

# Disability and Health 2015 Annual Report



Rhode Island Department of Health  
Disability & Health Program  
Office of Special Needs  
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# Disability & Health Team

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## Introduction

The Rhode Island Department of Health (HEALTH) is a diverse and interactive state agency with broad-ranging public health responsibilities whose primary mission is to prevent disease, and protect and promote the health and safety of the people of Rhode Island. While communicable disease control, vital records, environmental health and other functions carry on Rhode Island's public health traditions established over 150 years ago, newer and equally important factors of today's public health landscape provide greater opportunities for HEALTH to carry out its mission and to reach its vision: *All people in Rhode Island will have the opportunity to live a safe and healthy life in a safe and healthy community.*

HEALTH's Division of Community Family Health and Equity (DCFHE) aims to achieve health equity for all populations, through eliminating health disparities, assuring healthy child development, preventing and controlling disease and disability, and working to make the environment healthy. The Division's six teams (Health Disparities and Access to Care; Healthy Homes and Environment; Chronic Care and Disease Management; Health Promotion and Wellness; Perinatal, Early Childhood, and Adolescent Health; Preventative Services and Community Practices) promote synergy, collaboration, and coordination among programs with the goal of achieving health equity. The Health Disparities and Access to Care Team within DCFHE, is organized to address populations experiencing health disparities as a result of race or ethnicity, education, gender, sexual orientation, language, disability status, geographic location or any combination of these characteristics.

HEALTH's Disability and Health Program (DHP), based within the Health Disparities and Access to Care Team, has been charged with facilitating the promotion of health and wellness of Rhode Islanders with special needs, disabilities and chronic conditions along with reducing health disparities between Rhode Islanders with disabilities and Rhode Islanders without disabilities. With a grant from the federal Centers for Disease Control and Prevention (CDC) and Title V, Maternal and Child Health funds from the federal Department of Health and Human Services, the DHP has initiated several efforts under its charge including reinforced policy and sustainability; health promotion; and emergency preparedness.

## What is a Disability?

The World Health Organization (WHO) characterizes “Disability” as an umbrella term for impairments, activity limitations or participant restrictions<sup>1</sup>. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations<sup>1</sup>. Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person’s body and features of the society in which he or she lives<sup>1</sup>. Disabilities can affect people in different ways, even when one person has the same type of disability as another person.

Many survey tools use multiple questions to examine disability status and these questions can vary depending on the data source. The Behavioral Risk Surveillance System (BRFSS)<sup>2</sup> considers an individual to have a disability if the respondent answers yes to either of the following self-reported questions “Are you limited in any way in any activities because of physical, mental or emotional problems?” and/or “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?” The Youth Risk Behavioral System (YRBS)<sup>3</sup> classifies public high school students as having a disability if they respond yes to either of the following self-reported questions “Do you have any physical disabilities or long-term health problems? (Long-term means 6 months or more)” and/or “Do you have any long-term emotional problems or learning disabilities? (Long-term means 6 months or more)”

## Who are People with Disabilities<sup>4</sup> in Rhode Island?

The DHP uses resources from Rhode Island’s BRFSS<sup>5</sup> and YRBS<sup>6</sup> to monitor the prevalence and trends of disabilities, identify populations at risk, measure health disparities between Rhode Islanders with and without disabilities and develop programs with appropriate evaluation measures.

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<sup>1</sup> WHO (2000). International classification of functioning, disability and health. WHO:Geneva

<sup>2</sup> <http://www.cdc.gov/brfss/>

<sup>3</sup> <http://www.cdc.gov/yrbs/>

<sup>4</sup> The following sections will abbreviate People with Disabilities as “PWD” and People without Disabilities as “PWOD”

<sup>5</sup> <http://www.health.ri.gov/publications/databriefs/2013DisabilityAndHealthAmongAdults18To64YearsOld.pdf>

<sup>6</sup> <http://www.health.ri.gov/publications/databriefs/2013DisabilityAndHealthAmongHighSchoolStudents.pdf>

