

Thank you for joining us. We will give people a moment to sign on. We'll get started momentarily. I see people coming through. Okay. Looks like we have everyone on board. Welcome, everyone. I'm the Executive Director for independent living. I welcome you to our third and final webinar on expanding the public health work force.

They are aware of the role of public health. So, they can encourage individuals with disabilities to utilize their local public health offices. As a means of being proactive in their care. >> The COVID-19 pandemic has taught us all where gaps in care and services exist. Who the most vulnerable populations are. It has given us an opportunity to reshape the way we deliver information to the community with regard individuals with disabilities. People with disabilities can comprise a significant portion of the communities that public professional serve. People don't have signs on their door saying this is who I am. This is where work very . I have a disability. I have a particular challenge. Stating that you are inclusive of all individuals. You can provide accommodations for individuals who have a special need in your community. We need to reach individuals in the community need the services. We need to do that in a Broadway so all of our messaging . This is something that's going to be a recurring theme throughout this webinar. Our messaging and outbreak -- outreach make it clear that public health is open to all citizens and all residents in the community. The data shows that over 56.7 million Americans have a disability. That's 19% of the population. Some disabilities are disabilities that can be acquired later in life. Some disabilities are lifelong disabilities. When you think that 1/5 of the population has some type of a disability , we need to make sure we have the competency to make sure we are addressing the needs of all individuals. The risk of acquiring a disability can increase as people age. As we think of healthy aging initiatives with our work and help , we have to realize that individuals in the community who have a disability are also aging. Right? We have to look at where somebody is on the health continuum. What their baseline status is. As I move on, we'll emphasize the disability is not an illness. Right, people have the right to have and the need for preventive care access as everyone else in the community. Together , as we look at the learning objectives of this webinar, we will be sure to address key ways in which we can be inclusive. While I'm on that note, I want to remind everybody you will be getting continuing education credit for this webinar. Please hold on till the end. There's going to be a survey for you to fill out and share your certification license number for your credential so that after this webinar, we can make sure that you get your continuing education. The goal is to satisfy a couple of learning abject lives on a basic level around competency. Through this webinar and through the panel dialogue, we are confident that we will meet those goals. You will get your credit unless you stay till the end and complete the survey. What are the actives ? Objective number one is to understand ways to be inclusive of individuals with disabilities and access and optional limitations in public health services and education. We are going to continue talk on that. It will include follow-up materials with some guidance on where to go for information to be inclusive and how to do the outreach and make sure your promotion and messaging is reaching the people in the community. Our second objective is to learn ways to build partnerships with community disability and human service agencies. Carmella has

already addressed the fact that we have done some training webinars. We showed them ways in which they can find the local office of public health and municipality. Especially in the shared services public health model in the state of New Jersey. One can be served by the health department that serves for five municipalities. We created a direct reefer human services agencies and for individuals in the communities. With a disability or functional limitation. They, in their home, and their community centers, and in their workforce can direct people to their local office of public health. It starts with finding out where your minutes the pallet he is and getting people engaged in the community. That's how we bring relationships. Collaborating and breaking down those silos. Making sure we have treated the whole person. Addressing their needs and connecting them to the social and human services conversely. They know where to find local public health to connect the individuals. We want the public health to know where the human services and disability services and resources are. Once we build that bridge and break down the barriers, we are on our way to really having a inclusive public health workforce. And then, speaking of a competent workforce, connecting the special needs population health and social services, we will address that here and now in this dialogue. Also in the resources that we provide. They will show you where to find the human services and the human service is where to find you. How people with disabilities are best served by public health. Well, we set a couple of times that individuals with special needs and disabilities and optional limitations have the same needs as the general population. When it comes to prevention, screening , chronic disease management. We all have the same needs. We all have the same access? Are we able to find those able in the community in the event of an emergency? Our panels will talk more on resources to make sure that individuals can be sought out in the case of a national disaster. And in the case of screening events and clinics to make sure we are reaching everybody. Examples of public health activities. Education and outreach programs that promote physical activity. Inclusive physical activities. You are the eyes and ears for your local office of public health and municipalities. New playgrounds in your communities inclusive ? Are your reclamation -- recreation programs inclusive? By coming together on the local municipal level we can make sure that we have the programs , resources, activities, and the infrastructure to make sure that everybody's needs are being met. Screenings for heart disease, cancer, and other disease. How people with disabilities are best served by public health and the physical environment. Well, a lot of offices are in older buildings. A lot of those older buildings are not wheelchair accessible. Nor are they wide enough for any kind of assistive devices that individual may need. They may not have enough space in a clinic area or screening area for an adult with a disability to come in with the service provider. So, this is where the infrastructure comes into play. The code enforcement is reflective of ADA compliance. His old construction accessible? Are there any modification that can be made in your health department that can ensure that if a person comes in and they need the extra space and they need to get a wheelchair or a walker or a cane through the door , they can. There's an easy access point . If there's a clinic or screening , maybe it's on the first floor not on the second floor. There is a ramp . There's appropriate parking for people who have special parking permits to access the building easily. Examination rooms must meet the requirements to. Let's talk about the space within the room

