

# Disability and Health

## 2014 Annual Report



Rhode Island Department of Health Disability & Health Program  
Office of Special Health Care Needs

July 2014

## Disability & Health Team

Deborah Garneau, MA, Chief, Office of Special Needs  
Colleen Polselli, BA / BS, Manager, Disability & Health  
Deborah Golding, RIPIN Program Coordinator, Adolescent Healthcare Transition  
Carmen Boucher, Program Assistant, Disability & Health  
Elisabeth Becker, MPH, Evaluator, Health Disparities & Access to Care  
Kathleen Kuiper, RIPIN Program Manager, Resource Specialists  
Pauline Thompson, RIPIN Youth Resource Specialist

Disability & Health Program  
Office of Special Health Care Needs  
Health Disparities and Access to Care Team  
Division of Community, Family Health & Equity  
Rhode Island Department of Health

## Contact

For further information about Rhode Island Department of Health’s Disability & Health Program, contact Colleen Polselli, email: [colleen.polselli@health.ri.gov](mailto:colleen.polselli@health.ri.gov); phone: 401-222-4615

## Acknowledgments

This publication was supported by CDC Cooperative Agreement Number 5U59DP000944. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

## Table of Contents

Introduction .....	3
What is a Disability? .....	4
Who are People with Disabilities in Rhode Island? .....	5
What Have We Accomplished? .....	7
Staff of Rhode Island’s Disability & Health Program .....	14
Disability Community Planning Group Members .....	14

## 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 functions 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>. 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)”

---

<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/>

## 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.

Table 1 presents Demographic Characteristics among Rhode Island Adults (Ages 18-64) with Disabilities in 2012. 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 and non-veterans were both 19%. PWD represent 19% of white, non-Hispanic populations, 16% of Hispanic populations and 23% of other, non-Hispanic populations. Most PWD completed high school or less (25%), followed by completed some college (19%) and college graduates (13%). Household incomes below \$25,000 were most prevalent (38%), followed by household incomes \$25,000 to \$49,999 (16%) and lastly household incomes \$50,000 and above (10%) for PWD.

Data suggest that disparities exist between Rhode Island adult PWD and adult 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%) than PWOD (23%) and live sedentary life styles, defined as no physical activity in past 30 days, (43% vs. 16%). Unfortunately, a large disparity exists for smoking status with PWD being almost twice as likely to currently smoke as PWOD (30% vs. 17%). For prevention and screening indicators only two disparities exist including not seeing a doctor due to cost (29% vs. 12%) and not visiting a dentist in the past year (38% vs. 23%). Otherwise, Rhode Island has accomplished great strides in reducing prevention and screening disparities for PWD. However, many of the largest disparities exist for indicators of general health and chronic conditions. PWD are more than eight times as likely to report that their general health is fair or poor (49% vs. 6%). PWD are also much more likely to report being mentally unhealthy (39% vs. 9%) and having current

---

<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>

depression (32% vs. 8%). PWD are also more likely to suffer from coronary heart disease (8% vs. 1%), asthma (24% vs. 8%) and diabetes (17% vs. 5%).

Table 1. Demographic Characteristics among Rhode Island Adults (Ages 18-64) with Disabilities in 2012

Demographic	People with Disabilities
Overall	19%
Age	
18-24 years	11%
25-44 years	17%
45-64 years	25%
Sex	
Male	19%
Female	20%
Race/Ethnicity	
White, non-Hispanic	19%
Hispanic	16%
Other, non-Hispanic	23%
Veteran Status	
Veteran	19%
Non-veteran	19%
Educational Level	
High school or less	25%
Some college	19%
Graduated college	13%
Annual Household	
<\$25,000	38%
\$25,000 to \$49,000	16%
\$50,000+	10%

Source: 2012 Rhode Island Behavioral Risk Factor Survey

In 2013, 21% of Rhode Island public high school students had a disability. These students were in greater jeopardy from many risk behaviors compared with their peers without a disability. Like adults with disabilities, students with disabilities are more likely to lack exercise (59% vs. 52%), and suffer from (acute) depression (54% vs. 15%) than their peers without a disability. 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%).

## What Have We Accomplished?

HEALTH's Disability and Health Program promotes 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 CDC and Title V, the DHP has initiated several efforts under its charge including reinforced policy and sustainability; health promotion; and emergency preparedness.

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 Commission 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 2014 biennial report includes recommendations for all data sets and surveys to include disability status as a standard demographic variable and to stratify by disability status recognizing that people with disabilities often represent a disparity

population.

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 shared information and resources at the following **Statewide Conferences**: Autism Project National Speaker Conference, Traumatic Brain Injury Conference, Assistive Technology Conference, Parent Professional Partnership for CYSHCN Conference, Association of Maternal and Child Health Conference, Early Detection Hearing Institute, Oral Health Conference, Groden Center Conference for Persons with Autism, Parent Secondary Transition Conference, Flames of Hope for Breast Cancer Awareness, and Rhode Island Student Assistance Services Strategies that Work Conference.

