

INTRODUCTION TO PROJECT CHEER



Project CHEER is a Centers for Disease Control Disability & Health Branch funded effort aimed at addressing the startling health disparities experienced by individuals with cognitive and mobility limitations through education, empowerment, and accessibility.

The project works to develop collaborations at local and state levels focused on creating healthy resources and health programming inclusive of individuals with disabilities.



Healthy Living	+
Emergency Preparedness	+
Data & Statistics	+
Articles & Key Findings	+
Resources & Materials	+
Grantee Information	-
Information for Partners	
National Programs	+
State Programs	
National Partners	
Information for Specific Groups	+
About Us	

Newly Funded State Disability and Health Programs

CDC's Disability and Health Branch is pleased to announce the new awardees of CDC-RFA-DD16-1603: Improving the Health of People with Mobility Limitations and Intellectual Disabilities through State-based Public Health Programs (known as State Disability and Health Programs).

These 19 State Disability and Health Programs will work to improve the health and quality of life among people with mobility limitations and/or intellectual disabilities (ID) through adaptation and implementation of evidence-based strategies in their communities.

Capacity Building Programs

- Kentucky
- Maryland
- Missouri
- Utah
- Vermont

Core Implementation Programs

- Alabama
- Florida
- Iowa
- Kansas
- Michigan
- Minnesota
- Montana
- Ohio

Core Implementation Programs with Enhanced Activities

- Arkansas
- Massachusetts
- New Hampshire
- New York
- Oregon
- South Carolina

Capacity Building Programs: Programs with limited capacity or experience in developing, implementing, evaluating, and disseminating programmatic, policy, systems, and environmental changes for people with mobility and/or intellectual disabilities.

Core Implementation Programs: Programs who are "implementation ready" and have the existing infrastructure to implement, evaluate, and disseminate programmatic, policy, systems, and environmental changes for people with mobility and/or intellectual disabilities.

Information For...

[Media](#)

[Policy Makers](#)

[CDC Employees and](#)

Highlighting the Need

According to the Americans with Disabilities Act of 1990 (P.L. 101-336 Title II, Subpart A, 28 CFR Part 35) Nondiscrimination on the Basis of Disability in State and Local Government Services, A public entity shall operate each service, program, or activity so that the service, program, or activity, when viewed in its entirety, is readily accessible to and usable by individuals with disabilities. Policy and programming should actively work to create health equity for individuals with disabilities through inclusion, thus helping to address the disparities experienced by individuals with disabilities.



Highlighting the Need

HealthyPeople.gov



Goal

Maximize health, prevent chronic disease, improve social and environmental living conditions, and promote full community participation, choice, health equity, and quality of life among individuals with disabilities of all ages.

Issues in Disability & Health

“... need to increase the implementation of evidence-based health and wellness programs that have been demonstrated to be effective among people with disabilities in community settings ...

... need to translate existing evidence-based interventions demonstrated to be effective in clinical settings for people with disabilities to community programs.

A solution is to add individuals with disabilities to community-based health promotion efforts where possible.”

Disability Impacts ALL of US

Each of us may experience a disability in our lifetime.

A Snapshot of Disability in Kentucky

This fact sheet provides an overview of disability in **Kentucky (KY)** compared to national estimates. You can use this information to become aware of the number and characteristics of people with disabilities in your state.



Disability Costs in HEALTH CARE EXPENDITURES



\$5.8 billion per year in Kentucky

Despite progress, people with disabilities in **Kentucky** and across the country continue to face significant social and health disparities.

The Centers for Disease Control and Prevention (CDC) supports research and programs to include people with disabilities in disease prevention, health promotion and emergency response activities, while working to eliminate barriers to health care and improve access to routine preventive services.

Adults with Disabilities are more likely to:

