



Memorandum

Date **JAN 20 1983**

From Special Assistant on Disability Policy

Subject Transmittal of First Semi-Annual Report on Follow-Up Plans for Maintaining the Public Health Service (PHS) Momentum Established During the International Year of Disabled Persons (IYDP) Up-Date

To The Assistant Secretary for Health
ES/PHS _____

THRU: The Surgeon General _____

Attached please find the first semi-annual report which speaks to the efforts of the Public Health Service to address the unmet health needs of persons with disabilities. The report suggests that the PHS is making strides in this area. Nevertheless, gaps and voids in program activity do exist. In addition, the staff offices in the OASH need encouragement to enhance the overall effectiveness in working in this area.

The report makes three recommendations: (1) a task force, under leadership of the Surgeon General, comprised of senior persons from the five agencies and OASH, be convened to establish a PHS-wide strategy to address the unmet health needs of disabled persons. Strategy planning should take into consideration epidemiology, prevention, training, research and services and regulatory reform; (2) a meeting of the OASH Office Directors be held in order that the importance of this activity to both the Surgeon General and the Assistant Secretary for Health be asserted; (3) the topic of the status of disabled persons within the framework of the PHS mandate, be scheduled for discussion at one of the bi-weekly PHS agency staff meetings.

I look forward to working with you in carrying out the recommendations sited above. Your leadership and commitment is absolutely critical to this enterprise.

Harold O'Flaherty

Harold O'Flaherty

Attachment

Analysis pg 21
Recommendations pg 22

INTRODUCTION:

This is the first of a series of semi-annual reports which sets forth Public Health Service programs, plans and activities that impact upon persons with disabilities. This report is an outgrowth of a plethora of actions taken by the Public Health Service to observe, in a tangible sense, the International Year of Disabled Persons. Moreover, the report further establishes the commitment of Drs. Koop and Brandt to ensure that each and every underserved person, regardless of status, color, ethnicity or disability will have access to the health care system of this Nation.

Program activity is being reported in the context of seven broad categories:

1. Awareness
2. Employment
3. Prevention and Rehabilitation
4. Demonstration projects
5. Research
6. Training
7. Regulatory Reform

The material reported herein is representative of actions taken by the five operating agencies of the Public Health Service: Alcohol, Drug Abuse and Mental Health Administration; Food and Drug Administration; Center for Disease Control, Health Resources and Services Administration; and the National Institutes of Health.

Agency Activities

Following is a summary representing a distillation of what the agencies' actions to improve the lifestyle of disabled persons by the above indicated seven categories. For those activities or areas in which an agency did not report, it is so noted.

ADAMHA:

1. Awareness

Internal

The ADAMHA Handicapped Program Manager and ADAMHA Committee for Handicapped and Disabled Veteran Employees (ACHDVE) are participating in plans for a PHS-level Conference on Handicapped Employment in PHS.

An ACHDVE employee self-identification survey has been drafted and will be implemented in early calendar year 1983.

- o The ADAMHA Handicapped Program Manager and ACHDVE will initiate an effort to improve communication and coordination with handicapped employees (and their organizations) at the NIMH Intramural Research Program (IRP) and Saint Elizabeths Hospital (SEH).

SEH, through its Equal Employment Opportunity Office, sponsored an EEO Awareness Week. During this period, substantial time was devoted to disseminating information and discussing issues related to handicapped people. The program was opened to hospital staff and to interested community members.

External

Office of the Administrator (OA) and the three Institutes (NIAA, NIDA, NIMH) will continue to provide technical assistance to States and private sector organizations upon request.

OA, and the three Institutes are examining ways in which knowledge transfer to the States and private sector organizations may be examined effectively and expeditiously.

NIDA is currently designing public service announcements on the health consequences of marijuana as a means of expanding awareness of parents and youth to the dangers of disability inherent in drug use.

2. Employment

Internal

The ADAMHA Handicapped Program Manager is working with the Institutes' EEO programs to encourage hiring of disabled individuals for FY 83 summer positions.

ACHDVE will recommend to the Division of Personnel Management, OA that a written policy on reasonable accommodations be developed. Follow-up consultation and implementation activities will be pursued.

SEH has hired eight disabled persons via its Selective Placement Program. These persons were referred to our Personnel Department for consideration for employment via Supervisors, Vocational Rehabilitation Counselors and persons in conjunction with the Selective Placement Coordinator. SEH will continue to hire disabled persons in conjunction with the Selective Placement Program and budgetary constraints.

NIAAA is considering plans to allocate 3 percent of its summer employment slots to disabled veterans of the Vietnam era and to other handicapped persons.