Table 1 presents Demographic Characteristics among Rhode Island Adults (Ages 18-64) with Disabilities in 2013. Overall 19 % of Rhode Islanders reported having a disability. Males and females experience disability at almost equal rates (19 % male vs. 20% female). Disability status among veterans was 26% compared to non-veterans at 19%. PWD represent 20% of the white, non-Hispanics, 14% of the Black, non-Hispanics, 17% of Hispanics and 20% of other, non-Hispanic populations. Most PWD completed high school or less (25%), followed by completed some college (18%) and college graduates (13%). Annual household incomes below \$25,000 were most prevalent (33%), followed by household incomes \$25,000 to \$49,999 (18%) and lastly household incomes \$50,000 and above (12%) for PWD.

Data suggest that disparities exist between Rhode Island adult PWD and PWOD in the areas of health risks and behaviors, prevention and screenings, general health conditions, and chronic conditions. For health risks and behaviors, PWD are more likely to be obese (37%), defined as a BMI  $\geq 30$ , than PWOD (25%) and live sedentary life styles, defined as no physical activity in past 30 days, (36% vs. 22%). Unfortunately, a large disparity exists for smoking status with PWD being more than twice as likely to currently smoke as PWOD (35% vs. 16%). For prevention and screening indicators PWD are not more likely to not see a doctor due to cost (29% vs. 12%). Many of the largest disparities exist for indicators of general health and chronic conditions. PWD are six times as likely to report that their general health is fair or poor (44% vs. 7%). PWD are also much more likely to report being mentally unhealthy (35% vs. 7%) than PWOD. PWD are also more likely to suffer from coronary heart disease (6% vs. 1%), asthma (24% vs. 8%) and diabetes (15% vs. 4%).

Table 1. Demographic Characteristics among Rhode Island Adults (Ages 18-64) with Disabilities in 2013

Demographic Characteristic	People with Disabilities
Overall	19%
Age	
18-24 years	13%
25-44 years	16%
45-64 years	25%
Sex	
Male	19%
Female	20%
Race/Ethnicity	
White, non-Hispanic	20%
Black, non-Hispanic	14%
Hispanic	17%
Other, non-Hispanic	20%
Veteran Status	
Veteran	26%
Non-veteran	19%
Educational Level	
High school or less	25%
Some college	18%
Graduated college	13%
Annual household income	
<\$25,000	33%
\$25,000 to \$49,000	18%
\$50,000+	12%

Source: 2013 Rhode Island Behavioral Risk Factor Survey

In 2013 21% of Rhode Island public high school students had a disability. Students with disabilities engaged in more risk behaviors than their peers without a disability. Like adults with disabilities students with disability are more likely to get less exercise than their peers without disabilities (59% vs. 52%). Students with a disability were more likely to report being sexually active (33% vs. 23%), alcohol drinking (41% vs. 29%), using marijuana (31% vs. 22%), being bullied at school (33% vs. 13%), being electronically bullied (27% vs. 10%), physical fighting (27% vs. 16%) and having poor grades (42% vs. 23%) than their peers without a disability.

## What Have We Accomplished?

During this reporting period, HEALTH's DHP has been successful in working toward achieving goals that address the needs of individuals with special needs, disabilities, and chronic conditions through collaborative efforts with other Department health promotion programs and community partners. Major accomplishments resulting from these collaborations include: the development of an on-line statewide accessibility resource guide for health and wellness activities (Accessible RI), incorporation of the unique needs of people with disabilities (PWD) in all HEALTH Strategic Plans, and development of HEALTH's Chronic Condition Education & Self-Management Programs for community participation. Implementation of a Department wide policy for the use of images of PWD in all HEALTH communication materials has been significant in changing perceptions regarding opportunities to promote disability inclusion in all aspects of community living. Disability issues have been brought to the forefront through the implementation of representation of the disability population on all statewide committees addressing issues of disability significance. Efforts to increase the health and wellness of youth and young adults with disabilities were addressed through the facilitation of the Healthy Lifestyles evidenced-based curriculum within educational settings throughout the state and a collaboration with the RI Department of Labor and Training to provide a youth summer workshop. Other youth related health and wellness opportunities have emerged from RI's Dare to Dream (D2D) initiative (including an annual youth conference) and other resulting school related youth empowerment and leadership initiatives. Emergency Preparedness education relating to preparedness and individualized planning to meet the unique needs of PWD was provided through expansive community outreach and the facilitation of statewide planning workshops.