be inactive



have high blood pressure



smoke

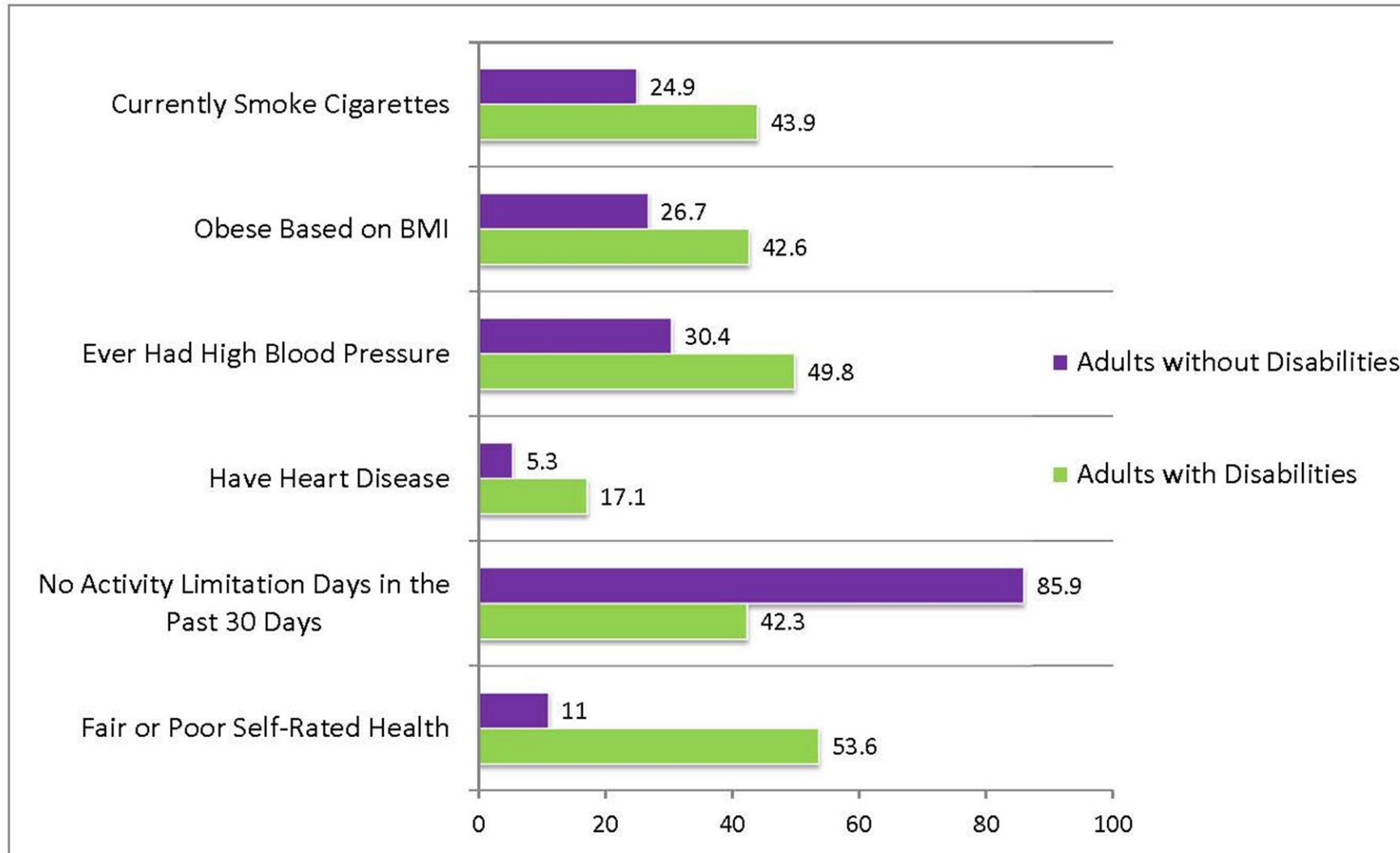


be obese



Why does CHEER matter?

CDC Disability and Health Data System: Kentucky Data



Setting the Stage for CHEER

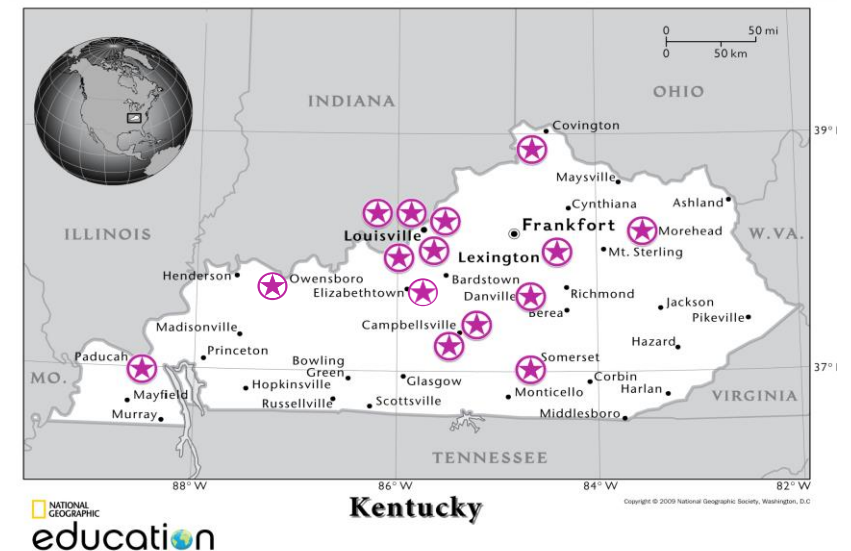
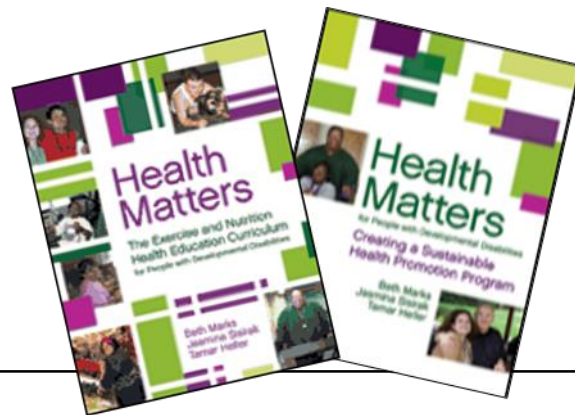
Since 2013 Partnership with Human Development Institute at University of Kentucky (HDI), Kentucky Division of Developmental and Intellectual Disabilities (DDID), and University of Illinois at Chicago

