

Brown Bag Webinar Series

Engaging Patients with Disabilities and Chronic Health Conditions

Research shows that for Kansans with disabilities, nearly 75% are overweight or obese; only 12.8% meet physical activity guidelines and only 54.3% visited a dentist in the past year. It is vitally important that individuals with disabilities be provided with support and opportunities to make improvements in their health. This webinar series will provide the health care community with initiatives that support health for people with disabilities; have an opportunity to learn about barriers faced in accessing health care and promoting health; how to create an accessible health care environment; and provide information on federal disability programs, employment for people with disabilities and ways that medical providers can best support their patients with disabilities.

Engaging Patients Cluster Schedule

All sessions will be held from 12 - 1 p.m. (*Topics, speakers, and dates are subject to change*)

January 15, 2019 Understanding Health Disparities and the Social vs. Medical Model of Disability

Speakers Dot Nary, Ph.D., Physical Activity & Access Coordinator, Kansas Disability and Health Program; Jean Hall, Ph.D., Director, Kansas Disability and Health Program; and Noelle Kurth, MS, Evaluation Coordinator, Kansas Disability and Health Program

Credit 1 hour - Physicians, Advanced Practice Nurses, Nurses, Social Workers, ACHA-Admin., and Dentists

January 22, 2019 Addressing Real-Life Experiences of People with Disabilities

Speakers Dot Nary, Ph.D.; Lou Ann Kibbee, Systems Advocacy Manager, SKIL Resource Center; and Brad Linnenkamp, Self-Advocacy Trainer, Arc of Douglas County/Self Advocate Coalition of Kansas

Credit 1 hour - Physicians, Advanced Practice Nurses, Nurses, Social Workers, ACHA-Admin., and Dentists

January 29, 2019 Creating an Accessible Health Care Environment

Speaker Dot Nary, Ph.D.

Credit 1 hour - Physicians, Advanced Practice Nurses, Nurses, Social Workers, ACHA-Admin., and Dentists

February 5, 2019 Navigating Medicare, Medicaid, and Employment for Individuals with Disabilities

Speakers Jean Hall, Ph.D. and Noelle Kurth, MS

Credit 1 hour - Physicians, Advanced Practice Nurses, Nurses, Social Workers, ACHA-Admin., and Dentists

Location

These sessions will be broadcast via Zoom.

Target Audience

Physicians, Physician Assistants, Dentists, Advanced Practice Nurses, Nurses, Dental Hygienists, ACHA-Admin, SW, PT/OT (not pre approved), Public Health and Other Allied Health Professionals

Cost

Cost is determined for attending as an individual or an organization.

\$125 - Organization

An organization may register as a site and have an unlimited number of participants. The organization fee will include continuing education credit applicable to the cluster for individuals that are employed by the organization and attending at your site. If an organization logs in from multiple locations, registration must be made for each location. AHEC reserves the right to limit connections that each organization can use.

\$60 - Individual Participant

An individual may register to view each cluster on their own as the sole participant.

Call (620) 235-4040 for questions about organization registration.

Registration Deadline: noon, January 11, 2019 (*See next page for registration instructions*)

Registrations turned in after this date will be charged an additional \$10.

Cancellation Deadline: January 11, 2019

**For More Information:
Contact the AHEC Statewide Office at
(620) 235-4040.**

Brown Bag Webinar Series: Engaging Patients Cluster

January 15, January 22, January 29, and February 5, 2019

To Register

Organization contacts/individuals may register through one of four methods:

Email: Email us at ahcpitt@kumc.edu and note "Registering for BBWS Engaging Patients Cluster" in the subject line. Please include the following information in your e-mail:

- Name of organization/individual
- Mailing address
- Phone and fax numbers
- Name and e-mail address of organization contact person(s)*
- Number of employees attending
- Payment information

Phone: Contact the KU AHEC Statewide Office by calling (620) 235-4040

Fax: Return the attached registration form to: (620) 235-4041

Mail: Return the attached registration form to: AHEC Statewide Office, 1501 S. Joplin, Shirk Hall, 4th Floor, Pittsburg, KS, 66762