Relationships with partner state agencies, contractual partners and other community-based partners such as the Disability Community Planning Group (DCPG) has and continues to provide assistance to the DHP regarding the implementation, monitoring and evaluation of grant activities as delineated in *Rhode Island's Plan for the Health and Wellness of Rhode Islanders with Disabilities*.

HEALTH is committed to addressing health disparities as a result of disability and

committed to having the unique needs of people with disabilities represented on **Statewide Committees**, including the following: Americorp Inclusion Advisory Committee, Joint Legislative Commission Addressing the Quality of Life of People Living with Autism in RI, CEDARR Interdepartmental Team, Community Health Worker Association of RI, Child Welfare System of Care Expansion Advisory Committee, Family Voices Leadership Team, Global Waiver Taskforce, Governor’s Council on Behavioral Health, Governor’s Commission on Disabilities, Interagency Coordinating Council, Cross-Disabilities Coalition, NHPRI CYSHCN Advisory Committee, Asthma Control Coalition, Youth Suicide Prevention Committee, RI Council for Assistive Technology, RI Special Education Advisory Committee, RI Transition Council, Statewide Family Community Advisory Committee, Association of Maternal and Child Health Programs, Region 1 Maternal and Child Health Network, Leadership Institute of CYSHCN Directors, State Title V Transition Planning Group, Emergency Management Advisory Committee, Collaborative for Health Equity and Wellness, Children’s Behavioral Health Coalition, Employment First Advisory Committee, Developmental Disabilities Council, Dare to Dream Advisory Committee, Youth Act, Youth Advisory Committee, Preconception Health Advisory Committee, and Community Health Network.

The Commission for Health Advocacy and Equity is a legislatively mandated group that advises the Director of Health regarding issues of racial, ethnic, cultural or socio-economic health disparities and on state policies that influence the health of communities experiencing preventable differences in health status. The 2015 legislative report includes recommendations for improving systems for collecting health disparities data including that all data sets and surveys should include **disability status** as a standard demographic variable. Analyses should always stratify by disability status as people with disabilities often represent a disparity population. Of the health outcomes analyzed across various social determinants large disparities were found for people with disabilities in adult obesity, adult diabetes, age-adjusted hypertension, age-adjusted heart disease, dental visits (in past year) and adults who lost six or more teeth. The disparities among people with disabilities compared to people without disabilities were often larger than the disparities seen across other social determinants including race, ethnicity and income.

The DHP has joined the several newly formed **Employment First Workgroups** that resulted from the Department of Justice Consent Decree with the State of Rhode Island. DHP

staff are represented on the Developmental Disabilities Advisory Workgroup, the Behavioral Health Advisory Committee and the Vision Quest Payment Reform Employment First Advisory Committee. DHP staff champion the health and wellness and integration of people with disabilities throughout consent decree implementation conversations.

DHP **outreach and education** was provided to RI community through attending nine conferences, reaching over 1800 people; over 200 disability-related informational meetings with community partners. DHP shared information and resources including: Healthy lifestyles; Community Health Network; CDC Information for Health Care Providers: How to include People with Disabilities; CDC PWD Tips for Health Living; CDC Healthy Weight and Obesity Prevention in Schools at the following Statewide / National Conferences: 1) Autism Project National Speaker Conference, 2) Temas Familiares (Parenting Matters – Spanish Conference), 3) RI Student Assistance Services Conference – Teens on the Edge, 4) Power Up, 5) Parent Secondary Transition Conference, 6) Oral Health Summit, 7) Flames of Hope for Breast Cancer Awareness, 8) TechACCESS of Rhode Island, 9) South West Conference on Disabilities, and 10) Brain Injury Association Conference.

