**2019 Building Inclusive Communities GEAR Group**

*This GEAR Group explored strategies to increase access to safe, healthy, and inclusive communities that make it possible for people of ALL abilities, including those with intellectual and developmental disabilities, to thrive.*

**Participating States:**

California, Florida, Georgia, Iowa, Louisiana, Michigan, Minnesota and Virginia

The 2019 GEAR Groups focused broadly on **health equity and** **upstream factors**.  **The Building Inclusive Communities GEAR Group** members focused specifically on how chronic disease programs are collaborating to strengthen economic supports for families, promoting social norms for violence prevention, and connecting youth to caring. This effort is in line with the 2018-19 NACDD [President’s Challenge](https://chronicdisease.us6.list-manage.com/track/click?u=f5eb710db3&id=59b5e492be&e=f24f4399a9) under Dr. [Gabriel Kaplan](https://www.chronicdisease.org/page/GabrielKaplan)’s leadership. Dr. Kaplan’s [presentation](https://chronicdisease.us6.list-manage.com/track/click?u=f5eb710db3&id=019c43d8e8&e=f24f4399a9) at NACDD’s Chronic Disease Academy in April provides a [roadmap](https://chronicdisease.us6.list-manage.com/track/click?u=f5eb710db3&id=d8d94e199a&e=f24f4399a9) for incorporating the social determinants of health into chronic disease prevention and control and health promotion, as does his article, [“Socially Determined: A Call to Action”](https://chronicdisease.us6.list-manage.com/track/click?u=f5eb710db3&id=d87af3c3fa&e=f24f4399a9) featured in the Association’s [Insights](https://chronicdisease.us6.list-manage.com/track/click?u=f5eb710db3&id=cc04473db5&e=f24f4399a9) magazine.

**Resources and References**

Participants shared the following resources during the four week GEAR Group process in September 2019.

**General PSE Resources**

* One CDC resource for the **Social Ecological Model** (SEM). This version is based on gun violence prevention, but just view the model from the aspect of the different levels of reach (“circles”). In theory this can be applied to any type of public health focus area. The SEM is really the standard theory for PSE approaches in public health: <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>
* National Center for Health, Physical Activity and Disability (NCHPAD) has a framework for making programs, policies, systems, and environments (PPSE) inclusive, titled the Knowledge, Adaptation, Translation, and Scale-Up (KATS) framework. Here’s a journal article discussing the KATS framework: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5858397/>

**Diabetes Resources**

* American Diabetes Association. <https://www.diabetes.org/>

**Nutrition Resources**

* SNAP-Ed works with partners to make the healthy choice the easy choice. <https://snaped.fns.usda.gov/>

**Tribal Health Resources**

* CDC Tribal Chronic Disease Prevention: <https://www.cdc.gov/healthytribes/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fchronicdisease%2Ftribal%2Findex.htm>
* Link to a free journal article titled *A Holistic Approach to Chronic Disease Prevention: Good Health and Wellness in Indian Country*: <https://www.ncbi.nlm.nih.gov/pubmed/31370920>
* National Center for State Legislatures, article titled *Transforming Health in Tribal Communities*, that details Community Transformation Grant (CTG) efforts in multiple tribal locations. The CTG grant was organized around the CDC’s PSE approach towards healthy eating, physical activity, and tobacco prevention/reduction. This may be a great read: <http://www.ncsl.org/research/health/transforming-health-in-tribal-communities.aspx>
* Inter-Tribal Council of Michigan: <http://www.itcmi.org/departments/health-education-and-chronic-disease/cardiovascular-health-and-diabetes/reach-journey-to-welness/>
* Tribal Epidemiology Centers Public Health Infrastructure Program:
* In 2017, started a new five-year cooperative agreement with CDC. After skimming the site, this is very comprehensive but does designate a focus on relationship building, which is crucial when working with tribal communities/groups/populations
* Tribal Epicenters: <https://tribalepicenters.org/tecphi/>
* PDF model resource: <https://tribalepicenters.org/wp-content/uploads/2018/09/NCC-Logic-Model.pdf>