and clear passage. Also somebody is going to be going on and examining table because there are some health departments where the public health nurses and area physicians collaborate to do special screenings that would require a person to be on an examining table. Nurses, by trade, are trained to do wheelchair to table transfers. There should always be a staff available to assist a person to the proper height table or chair so they can participate fully in any type of education or screening event. We took a survey among --all introduce Albi. She is also a wife of a U.S. military employee. We think their service for the country. Albi has been managing the survey for us. We will continue to send this survey out to better inform us on the resources we can share with you. To inform your staff. How many people have taken the survey as of now?

Think you for your support. I appreciate it. 65 so far.

65 people have taken the survey. I'm going to start from the bottom up. 32% of the people who took the survey identified as a person with a disability. 32% of 65 people. That's 32% of people who completed the survey. That's just a sampling. 44% identified as a support person or caregiver of a person with a snow limitation or disability. 56% of the people surveyed know where the local office of public health is located. If you think about that, 56% of the people surveyed know where the public health office is located. That's 65th of attention we have. Right? That's what we have to continue to die disseminate this information out far and wide through various agencies. Local municipal agencies to make sure we are really getting as many people as we can reach on board with this information. 46% of the people surveyed have attended a public health event in their unity. We want to get to the other 54%. We want to make sure where everybody knows where public health is. Everyone can participate. 30% of the people who have attended a public health event said that accommodations were available. 38% out of 100% of the 46% at attended. So, clearly there are some gaps and some need that need to be addressed to make sure we are better serving the population. 45% say they receive alert notifications from all government . For many reasons, that should be 100%. We're going to strive for that. There's a lot more information that comes out through the municipal networks in the public health networks through your municipality. We want to make sure everybody's getting information that they need. And 21 point 88% say they have barriers accessing healthcare. Hand-in-hand, public health works with the healthcare systems . When you are out there in the community and you are speaking with people with special needs in the community. You identify someone who says they do not have adequate healthcare or access to transportation for healthcare access to a physician who understands their needs , that's your opportunity to step in and collaborate with your federally qualified healthcare sectors in the area and your healthcare systems. Your hospital systems through collaborating. I'm going to throw this out there. The North Jersey is a collaborative a public health across five counties. Including union as well. Collaborations like those , which is --Tracy is very active in that. Thank you, Tracy. It's an opportunity to break down those silos. Connect thing public health approaches with trauma informed principles. It's important that we understand and address this. If you think of the barriers that anyone of us , with or without a disability , experience in accessing healthcare or having certain types of screenings. Who likes

