

**GOVERNOR'S COMMISSION ON COMMUNITY-BASED ALTERNATIVES
FOR INDIVIDUALS WITH DISABILITIES'
HEALTH CARE COMMITTEE MEETING MINUTES
July 15, 2016 – 10:00 AM
Administration Building Felton-Farmington Room Dover, DE**

PRESENT: Eileen Sparling, CDS/UD Co-Chair; Linda Barnett, League of Women Voters; Louis Bartoshesky, Christiana Care/ DPH; Belle Bauman, DHSS (phone); Fred Breukelman, DPH; Linda Brittingham, CCHS (phone); Carol Cave, MMS Society (phone); Jerry Gallucci, DHSS; Lisa Graves, DDDS (phone); Phyllis Guinivan, CDS; Laura Hendricks, CMMA Policy (phone); Elisha Jenkins, DVI; Jae Chul Lee, CDS; Beth MacDonald, Office of Preparedness; Pat Maichle, DDC; Karen McGloughlin, DPH; Carol Morris, DHSS; Chris Oakes, DSAAPD; Frances Russo-Avena, Red Clay School District/CCHS; Loretta Sarro, Delaware Deaf and Hard of Hearing; Bhavana Viswanathan, CDS; Brian Whitaker; Jo Singles, SCPD Support Staff; and Amber Rivard, Support Staff.

CALL TO ORDER:

Eileen called the meeting to order at 10:02 am.

APPROVAL OF THE DRAFT MINUTES:

Karen motioned for approval of the May minutes. Chris seconded the motion. The May 20, 2016 minutes were approved as submitted.

ADDITIONS OR DELETIONS TO THE AGENDA

None

BUSINESS

HDWD Funding Decision: Impact and Future Steps

Eileen stated HDWD Project did not receive renewed funding for next cycle and discussion focused on how to continue to this project along with other projects.

CDC funded 18 states and committed to bring in new states to the program. CDC created a new category for capacity building, meaning there were fewer slots for awards. A committee member wanted confirmation that CDC is available to the Committee as a consultant or for technical assistance. Eileen confirmed in an unofficial way CDC is a resource to the Committee, if the Committee had questions about strategies or program materials.

Eileen shared that CDS has applied for the LEND Project. The LEND is a five-year project that will continue to provide support to professionals working with children with disabilities, in particular children with autism being the major focus. This will provide specialty services to help care for those individuals. The Delaware Network for Excellence in Autism (DNEA) was created through legislation which was passed and funded on June 30, 2016. The DNEA will work with CDS and Autism Delaware to start the project. There is another autism project waiting for funding approval and we will hear more in September. At CDS there is discussion of what options there are for staff that were funded under HDWD. Carol asked if DHSS has considered a

contract with CDS to continue the HDWD work. Eileen stated that there is a meeting next week with Secretary Langraf. CDS has been acting as an agent for DHSS and part of the discussion will be what commitment DHSS can make to move forward with the project. There are funds from the grant that can be extended to continue. Eileen and Bhavana are trying to close out projects, and write final reports.

Brian commented that he contacted Delaware Department of Agriculture that was working with Dr. Gallucci, Chris Oakes, and the Health Department. Delaware Department of Agriculture expressed interest in built in places other than group homes, funds for healthy eating and health options. The grant cycle for the healthy eating had ended along with the garden grant and agencies involved with those projects have ended. He suggested to the Department of Agriculture about sending the disabled veterans involved with the healthy living to a mentorship program for them to become gardeners or farmers. Disabled veterans becoming gardeners or farmers can provide them with therapy. Pat added USDA gives out farming grants and other grants involving healthy food and healthy living.

Eileen stated in the HDWD Proposal there were important pieces like health promotion and oral health. There was a component around community gardens, working with DDDS around accessible farmer markets, and accessing to the population about healthy eating. If HDWD is leaving, what can the Committee manage in terms of the Health Equity Plan and other projects related to health? She added about a possible discussion between her and Kyle about the role of this Committee from a staff perspective.

Beth commented the Tim Cooper and Phyllis Guinivan agreed to adopt Emergency Preparedness. Eileen added that is the kind of model to start on externally. The main goal is to have it embedded into DHSS and other agencies. She added Emergency Preparedness shares key objectives with the Health Equity Plan and that it will continue forward. Eileen had discussed with Tim his expertise and technical assistance to assist with the other groups.

Brian suggested searching for funding from the agencies to adopt the other partnered work groups. Another suggestion made was to cooperate with the agencies that are partnered with the Division of Substance Abuse and Mental Health (DSAMH) to put into their contract about healthy eating being necessary for the people in this system. The group homes have a variety of healthy eating and healthy lifestyles.

