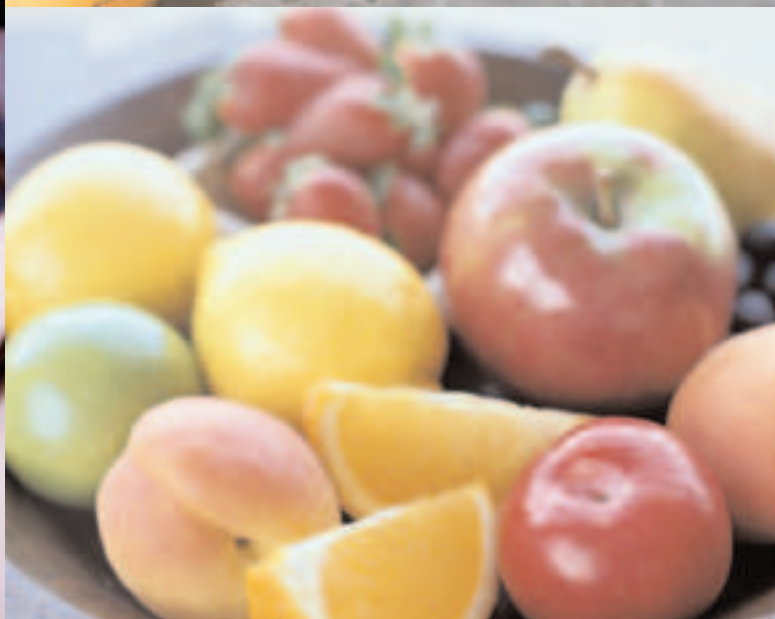
The Commonwealth of Virginia
Five Year State Plan for

Health Promotion for People with Disabilities



The state plan is also available in alternative formats on the Health Promotion for People with Disabilities Web page: www.vahealth.org/cdpc/disability.

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Executive Summary

Over 47 million non-institutionalized Americans, over the age of 16, report having some form of disability[1]. According to the 2003 Behavioral Risk Factor Surveillance System Survey, the nationwide percentage of people with disabilities was 18.3, and Virginia follows close to the national average at 17.6 percent. The 2000 U.S. Census information indicates that in several counties in Virginia, 24 – 35.9 percent of the population has reported disabilities.

With the rise in chronic and secondary conditions, there is an increase in the number of people affected by disabilities. Despite the cost of health care services for people with disabilities, some private and government funded insurance plans do not cover preventative health care or health promotion activities[2]. Education on the advantages of preventative services, self-management and the recognition of risk factors that are associated with certain disabilities could decrease the cost of health care for Virginians with disabilities and help them lead healthier lifestyles.

Since the passing of the Americans with Disabilities Act in 1990, positive changes have been made in Virginia, but there is still much to be done. The development of the *Commonwealth of Virginia's Five Year Plan State Plan for Health Promotion for People with Disabilities* is an important step to continue these efforts by increasing awareness and outreach in Virginia for those with disabilities.

The mission of the Health Promotion for People with Disabilities Project (HPPD) and Task Force provides an effective description of the overall objective for Virginia. That objective is to, "Promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the Commonwealth of Virginia."

[1] 2000 U.S. Census

[2] Quote from HPPD Town Hall and Forum Meetings, 2005.

The following plan focuses on five health promotion goal areas identified through consensus decisions made by the HPPD Task Force.

These goal areas are:

- *Interacting with Existing Initiatives,*
- *Access to Health Care,*
- *Nutrition and Physical Activity,*
- *Health Promotion and Outreach,*
- *Data and Surveillance.*

The state plan coordinates these goal areas with recommendations to create health promotion opportunities for those with disabilities and increase awareness of the disparities between those with and without disabilities.

Acknowledgements

Many people have contributed to the HPPD State Plan. Most contributors have been HPPD employees and task force members. We would like to acknowledge, with great appreciation, those people, and the organizations that they are affiliated with.

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Introduction

The Virginia Department of Health, Office of Family Health Services, supports the Health Promotion for People with Disabilities Project (HPPD) that is located in the Division of Chronic Disease Prevention and Control. The project has been in the Department of Health since 2002. HPPD Project's mission is to promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities between people with and without disabilities in the Commonwealth of Virginia. Primary funding is from the Centers for Disease Control and Prevention.