**Reproductive Health Resources**

* American Public Health Association (APHA) Reproductive Health page: <https://www.apha.org/topics-and-issues/reproductive-and-sexual-health>
* APHA Sexual and Reproductive Health page: <https://www.apha.org/apha-communities/member-sections/sexual-and-reproductive-health>
* Advocates for Youth ([www.advocatesforyouth.org](http://www.advocatesforyouth.org)) have a comprehensive blueprint PDF titled “Blueprint for Sexual and Reproductive Health, Rights, and Justice”. <https://advocatesforyouth.org/wp-content/uploads/2019/07/FINAL-BLUEPRINT-AGENDA-JULY-2019.pdf>
* Journal article titled “*Sexual and Reproductive Health of Young People with Disabilities in Ethiopia: A Study on Knowledge, Attitude and Practice – A Cross-Sectional Study*”: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4750354/>
* CDC Disability and Health Healthy Living page, scroll down to Sexual Health and Sexuality section for additional links: <https://www.cdc.gov/ncbddd/disabilityandhealth/healthyliving.html>
* CDC Disability and Health Tips for communicating with female ID about sexual and reproductive health: <https://www.cdc.gov/ncbddd/disabilityandhealth/materials/communicating-with-female-patients.html>

**Age Friendly Communities Resources**

* AARP:
	+ Network of Age-Friendly Communities: <https://www.aarp.org/livable-communities/network-age-friendly-communities/>
	+ Livability Index:<https://livabilityindex.aarp.org>
	+ Community Challenge is their annual grant program:<https://www.aarp.org/livable-communities/about/info-2017/aarp-community-challenge.html>
	+ Livable Communities: <https://www.aarp.org/livable-communities/>
* World Health Organization’s Towards an Age-Friendly World resource page: <https://www.who.int/ageing/age-friendly-world/en/>
* Blog on Eight Features of Age Friendly Cities:
	+ [www.theseniorlist.com](http://www.theseniorlist.com)
	+ <https://www.theseniorlist.com/blog/8-features-age-friendly-cities/>

**Evaluation and Framework Resources**

* SNAP-Ed evaluation. <https://snaped.fns.usda.gov/program-administration/snap-ed-evaluation-framework>
* <https://www.wilder.org/wilder-research/research-library/collaboration-factors-inventory-3rd-edition>
* BARHII Framework <http://barhii.org/framework/>
* CDC’s Disability and Health Data System where you can find state-level data that is specific to chronic conditions/diseases and persons with disabilities: <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>.
* Prevent T2 for All adapted NDPP curriculum links for group participants:
	+ CDC: <https://www.cdc.gov/diabetes/prevention/resources/curriculum.html>
	+ NCHPAD: <https://www.nchpad.org/1678/6780/Prevent~T2~for~All>
	+ NACDD: <https://www.chronicdisease.org/page/NDPP2017>
* Presentation by NACDD’s Mari Brick and NCHPAD’s Amy Rauworth about chronic disease self-management and prevention for all, including diabetes prevention and disability inclusion. Here’s the link: <https://www.eiseverywhere.com/file_uploads/a19d49f8559345d919ab71d904ea5125_MBrick_PreventandManageChronicDisease.pdf>

**General Resources**

* Charity that uses ethical photography to promote positive social change. <https://photovoice.org/>
* US Department of Veteran’s Affairs. <https://www.va.gov/>
* Florida Agency for Persons with Disabilities. <https://apd.myflorida.com/about/faqs.htm>
* CDC Disability and Health Healthy Living page, includes information related to many aspects of healthy living, including physical activity and some language around inclusive screenings and exam offices, etc.: <https://www.cdc.gov/ncbddd/disabilityandhealth/healthyliving.html>
* Check out the article “The 8 Domains of Livability: An Introduction” as a foundation
* Universal Design: <http://universaldesign.ie/What-is-Universal-Design/>
	+ Seven Principles of Universal Design: <http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/>
* CDC Disability and Health Branch relevant pages:
	+ <https://www.cdc.gov/ncbddd/disabilityandhealth/index.html> (best link for accessing their portfolio of helpful pages!)
	+ Disability and Health Overview: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>
	+ Specific Disability Groups: <https://www.cdc.gov/ncbddd/disabilityandhealth/informationfor.html>
* National Center for Health, Physical Activity, and Disability (NCHPAD) is the national resource hub for healthy eating and physical activity resources for PWD. They are housed at the Lakeshore Foundation in Birmingham, AL, which serves as a national Paralympic Training Center for Team USA.
	+ <https://www.nchpad.org>
	+ <https://www.lakeshore.org>
* The best resource for ped/bike transportation system planning, land use, and environmental design is the 2017 Community Guide resource from the Community Preventive Services Task Force’s Recommendations. We structure our NACDD Walkability Action Institute after this. Many of the resources below are built around and/or exist in support of these recommendations. I have the longer report version, but I only use this two-pager.
* Link to CDC DNPAO’s Active People Healthy Nation effort: <https://www.cdc.gov/physicalactivity/activepeoplehealthynation/index.html>
* Link to CDC DNPAO’s Activity Friendly Routes to Everyday Destinations: <https://www.cdc.gov/physicalactivity/community-strategies/beactive/index.html>
* Check out the CDC DNPAO Implementation Guides for the three main funding streams (SPAN, REACH, and HOP). Many of the physical activity implementation options across all three projects mirrors the Community Preventive Services Task Force’s recommendations. These, along with the healthy eating strategies, provide a menu of options that you could pursue and keep your efforts aligned with federal funders.
	+ SPAN Implementation Guide: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/SPAN-Implementation-Guide-508.pdf>
	+ REACH Implementation Guide: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/reach/current_programs/index.html>
	+ HOP Implementation Guide: <https://www.cdc.gov/nccdphp/dnpao/state-local-programs/pdf/HOP-Implementation-Guide-508.pdf>