The DHP is an active participant in HEALTH's **Community Health Network** that is a collaborative of health and wellness programs within the Division of Community, Family Health, and Equity and community agencies serving individuals with chronic conditions. The committee developed the Chronic Condition Education & Self-Management Program of evidence-based courses and services intended to equip people in managing their disability or chronic condition. The DHP contracted with the state's two independent living centers to promote enrollment of people with disabilities. More recently the DHP participated in a focus group with the Community Health Network providers on strategies to engage people with disabilities in health promotion courses. To date, the CHN has serviced 561 people with disabilities or chronic conditions from twenty-seven medical practices throughout the state.

The DHP has made **Healthy Lifestyles** workshops available to young adults with disabilities ages 14-26 since fall 2012. The DHP has trained eleven youth presenters, successfully provided ninety-four young adults with the sixteen hour workshop, and made over ten Healthy Lifestyles outreach informational presentations. During this reporting period, nine Healthy Lifestyles workshops were conducted with seven held in school transition programs and

two in community settings.

During the reporting period, Healthy Lifestyles was cross-walked with the Common Core Standards through the RI Department of Education in order to be eligible for **high school health credits**. The DHP worked with the Providence After School Alliance (PASA) to offer the Healthy Lifestyles Program to twelve high school students in Alvarez High School for credit.

The DHP continued to contract with Accessibility & Inclusion Consulting to conduct **accessibility assessments** and provide educational materials to licensed health care facilities that serve Rhode Islanders including people with special needs, disabilities, and chronic conditions. During this reporting period Accessibility & Inclusion Consulting has utilized university undergraduate students in nursing, physical therapy, occupational therapy and young adults with disabilities to conduct facility assessments statewide. Assessors complete training on ADA guidelines, universal design, and tax credits available for facility accomplishment of compliance requirements. Assessment evaluations are inputted into a data system maintained by Accessibility & Inclusion Consulting to provide an online searchable database. The database entitled *Accessible Healthcare Rhode Island* identifies the accessible features of Rhode Island's health care facilities to assist persons with special needs, disabilities, and chronic conditions in accessing needed medical services. To date, Accessibility and Inclusion Consulting has been successful in completing assessments for one hundred and fifty licensed health care facilities.

HEALTH's Director and DHP PI signed and distributed a correspondence to seventy-six licensed healthcare facilities in RI to remind them of their legal responsibilities to provide Accessible Health Care under Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, RIGL Civil Rights of People with Disabilities, RIGL HIV/AIDS Discrimination Act, and RIGL Hotels and Public Places Discrimination Practices Prohibited. The letter provided local and national accessibility resources including Department of Justice, New England ADA Center, [disability.gov](http://disability.gov), RI's Governor's Commission on Disabilities, RI Commission on the Deaf and Hard of Hearing, and Accessible Healthcare Rhode Island.

## **Emerging Initiative:**

### **OSN Internship Program**

The Office of Special Needs offers an Internship Program for RI's transition aged students to assist in office based and entry-level work throughout the Department. Previous interns placed at HEALTH have been extremely helpful with tasks including mailings, filing, data entry, meetings preparation, outreach assistance, organizing, preparing health fair materials, and providing youth input.

#### **Who are the Interns?**

Interns are student of RI's Transition Academies and high schools, between the ages of 18 and 21 with various special needs. All interns are enrolled in vocational learning programs that include classroom instruction and community work placement. Each student has individual strengths and challenges and is matched with a program and position expectations. Many interns are looking for work exploration and experiences in the public health areas.

#### **Supporting the Interns:**

The goal of the work experience is to provide students with real world work experience, help the student identify work preferences and competencies, through 3 supported employment opportunities.