The Commonwealth of Virginia's Five Year State Plan for Health Promotion for People with Disabilities was developed by the HPPD Task Force. The Task Force represents the collaborative relationships that have been established with individuals with disabilities, state agencies, volunteer associations, health associations, and community and advocacy organizations. The Plan will be used to mobilize individuals with disabilities, health providers, caregivers and the public-at-large to recognize that persons with disabilities can and do benefit from health promotion opportunities.

For the benefit of those who are visually impaired, this document is printed in a 14 pt. font.

State Plan Development

The Virginia Disability State Plan was developed in consultation with individuals with disabilities, state agencies, universities/colleges, volunteer, health, community, and advocacy organizations.

The State Disability Plan was developed over four phases:

PHASE ONE—PUBLIC CONSULTATION PHASE

From September to November 2003, the Virginia Department of Health, Health Promotion for People with Disabilities Project (HPPD) sought input from consumers with disabilities and their caregivers in the community about their views on a Virginia Disability State Plan.

PHASE TWO—STRATEGY DEVELOPMENT PHASE

The Health Promotion for People with Disabilities Task Force convened. Represented were a number of stakeholders that worked to develop strategies and recommendations to be included in the draft of the Virginia Disability State Plan.

PHASE THREE—DRAFT DISABILITY STATE PLAN

During July and August of 2005, the draft of the Virginia Disability State Plan was presented to consumers and stakeholders at regional forums and townhall meetings across Virginia, seeking input and feedback.

PHASE FOUR—IMPLEMENTING THE DISABILITY STATE PLAN

The committees needed to oversee the implementation of the state plan will be identified and formed. Implementation of the goals, objectives and strategies will occur over a five- year period. There are many cross-cutting activities in the five goal areas and the committees will be working together to ensure the implementation and success of these goals. Process and outcome evaluation activities during this time will allow for both mid-course corrections and assessment of the impact of the plan on individuals with disabilities and their caregivers. At the conclusion of the five-year period, goals, objectives and strategies will be reviewed and changes made as appropriate.

Impact of Disability

Data from Virginia's Behavioral Risk Factor Surveillance Survey (BRFSS) have been analyzed on an ongoing basis since the inception of the HPPD program. Based on analyses of 2000-2002 data, compared to individuals without disabilities, Virginians with disabilities are:

- Less likely to report good to excellent health (58% vs. 92%).
- As likely to have health insurance (87% vs. 89%).
- More likely to have a usual source of primary care (88% vs. 81%).
- More likely to have had a point in time in the past 12 months when they needed medical care but could not get it (13% vs. 6%).
- More likely to be overweight according to body mass index (66% vs. 56%) and slightly more likely to report that they were currently trying to lose weight (49% vs. 43%).
- Less likely to have engaged in physical activity within the past month (62% vs. 79%).
- More likely to have been told, at some point in time, that they have high blood cholesterol (45% vs. 29%) and high blood pressure (40% vs. 23%).
- More likely to report having diabetes (13% vs. 5%).
- More likely to report having arthritis (61% vs. 24%).
- Less likely to have insurance coverage for routine dental care (51% vs. 69%) and less likely to have had their teeth cleaned by a dental hygienist within the past two years (77% vs. 85%).

In most cases, the disparities are more significant when taking into account an individual's need for assistance. That is, those needing assistance are even less likely to report good to excellent health, and even more likely to have had an unmet health care need within the past 12 months.

These findings, and others contained within the HPPD report entitled *Disability among Virginians: An Analysis of BRFSS Data (2000-2002)*, provide a baseline against which to measure progress. Importantly, these data will help guide HPPD in its effort to promote the health of people with disabilities, prevent secondary conditions, and eliminate disparities that currently exist between people with and without disabilities in Virginia.

Summary of Goals

Interacting with Existing Initiatives

GOAL 1 | Existing public and private health promotion and disease prevention programs will incorporate or expand their strategies for delivering services to people with disabilities.

Access to Health Care

GOAL 2 | Establish and maintain a system or body that facilitates the utilization of the health care system by people with disabilities.

