In a 2009 book published by the American Public Health Association, Charles E. Drum, MPA, JD, PhD, and Gloria L. Krahn, PhD, MPH, described the “changing understanding of public health’s responsibility for people with disabilities” as follows:

As we approach the end of the first decade of the twenty-first century, public health is experiencing an unprecedented paradigmatic shift in how we understand and respond to disability. This change is nothing short of phenomenal. From having had a singular focus on preventing disability, public health is beginning to recognize that disability will always be with us. With that, there is an increasing understanding that public health has the responsibility to promote the health and improve the quality of life of persons who already experience disability. People with disabilities represent a substantial portion of the target population of many public health activities—from diabetes management to tobacco cessation to emergency preparedness. Failure to acknowledge and accommodate disability in these target populations will jeopardize the success of many of these programs.

In response to this “changing understanding,” the Disability and Public Health topic area was introduced at
the Pacific Rim International Conference on Disability and Diversity for the first time in 2012. For 2014, the co-chairs are seeking presentations describing advances in the field of public health and highlighting innovative thinking for maintaining progress and addressing challenges. They are particularly interested in presentations that address:

- How public health can support people with disabilities of diverse racial/ethnic heritage through efforts to reduce health disparities, improve access to health care, and promote environmental justice.
- Any of the 20 disability objectives of the U.S. Surgeon General’s Healthy People 2020 initiative:
  
  **Systems and Policies**

  1. Include in the core of Healthy People 2020 population data systems a standardized set of questions that identify "people with disabilities";
  2. Increase the number of Tribes, States, and the District of Columbia that have public health surveillance and health promotion programs for people with disabilities and caregivers;
  3. Increase the proportion of U.S. master of public health (M.P.H.) programs that offer graduate-level courses in disability and health;

  **Barriers to Health Care**

  4. Reduce the proportion of people with disabilities
who report delays in receiving primary and periodic preventive care due to specific barriers;

5. Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric to adult health care;

6. Increase the proportion of people with epilepsy and uncontrolled seizures who receive appropriate medical care;

7. Reduce the proportion of older adults with disabilities who use inappropriate medications;

**Environment**

8. Reduce the proportion of people with disabilities who report physical or program barriers to local health and wellness programs;

9. Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work, or community activities;

10. Reduce the proportion of people with disabilities who report barriers to obtaining the assistive devices, service animals, technology services, and accessible technologies that they need;

11. Increase the proportion of newly constructed and retrofitted U.S. homes and residential buildings that have “visitable features” ensuring accessibility;

12. Reduce the number of people with disabilities living in congregate care residences;

**Activities and Participation**
13. Increase the proportion of people with disabilities who participate in social, spiritual, recreational, community and civic activities to the degree that they wish;
14. Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs;
15. Reduce unemployment among people with disabilities;
16. Increase employment among people with disabilities;
17. Increase the proportion of adults with disabilities who report sufficient social and emotional support;
18. Reduce the proportion of people with disabilities who report serious psychological distress;
19. Reduce the proportion of people with disabilities who experience nonfatal unintentional injuries that require medical care;
20. Increase the proportion of children with disabilities, birth through age 2 years, who receive early intervention services in home or community-based settings.

We welcome proposals in any presentation format. Please see presentation formats on our webpage at: http://www.pacrim.hawaii.edu/submissions/presenters/formats/. Please check the criteria for each format and ensure that you have the appropriate number of presenters for your chosen format. You may submit proposals online at: http://www.pacrim.hawaii.edu/submissions or send your proposals via email to prcall@hawaii.edu.
For more information please contact the Topic Chairs:
David Leake at leake@hawaii.edu, (808) 956-0820, and
Martha Guinan, guinan@hawaii.edu, (808) 956-9810.

For general information on the conference, please contact
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For registration questions please contact the registration
desk at prreg@hawaii.edu,
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*For more information on Healthy People 2020 please visit: