Success #1: Municipal Accessibility Improvements

- **Need:**
  - Massachusetts adults with disabilities lack exercise spaces:
    - 48% do not meet CDC guidelines for aerobic *or* strength-building exercise;
    - 45% name inaccessibility of exercise spaces as a major health concern.
  - Existing MDPH programs such as Mass In Motion promote equitable access on the local level to decrease barriers to physical fitness:
    - Strong racial equity focus, but little disability experience.

- **Intervention:**
  - Mini-grants to Mass In Motion communities
    - Phase 1: use Community Health Inclusion Index (CHII) to measure accessibility of physical activity infrastructure.
    - Phase 2: make policy and environmental changes based on CHII results.

Success #1: Municipal Accessibility Improvements

- **Outcomes and Impact:**
  - Nine cities/towns participated in one or both phases of the project.
    - Estimated number of residents with disabilities: 69,000
  - Projects included improvements to:
    - hiking trails;
    - walking routes to schools/civic buildings;
    - community gardens;
    - swimming areas;
    - downtown shopping/strolling areas.
  - Policy changes include:
    - reorganizing ADA Coordinator's office to make it more prominent and responsive to residents' needs.

A new raised garden bed in Medford, MA

Success #2: Massachusetts Facility Access Tool

Need:

- People with disabilities continue to face architectural barriers to accessing public health programs and clinical medical care.

- Many providers under contract with MDPH have expressed a desire to make their service locations accessible but are unsure how.
  - Provider feedback: existing survey tools are outdated, cumbersome, don't provide clear instructions/definitions of measurements, and don't include standards for residential programs. Paper-based tools are inaccessible to some program staff with disabilities.

Intervention:

- Massachusetts Facility Access Tool web app
  - Phase 1: gather feedback on format, contents, and training needs from experienced accessibility coordinators at community and residential sites, paired with local CILs.
  - Phase 2: work with New England ADA Center to develop web app incorporating feedback.
  - Phase 3: test and refine app with new group of less-experienced program staff, again partnered with experts from local CILs.

Success #2: Massachusetts Facility Access Tool

Outcomes and Impact:

- New web app will launch this month – preview at dph.humancentereddesign.org!
- Extremely positive user feedback:
  - "The app is very intuitive. It will make going through the whole process much easier!"
  - "The tool brought things to light that we wouldn't have considered."
- Lasting CIL/provider relationships:
  - "We now know what changes we want to make and will bring in [CIL partner] when it's safe again, to help make that happen."
- Internal policy changes:
  - Several DPH programs have made using the tool a contract requirement.
  - Others intend to do the same once it is launched.
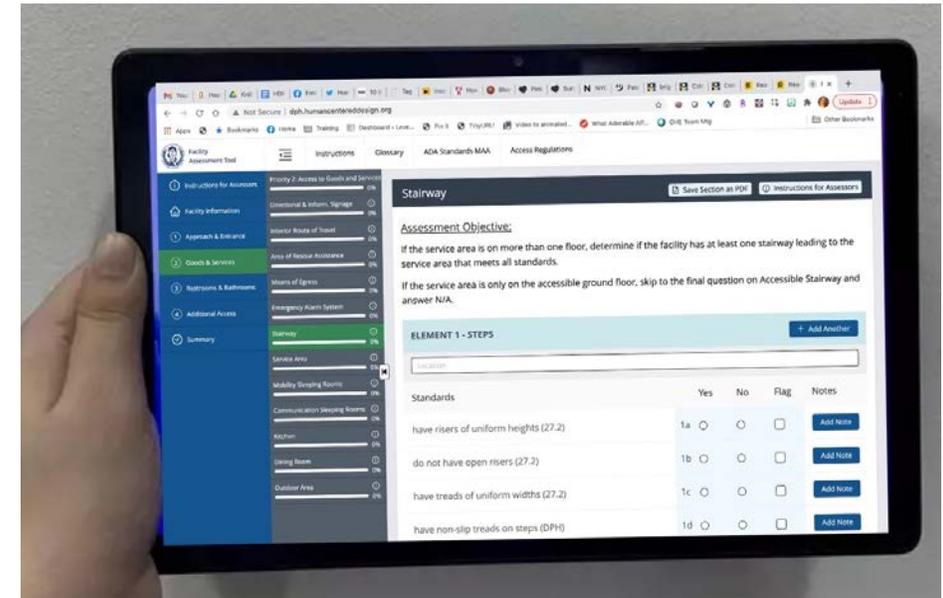
The new MFAT, optimized for a tablet screen

Success #3: Disability Data Collection Standards

- **Need:**
  - Limited, fragmentary data on the health of people with disabilities means less attention on inequities
  - Cutting-edge data tools can't be used for disability
    - Public Health Data Warehouse (PHD) links datasets from Medicaid, vitals, corrections, housing, SUD treatment, etc., via All-Payer Claims Database (APCD).
    - No way to identify people with disabilities in APCD means no way to find them across PHD

- **Intervention:**
  - Department-wide disability data collection standards
    - Self-report/surveillance data: BRFSS questions
    - Administrative data: ICD-9/10 codes

- **Outcomes and Impact:**
  - Self-report standards adopted by MDPH for COVID-19 Community Impact Survey (CCIS).
    - Detailed data on disability community led to a revision of COVID Priority Populations list.
  - Administrative data standards undergoing testing.
    - Disability flag expected to be usable for next round of analyses (Fall 2021).
    - Major change: data will be able to include population in correctional facilities, long-term care, and other institutional settings.