getting a colonoscopy? I don't see a single hand. I bring that to your attention because there are very many uncomfortable screenings and exams that we all have to have in order to detect a disease at its earliest state so it can be treated in a timely fashion. So, add to this a functional limitation or a disability. A physical disability. Challenges that a person may have faced while receiving healthcare. Whether it's through communication, effective communication, the point-of-care, not feeling heard by the healthcare provider. Sometimes the healthcare provider will take to the care support person rather than the individual. Sometimes individuals with a disability feel they are not giving an opportunity to speak privately or confidentially with their healthcare provider. Because of paid direct support person or family member or friend who accompanied them is with them. Even though that person is there support person for that healthcare appointment, that doesn't necessarily mean they have private and confidential personal information. A trauma informed approach in wrecking rising what traumas and difficulties and barriers a person may have experienced. What might have made them reluctant to come to a public health screening or vaccination clinic. Any kind of event. Healthcare. Point-of-care. If you think of the barriers that they have experienced traditionally, getting to those appointments, we have to make it effort to understand approaches to care that make individuals feel comfortable and at ease. Reduce the anxiety around any kind healthcare. There's a whole lot of examples in here. These slides are available. They're going to be downloaded on the center. I have the address addressing. It's from the national Institute for health. It's a really and formative set of resources to help all of us in our practice. This is just the tip of the iceberg. A couple of points of what's addressed. There's a whole training curriculum around this for public health departments. I spoke on this earlier. Building bridges to break down barriers. We need to work across sectors and understand what the social determinants of health are. Are those related to housing or barriers to transportation? I say disability is not an illness. The Surgeon General's call to action in 2005 at the time. They made a call to action. Stating that individuals with disabilities have as much a right and a need for preventive services as the general population does. That is why we all need to be working together. I'm reiterating the point that unless we are getting out of our silos and our local health department and collaborating with other professionals in our industry, please bring these topics up when you write your team meetings and your health department. When you're at your Public health Association. Regular meetings. You have an opportunity to bring new business to the table. Please address these issues. Let's get this message out to as many people in public health as we possibly can. We can't expect public health to have the answer and the solution for everything. Public health, as you know, you have your inherent set of responsibilities. You worked very closely with the health department. Right? You can get that help by engaging in activities with your human service advisory Council. In your social services and human service agencies. Your communities come your counties and even across the state of New Jersey. We created this directory for the human service and it talks call to action for people with disabilities. It's very sustained. Maybe 35 pages. It's not the Harvard Medical School guard to health. We don't want people getting caught up in reading a lot of language and feeling expecting them to have medical knowledge. We write on what is a healthy lifestyle. I can you

attain that? What are some basics around health and wellness. Karen screenings. They are so important. You can get low cost screenings in the community. The services you would receive for your private healthcare provider. Mental health . Individuals with disabilities and special needs. They also have the need for mental health services . Anxiety and stress reduction resources. Access to therapeutic modality. Also where to go or who to call in the event of a mental health crisis. Infection control. That's really around handwashing, hand hygiene. How to not spread viruses through airborne particles or through your hands. Surfaces. Public health. What is public health? What does the local office of public health do. How do they serve -- serve the community? Where to find human services and social support. I share this with you because if you download this guide , you will see a lot of resources that will be great value to you and to your health department. Get a sense of the appropriate consumer friendly language we're using to mitigate this information. How can we make her health department more inclusive? We talk about our objectives, how to work across sectors. How to become inclusive trade . How to make our health departments more inclusive and service delivery. We have two professionals here. She is a registered environmental health specialist. Certified health education specialist. The health education consultant at the division of health. Right here is an example of how we have the county health department in Warren. We have Christine working for multiple health departments under the health service model. We make sure we get the messages out there for individual municipalities to educate the community. Grace and Christina talk about emergency response. In many, many community resources. Tracy, I'd like to start with you today. If you could tell us a little bit about what your experiences when you identify a person in your work as a health educator at the health department and ways in which you have been able to accommodate them?