Eileen added a good example is in the proposal to CDC; the focus was on people with intellectual disabilities and mobility impairments. CDC worked with Jill Rogers at DDDS on the issue of healthy eating; discussion was made on community gardens and cooperative extensions on food skill classes. Another focus Eileen wants to achieve in the proposal is for DDDS to develop nutrition policies that can be considered guidelines that would affect group homes and any programs they were running. Pat shared her experience with a DDDS Case Manager asking for her assistance in telling an individual in the Partners in Policy-making program to only eat healthy food. She refused to provide assistance because Partners in Policy-making is about self-empowerment for individuals to decide options on their own. Eileen commented the reason behind the activity written into the proposal was to explore and learn about the current environment and balance creation of an environment to promote healthy eating with self-determination.

The Exit and Sustainability Model was discussed. When the funding ceases, will the logic model outputs exit the HDWD project or sustain all the work the Committee has achieved and if the activities of the Committee will continue? Eileen stated in case she is not here to continue with

HDWD or the Health Equity Plan, there must be someone caring for it. She added the Committee will focus on a transition plan and secure commitments (resources, staff, or anyone willing to adopt the model). The Committee had started brainstorming ideas on what to do for each output in the model. Phyllis suggested providing a progress report for the Committee to stay on target with what they have completed. Eileen explained the document they are examining is a broad description of policy initiative that impacts health and it explains what CDC wanted for outcomes. The outputs for the Exit and Sustainability Model are as follows:

- Active Advisory Council – The Committee was created by Executive Order and it will continue with or without funding. Eileen added that Kyle will provide more input about the role of the Committee for the State Council.
- Regular reports provide demographics, disparities, health status and preventive practices for people with disabilities. Fred provided two levels to the reports. The first level was to collect all data and integrating it into the system that stays in Public Health. The other level was having other agencies integrate their data collection into the system. Public Health (PH) is putting the data together in the system currently and Fred is unsure about working outside of the division. Eileen added the September meeting might consist of inviting Tabatha to discuss her update on the inventory of programs. The reports will start with Public Health and provide a sense of variation among the collected data. She added Tabatha had discussed presenting a model on the core fields to share with others. The Data Monitoring and Surveillance workgroup will be involved in the project.
- Broader representation of people with disabilities on key committees is a part of Inclusion Policy. Karen commented that because of the changes to DART Transportation from 2015, it has become a challenge because of less participation in committees due to unavailability to arrive at a location with transportation issues. A specific plan for activities to support the Health Equity Plan currently uncertain at the time. Someone suggested they can provide a video conferencing (Skype). Eileen added this detailed output could be categorized into Phase two or Phase three of the Inclusion Policy.
- Policy initiatives in place that impact health of people with disabilities. Karen commented the initiative of cultural competences with how they communicate through the health department and having people with disabilities included on important matters that are relatable. Eileen added that NACCHO (National Association of County and City Health Officials) provides training to Department Health staff with a section on transportation, how important scheduling meetings in the day for people using public transportation, having facilities nearby for transportation services and etc. Karen commented different counties and associations focus on ensuring the possibility of accessibility, walkability, ride ability and community planning. Eileen added the Oral Health Coalition is a workgroup that if it continues with support, then the needs for people with disabilities will be integrated.
- People with disabilities receive coaching in developing emergency preparation plan. Someone commented that Citizens Core and Division of Public Health provides general training. There have been more detailed trainings for people with disabilities and first responders will be able to attend a summit. Chris added the Division of Aging and Resource Center have been making progress with Carol Barnett in the increased number of care providers for people with disabilities. Someone commented that the Preparedness Buddy document can provide people with a buddy to share their plan in case of emergencies. They can use the document as a guide into creating an emergency plan. A training exercise is scheduled in September. Karen added the amount of trainings

received for Emergency Preparedness came from DEMA (Delaware Emergency Management Agency) and they asked how much they incorporated into addressing people with disabilities. DEMA had appeared at strategic plan meetings; however, they have only participated in discussions. Eileen stated that they are processing materials used for trainings and promotion around health for people with disabilities. DEMA will be searching for new homes for the individuals with disabilities and a couple emergency plans could be useful in some divisions.

- Number of care providers can assist people with disabilities create an emergency plan.
- Strategic plan objectives are adopted; policies or laws implemented to improve health outcomes. Dr. Gallucci commented on parallels between the disability work and involvement of the department stakeholders. He added someone could maintain a position to coordinate the involvement of stakeholders. Brian commented about searching for stakeholders with a disability to share feedback, play different roles and link to the Committee.
- Increased awareness of health disparities, improved surveillance and monitoring disabilities, increased accessibility, and capacity to provide TA training are elements within DHSS to be nurtured. The 2007 CDC Grant contained in the First Objective was to establish an Office of Disabilities and Health within the department.

DHSS Inclusion Policy Implementation

Secretary Langraf signed the Inclusion Policy in July 2015. Discussions were held with DHSS staff about the next steps to creating Inclusive Programs. Overall, the objective is to have staff receive training on the rationale for addressing health disparities experienced by people with disabilities. This rationale will be embedded in future RFPs and vendors will need to respond in their proposals. They will be expected to integrate or modify their proposals to reach their targeted population over a long term period. To support this, three steps are planned: 1) An online that will be available in September, 2) a web-based toolkit on the DHSS website that will contain tools and templates in providing help to vendors and staff, and 3) an additional resource to answer questions and provide technical assistance. Eileen stated that funding for the TA resource was included in the CDC grant and, without funding, how this will be delivered is still a question.