The DHP is an active participant in HEALTH's **Community Health Network** which 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 1,915 people with disabilities or chronic conditions from 78 medical practices throughout the state.

The **Tobacco Control Program** identified youth and adults with disabilities as target populations in the 2014 Tobacco Control Program Data Report *Youth Tobacco Use in Rhode Island* and 2013 Tobacco Control Program Data Report *Adult Tobacco Use in Rhode Island*, due to the pronounced disparities in tobacco use rates for people with and without disabilities. The DHP and TCP collaborated on speaking to youth with disabilities at the Office of Special Needs Youth Advisory Committee, students from Northern Rhode Island Collaborative and Dare to

Dream Student Conference on the dangers of smoking, cessation strategies and tobacco company marketing strategies. DHP staff participated in the Tackling Youth Tobacco Use in Rural Rhode Island community forum. Further, peer resource specialists who work with PWD of all ages were trained in smoking cessation programs, resources and supports.

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”. In late 2013 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. The DHP and the Immunization program partnered throughout 2013 and 2014 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 sexual health, screening for people with disabilities, and adolescent healthcare transition materials in addition to CDC information “Health Care Provided: How to Include People with Disabilities” and “People with Disabilities: Tips for Healthy Living”.

The DHP partnered with the Family Planning Program on the **Preconception Health Strategic Plan** through facilitating feedback sessions with youth with disabilities and their families, revising final products, and assistance in dissemination. Through DHP’s involvement, youth with disabilities participated on the conference panel where Rhode Island’s preconception health strategic plan was unveiled. The DHP has facilitated the involvement of a young adult with a disability on the Preconception Health Advisory Committee. The Committee is recommending annual preventative exams and pregnancy screening in an effort to protect young adults and adults with disabilities who are often targets of sexual violence.

The DHP reviewed and proposed edits to the **Rhode Island Comprehensive Cancer Strategic Plan** to include specific outreach and education of healthcare practitioners on the screening and treatment of PWD. These recommendations were vetted with the Comprehensive Cancer Advisory Committee and some were incorporated into the final document.

The **Women's Cancer Screening Program** provided the DHP with a list of mammography facilities in Rhode Island in order to distribute the CDC's "Right to Know" Campaign materials and for an accessibility survey. The DHP promoted breast cancer screening for people with disabilities at the Gloria Gemma Flames of Hope event in October 2013 that was attended by over 2,000 people. The DHP will be surveying the accessibility of the mammography facilities during the summer of 2014. The DHP provided resources to the participants of the Breast Imaging Seminar at their annual meeting in May 2013. Each participant received the CDC information "It's your life. No one can protect it better than you".

The **Oral Health Program** had a Special Needs Dentistry Mini- Residency attended by 150 participants and addressing Oral Health Considerations for Pediatric Patients with Special health Care Needs. Each participant received the CDC information "Health Care Provided: How to Include People with Disabilities" and "People with Disabilities: Tips for Healthy Living". In January 2014, RI's Executive Office of Health and Human Services prepared an Assessment of the RI Medicaid Adult Dental Program report for the RI General Assembly and RI's Oral Health Commission. As a result, the DHP joined RI's Oral Health Commission to support the implementation of the recommendations to improve the system. DHP staff participated in the two-day RI Mission of Mercy at CCRI.

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 during the month of July. 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 including HEALTH's DHP and community-based organizations is 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. Health promotion resources were on display during the forums.

In May 2013, the **Center for Public Health Communication** modified 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).

The DHP contracted with Accessibility & Inclusion Consulting to conduct **accessibility assessments** and provide educational materials to licensed health care facilities in Rhode Island. The assessments adhere to the Americans with Disabilities Act (ADA) guidelines and promote universal design and inclusiveness in all aspects of screening protocol. Accessibility & Inclusion Consulting conducted training of 30 under-graduate students in nursing, physical therapy, and occupational therapy to serve as accessibility assessors. Accessibility & Inclusion Consulting provided information on the requirements of ADA and on the available tax credits for creating access to more than 120 licensed healthcare facilities surveyed. Accessibility & Inclusion Consulting maintains an online searchable database entitled Accessible Healthcare Rhode Island that identifies accessible features of facilities and medical services for persons with special needs, disabilities, and chronic conditions.

The DHP has prepared a correspondence to 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, RI’s Governor’s Commission on Disabilities, RI Commission on the Deaf and Hard of Hearing, and Accessible Healthcare Rhode Island.

The MS Dream Center contracted with the DHP 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 were nearly 1200 hits to the website since its launch in March 2014.