I would love to say our health department is A.D.A. compliant. They can get to the door. They have complete access. If they need to go upstairs for a meeting, we have an elevator. If they cannot come into our health clinic , our nurses are able to do homebound visits so they can provide homebound clinic vaccination everything that they might need. That's -- just want to put that out there. We are really proud of that service that we can provide. Did you want me to go into the access and functional need coordinators?

Please do. Thank you.

Every County has an functional need coordinator. You can contact your local health department. We work very closely with our centers for independent living. Each county has a pointed County coordinator to help handle any emergency management issue that is related to disabilities and access functional needs. These coordinators are able to coordinate any issue that may happen. Provide any contact between the health department , health and human services aspect , emergency management so we are able to coordinate any efforts. We call the. There's a lot of acronyms we like to use. It's important to include the members. We do drills, we do exercises, we do anything throughout the community. That's one of the great things that we have in our county. If you are available in Warren

County and want to do non-Jew -- want to come on June seventh , you can participate in that meeting.

As we are talking about the advisory groups with representations. Without communicating the information. We can't fully serve. Can you share with us how you can get that information to immunities? Get the information out there to the community at large.

Thank you so much for having me here today. I'm glad we can learn even more . Especially to help the -- or to be more inclusive of the community with special needs. This is been great. I would advocate knowing your Police Department. I think that's first and foremost. I know in previous webinars we talked about Register ready. That would be another resource to get involved in and specially if you have any members of the community with special needs. I would advocate that. With regards to the box, those would be held through your police or fire departments. Not all communities have these. You have to call your police or fire companies to see if you can get that. However, these boxes are --you are welcome to some towns have them. Like I said, through the agencies. It's a wonderful way to have safety of in the event of an emergent see this box is on the outside of your home. With the key. You can gain access to your home. It works well for anyone that may have special needs or living alone. And then you have that safety. Most definitely. Yeah.

Thank you. Thank you for sharing that. It's a great program. A great service if you think about in the case of an emergency, there's a fall. There's a natural disaster. Someone has a medication that needs to be refrigerated. There's no power. Someone is oxygen dependent. Just imagine the comfort that the individual in the home feels knowing that somebody is going to be checking in on them. If something should happen to them, they can't get to the door safely, someone can see them. There are ways to communicate this out. Public health educators do a lot of messaging. Tracy Christine , can you share ways in which the public health community can make their communications inclusive in the outreach piece and in the functional piece in terms of literacy and creating materials that can be understood by all?

Sure. I would say putting the links that links to that. It also mentioned the 201 is a great resource. If they can't do it themselves, NJ 211 will help them to register for that. The public health community or any organization . Putting this information at ready.gov. Register ready. The NJ 211. All of those resources by putting them on any literature they put out. Also there websites and social media would be very helpful. Christine, do you have any additional?

I think this is so timely. July his health observances month. It's named nationally as disability pride month. We could, as health educators, be inclusive. Highlighting counsel. All the various resources. It would be a great way to advocate and to help those with these needs.

This is wonderful. Carmelo 11 us to see us move forward. Can you give some advice to our colleagues on how to best reach, through your normal materials , how can we reach the people that need to be reached?

That's always great. I think in any program that we offer, there should always be some sort of messaging involved. So, we are helping anyone. Always be inclusive in the special-needs communities. Just have the information available. >> Standardized, right? If you are sending something out to put through the school systems. Creating simple language on the bottom of your medications. If you are a family member has a disability, please reach out. Have you done that? It is something that's in your practice now?

I believe this is the most refreshing piece of being a part of this webinar. I have this knowledge that we will do that going forward. I think sometimes we are helpful because we are resource people . It's being more proactive in putting it up there. I do want to add one piece. I know some of our health departments are in spaces that are older. May not have the A.D.A. availability. In some of our spaces where we reside , we got around it with working with us hospital setting. Welcoming us to do clinics. We have an agreement that we can utilize the spaces in certain times. We were able to get around if we didn't have an elevator. There were only stairs. We were grateful to our hospital setting to accommodate all. It's been a wonderful relationship and rapport we have with them.