External

NIMH is successfully encouraging the private sector to hire mentally restored persons by including this topic in speeches, conferences, and by developing relevant written and audiovisual materials.

3, Prevention and Rehabilitation

Internal

ACHDVE and ADAMHA managers have established a strong relationship with the PHS Employee Assistance Program (EAP). Several disabled employees have been referred to EAP with apparent benefit to the employees.

ACHDVE is continuing to improve workplace and building accessibility for handicapped individuals employed throughout ADAMHA.

External

The ADAMHA Administrator is also Acting Director, NIAAA. In both capacities, he is vigorously pursuing prevention activities throughout the Nation, and he has recently given strong support and leadership to the Teenage Alcoholism Initiative, which has a prevention orientation.

The NIAAA-sponsored National Clearinghouse on Alcohol Information is concerning itself with Braille and encaptioned written and audiovisual materials for the handicapped.

SEH has special programs and divisions which address persons with multiple disabling conditions. The Deaf/Blind Divisions, the

Alcoholic Programs and the Drug Abuse Programs all address rehabilitation and prevention. Some research is also done as well. These programs reach out into the community providing follow-up services, serve as models and staff are often used as consultants.

4. Demonstration Projects

Internal

SEH has signed an agreement with the Veterans Administration to participate in an on-the-job training program for disabled veterans. The hospital also provides special internship programs for disabled persons who are seeking higher levels of education.

External

NIMH monitoring of Community Mental Health Centers sites for accessibility was discontinued with the transfer of service grant responsibility to the States upon the enactment of the Omnibus Budget Reconciliation Act of 1981.

5. Research

Internal

No reported information.

External

The ADAMHA Institutes will be encouraged to incorporate research projects into their plans, and to disseminate research findings to States and the private sector.

The NIMH Research Planning and Evaluation Branch has reviewed funded projects that relate to mentally handicapped individuals. During 1982, 429 projects were funded in the amount of \$47,926,068. These projects include both childhood affective disorders and adult affective disorders.

NIDA intends to develop a capability to assist the States by: (1) assessing the special training needs for delivery of treatment services to the handicapped; (2) modifying existing training and prevention materials for use by the handicapped (film captions, etc.); (3) developing special new training and prevention materials designed for the handicapped.

NIDA plans to encourage research grant applications designed to assess the treatment service capability with regard to handicapped

clients in at least one state and to identify unmet treatment needs.

NIDA will include an item to identify handicapping conditions among respondents in the NIDA National Household Survey and the High School Senior Survey as part of understanding the needs of the handicapped. This would be useful in identifying the prevalence of drug abuse among the handicapped, which currently is unknown.

NIAAA plans to solicit research grant applications from alcohol treatment service programs which further IYDP objectives. Further, NIAAA will continue to examine and monitor the service requirements of disabled alcoholics and alcohol abusers.

6. Training

Internal

In December 1982, the SEH Employment Development Unit offered a course on supervising the handicapped worker. This training was initially offered to supervisors and managers and to those individuals who have specific responsibility for providing services to the handicapped. In the Spring of 1983, the hospital will be offering a 1 1/2 day conference on Management of a Mental Health Program. Part of this conference will deal with vocational rehabilitation of the handicapped/disabled person.

The ADAMHA Handicapped Program Manager in collaboration with ACHDVE intends to carry out the following training-related activities (1) review content of EEO and supervisory training for adequacy of coverage on the disabled worker; (2) initiate planning for a course in dealing with complaints of discrimination and informal resolution.

External

NIMH does not collect data on either research trainees or clinical trainees in regard to possible handicaps or disabilities. However, each grant-receiving institution files an assurance of compliance with DHHS regulations on nondiscrimination on the basis of any handicap.

CENTERS FOR DISEASE CONTROL

1. Awareness

In an effort to continue promoting the handicapped program, this year CDC will formally charter its already functioning handicapped employee's committee and hold a Handicapped Awareness Day for all CDC staff. The Awareness Day program will include speakers, films, and demonstrations of new electronic devices for the handicapped in specific work environments.

2. Employment

Through the handicapped program the CDC will continue to identify and place qualified applicants for employment.

6. Training

In accordance with overall CDC policy, training needs for handicapped employees have been identified and satisfied through the efforts of their supervisors. Informal interviews with randomly chosen handicapped employees indicate that they are pleased with the training they have received.

FDA

1. Awareness

During the past year, FDA's Handicapped Employees Advisory Committee has hosted ten speakers at its monthly meetings. Among the topics included were sclerosis, and mental retardation.

The new FDA telephone directory will list the offices and individuals that have TTYs.