The DHP has made **Healthy Lifestyles workshops** available to young adults with disabilities ages 18 -30 since Fall 2012. In that time, the DHP has trained 28 youth presenters, successfully provided 173 young adults with the 16 hour workshop, and made over 50 Healthy Lifestyles outreach informational presentations. Healthy Lifestyles workshops include incentives for participation and a comprehensive evaluation. The DHP is partnering with several agencies and groups concerning Healthy Lifestyles, namely Foster Forward, Rhode Island Parent Information Network, Rhode Island Department of Labor and Training, YMCA, Coastal Medical Physician Education Program, Sherlock Center for Disabilities, Rhode Island Regional Transition Academies, District Wellness Committees, Youth Advisory Committee, Rhode Island Department of Education, Executive Office of Health and Human Services, Gamm Theatre, Dare to Dream, Youth Act, Avatar Adult Services, and Providence After School Alliance.

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 events include 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. RI’s D2D 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 2014 Dare to Dream Conference at the University of Rhode Island had a registration of over seven hundred and fifty youth, and participation from twenty-seven (27) of the thirty-five (35) Rhode Island school districts. 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.

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 (EMAC), 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.

Rhode Island Department of Health and the Rhode Island Emergency Management Agency joined together 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 15,142 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 DHP and CEPR planned, developed, and facilitated two **First Responder Emergency Preparedness Trainings** for fire and police personnel. The trainings were held in April 2013 and attended by over 150 first responders representing police, fire, emergency management services, and emergency management agency organizations in the state. First Responders were provided with an overview of Autism Spectrum Disorder (ASD) behavioral symptoms, educated about effective communication techniques, and provided practical skills to safely interact with persons with ASD or language disabilities during an emergency.

The DHP and CEPR developed and hosted six **Personal Preparedness Workshops** throughout the state in between March and June of 2014. The trainings focused on personal preparedness for people with disabilities, chronic conditions, functional needs, access needs, other special needs and their caregivers. Attendees included 124 Rhode Islanders who were guided through the completion of a personal emergency preparedness plan workbook encouraging self-sufficiency for the first 72 hours after a disaster. The workshops were conducted across the state varying between days, nights, and weekends in English and one

workshop was conducted entirely in Spanish. Attendees were also supplied some materials to start their own go-kits.

DHP participated in the development of HEALTH's **Access & Functional Needs Plan** which is a functional annex to the Rhode Island Department of Health Emergency Operations Plan. The purpose of the functional annex is to identify resources and strategies within HEALTH to support individual and whole community emergency preparedness. Strategies and practice include understanding the needs of the most vulnerable community members and those with access and functional needs, and building community resiliency by helping to strengthen the assets, institutions, and social processes that work well in a community on a daily basis that can be leverages to improve public health emergency preparedness and response efforts.

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 in 2013 and distributed more widely in the winter/spring of 2014.

A youth preparedness training program entitled **Disaster Readiness Actions for Teens (DRAT)** was presented to youth with disabilities during a summer 2013 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 was segmented into 6 modules, each addressing a separate area of emergency preparedness.

**RISNER Outreach Activities** are largely carried out by CEPR's four part-time outreach workers who provide education about emergency preparedness and utilization of the emergency registry in accordance with the outreach plan. Outreach workers also provide education to municipal leadership (police, fire, EMA, and EMS) regarding utilization of the registry system to facilitate promotion of the registry within their municipalities.

- 10,817 Letters were sent out to RISNER enrollees to update the registry as well as promote personal preparedness and the other programs offered by OSHCN.
- 239 Events had a RISNER outreach table or speaker.
- All RISNER enrollees who had an email address were alerted to the free emergency preparedness workshops sponsored by HEALTH and encouraged to attend. This was the first time email addresses had been tested in RISNER.

- All urgent care centers and home health care provider agencies were provided information and materials regarding RISNER to assist with outreach to their populations.
- Set up booths at six National Night Out events in Rhode Island promoting RISNER to the general public which was extremely well received.
- 46,548 Letters were sent to the Division of Motor Vehicles (DMV) handicap placard holders list.
- All RISNER partners were alerted to the free immunization opportunities sponsored by HEALTH to encourage PWD to attend.
- All Resident Service Coordinators and School Nurses were trained on RISNER to outreach to their appropriate populations.
- Partnerships were established with Durable Medical Equipment providers, Meals on Wheels, home health care agencies, and dialysis centers to provide RISNER enrollment forms to all of their customers.

## Disability Community Planning Group

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 consists 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.

Brittan Bates-Manni  
 Christina Battista  
 Dawn Brew  
 Leo Canuel  
 Paul Choquette  
 Bob Cooper  
 James Gillen  
 Dona Goldman  
 Dennis Harvey

Janet M. Iovino  
 Laura Jones  
 Darren Kaw  
 Sharon Kernan  
 Laurie Leonard  
 Tom Martin  
 Kate McCarthy-Barnett  
 Barbara Mulligan  
 Jo Ann Nannig

Marisa Petreccia  
 Joanne Quinn  
 Lorna Ricci  
 Corrina Roy  
 Benvinda Santos  
 Natasha Vickers  
 Jane Slade  
 Pauline Thompson  
 James Coyne



Disability & Health Program  
Office of Special Needs  
Health Disparities & Access to Care Team  
Division of Community Family Health and Equity  
Rhode Island Department of Health