Nutrition and Physical Activity

GOAL 3 | People with disabilities will have more opportunities to engage in physical activity and improve nutrition

Health Promotion and Outreach

GOAL 4 | Public and private community organizations that participate in health promotion and outreach activities are aware of the importance of inclusion of people with disabilities in programs and initiatives.

Data and Surveillance

GOAL 5 | Develop a coordinated data system whereby providers, consumers and advocates can gain timely access to information about the health status and related needs of individuals living with disabilities.

Interacting with Existing Initiatives

The Plan

GOAL 1 | Existing public and private health promotion and disease prevention programs will incorporate or expand their strategies for delivering services to people with disabilities.

OBJECTIVE 1 | Within two years of implementation of the state plan, at least three existing public and private health promotion and/or disease prevention programs which benefit people with disabilities will be identified, and the models will be shared as an example for other programs.

OBJECTIVE 2 | Within five years of implementation of the state plan, have six existing public and private organizations providing successful models for providing health promotion and/or disease prevention programs for people with disabilities.

RATIONALE | A review of existing health promotion and disease prevention programs which generally reach non-disabled persons, indicates that those programs or organizations may often offer educational and awareness activities which address concerns that also affect those with disabilities. There needs to be targeted education and awareness activities that make organizations recognize the benefit of providing accessibility to their facilities and programs. The need for accessible health promotion and disease prevention programs must be a high priority for disability advocacy and health promotion organizations. Meeting these objectives will inspire and motivate large associations/organizations to ensure universal accessibility in their program offerings.

Interacting with Existing Initiatives

Strategies

STRATEGY 1 | Within two years of plan implementation, the Interacting with Existing Initiatives Committee will oversee the development of a *Guide for Accessible Health Promotion Programs (GAHPP)*. This "how to" guide will provide information and guidance to public and private health promotion programs on "how to" make their services accessible to persons with disabilities. The committee will review similar guides from other states to consider elements and tools that can be used in developing the GAHPP.

STRATEGY 2 | Develop a plan for monitoring and evaluating implementation of strategies.

STRATEGY 3 | Within six months of initiating Strategy 1, and as part of the GAHPP development process, engage three organizations willing to collaborate and advise on the development of the GAHPP and pilot draft tools and materials.

STRATEGY 4 | During Plan Year 3, present the GAHPP to attendees at up to five Health and/or disability-related state and local conferences sponsored by health promotion and prevention programs /organizations.

STRATEGY 5 | During Plan Year 4, contract for evaluation of the GAHPP to determine the effectiveness of and need for revisions to the document.

Evaluation would include the following:

- Soliciting input with regard to content
- Measuring user satisfaction with the GAHPP
- Determining the extent to which use of the GAHPP has helped programs make their services more accessible for individuals with disabilities
- Collecting information about additional programs in the state that may benefit from the GAHPP.

STRATEGY 6 | During Plan Year 5, explore the use of the HPPD Website to disseminate best practices by agencies and organizations related to the GAHPP.

Access to Health Care

The Plan

GOAL 2 | Improve access to health care for people with disabilities.

OBJECTIVE 1 | Plan Year One, form a committee to concentrate on identifying health care gaps and barriers.

OBJECTIVE 2 | By the beginning of Plan Year Five, establish a sub-committee that focuses on solutions for access to health care gaps and barriers, comprised of health and human services organizations, non-profits, state agencies and consumers.

RATIONALE | Access to health care is especially challenging for people with disabilities. Identified access to health care hindrances include the high cost of health care for low income individuals, geographic distribution and availability of providers, and limited transportation options. By creating a system or body that identifies gaps or barriers in health care access, we can build bridges to connect existing community resources that will result in more accessible health care for people with disabilities.

This system or body will:

- Assist in improving access to existing services
- Identify gaps in current health care offerings
- Organize resource information in a manner to support further development in this area
- Support what is already in place, thus enhance accessibility

Strategies

STRATEGY 1 | Beginning in Plan Year 1, members of the committee will establish a work plan and meeting schedule for the first year and meet quarterly each year thereafter.

The committee will:

- Concentrate on identifying health care gaps and barriers.
- Identify duplication/overlap in services and it's effect on service delivery.
- Identify areas for collaborative efforts.
- Focus on finding solutions to improve health care access for persons with disabilities
- Define, evaluate and implement the selected solutions
- Share and update resources that will improve access to health care
- Participate in efforts to raise awareness of this issue
- Determine priorities for related advocacy and unified messaging
- Enhance communication to educate consumers of available services

STRATEGY 2 | During Plan Year 1 and 2, begin the process of assessing information on access to health care, work to identify gaps barriers and potential solutions to reduce redundant services and add to the possibility of combining programs, thus freeing resources to address access gaps.

