2012).

Vision

Alaskans with disabilities receive all recommended preventive health screenings.

Access

ACTION STEPS

- 6.1.1 The Alaska Health and Disability Program (ADHP), in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of preventive screening services.
- 6.1.2 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of preventive screening services.
- 6.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of preventive screening services.

Data/Surveillance

ACTION STEPS

- 6.2.1 The AHDP will utilize data to identify and prioritize preventive screening disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.
- 6.2.2 The Division of Public Health Section of Chronic Disease Prevention and Health Promotion (DPH CDPHP) will add standardized questions, according to federal guidance (U.S. DHHS, n.d,) to the Alaska Youth

Behavior Risk Survey to identify youth with disabilities and gather information on issues affecting them.

- 6.2.3 The AHDP and the DPH CDPHP will advocate for expanded data sources related to preventive services and people with disabilities that are available for dissemination to partners.

Education/Awareness

ACTION STEPS

- 6.3.1 The DPH CDPHP will identify, develop, and disseminate best practices and educational materials **to providers** on key preventive screenings for Alaskans with disabilities.
- 6.3.2 The DPH CDPHP and the AHDP will promote resources on preventive health screenings that are accessible and inclusive of people with disabilities in **media campaigns**, using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.
- 6.3.3 The DPH CDPHP and the Division of Senior and Disabilities Services, will identify, develop and, disseminate best practice guidelines to **caregivers and case managers** to promote the use of key preventive screenings. Best practice guidelines will be disseminated through education and trainings and include materials outlining key preventive screening guidelines and information about how to include in care plans.
- 6.3.4 The DPH CDPHP will include information on healthy lifestyle choices (e.g., healthy foods, active lifestyle, no tobacco use) with education and outreach to **caregivers, families, and people with disabilities.**

Collaboration

ACTION STEPS

- 6.4.1 The UAA Center for Human Development will develop and disseminate an on-line tool kit for health care providers on health promotion and prevention topics including preventive screenings for people with intellectual/developmental disabilities.

6.4.2 The DPH CDPHP will collaborate with Hope Community Resources to assess baseline health data of three licensed assisted living homes, pilot a healthy lifestyle education program with residents, and collect post-intervention health data.

Sexual Health

Definition

"Sexual health is a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence." (WHO, 2014).

Rationale

Experiencing a disability (intellectual, physical, or developmental) does not, by itself, validate any loss of rights related to sexuality and sexual health.

- All people, regardless of the experience of a disability, have inherent sexual rights and basic human needs.
- All people have the right to exercise choices regarding friendships, sexual expression, and responsible sexual behavior.
- All people have the right to plain language information that allows informed decisions around issues of sexuality and health.
- All people have the rights to protection from sexual harassment and other forms of abuse (physical, sexual, emotional).
- All people have a responsibility to consider the values, rights, and feelings of others related to sexuality.

Rationale content informed by the policy statement on sexuality made by Arc, Congress of Delegates and American Association on Intellectual and Developmental Disabilities Board of Directors (2004) written to protect the rights of people experiencing intellectual and related developmental disabilities.

Vision

Alaskans with disabilities have access to screening services, resources for informed decision-making, and increased awareness related to sexual health.

Access

ACTION STEPS

- 7.1.1 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of sexual health related services such as those providing counseling, testing, referral, and treatment for HIV/STI and/or pregnancy prevention.
- 7.1.2 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **built environment accessibility** of sexual health related services such as those providing counseling, testing, referral, and treatment for HIV/STI and/or pregnancy prevention.
- 7.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of sexual health related services such as those providing counseling, testing, referral, and treatment for HIV/STI and/or pregnancy prevention.

Data/Surveillance

ACTION STEPS

- 7.2.1 The AHDP will utilize data to identify and prioritize sexual health screening disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.