- Volunteer work experiences are for 6-8 weeks during the school year.
- Typically Wednesdays, Thursdays and Fridays during the hours of 9:00am-1:30pm or as needed.
- Interns receive the following supports as needed to meet the student's individual needs and skills development from their education program (i.e., Transition Academy or high school).
- The OSN administers the program and engages the HEALTH and educational staff in the following:
  - Work to identify intern opportunities & assistance in preparing the job description
  - Conduct student screening & shadowing opportunity
  - Review workplace protocol including HEALTH orientation and confidentiality
  - Gather paperwork (job descriptions, student resumes, orientation checklists, feedback forms)

#### **Early Success:**

Students participating in the OSN Internship Program have performed meaningful work throughout the Department of Health including Facility Licensing, Preconception Health, Facility Regulations, WIC, Family Visiting, Healthy Lifestyles, Laboratory, and Health Communications. Participating teachers have provided written testimony to the Rhode Island Department of Health, Disability and Health Program attesting to the benefits students received through experiencing the REAL LIFE WORKPLACE. In particular, teachers cited specific opportunities including the interview, orientation, program overview and HEALTH identification badge process. More importantly, teachers attested to the significant impacts on students' self-esteem, self-confidence, self-advocacy, and independent skills resulting from the internship experience.

The DHP contracted with the MS Dream Center to update **Accessible Rhode Island**, with support from the DHP, updated a guide for people with disabilities to recreation and wellness sites in RI. Sites include restaurants, parks, beaches, libraries, theaters, museums, and health and wellness facilities ranging from YMCAs and Boys and Girls Clubs to yoga studios. They had a highly successful re-launch event for the newly designed website for Accessible Rhode Island, [www.access-ri.org](http://www.access-ri.org), attended by elected officials, press and community members. There have been over 7,500 hits to the website since its launch in March 2014.

The DHP contracted with Accessible Rhode Island Project of the MS Dream Center on an **Accessible Mammography Project**. The MS Dream Center surveyed thirty of the state's thirty-four mammography facilities with a comprehensive accessibility survey, provided site specific feedback on accessibility and made the sites aware of modification assistance. This collaboration is helping to close the disparity gap among people with and without disabilities for receiving proper care. The accessible features of RI's Mammography sites are available at [www.access-ri.org](http://www.access-ri.org).

To date, DHP has incorporated the unique needs of PWD into the following **HEALTH Strategic Plans**: 2014 Tobacco Control Program, 2013-2018 Preconception Health Strategic Plan, 2013-2018 Rhode Island Cancer Prevention and Control Strategic Plan, 2011-2016 Preventing Violence and Injuries in Rhode Island, Breastfeeding Strategy for Action Plan Rhode Island State Plan 2014, and Reducing the Burden of Asthma in Rhode Island 2014–2019.

The DHP benefited from the resources and expertise of the **Childhood / Adolescent Immunization Program** through a presentation of vaccinate before you graduate to youth with disabilities being trained as "Youth Health Coaches". Since 2013 when the DHP, Immunization Program, and National Family Voices developed special materials to promote the safety and necessity of flu vaccine to children and youth with disabilities, these materials have been used in health promotion activities. The DHP and the Immunization program partnered throughout 2014 and 2015 to deliver STD prevention and the use of HPV to young adults with disabilities through RI's Transition Academies, Dare to Dream events, and Healthy Lifestyles courses.

The DHP participated in the **school nurse teacher's** state and regional conferences that had over 200 participants. Each participant received HEALTH resources on communicating with people with disabilities and the opportunity to operate a Healthy Lifestyles course in their school.

The DHP partnered with the Governor’s Commission on Disabilities in hosting community **Public Forums on the Concerns of People with Disabilities and their Families** throughout the State. These annual forums are an opportunity for ALL people with disabilities and their families to voice their concerns. A panel of representatives from state agencies and community-based organizations will be present at each of the forums to listen to the concerns of attendees. Information provided through the forums is shared with state department leadership and informs legislative initiatives of the Governor’s Commission on Disabilities.