A TTY has been loaned to the Philadelphia District Office to

accommodate a newly-hired deaf employee.

TTYs have been installed in two district offices (Atlanta and Los Angeles) to serve as consumer inquiry telephone lines for the deaf.

The Nashville District Office sponsored a Handicapped Awareness Day focusing on "Mental Health in the Workplace."

In November the New Orleans District Office co-sponsored, with several local businesses and State government agencies, "A Community Affair - Handicapped Awareness Day." This program was designed to inform local businesses of the advantages in hiring disabled persons and to familiarize them with the avenues open to hiring disabled persons. In addition, there was an exhibit of technological equipment to aid disabled persons in the workplace.

An interpreter has been hired by the Office of Equal Employment and Civil Rights to provide interpreting services to FDA deaf employees, applicants and consumers.

2. Employment

During FY 82 and the beginning of FY 83, FDA has hired eight severely disabled persons, seven at headquarters and one in the field.

In the past six months, FDA has placed approximately 18 disabled

persons in the Unpaid Work Experience Program at various offices throughout headquarters.

3. Prevention and Rehabilitation

As a result of the Tylenol poisoning incident, the Handicapped Employees Advisory Committee is exploring the possibilities of an Emergency Health Warning System for the deaf.

4. Demonstration Projects

N/A

5. Research

FDA has been actively participating in the Rehabilitation Society of North America's (RESNA) Subcommittee on Wheelchair Standards. The purpose of the Subcommittee is to develop proposed wheelchair standards to be presented at the International Standards Organization's (ISO) meeting in California in November 1982.

6. Training

During the RIF threat, FDA held seminars for the supervisors of mentally retarded workers to assist all involved in a better understanding and a smooth transition.

The Office of Equal Employment and Civil Rights and the Handicapped Employees Advisory Committee is planning in the near future a managers/supervisors training session on the hiring of disabled persons.

A seminar is being planned for the early part of Calendar Year 1983 on the subject of Learning Disabilities.

7. Regulatory Reform

N/A

HRSA

1. Awareness

The Agency has been active in the development and distribution of special manuals and pamphlets for use by staff or handicapped participants of the Agency's programs (e.g., the pamphlet "Feeding the Handicapped Child" developed by the Division of Maternal and Child Health, Bureau of Community Health Services (BCHS) and the manual "Family Planning Services for Disabled People" developed by Headquarters and the Region X staff of the Division of Family Planning, BCHS);

The Agency has developed and disseminated of explicit program policies and personnel procedures to protect and insure the

legitimate rights of the disabled to benefit and fully participate in all HRA and HSA programs and activities.

Guidance has been provided to all Agency components on incorporating appropriate information on the disabled in all new and reissued publications.

2. Employment

No report.

3. Prevention and Rehabilitation

HSRA has increased research on prevention of disabilities at the National Hansen's Disease Center (NHDC);

The Community Health Centers (CHC) Disease Prevention and Health Promotion Initiative identifies disabled persons as one of 12 priority health promotion and disease prevention topics. All CHCs are expected to integrate appropriate services into their basic health programs.

All appropriate headquarters staff will be briefed on the requirements of section 504 of the Rehabilitation Act, Department policy, continuing initiatives of the IYDP, and the newly established semiannual report on related activities.

4. Demonstration Projects

Hospitals and service facilities have been renovated to increase accessibility.

Extensive programs in the Indian Health Service (IHS) provide special services for disabled persons and assure participation in other activities and programs. For example, the activities of the Indian Children's Program are geared to developing individual potentialities - physical, psychological and educational - and thereby, to prevent disabilities where possible. Early intervention and treatment minimize the effects of handicapping conditions.

The National Hansen's Disease Center continues to make architectural improvements to increase accessibility and to conduct extensive training in the management of Hansen's disease to minimize the handicapping conditions.

Approximately 485 of the pamphlets "Feeding the Handicapped Child" have been distributed to regional offices, State program directors, State nutritionists, teachers of Maternal and Child Health and volunteer and professional organizations. It will be available in the clearinghouse through 1983. Also, 500 copies of the manual "Family Planning Services for Disabled People" have been distributed. It is available through the Government Printing Office.

The Family Planning Program of Region X developed special literature and educational materials, trained on-line family planning staff, and conducted demonstration projects which address comprehensive service delivery, including outreach, to potential clients with disabilities.

IHS will continue its numerous activities for disabled employees and program participants. These activities include counseling, prevention, rehabilitation, research and training handicapped persons to increase employability.

5. Research

No report.

6. Training

Employees of the Office of Equal Employment Opportunity (OEEO) attended a training course on sign language and a conference at Gallaudet College for Handicapped Program Manager and Selective Placement Coordinators.