Education/Awareness

ACTION STEPS

- 7.3.1 The Division of Public Health Sections of Women's, Children's, and Family Health (DPH WCFH) and Chronic Disease Prevention and Health Promotion will develop media campaigns and resources on sexual

health topics that are accessible and inclusive of people with disabilities through the use of diverse images of people with disabilities, person-first language, varied literacy levels, and alternate formats.

7.3.2 The DPH WCFH will partner with Access Alaska and the Independent Living Network to recruit adolescents with disabilities to serve on the Youth Alliance for a Healthier Alaska advisory board.

7.3.3 The UAA CHD will develop and disseminate an on-line tool kit for health care providers on health promotion and prevention topics including sexual health for people with intellectual/developmental disabilities.

7.3.4 The AHDP, in partnership with the UAA CHD, will support training and technical assistance on universal design principles for accessible testing, treatment, and education programs through conference presentations and on-line training module.

Collaboration

ACTION STEPS

7.4.1 The UAA CHD will promote and support the Friendships & Dating program by conducting annual train-the-trainer workshops. The Friendships & Dating Program teaches adults and teens/young adults (16+) with intellectual and related developmental disabilities how to make and keep healthy relationships and prevent violence in their relationships by advocating for increased awareness about the sexual health needs of adults with intellectual/developmental disabilities.

Tobacco Use

Definition

Tobacco use is any habitual use of the tobacco plant leaf and its products. The predominant use of tobacco is by smoke inhalation of cigarettes, pipes, cigars, and ENDS (Electric Nicotine Delivery Systems). Smokeless tobacco includes a variety of tobacco products that are sniffed, sucked, or chewed (Al-Ibrahim, & Gross, 1990).

Rationale

To effectively prevent and reduce tobacco use among Alaskans with disabilities, it is important to promote health system changes that reduce barriers that limit the ability of people with disabilities to access and use preventive health care. The inclusion of people with disabilities in smoking cessation programs will require overcoming the many barriers to preventive care that they experience.

- In Alaska, adults with disabilities are more likely to smoke (27.4%) than adults without a disability (20.7%) (Alaska BRFSS, 2013).
- 63.4% of Alaskans with disabilities who use tobacco want to quit, as compared with 57.5% of Alaskans without disabilities (Alaska BRFSS 2013).
- More Alaskans with disabilities are also former smokers: 2010 data indicate that 36.8% of individuals with disabilities also categorize themselves as former smokers, as compared with 29.2% of individuals without disabilities (Alaska BRFSS, 2011).

Data from the Alaska Needs Assessment survey of agency and support staff showed “[Direct support] staff reported people with disabilities utilized primary care most often. Health education services (e.g., healthy living, tobacco cessation) were utilized with less frequency; 29.1% of people did not seek health education services.”

Vision

Alaskans with disabilities live a tobacco free life.

Access

ACTION STEPS

- 8.1.1 The State of Alaska Tobacco Prevention and Control Program (TPCP) will include resources on tobacco use and prevention that are accessible and inclusive of people with disabilities, using diverse images of people with disabilities, person-first language, and varied literacy levels and formats.
- 8.1.2 The Alaska Health and Disability Program (AHDP), in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **communication and information accessibility** of tobacco prevention and quit-related services.
- 8.1.3 The AHDP, in partnership with the Disability Law Center, Northwest ADA Center, and Independent Living Network, will distribute information and promote the use of resources on **staff training, policies, and accommodations on accessibility** of tobacco prevention and quit-services.

Data/ Surveillance

ACTION STEPS

- 8.2.1 The AHDP will utilize available data to identify and prioritize tobacco use disparities among Alaskans with disabilities and disseminate information in an annual report to stakeholders.
- 8.2.2 The Division of Public Health Section of Chronic Disease Prevention and Health Promotion will explore the possibility of adding additional questions to the supplemental tobacco section in the Alaska Behavioral Risk Factor Surveillance Survey to identify disability status for people receiving the supplemental survey.