The organization contact will receive correspondence regarding the series which include an e-mail prior to each session containing the link to obtain the syllabus, handout materials, registration and evaluation, and link to access broadcast. This individual is responsible for distributing the information within their organization. Each individual participant will be responsible for completing an evaluation after each session attended. **PLEASE NOTE: The online registration form will need to be completed after each session. Verification of attendance will be confirmed through organization contact and/or Zoom attendee reports.*

Planning Committee

Kim Bruns, MS, Ed; Jean Hall, Ph.D.; Noelle Kurth, MS; Dot Nary, Ph.D.; Mary Beth Warren, MS, RN; Lisa Stouffer; Chris Schumacher, MS, MSN, RN-BC; and Karen Aufdemberge, BSN, RN

Cancellation Policy

A registrant may cancel no later than January 11, 2019 to receive a refund minus a \$15.00 administrative fee. After that time, no refunds are made. The registration fee will not be transferred to future offerings. Refunds are made by mail.

KU Medical Center AHEC reserves the right to cancel the program and return all fees in the event of insufficient registration. KU Medical Center AHEC will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

Nondiscrimination Statement

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785)864-6414, 711 TTY.

Session Recording

Each session will be recorded. If a participant misses a session, it may be viewed at a later date. **No credit will be given for viewing of recorded sessions.**

Continuing Education Credit

All participants requesting continuing education credit must complete verification of attendance and evaluation form online for each session attended. The link, instructions, and deadlines for completion will be emailed to registered participants prior to each session.

Physicians: The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

University of Kansas Medical Center Continuing Medical Education designates this live activity for a maximum of 4.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

APRN/Nurses: The University of Kansas Medical Center Area Health Education Center West is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 4.0 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0086-1149. Karen Aufdemberge, BSN, RN, Coordinator.

Social Workers: The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 4.0 hours credit applicable for relicensure of LASWs, LBSWs, LMSWs and LSCSWs. Kansas Provider Number 12-002. Karen Aufdemberge BSN, RN, coordinator.

ACHA-Admin.: The University of Kansas Medical Center Area Health Education Center as an approved Long Term Sponsor of continuing education activities for Adult Care Home Administrators by the Kansas Department for Aging and Disability Services, presents this offering for 4.0 clock hours Administrative credit for relicensure. Kansas Sponsorship Number LTS-A0008.

Dentists/Dental Hygienists: Application has been submitted to the Kansas Dental Board.

All others will receive a certificate of attendance.

Credit will be awarded based upon attending each one hour session in its entirety.

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To Register

Email: Email us at ahecpitt@kumc.edu and note "Registering for BBWS Engaging Patients Cluster" in the subject line with the information below in your e-mail

Phone: Contact the KU AHEC Statewide Office by calling (620) 235-4040

Fax: Return a completed registration form to: (620) 235-4041

Mail: Return a completed registration form to: AHEC Statewide Office, 1501 S. Joplin, Shirk Hall, 4th Floor, Pittsburg, KS, 66762

Cost

Please check one of the following registration options.

- Organization - \$125
- Individual participants - \$60

Registration Deadline: noon, January 11, 2019

Registrations turned in after this date will be charged an additional \$10.

Cancellation Deadline: January 11, 2019

Please note: Registration is not complete until payment is received.

OFFICE USE ONLY

Organization Contact Information

Name of organization/individual _____

Mailing address: _____

Phone _____ Fax _____

Name of contact person(s) _____

Email for contact person(s) _____

Site contacts will provide each participant at their site with the link to where they may complete their registration and evaluation form online. If the participant has an electronic device (i.e. smart phone, tablet, etc.) they may follow along with the presentation and complete the forms at the time of the presentation or complete the forms when they have a computer available. Forms are available online until the following Monday.

Continuing Education Credit

Each individual participant will complete a registration and evaluation upon the completion of each session. During this time, participants will note which continuing education credit type they wish to receive.

Method of Payment

- Check enclosed for \$ _____ made payable to **KU Medical Center AHEC**
- P. O. # _____ (please attach)
- Charge credit card: MasterCard VISA Discover American Express

Name on Card _____

Card No. _____

Exp. Date _____ 3-digit Security Code _____

Billing Address _____
street city state zip

Email receipt to _____