The training and research activities of the National Hansen's Disease Center will be continued and expanded.

The OEEO will implement initiatives to develop a community outreach network to identify disabled persons for future recruitment, conduct

a workshop for managers, and integrate disabled youth into existing student programs.

7. Regulatory Reform

The National Health Service Corps manual was revised to explicitly forbid denial of benefits or services to any qualified disabled person. Also, all program consultants for the Corps were provided with the legislative and regulatory requirements of section 504 and other appropriate materials relating to disabled persons' protection.

HRSA will issue policy statements relating to disabled persons rights and protections in employment and in funded programs.

All appropriate regional offices staff will be briefed on the requirements of section 504, and a system of technical assistance and reporting will be established. This is an objective of the Regional Work Program and will be carried out by the Office of Operations and Management.

6. Employment

NIH

1. Awareness

Promote the special needs of handicapped individuals by maintaining contact with Federal and non-Federal organizations serving the handicapped.

Assure accessibility by handicapped persons to all Agency facilities.

Numerous articles have appeared in the NIH Record and EEO Report. Flyers and pamphlets are in preparation and will soon be published. Meetings with Bureau Institute Division (B/I/D) EEO Committees are being held. Committee members and staff attend HHS and PHS Handicapped Employees Committee meetings on a monthly basis. A communication network with EEO Officers and Special Placement Coordinators in the BIDs is being developed.

A major objective of the Handicapped Program was to implement an awareness program. This program was to increase the awareness of managers, supervisors and employees that disabled individuals are employable and can perform satisfactorily if given the opportunity. In addition, the awareness program focused on making the existing NIH disabled community aware of legislation and regulations that impact upon them.

2. Demonstration Projects

A Community Resource Directory is in final preparation and will

serve as a resource for providing assistance to handicapped employees, and families of handicapped individuals.

A Volunteer Service Program to provide readers and interpreters to assist handicapped individuals in an emergency or on an as needed basis has been initiated.

A videotape library concerning handicapped problems and concerns, (i.e. recruitment, reasonable accommodation, attitudes towards handicapped individuals) has been developed. These tapes are available for workshops, seminars and meetings.

3. Employment

NIH fosters the establishment of a Special Placement Coordinator (SPC) within BID personnel offices with the responsibility to manage the Federal Equal Opportunity Recruitment Program (FEOR) and to monitor those personnel activities relevant to handicapped constituencies.

The work force are monitored profiles to evaluate NIH progress in meeting FEOROP and affirmative action program goals and targets related to employing handicapped individuals.

Handicapped employees at the NIH are included in the merit promotion process, upward mobility, and other career training programs.

A Disabled Candidate Bank of 150 - 160 applications for referral of handicapped applicants is maintained by the NIH Special Placement Coordinator for use by Personnel Officers and EEO Officers in the **BIDs.**

ANALYSIS

From the forgoing, it is clear that each of the agencies, to a greater or lesser extent, is carrying out a series of activities to enhance the lives of disabled persons.

It is also most obvious that the agencies, individually or collectively, have not developed a strategy for meeting the health needs of disabled persons. In the past, goals have been set relative to employment, but no goals have been established regarding services, research or training.

The Public Health Service has not adopted en masse an approach for looking at (a) the epidemiology of disability, (b) the prime cause of disability, (c) the means to prevent these prime causes of disability, and (d) the research efforts that would be required to ameliorate these conditions.

The reported lack of activity in the staff offices in the Office of the Assistant Secretary for Health reflect a need for increased awareness in the health related problems being confronted by disabled persons. None of the staff offices reported carrying out any significant ongoing or proposed activities to enhance the lives of persons with disabilities. In this connection, the regional offices also reflected a peripheral programmatic interest vis-a-vis this issue. This fact would suggest that the leadership of the Public Health Service, those who deal with planning, policy development, public affairs, prevention, and resources management does not assign a high priority to disabled persons.

RECOMMENDATIONS

Based upon the information included in the prior sections of this report, the following recommendations are made: (1) a task force, under leadership of the Surgeon General, comprised of senior persons from the 5 agencies and OASH, be convened to establish a PHS-wide strategy to address the unmet health needs of disabled persons. Strategy planning should take into consideration epidemiology, prevention, training, research and services and regulatory reform; (2) a meeting of the OASH Office Directors be held in order that the importance of this activity to both the Surgeon General and the Assistant Secretary for Health be asserted; (3) the topic of the status of disabled persons within the framework of the PHS mandate, be scheduled for discussion at one of the bi-weekly PHS agency staff meetings.