Education/ Awareness

ACTION STEPS

- 8.3.1 The AHDP will partner with the TPCP to incorporate disability into existing "Ask Advise Refer" training.
- 8.3.2 The TPCP will ensure the Alaska Tobacco Quit Line is accessible to deaf and hard of hearing via methods such as text to quit and web-based coaching.
- 8.3.3 The TPCP will ensure that Quit Line materials include the number for deaf and hard of hearing community access (TTY) through the use of assistive technology.
- 8.3.4 The AHDP and partners will disseminate Quit Line materials to disability service providers and partners.
- 8.3.5 The TPCP will support tobacco-free or smoke-free policies in diverse environments including schools, residential settings, community rehab programs, disability service agencies, and worksites.
- 8.3.6 The AHDP will conduct a survey of disability-related programs, agencies, and advocates to identify tobacco-free campus status. The survey will include the collection of available tobacco free policies. This information will be reported to the TPCP.
- 8.3.7 The TPCP will develop and promote tobacco education trainings for providers who work with people with disabilities (e.g., Quit Line protocols, resources, and tobacco-free campus policy support).
- 8.3.8 The ADHP, in partnership with the UAA Center for Human Development, support training and technical assistance on universal design principles through conference presentations and on-line materials to ensure prevention and quit programs are accessible to people with disabilities.

Collaboration

ACTION STEPS

- 8.4.1 The AHDP, TPCP, and the Independent Living Network will recruit individuals with disabilities and their families to participate in state and local coalitions focused on tobacco prevention and control.
- 8.4.2 The TPCP will maintain an ongoing partnership with the Alaska Tobacco Quit Line staff to provide accessible services for people with disabilities.

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Appendix

Organizations with a role in the AHDP Strategic Plan

Organization	Acronym	Role	Relationship to AHDP
Access Alaska		Independent living services in Anchorage, Fairbanks, and Mat-Su Valley	Partner
Accessible PE Consulting, LLC.		Adapted physical activity training to school districts	Contractor
Adult Protective Services	APS	Within the Division of Senior and Disabilities Services. Aims to prevent or stop harm to vulnerable adults	Friend
Alaska Association on Developmental Disabilities	AADD	Network of agencies serving community members who experience developmental disabilities in Alaska	Friend
Alaska Commission on Aging	ACoA	Planning, advocacy, education, and interagency collaboration to ensure dignity and independence of older Alaskans	Friend
Alaska Dental Society	ADS	Professional organization	Identified future partner
Alaska Health and Disability Program	AHDP	State program within the Division of Public Health aimed at increasing health promotion and emergency preparedness among Alaskans with disabilities	

Alaska’s Plan to Promote the Health of People with Disabilities

Organization	Acronym	Role	Relationship to AHDP
Alaska Healthcare Commission	AHC	Alaska’s health planning and coordinating body, responsible for recommendations to the Governor and the legislature	Friend
Alaska Mental Health Board/Alaska Board on Alcohol and Drug Abuse	AMHB/ABADA	Planning, advocating, and coordinating behavioral health services in Alaska	Partner
Alaska Mental Health Trust Authority	AMHTA or “The Trust”	A state corporation that administers a perpetual trust managed on behalf of Alaskans with mental illness, developmental disabilities, chronic alcoholism and other substance related disorders, Alzheimer’s disease and related dementia, and traumatic brain injury	Friend
Alaska Native Tribal Health Consortium	ANTHC	Statewide non-profit tribal health organization	Identified future partner
Alaska Network on Domestic Violence and Sexual Assault	ANDVSA	Network of 18 programs that provide services to victims of domestic violence and sexual assault	Identified future partner
Alaska Oral Health Program	OHP	Within the Division of Public Health Section of Women’s, Children’s and Family Health. Provides leadership to	Partner