Carol Morris spoke about the Telehealth Program and shared that they have committees for the Strategic Action Plan. In a couple of groups, it was agreed to include the six disability status questions in all the surveys used for Telehealth Services.

Fred Breukelman has been integrating the disability demographic variables into the presentations and reports.

A portion of the online training, Creating Inclusive Programs, was presented to describe how to be more welcoming, accessible and accommodating when working with people with disabilities. The training will cover the barriers in experience with people with disabilities in terms of access to services and quality of services delivered. This training will also introduce learners to health disparities reported by individuals with disabilities and illustrates disproportionate burden of disease experienced population. The video is twenty minutes and there is a ten question quiz near the ending of the video. Pat asked if the video can be shown to the Department of Safety and Homeland Security because they could benefit from the training. Karen added that DHSS would establish this training first and then integrate it into DHSS before encouraging other Departments

throughout the state to adopt it into their contracts and policies. Eileen commented when the training is finalized, it will go to DHSS staff for review.

Eileen stated that she had been working with the Disability and Health Workgroup at NACCHO. They are developing a similar online training for including individuals with disabilities. Online training will begin going out to City Health Departments and County Health Departments throughout the country. Eileen stated in the last four years the issue of Emergency Preparedness for individuals with disabilities both helping people with disabilities prepare to evacuate. Training first responders and emergency professionals on what the needs are for individuals with disabilities and how to connect has been done. She added it would not have been included in the future funding; however, Citizens Corp has been funding this project.

Discussion focused on the inclusion of people with disabilities in emergency exercises. It has taken some convincing for State Emergency Management to have training exercises include people with disability. An invitation was sent to the general public to attend this training exercise on August 6, 2016 in Dover. The training will be about people with access and functional needs in a shelter setting. There has not been any recruitment for people with disabilities to participate in this training. They are currently creating a registry for people wanting to participate in the training exercises. People with disabilities throughout the state had participated in exercises in March 2015. Tim supported this training from DPH (Division of Public Health) and the result was receiving accommodations and training for DPH staff. Eileen shared her experience at the March training exercise about anthrax held at Delaware Technical and Community College. There were moments in the training when DPH was unsure of responding to someone in a wheelchair and people who were deaf or blind. Part of the process for that training was to check how they responded to people with disabilities and the issues concerning them. Other trainings were held in the upper part of Delaware and the staff was eager to learn more on people with disabilities.

Phyllis added they went to an active shooter seminar and discovered it would be a challenge for individuals with physical or intellectual limitations to hide in case of an active shooter at any company. She added the possibility of additional training for individuals with disabilities if there will be a crisis in the future.

Health Equity Plan Implementation

The Health Equity Planning Group met in January and identified priorities to focus their attention. Eileen is concerned that there is work group “fatigue” in implementing the plan’s objectives. She wanted to understand what could be a strategy for prioritizing or taking pieces of activities to develop a new group including people with expertise in a particular area related to health. There has to be a finite amount of time from 3 or 6 months to research what steps need to be taken. Karen commented she had said a similar thing that happened last month and the difficulty of continuing the momentum of the work group. She added that she had participated in a State Health Assessment Initiative and it was not as involved as the Strategic Plan. The initiative did assist in providing detailed information from the community, community partners and was comprehensive in learning what the main priorities are. The difficult matter was learning what priorities were important to focus on for the first year. Eileen pointed out that with narrowing their priorities in each of the mentioned workgroups, there was still much to do. She suggested the need to focus on one priority or activity in each work group for each year.

The Telehealth Strategic Action Plan Carol had been providing alignment with other strategic plans and the main focus was on three priority areas. There were six sections that included one or

two priorities for each one. Changing policy is the most time consuming priority that Telehealth had been dealt. She added anything that has not been accomplished near the ending of 2016; Telehealth will create a new strategic plan or revise the existing plan. Eileen asked if the workgroups will function if there will no longer be funding by CDS staff to provide coordination. Carol commented when a group of people have specialties and each one trying to focus on one priority can become confusing. Eileen commented with the recent loss of funding, the focus should be to move forward with the project with coordination. Dr. Gallucci suggested the Committee could develop projects that focus on data and allow research for assisting a person with disabilities.

ANNOUNCEMENTS

Karen announced that DDC is starting their Juniors Partners and Policy Program. The adult program had started with the participants graduating in September. The application for the Juniors Partners and Policy will be available and DDC currently are searching for participants for the program in January 2017.

Jae Chul Lee provided an update on the Dental Care Survey and reported collecting more than 180 responses (target number is 400 participants). CDS provided interpreters to the deaf population that had taken the survey. They have extended the survey to August. The Dental Professional Survey will start in September or later depending on the data process.

ADJOURNMENT

The meeting adjourned at 12:10 pm.

Respectively submitted,

Amber Rivard
Administrative Specialist

ExecOrder50hemin 7-15-16