Access to Health Care

Steps to assessing existing health care services:

A. Identify the geographic location of available services by category

B. Analyze the geographic distribution of services to determine shortages and overages.

C. Identify barriers to utilization of existing services based on the following:

   a. Transportation

   b. Financial resources (including insurance)

   c. Service providers/geographic spread

   d. Awareness of services available

D. Provide findings to community groups and organizations so that they can use the information as a tool to assist them with their programs and outreach.

STRATEGY 3 | During Plan Year 3, report findings of identified gaps, barriers and potential solutions to utilizing health care services in Virginia. The task force members will identify at least two advocacy partners to assist in broadening the recognition of these gaps and barriers statewide.

STRATEGY 4 | Seek partnerships with educational institutions, universities and continuing education providers so that health care professionals (target groups to be determined) have a better understanding of health care access issues and the challenges posed by an imbalance in the geographic distribution of health care providers across Virginia. Identify at least one partner annually.

STRATEGY 5 | The task force will evaluate progress on Strategies 1-4 annually and update as needed.

Nutrition and Physical Activity

The Plan

GOAL 3 | People with disabilities will have opportunities to engage in physical activity and improve nutrition.

OBJECTIVE 1 | Within 5 years of initiating the plan, there will be an increase among people with disabilities participating in physical activities.

OBJECTIVE 2 | Within 5 years of initiating the plan, there will be an increase in people reporting healthy eating behaviors and food choices.

RATIONALE | Physical activity and a healthy diet can reduce the risk of many chronic conditions. Recent data from the *Disability Among Virginians: An Analysis of BRFSS Data 2000, 2001, 2002*, suggest that people with disabilities are about 10% more likely to be overweight, and about 20% less likely to be physically active. Inactivity combined with poor nutrition can lead to problems such as osteoporosis, obesity, heart disease, arthritis, diabetes, high blood pressure and high blood cholesterol. Also, a lack of physical activity can negatively impact one's emotional health. According to *Healthy People 2010*, routine physical activity is associated with less depression and anxiety, improved mental outlook and fewer days of pain. Combined with physical activity, a diet that provides the right amount of calories and nutrients enhances the health of most individuals. Because people with disabilities are more likely to be less active and overweight, choosing a healthy diet with foods low in fat, sugar and salt and high in fiber and nutrient dense foods is an important part of staying healthy.

Nutrition and Physical Activity

Strategies

STRATEGY 1 | Plan Year 1, identify barriers that keep people with disabilities from participating in physical activities and choosing healthy eating behaviors and food choices.

STRATEGY 2 | Plan Year 1, begin to develop criteria or locate existing tools for examining the accessibility of nutrition and physical activity-related programs and facilities.

STRATEGY 3 | Plan Year 1 and 2, identify organizations that provide nutritional information or counseling to people with disabilities. Locate organizations that offer physical activities that include people with disabilities or have specific adaptive recreation.

Possible organizations that may provide these services include:

- Disease-related Groups
- Aging / Senior Organizations
- Health Departments
- Colleges / Universities
- Independent Living Centers
- Virginia Department of Parks and Recreation

STRATEGY 4 | In Plan Year 3, work with professionals and consumers to develop recommendations (model policies, programs) for improving access to good nutrition and physical activity that address barriers.

STRATEGY 5 | In Plan Year 3, develop a checklist that an organization or a consumer could use as an evaluation tool for improving access to a facility or program.

STRATEGY 6 | In Plan Year 4, begin to develop a clearinghouse for physical activity and nutrition-related resources that would be available to people with disabilities. Information and lists of resources would also be available on the website, referred to in the Health Promotion and Outreach section.

STRATEGY 7 | In Plan Year 4, establish at least one formal partnership with an advocacy group that could promote mechanisms of change in attitudes, policies and laws that would be instrumental in making physical activity and recreation more accessible, and encourage the promotion of healthy eating habits for people with disabilities

STRATEGY 8 | In Plan Year 4, attend and present at meetings of groups that could make a difference in the ability of people with disabilities to access good nutrition and physical activities. Examples of these groups include building contractors, transportation providers and health care professionals.