I just want to add on that. We do educational programs if we can't . We don't have the largest space. We work with our library is a great resource. We utilize the open spaces that we have. Just to make sure that everybody is inclusive. I totally agree with what you said. Everything we do. I do agree that we work with all of our other organizations throughout her counties and state level. Or federal level to make sure we are getting the information and resources. I don't think we go to any health fair any outreach program without bringing information regarding inclusiveness . On all levels. I think Don has been a wonderful resource. I know Carmella is always happy to help. Thank you.

It's really interesting that you're bringing up this amazing resource. You, Tracy , and Christine have provided us with some resources that you use. We will be sharing those out. Carmella, can you please --from the perspective of leadership in a disability service provider role , can you tell us where you see the greatest need in terms of getting individuals engaged with public health?

Sure. First I want to say I'm really happy to hear that when you are planning activities, if you are in an environment that isn't necessarily accessible, you're looking outside for other opportunities to make it fully accessible. We talk about the Americans with disabilities act. Premier registration for people with disabilities. There are certain priorities that are in place. The most important thing is if you're building your facility is not one of the ways to ensure access is to bring your programming to the individual. How do you do that? Do you put it in a location that is accessible? Do you meet somebody in their home. It's wonderful to hear that those things are happening. I can assure you it's not happening everywhere. Thank you for that. In terms of where I see some gaps . We talked briefly about how to ensure that when you are putting your materials out there that you are engaging people with disabilities. One of the things that we do here at Don is whenever we

create a flyer , we put something out to our consumers. We call the people we work with consumers. We have a very simple bowl tagline that says if you require any accommodations, please let us know two weeks in advance of an event. That gives us the time to be able to put those accommodations in place. We talk about disabilities. Disability is very broad. It can be somebody with a visual impairment. It can be somebody with a hearing impairment. It can be somebody with physical accessibility needs. It can be some of the that maybe has some psychiatric challenges. Maybe has difficulty going into a room with a lot of people. Putting that little tagline at the bottom of your materials helps to show the disability community that you're open to a conversation. It doesn't mean you have to or may not be able to meet each and every individual need , but having that conversation is more than half the battle. Very often people feel I can't go there. I can't do that. Just putting that simple tagline will open that door to a conversation. Symantec goes back to the trauma informed approach as well. I think there are also some myths about their about accommodating people with disabilities . It might be costly. Cost is relative. It depends on what the situation is. I can tell you being here at Dawn for 28 years, the cost of accommodating people is very minimal. Very often you can identify ways to accommodate people in a very cost-effective way. And so, it's really a conversation. I would welcome anybody who's ever questioning how to meet an accommodation for a particular type of disability , your Whelchel -- local can help you do that. Don is always here to help you as well. >> Clearly, if you look at the research page, it's at the top. Again, we have a more comprehensive list as we get everything posted. We have a Spanish-language guide. Different communities. The people who walk into either one of your health departments , they're not always going to have the same need. What is a best practice once identifying a need for standardizing a solution to addressing disability.

Are you talking about having the resources accessible , correct?

Yeah. You never know. Someone might come in with a disability. They speak a language. There could be a language barrier in addition to a disability. There could be a visual disability. Someone could be hearing impaired. There could be multiple disabilities and language. It's a think on your feet kind of situation. How in the public health workforce circling back to our workforce. How when you identify new type of need , do you put addressing that need into your processes?

I know for our county , we use the language line. If someone should be coming to the clinic we use it frequently. We had a large fluctuation. Because of this a situation in Europe. We use language line. We also have a message board in case you need something very immediate to try to figure out exactly what's happening in a situation. The language line has been one of our biggest resources until we can figure out exactly what the situation is. A lot of times they will come with an appointment. They have someone who may be able to trans late or communicate with public health nurses. That's usually the need in our community unless they call ahead. We can determine what the needs are ahead of time.