Organization	Acronym	Role	Relationship to AHDP
		improve oral health for all Alaskans	
Alaska Police Standards Council	APSC	Within the Department of Public Safety, certifies police, probation, and correctional officers in Alaska and develops, monitors, and revises law enforcement training	Identified future partner
Alaska SHARP Program	SHARP	Loan repayment program providing support-for-service to health care practitioners	Identified future partner
Alaska State Dental Hygienists’ Association	ASDHA	Professional association	Identified future partner
Alaska Substance Abuse Prevention Program	SAPP	Program aimed at reducing and preventing substance use and abuse across the state	Partner
Alaska Workforce Investment Board	AWIB	Within the Department of Labor and Workforce Development; reviews plans and provides recommendations to the State of Alaska to further train and prepare Alaskans for the workforce	Identified future partner
Alaska 2-1-1	211	Within the United Way of Alaska; a one-stop resource for connecting with a wide variety of vital resources in Alaska	Partner
All Alaska Pediatric	A2P2	Supports and links healthcare services	Friend

Organization	Acronym	Role	Relationship to AHDP
Partnership		between government, healthcare entities, social services, and payers for children and families	
Anchorage Police Department Crisis Intervention Team	CIT	Officers, dispatchers, and supervisors who have had at least 40 hours of specialized training to respond to a mental health crisis and work with community mental health resources	Friend
Anchorage Police Department Search Team	APDST	Auxiliary volunteers who locate and render aid to persons reported lost or missing within the APD service area; Administer Project Lifesaver	Identified future partner
Anchorage School District	ASD	Educating 48,000 students within 2,000 square miles with more than 100 schools and programs within Anchorage	Friend
Arc of Anchorage	ARC	Provides services to children and adults who experience developmental disabilities or mental health issues within Anchorage	Partner
Assistive Technology of Alaska	ATLA	Comprehensive assistive technology resource center for Alaska	Partner
Autism Society of Alaska	ASA	Affiliate advocacy organization serving	Identified future

Organization	Acronym	Role	Relationship to AHDP
		people experiencing autism in Alaska	partner
Centers for Disease Control and Prevention	CDC	The nation’s health protection agency; funder of the Alaska Health and Disability Program	Partner/Funding source
Council on Domestic Violence and Sexual Assault	CDVSA	Provide safety for Alaskans victimized or impacted by domestic violence and sexual assault; responsible for making sure Alaska has a system of statewide crisis intervention services, perpetrator accountability programs, and prevention service	Identified future partner
Alaska Dental Action Coalition	ADAC	Voluntary interagency partnership to promote improvements in oral health	Friend
Department of Education and Early Development	EED	Ensures quality standards-based instruction to improve academic achievement for all students	Identified future partner
Division of Homeland Security and Emergency Management	DHS&EM	Within Department of Military and Veterans Affairs; provides critical services to Alaska to protect lives and property from all hazards, as well as to provide rapid recovery from all disasters	Partner
Disability Law Center	DLC	Independent non-profit firm providing legal advocacy for Alaskans with disabilities	Partner

Alaska’s Plan to Promote the Health of People with Disabilities

Organization	Acronym	Role	Relationship to AHDP
Division of Behavioral Health	DBH	Manages an integrated and comprehensive behavioral health system	Partner
Division of Healthcare Services	DHS	Alaska’s Medicaid Agency; certification and licensing	Partner
Division of Public Health Section of Chronic Disease Prevention and Health Promotion	DPH CDPHP	Promote behaviors that prevent injuries and reduce the prevalence of chronic disease and advance the conditions that lead to safe and healthy lives for Alaskans	Partner
Division of Public Health Section of Emergency Programs	DPH EP	Health emergency response operations and emergency medical services; includes Alaska Trauma System	Partner
Division of Public Health Section of Women’s, Children’s, and Family Health	DPH WCFH	Adolescent health, autism, breast and cervical cancer screening, family planning, family readiness, health and disability, infant mortality, maternal child health epidemiology, newborn hearing and metabolic screening, oral health, pediatric specialty clinics, perinatal health, school health, and women’s health	Partner
Division of Senior and Disabilities Services	DSDS	Administers services for seniors, children, and adults with disabilities in	Partner