STRATEGY 9 | In Plan Year 4, develop marketing strategies that promote awareness of the benefits of physical activity and a healthy diet to people with disabilities (see Health Promotion and Outreach–Objective 2).

STRATEGY 10 | In Plan Year 5, offer seminars to group home employees and private caregivers on the benefits of regular physical activity and healthy eating. Examples of topics could include behavior change techniques, modeling positive physical activity and eating behaviors, and teaching caregivers how to motivate those receiving their care.

Health Promotion and Outreach

The Plan

GOAL 4 | Public, and private community organizations that participate in health promotion and outreach activities are aware of the importance of including people with disabilities in programs and initiatives.

OBJECTIVE 1 | Within 18 months of the initial distribution of the state plan, develop and implement a comprehensive disability awareness and inclusion media plan.

OBJECTIVE 2 | Within 18 months of implementation of the state plan, have an all-inclusive disability accessible Website with extensive amount of information for the disabled community.

RATIONALE | Members of our communities that do not have a disability sometimes have misconceptions about people who are disabled. People with disabilities have the same needs as those without disabilities. They want to socialize with others, be physically active, participate in classes, volunteer, or just go to a park. There are many recreational, educational and social activities that are offered every day in the state of Virginia through city or county recreation departments, fitness facilities, colleges and universities, volunteer service organizations and community organizations, but often the activities they provide are not adapted for or offered to people with disabilities. Almost all physical activities can be easily adapted to be accessible for people with disabilities; social and educational activities just need to be held in accessible facilities or locations. There is a need for community education that will enlighten organizations, businesses and citizens to necessity of including people with disabilities in the planning of all activities.

Strategies

STRATEGY 1 | Plan the development and implementation of a comprehensive disability awareness and inclusion media plan within 18 months of the initial distribution of the state plan with guidance and assistance from disabled community members.

The timeline of the media plan is as follows:

- Identify common barriers that people with disabilities face accessing media campaigns (3 months)
- Select production resources (3-6 months)
- Promote the benefits of targeting people with disabilities as consumers of products and services (Ongoing)
- Develop a brochure (6 months)
- Set up a database of local and national resources (6 months)
- Radio public service announcement (12 months)
- Television public service announcement (12 months)

STRATEGY 2 | Establish contacts during the development phase of the media plan that will disseminate it upon completion. Identify media and advocacy groups that are willing to promote awareness and inclusion.

STRATEGY 3 | Annually evaluate the message of the media campaign and revise when necessary.

STRATEGY 4 | Throughout Plan Years 1-5, publicly recognize organizations that include people with disabilities in their strategies, work plans, initiatives and programs.

Health Promotion and Outreach

STRATEGY 5 | In Plan Year 2, identify at least one advocacy organization that would be willing to hold an advocacy training workshop to encourage community members to become advocates for the acceptance of people with disabilities.

STRATEGY 6 | In Plan Year 3, partner with at least one advocacy group that can encourage government agencies, businesses and community organizations to become ADA compliant.

STRATEGY 7 | In Plan Year 3, begin development of a Website with extensive information, including all of the state plan goal areas pertaining to people with disabilities. The Website will have universal accessibility for those with disabilities.

Some of the topics on the Website will include:

- Accessible programs and facilities for nutrition and physical activity
- Access to health care information
- Accessible health care facilities and services
- Health promotion, and outreach activities calendar
- Disability data
- Disability advocacy groups
- Businesses that are owned by people with disabilities
- Recreational information
- Adaptive device suppliers
- Educational opportunities
- Places where someone with a disability can gain computer/Internet access
- Organizations that may donate or provide computers, training, or software

Data and Surveillance

The Plan

GOAL 5 | Develop a coordinated data system whereby providers, consumers and advocates can gain timely access to information about the health status and related needs of individuals living with disabilities.

OBJECTIVE 1 | Within 18 months of implementation of the state plan, identify necessary core data elements across all disability groups (and potentially disability-specific).

OBJECTIVE 2 | In Plan Year 3, identify additional sources to be accessed to fill in gaps in data (e.g. federal data sources, professional associations' databases, etc.). In cases where data simply do not exist, the coalition will work with other organizations and state agencies to address gaps.