Collaboration. Christine, as a health educator who works across multiple health departments, you've got to get this communicated to multiple



health departments. I'm just going to ask you to hold your answer for one second. Albi can you please put the survey in the chat? As we start to wind down, there's going to be a survey in the chat. All of you to fill out. This is if you want to get CEU's. If you are a health officer, and you're going to get a CEU credit for this webinar, please complete this survey. And then once we are ready to log off, if you have the survey completed, we will get you your certificate. Christine, again, if you may --how do you communicate across multiple health departments? Tracy has a message board ?

We use all different ways to communicate. I will be honest. We totally use our library. Our labor A's are our hubs for medication. We do use our EMFs . If there's anything a priority. People will always be able to accommodate and send out a quick message if it's some thing related to preparedness and getting messaging across. Having a rapport with all of the departments is really important. Making sure that you have your police chief and your direct her . Your Mayor. Just make sure you can send that message fast easy. And I always believed that our libraries are our hubs. Getting information there. Anybody that might housing situation. Know all of your housing dwellings . That's a priority as well.

That's cross sector communication and effective communication. Thank you. I'm handing it back to Carmella. >> First come I wanted to mention in regard to your question about how you handle a situation if it comes upon you and you don't have the luxury of preparing an accommodation? What I tell people all the time is just have a conversation. Have a dialogue. Speak to the individual. What is it that they need? How can we accommodate them? If we can't meet their needs right in there, can we rearrange a time so we can do so very often individuals , as long as they feel they are being heard , they are going to be able to manage the situation with the most minimal. I will also tell you that if you ever have a question about how to accommodate somebody or if you ever feel like you need to have your materials or your physical location assess , your local center for independent living can also do a physical accessibility survey. I know I've done them numerous times in Warren County and Morris County. They are pretty comprehensive. Not necessarily easy to do. They do take time. They can be done. There's a lot of materials online that you can access in terms of simply questioning via Google how do I communicate effectively with the person with hearing loss? How do I provide materials that are accessible to a person with a vision loss? Those things are going to come up very quickly. Of course there are resources you have additional information. I also wanted to mention there's a question in the Q& A that I wanted to share. It was an interesting question. Gladys , hi. Welcome. Glad you are joining us. Gladys raised the question have you ever thought about having a secret shopper visit various social services for healthcare agencies to assess how perspective clients are treated in these environments? I do a fair amount of pro bono work and pose the question because I've witnessed interactions that left speechless . I'm sorry to hear that you've actually witness those situations. I've never personally thought about doing a secret shopper type of situation. It's not a bad idea. I don't know from the perspective of the authority to go in and do that. How the entity that's being shopped would feel about it. Yeah. It's very

interesting. I think if there are situations that are being encountered by all means, raise the issue. I can tell you from our perspective one of the things that we do is whenever we are working with an individual who has encountered a situation with inaccessibility , what we do is we encourage them to write to the entity. If there's a doctor's office that's not accessible. Write to them. We will help them write the letter. The letter should come from the individual themselves. We always tell them to CCS because sometimes just that little CC on the bottom makes a difference. These are good questions and things we should be considering all the time because we want to encourage inclusion and equal access. It's imperative that a people with disabilities are going to utilize our systems, they need to have the access to those systems.

We can all be the eyes and ears. We are at time. Any final words before we end? >> I want to say thank you to all of you for being a part of this project. As Laura mentioned, we are going to be putting all of these materials on her website. There will be more information shared with all of the local public health offices as well. So, stay tuned for more thank you all for being here today.

Thank you all. Thank you for being here. Thank you for having us.

And I say one less thing? So, as health educators, I want to say that we are the resource if you can't find the answer and we don't have it, we can help you do that. And I'm sure Christine you agree with me when I say that. Please feel free to reach out to us at any time.

For sure. Thank you so much. Thank you.

We will continue the work .

Make sure you get your CEU's. Fill out the survey.

Thanks so much. Thank you, everyone.

Albi come you could stop recording now. Thank you, ladies. [Event Concluded]