Organization	Acronym	Role	Relationship to AHDP
		Alaska	
Fairbanks North Star Borough	FNSB	Local government which covers 7,361 square miles with 99,200 Alaskans, including Fairbanks and North Pole	Friend
Fairbanks Resource Agency	FRA	Provides services to children and adults who experience a disability in the Fairbanks area	Partner
Governor’s Council on Disabilities and Special Education	GCDSE	Planning, capacity building, systems change, and advocacy to create change for Alaskans with disabilities	Partner
Hope Community Resources	Hope	Provides services to children and adults who experience disabilities with regional offices in Anchorage, Mat-Su Valley, Dillingham, Kodiak, Juneau, Ketchikan, Seward, Barrow, and Kenai Peninsula	Partner
Independent Living Network		Inclusive of the Statewide Independent Living Council and 12 Independent Living Centers (including satellites)	Partner
Peninsula Independent Living Center		Provides services within the Kenai Peninsula, Kodiak Island, and Valdez/Cordova Census area to families and individuals who experience disabilities to allow them to live as independently as possible	Partner

Organization	Acronym	Role	Relationship to AHDP
Making Anywhere Possible, LLC		Consulting and education to promote the full inclusion of people with disabilities anywhere they choose	Partner/Contractor
Matanuska-Susitna Borough Emergency Services Administration		Protection of lives and property; comprised of fire protection and emergency medical services, water, technical, off-road, and hazmat rescue services, emergency management and community preparedness programs, enhanced 911 services, and emergency vehicle maintenance	Friend
Municipality of Anchorage Department of Emergency Management		Protect life and property and ensures the safety, health, and wealth of the citizens of Anchorage	Partner
Northwest ADA Center		Assist businesses, state and local governments, and people with disabilities as they manage the process of changing our culture to be user friendly to disability and the effect the variety of health conditions can have on society	Friend
Office of Children’s	OCS	Support the well-being of Alaska’s children and youth; core services include	Friend

Organization	Acronym	Role	Relationship to AHDP
Services		infant learning program, early childhood comprehensive systems planning, and child protection and permanency	
Programs for Infants and Children	PIC	Early intervention services for infants and toddlers with special needs in Anchorage	Friend
Red Cross of Alaska		Provides relief to victims of disasters and helps Alaskans prevent, prepare for, and respond to emergencies. Designated emergency sheltering entity in Alaska	Friend
Special Olympics of Alaska	SO	Promotes understanding, acceptance, and inclusion between people with and without intellectual disabilities through physical fitness and sports	Friend
Statewide Independent Living Council	SILC	Promotes independent living philosophy statewide, providing support and technical assistance to the network of Centers for Independent Living	Partner
Stone Soup Group	SSG	Provides information, support, training, and resources to assist families caring for children with special needs statewide	Friend
Tobacco Prevention and Control Program	TPCP	Within the Division of Public Health Section of Chronic Disease Prevention and Health Promotion; provides	Partner

Organization	Acronym	Role	Relationship to AHDP
		leadership, coordinates resources, and promotes efforts that support Alaskans in living healthy and tobacco-free lives	
UAA Center for Human Development	UAA CHD	Alaska’s University Center for Excellence in Developmental Disabilities in Education, Research, and Service	Partner
UAA Center for Human Development Leadership Education in Neurodevelopmental and related Disabilities Program	LEND	Provides graduate level interdisciplinary leadership training for individuals with a commitment to providing family-centered coordinated systems of health care and related services to improve the health of infants, children, and adolescents who have, or are at risk for developing, autism and other developmental disabilities	Partner
YWCA Alaska	YWCA	Dedicated to eliminating racism and empowering women through women’s economic empowerment, youth empowerment, social justice, women’s leadership, and women’s wellness	Friend