RATIONALE | Currently, providers, consumers and advocates have limited access to data about Virginia's disability community. With numerous data holders across the Commonwealth (e.g., state agencies, advocacy organizations, health care organizations, etc.), and issues related to data sharing and confidentiality, the creation of a single, central data repository is unlikely. However, it is feasible to create a data collaborative whereby data holders across state agencies and other organizations work together to ensure that core data elements are available within each entity.

Data and Surveillance

Strategies

STRATEGY 1 | Key stakeholders that have been identified will be educated as to the purpose, need and expectation of a unified data system. The data system will allow for identifying core data and producing standard reports, helping to identify gaps in information and sources. All participating stakeholders will have access to group member data.

STRATEGY 2 | Inventory existing data across organizations and create a master document of all sources showing the extent of readily available core elements and standard reports.

STRATEGY 3 | Meet with key organizations to discuss data elements and reports and provide information about existing gaps in data. Seek approval for agencies and organizations to add core elements, if able, and to create standard reports and queries.

STRATEGY 4 | Create an interactive consumer issues database that will allow for the collection, and sharing of information across all disabilities.

STRATEGY 5 | On the Website, referred to in the *Health Promotion and Outreach* section, there will be access to provider and consumer data or links to where data can be found. Include a guide to data sources that describes the data source, limitations, and cautions/caveats in interpretation. Also, use the Website as a central point of dissemination for current Virginia BRFSS data related to disability.

State Plan Addendum

HPPD Forums and Town Hall Meetings

During July and August of 2005, the draft of the Virginia Disability State Plan was presented to consumers and stakeholders at regional forums and town hall meetings across Virginia to gain feedback and input.

Forum and Town Hall Attendees

A wide variety of people attended the community meetings. HPPD was able to get feedback from health care professionals, service providers, caregivers, and community members with disabilities. The HPPD Staff and Task Force wanted to give people the opportunity to voice their opinions about the state plan and any other relevant issues that were not addressed.

Common Themes across Communities

Although each geographic area where forums and town hall meetings were held has its own unique issues with unique solutions, there are some common themes that emerged from these community discussions that provide insight into the most pressing concerns and issues related to health promotion for people with disabilities in Virginia. The following issues were consistently reported:

Transportation

Transportation was brought up at every forum and town hall meeting, both by rural and urban communities. This topic is relevant to most of the goals that have been established in the state plan. If people don't have consistent and reliable transportation, it can affect many aspects of their lives. Lack of transportation can limit a person with a disability from going to doctor's appointments, shopping for healthy nutritious food, and participating in recreational and social activities.

State Plan Addendum

Access to Health Care

Access to health care and preventative health services are a problem for those with disabilities. People are especially concerned that many doctors are no longer taking Medicaid patients or limiting the number they see, thus preventing them from receiving regular services. This is particularly true of specialists. Not only is it challenging for a person with a disability to find a doctor, but also many facilities are not physically accessible. Often there are also communication barriers for those wanting treatment.

Access to Health Promotion and Outreach Activities

Health promotion and outreach activities are really important for people with disabilities, however access to these activities is sometimes not available to everyone. A common theme was that people are not aware of the activities and services that are available in their communities. Because of the variety of disabilities, different forms of outreach and media are necessary to inform people about health promotion and outreach activities. People with vision or hearing impairments and those that speak other languages are often left out. There needs to be more public awareness that people with disabilities want and should be included in community, recreational, social, and educational activities. Many people think that service and health care providers need to communicate more with each other, which would enable them to refer people to services they need.

State Plan Addendum

Healthy Eating

The pros and cons of healthy eating were very similar at each meeting. There are a lot of misconceptions that eating healthy is expensive and cooking healthy is too time consuming. Many commented that family and cultural styles of eating are not always healthy. They suggested that if nutrition education was available and they could be shown how to eat and cook healthier, they would. Residents in rural communities said, because of the lack of grocery stores, all food, and especially fresh produce seemed to be more expensive than for urban areas.

Data

Health care and service providers said they would like to have regional and local data. Most of the data available is either state or national. Some thought if they had more accurate numbers for the kinds of disabilities in their areas, they would be able to customize their programs and services more for those that need them.