- 19 Community Based Organizations (CBO) participating in the Initiative
- 10 CBOs continue offering the HealthMatters Program beyond the first 12 week session after 1 year
- 93 Certified Instructors
- 522 people with IDD participated in 12-Week *HealthMatters Program*

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR BEHAVIORAL HEALTH,
DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

UK
UNIVERSITY OF
KENTUCKY
Human Development Institute
University Center for Excellence in Developmental Disabilities

**HealthMatters™ Program**





The Way I Used To Be

By: James Stephen Love

I used to be as big as a tree
Just like my whole family
They would fill themselves with cakes and pies
And never want to exercise
When I wanted to lose weight
They called me names and filled me with hate
You're not going to lose weight you idiot
You're going to be fat like us you twit
But that drove me to work hard
I pushed myself from the start
I worked hard, fast, and quick
I was losing weight by the look of it
Now they look at me with pain
At the falsehood of what they say
You can do what you envision
You just need will and good motivation



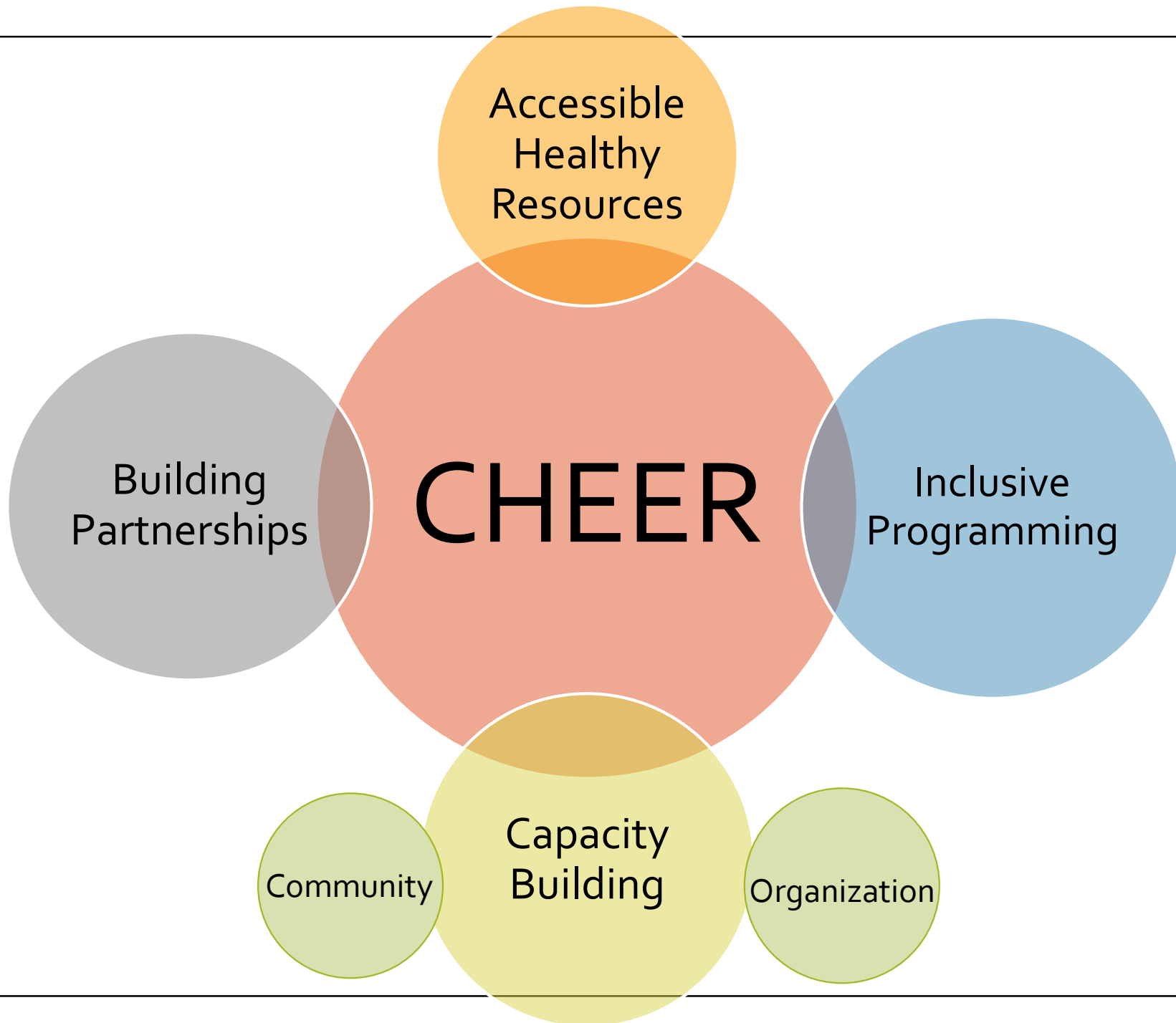
HealthMatters participant, Stephen, made a health goal to lose weight and has lost 84 pounds in 11 months