DHP worked with the Center for Public Health Communication to modify its **images policy** to include the following: “It is important to include images of persons with a variety of disabilities in HEALTH communications. Persons with disabilities can include: blind / visually impaired; person who uses a wheelchair; person with autism; person of short stature; person with Down Syndrome; person who is deaf; person with physical disability. Whenever possible, images should demonstrate positive health behaviors and positive, non-stereo typical images of people with disabilities.” The DHP purchased professional quality images of PWD for HEALTH’s library of stock images and will consult on image selection. HEALTH’s images policy is in the process of being shared with other state department directors, public health staff and interns as a core equity competency and serves as an illustration of HEALTH’s efforts in addressing CLAS (Cultural and Linguistic Appropriate Standards). In the reporting period, the following documents were created by HEALTH incorporating images of PWDs:

- 2014 Rhode Island Pregnancy Risk Assessment Monitoring System Data Book
- 2015 Climate Change and Health Resiliency Report
- 2014 Affordable Health Services for You and Your Family
- Rhode Island Dental Safety Net Report 2014
- First Connections... Support and services to help you and your baby get off to a great start, 8/2014
- Rhode Island Resource Guide for Families of Children who are Deaf or Hard of Hearing, updated 2014
- Rhode Island Department of Health, Office of Special Needs Brochure, 10/2014
- Rhode Island Primary Care Trust, 10/2014
- Brochure: RI Special Needs Emergency Registry Birth Defects Data Book 2014
- Kidsnet Databook 2015
- WIC Brochures: Free Medical Services and health Programs for Women, WIC for Kids, WIC for Pregnant and Breastfeeding Women

## Best Practice Initiative:

### Dare to Dream

**We are facing the reality. We have disabilities.  
It depends on each personality.  
Me and the Dream Team are here to inspire you guys.  
We all have rights to make our own decisions for our lives.  
Going to school and then stay cool.  
Accept of who you are and show them your talent.  
So you can be successful after you beat the high school challenge.  
(Doggie, Dream Team Member)**

In May of 2009, the Rhode Island Transition Council sponsored a statewide initiative and the first youth with disabilities or special health care needs student leadership conference entitled "Dare to Dream". Modeled after the Dare to Dream initiative developed by the State of New Jersey, the goal of the conference is to provide a forum for high school students with disabilities or special health care needs to begin to explore transition from school to adult life and develop self-determination and self-advocacy skills. Held on a college campus, the conference day's event includes a plenary session, where a selected adult motivational speaker with a disability shares their life experience as a motivation to encourage students to set goals for their own future. The day's program also includes workshops developed and presented by peers. Through these experiences, student expectations and aspirations are raised as they begin to put their disability in perspective and not let it define who they are. Most importantly, from a transition perspective, students view the future as a set of options they control, instead of a predetermined set of events.

Since 2009, RI's Dare to Dream conference has touched the lives of thousands of students, with the number of student groups who participate in the conferences multiplying each year. Teachers, counselors, transition coordinators, and youth leaders continue to support the opportunity the conference provides for students to spend time reflecting on who they are, where they are going in the future, and how they might get there.

The 2015 Dare to Dream Conference at the University of Rhode Island had a registration of over nine hundred youth, and participation from twenty-seven (27) of the thirty-five (35) Rhode Island school districts. The theme of the 2015 D2D was celebrating the ADA's 25<sup>th</sup> Anniversary. D2D participants learned about important disability rights milestones and highlighted the inclusion they now experience. Rhode Island's Dare to Dream initiative has evolved to not only include an annual youth conference but also ongoing leadership development opportunities and engaging self-determination materials.

"This day taught me... that no matter what your disability is,  
It won't stop you from being somebody." Dare to Dream Participant, Grade 10

The DHP collaborates with HEALTH's **Center for Emergency Preparedness and Response (CEPR)** and other public and private entities to develop a statewide coordinated emergency preparedness system. Public and private entities include: the Rhode Island Emergency Management Agency (RIEMA), the Domestic Preparedness Subcommittee of the Lt. Governor's Emergency Management Advisory Council, the American Red Cross of Rhode Island, and others to plan for and respond to emergencies throughout the state. The DHP conducted a review of the State Emergency Operations Plan (SEOP) for inclusion of PWD in emergency planning and response and compliance with the ADA.