Resources

The following organizations are members of the HPPD Task Force:

Brain Injury Association of Virginia
3212 Cutshaw Avenue, Suite 315
Richmond, VA 23230
804-355-5748

Blue Ridge Independent Living Center
1502B Williamson Road, NE
Roanoke, VA 24012
540-342-1231

Chesterfield - Disability Service Board
9901 Lori Road, Room 500
Chesterfield, VA 23832
804-748-1307

Chesterfield Health District
9501 Lucy Corr Circle
Chesterfield, VA 23832
804-748-1706

Compliance Alliance
3006 Water Creek Court, Suite 1-C
Richmond, VA 23112
804-595-1048

Crater Health District
301 Halifax Street
Petersburg, VA 23804
804-863-1652

Department for the Blind
and Vision Impaired
397 Azalea Avenue
Richmond, VA 23227
804-371-3112

Department for the Deaf
And Hard of Hearing
1602 Rolling Hills Drive, Suite 203
Richmond, VA 23229
(V/T)804-662-9703

Department of Rail and
Public Transportation
PO Box 590
Richmond, VA 23218
804-786-1154

Department of Rehabilitative Services
8004 Franklin Farms Drive
Richmond, VA 23229
804-662-7154

Eastern Shore Health District
7114 Lankford Highway
Nassawadox, VA 23413
757-442-6228

Hampton Health Department
3130 Victoria Boulevard
Hampton, VA 23661
757-727-2580

Resources

Henrico Health Department
3810 Nine Mile Road
Richmond, VA 23223
804-652-3177

Lynchburg Park & Recreation
Challenged Sports Exchange
301 Grove Street
Lynchburg, VA 24501
434-455-5880

MCV Department of Physical
Medicine & Rehabilitation
Virginia Commonwealth University
PO Box 980677
Richmond, VA 23219
804-828-4097

Ms. Wheelchair Virginia/GRACC
2205 Perl Road
Richmond, VA 23230
804-673-6500

National Multiple Sclerosis Society
Central Virginia Chapter
2112 W. Laburnum Avenue
Suite 204
Richmond, VA 23227
804-353-5008

Newport News Health Department
416 J. Clyde Morris Boulevard
Newport News, VA 23601
757-594-7400

Richmond Residential Services, Inc.
1000 North Thompson Street
Richmond, VA 23230
804-358-2211

Norfolk Department of Public Health
830 South Hampton Avenue
Norfolk, VA 23510
757-683-8836

Partnership for People with Disabilities
Virginia Commonwealth University
700 E. Franklin Street, 11th Floor
Richmond, VA 23284
804-828-8593

Portsmouth Health District
1701 High Street, Suite 102
Portsmouth, VA 23704
757-393-8585

Rappahannock Area Health Education Center
(RAHEC)
5559 Richmond Road
Warsaw, VA 22572
804-333-3733

Resources

Resources for Independent Living, Inc.
4009 Fitzhugh Avenue
Richmond, VA 23230
804-353-6503

Richmond City Health Department
900 East Marshall Street, 3rd Floor
Richmond, VA 23219
804-646-3100

Virginia Assistive Technology Systems
8804 Franklin Farms Drive
Richmond, VA 23229
804-662-9994

Sheltering Arms Rehabilitation Centers
206 Twinridge Lane
Richmond, VA 23235
804-560-7230

Sportable
PO Box 7046
Richmond, VA 23221
(804) 615-4372

Western Tidewater Health District
1217 N Main Street
Suffolk, VA 23434
757-686-4907

Special Olympics of Virginia
3212 Skipwith Road, Suite 100
Richmond, VA 23294
804-346-5544

Waynesboro –Disabilities Service Board
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Resources

The Division of Chronic Disease Prevention and Control is located in the Virginia Department of Health at 109 Governor St., 10th Floor, Richmond, VA 23219 and includes:

- Health Promotion for People with Disabilities Project
- Tobacco Use Control Project
- Arthritis Project
- Comprehensive Cancer Prevention and Control Project
- Diabetes Prevention and Control Project
- Cardiovascular Health Project
- Asthma Control Project
- Virginia Cancer Registry

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Division of Chronic Disease Prevention and Control

Health Promotion for People with Disabilities
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