The purpose of project **CHEER** is to address and ameliorate startling health disparities among individuals with cognitive and mobility limitations diagnosed with hypertension or at-risk for the development hypertension.

What is **CHEER** going to do?

Provide interactive educational opportunities to enhance self-advocacy and empowerment to make healthy lifestyle choices through improved nutritional choices, physical fitness activities, and community relationship building.



Accessible
Healthy
Resources

Building
Partnerships

CHEER

Inclusive
Programming

Community

Capacity
Building

Organization

Overview of Project CHEER Year to Year

Year 1

- Needs assessment/
Literature review
- Developing partnerships
- Advisory & Expert panels

Year 2

- Resource Development
 - Pilot & Evaluate
- Define & Expand partnerships
- Recruit participating communities

Year 3

- Implement programing
- Continue expanding partnerships and resource development
(continuing effort)

Year 4

- Identify needs from programing feedback
- Expand participating communities

Year 5

- Work on sustainability efforts
- Resources developed into best practice
- Apply for Core CDC Grant

Outline of Project **CHEER** Objectives

Capacity Building

Training of Staff

Raising awareness of health disparities & need for universal design and inclusion

Programmatic, Policy, Systems, & Environmental Changes (PPSE)

Development of supplemental resources to augment HM curriculum (HMKY)

PPSE

Recruitment across state for HMKY program participation

Building community capacity

PPSE

Building partnerships & curriculum adaption

- KDPH
- Academic institutions

CHEER Year 1 Accomplishments

- Comprehensive literature review and development of library database
- Promotional products
 - Carry-over with DDMC Man Comic
 - <http://disabilitydontmeancant.com/ddmc-man/>
- Advisory Committee Developed
- Establish Partnerships
 - Over 20 departments and organizations represented
- 9 Supplemental resources developed and piloted
 - Evaluation data completed and updates ready for implementation



CHEER Year 2 Workplan

Strategy: Programmatic, Policy, Systems, and Environmental Changes

Annual Objective: By June 2018, the number of recruited participant sites to implement HealthMatters Kentucky increases from 0 to 2.

Milestones

Select wave 1 participant sites (local community partners and provider agencies) to participate in Project Community Health Education and Exercise Resources initiative

Number of applicants selected as Wave 1 participant sites

Measures

Number of participants registered for Wave 1 of the Project Community Health Education and Exercise Resources initiative

CHEER Year 2 Workplan

Strategy: Programmatic, Policy, Systems, and Environmental Changes

Annual Objective: By June 2018, increase the number of curriculums adapted for inclusive strategies for individuals with cognitive and mobility limitations from 0 to 3.

Milestones

- Project staff identify three key areas for enhanced resource development and program implementation with Kentucky Department of Public Health
- University collaborations develop plan for faculty and student engagement within academic curriculum

Measures

- Number of curriculums adapted with inclusive strategies for individuals with cognitive and mobility limitations

WWW.WELLNESS4KY.ORG

All videos included in presentation can be found at the wellness website

<http://www.wellness4ky.org/new-healthmatters-kentucky-videos/>