Charting a Course to Wellness through Access and Integration

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Healthy Lifestyles

Community Participation

Quality Health Care

Risk Reduction
Participation
Knowledge

Self-Advocacy
Awareness
Access

Theresa Paeglow
Director
How are public health programs and services delivered?

• Most public health programs and services are provided through the grant-making process

• Fertile ground to increase access and integration
New York State
Department of Health
Disability and Health Program

Develop strategies to improve accessibility of public health programs and services for people with disabilities. Increase the integration of people with disabilities in existing health promotion and prevention programs.
Inclusion Policy Components

- **Purpose/Need**: Persons with disabilities are identified as a priority; particular disparities described

- **Workplan**: Objectives, methods...to partner, engage, screen, serve .... formulated to ensure persons with disabilities are integrated and appropriately represented

- **Evaluation**: Indicators structured to measure outcomes among persons with disabilities
From Background Section pg. 4

Although the twin epidemics of obesity and diabetes affect all ages and abilities, racial and ethnic groups and socioeconomic groups, obesity and diabetes disproportionately affect some of the most vulnerable populations in New York. Low-income children and adults, African American and Hispanic residents, and those with disabilities are at higher risk of both conditions compared to medium and higher income New Yorkers, non-Hispanic white New Yorkers and New Yorkers without disabilities. In New York City, the Asian American population has the highest rate of diabetes at 16 percent. In the United States, persons with disabilities have higher rates of obesity (31.2%) and physical inactivity (25.3%) compared to those without disabilities (18.6% and 13.4% respectively). In New York, persons with disabilities are more likely to be obese (36.6%) than those without disabilities (22.0%). Youth with disabilities are 4.5 times more likely to be physically inactive compared to non-disabled youth.

From Project Deliverables…. pg 11

Effective community and worksite policies and supporting changes to the environment must be developed in collaboration. The collaborative process should include representation from diverse cultures and community members with disabilities.

Develop transportation policies and environmental changes to ensure streets are safe, accessible and convenient for all users. Users of public transit, motorists, children, the elderly, and people with disabilities. Examples include:

Create community gardens by working with community planning boards, neighborhood associations, persons with disabilities, and senior and low-income housing developments.

Ensure opportunities exist for employees with disabilities to adopt healthier behaviors.
From Background…pg. x

The 2009 NYS Youth Risk Behavior Survey indicated an average of 42.0% of all high school students in 9th through the 12th grades (9th grade 26.4%, 10th grade 37.3%, 11th grade 46.2% and 12th grade 61.8%) have had sexual intercourse. An analysis of the National Longitudinal Study of Adolescent Health conducted by Cheng and Udry (2002) demonstrated that on average 43.2% of students with disabilities in grades 7 through 12 were sexually active.

Programs that provide opportunities for youth to develop assets ultimately support youth transitioning into adulthood. Adolescents who are pregnant and/or parenting may need additional supports to continue with their normal adolescent development while additionally transitioning to early parenthood. Among adolescents with disabilities, physical and sexual maturation usually parallels that of their peers without disabilities; yet delayed emotional and cognitive development may create the need for targeted supports and approaches to enable achievement of critical developmental tasks related to sexuality. Adolescents with disabilities are increasingly becoming integrated into the larger community and typical activities of this life stage. Yet peer, provider, and societal attitudes have lagged in the recognition and support of these individuals.

For the purpose of this RFA, reference to “high risk and disconnected youth” includes but may not be limited to youth who are: out of school; living with a disability; residing in foster care;………………..The applicant will need to ensure that programming is held in fully accessible spaces and program modifications and accommodations for participants with disabilities are ascertained and provided. Applicants will need to attest to this requirement on the Statement of Assurances, Attachment 9a.

Further, the adolescents who identify as having a disability, LGBTQ, immigrant, transient or sexually abused may face additional barriers that require sensitivity, professional knowledge and awareness to effectively ensure access.

The societal, cultural and personal experience of adolescents with disabilities should be factored into these activities to ensure successful skill-building
Opportunities!

• Like never before
• Reach persons with disabilities for program participation
• Expertise on the development and implementation of programs and services
Office of Public Health

Office of the Public Health
   Guthrie Birkhead, M.D.,
   Deputy Commissioner
   Phyllis Silver
   Deputy Director

   CDC Senior Management Official

   Health Emergency Preparedness Program
      Robert Burhans
      Director

   Office of Public Health Practice
      Sylvia Pirani
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Center for Environmental Health
   Nancy Kim
   Interim Director

AIDS Institute
   Humberto Cruz
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Wadsworth Center
   Lawrence Sturman, M.D., Ph.D.
   Director
   Jill Taylor, Ph.D.
   Deputy Director

Center for Community Health
   Ellen Anderson
   Director
   Barbara Devore
   Deputy Director
Working with Communities to Assure a Healthy New York State
Scope and Potential Impact of the Inclusion Policy

• The Divisions are comprised of 24 Bureaus and over 150 programs
• Multiple RFAs/RFPs within programs; and multiple grants/contracts funded with each RFA/RFP.
• “Snapshot”: CCH has 3,100 grants/contracts for public health programs and services, with an annual aggregate value of $1.3 billion
Get Involved

- Find out about public health programs in your community
- Identify the players
- Infiltrate
- Watch NYSDOH funding opportunities

www.nyhealth.gov
Health News

OCTOBER 4, 2010

State Health Commissioner Gets Flu Shot; Urges New Yorkers to Get Theirs

State Health Commissioner Richard F. Daines, M.D., today received his annual seasonal flu shot and urged New Yorkers to get their annual flu vaccine, as the new flu season officially begins this week.

State Health Commissioner to Get Flu Shot Monday to Mark Official Start to New Flu Season

Today at 11 a.m., at the Family Medical Group of Northeast Health/Samaritan Hospital, 279 Troy Road in Rensselaer, State Health Commissioner Dr. Richard Daines will get his flu shot and discuss expectations for this year’s new flu season.

SEPTEMBER 29, 2010

Governor Paterson Announces Nearly $34 Million to Preserve and Improve Long-Term Care in Jefferson

http://www.nyhealth.gov/funding/
Thank You

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