The DHP and CEPR developed an **Emergency Communication Board** to help facilitate communication with those who are unable to speak during an emergency. The tool was tested during the spring and summer of 2013 and has been continued to be utilized by state emergency partners.

A youth preparedness training program entitled **Disaster Readiness Actions for Teens (DRAT)** was presented to youth with disabilities during a summer youth program. The program was researched and planned to address the goal of engaging, educating, and empowering youth to respond safely during community critical incidents such as natural disasters, man-made incidents, public health emergencies, and school threats. The training is segmented into 6 modules, each addressing a separate area of emergency preparedness.

The DHP collaborates with HEALTH's Center for Emergency Preparedness, Rhode Island Department of Health, and Rhode Island Emergency Management Agency to manage a registry for Rhode Islanders with disabilities, chronic conditions, and other special healthcare needs. The **Rhode Island Special Needs Emergency Registry (RISNER)** with a current enrollment of 15,497 is designed to identify individuals who may require special assistance during emergencies. Enrollment in RISNER does not guarantee assistance, but allows first responders to appropriately plan for, prepare for, and respond to the needs of the community. The RISNER registration materials can be accessed through the [health.ri.gov](http://health.ri.gov) website. The following activities were also conducted through the RISNER planning and response:

- ✓ Promoted, managed, and trained sixty-two first responders and emergency management directors on the Rhode Island Special Needs Emergency Registry over 6 trainings. Also presented at Fire

Chief's Association and Police Chiefs Association meetings.

- ✓ Promoted RISNER at fourteen different community events.
- ✓ Ensured RISNER materials continue to be available through the distribution center to community health centers and clinics, durable medical equipment distributors, home healthcare agencies, and other community organizations to provide education about RISNER and how to register their patients/customers.
- ✓ Worked with RISNER's partner agency, the Rhode Island Emergency Management Agency, to start a conversation to develop strategies for future outreach, growth, and sustainability of RISNER.
- ✓ Maintained the number of registrants. (Started with 15,133 on July 1, 2014 and had 15,986 as of December 31, 2014)
- ✓ Trained 28 of 39 municipalities in the latest version of the RISNER software.
- ✓ Data in RISNER checked for duplications monthly.
- ✓ Sent annual mailing to all RISNER enrollees in three batches starting on October 1, 2014:
  - **Batch 1 - all Spanish-speaking enrollees - 715 total.** They had one double sided letter and a form in Spanish.
  - **Batch 2 was for all Providence and Cranston enrollees – 2,878 total.** They had one double sided letter/form in English AND the glossy Community Health Network brochure.
  - **Batch 3 – was for all the rest of the enrollees across the state - 10,559 total.** They had one double sided letter/form in English.

# Rhode Island’s Disability & Health Program

The DHP staffs and convenes the **Disability Community Planning Group (DCPG)** to advise the program on policy and program initiatives, to contribute to and approve the strategic plan, and to oversee the integration of people with disabilities into state public health programs. The membership of the DCPG consist of people with various disabilities, parents and caregivers of children with disabilities, staff of community disability serving agencies, and representatives of state human service agencies. The composition of the DCPG is at least 51% person / caregiver with a disability. The DCPG meets quarterly.

## Disability Community Planning Group Members

- |                     |                       |                  |
|---------------------|-----------------------|------------------|
| Brittan Bates-Manni | Laura Jones           | Donald Perna     |
| Christina Battista  | Darren Kaw            | Joanne Quinn     |
| Bob Cooper          | Ellen Kreutler        | Lorna Ricci      |
| Dona Goldman        | Laurie Leonard        | Corrina Roy      |
| Dennis Harvey       | Tom Martin            | Benvinda Santos  |
| Janet M. Iovino     | Kate McCarthy-Barnett | Pauline Thompson |
| Monica Dzialo       | Marc Malkasian        | John McBride     |
| Carmen Cales        |                       |                  |