**Recommendations**

**Potential Partners**

* Consider partnering with mayoral health councils
* Continue building trust with local health departments
* Partner with federally qualified health centers
* Centers for independent living
* ADA transition coordinator
* Partner with Rehabilitation unit/ department
* In CA they partnered with NCHPAD to support SNAP-Ed implementers in engaging various populations. Focused on youth in CA.
* WISEWOMAN
* Food pantries – nutrition courses
* Starting with the centers for independent living (CILs) is a great place to start with regards to working with disability populations at the local level. These groups typically are well aware of the variety of different disability groups and can likely point you in the direction of specific local agencies based on the type(s) of disability inclusion you might be targeting.
* Health Coalition- CSA (Citizens for Accessibility)- created and run by people in the community
* Partnerships with payers, physicians, etc.
* Partnerships with community members
* Tribal Representatives
* Tribal housing authority—plays a critical role in improving housing conditions to reduce asthma triggers.
* Identify Native American/Alaska Native community members to deliver services whenever possible.
* Examples of disability groups to consider involving:
	+ Centers for independent living (local, regional, or state)
	+ Community members who live with a disability or work directly with a PWD or the disability community

**Evaluation Ideas**

* Evaluate partnerships for shared goals
* Focus group of PWD to determine how to adopt healthy behavior support services to be inclusive and address their needs
* Imagine Greater- <https://www.imaginegreaterscg.com> Hired to tell the story
* Evaluation should tell your story and keep you “grant ready.” For evaluation related to design and built environment related to physical activity, here are the categories that we evaluate for walkability:
	+ In terms of outcomes:
		- New policy changes
		- New systems changes
		- New environmental changes
		- New non-PSE changes
		- New resources developed
		- New tools developed
		- Additional outcomes still in progress
	+ Amount of funds leveraged to implement the work
	+ Estimated reach for all outcome categories above
* University students may be able to assist with evaluation

**Program Ideas and Resources**

* Align any new programs with current school standards to simplify implementation.
* Layer SNAP ED over other programs
* Keep in mind that the National Center for Health, Physical Activity and Disability (NCHPAD) will provide trainings to states on disability inclusion content; believe this is free if it includes an audience of 30-35 people.
* Florida is researching charging health insurance providers/ Medicaid/ Medicare for services
* Keep in mind that as people age, the presence of temporary or permanent mobility limitations increases, which is one aspect of living with a disability. As you make recommendations for improving community design and physical activity for priority senior citizen populations, design changes and access are key.
* Remember that the ADA is about accessibility compliance, but it is a minimum. Just because something might be ADA compliant and “accessible” does not necessarily mean it is inclusive (will learn more about this in session #2).
* Deliver education in non-clinical settings.
* Even though SNAP-Ed funds cannot be used for infrastructure improvements, I would continue to push PSE changes in lieu of programmatic activities. I would also think of the current funds as “seed money” to instill the assessment and training pieces of all of these components. Many times the walkability specific funds are so low in amount that we treat them as seed funds. Make them leveraging funds for PSE changes part of the project process.
* Persons with disabilities (PWD), specific to the following:
	+ Reproductive health options for people with spinal cord injuries;
	+ Abstinence education or responsible sexual behavior education to people with intellectual disabilities (ID) and developmental disabilities (DD); and,
	+ Members of the LGBTQI population, e.g. ensuring that curricula and educational materials are appropriately tailored to members of these various sexual orientation groups.
* If you are providing funding to local health departments (LHDs) or, Youth Development Coordinators, explore other appropriate avenues for reproductive health program delivery outside of the school setting. Some options might include the following:
	+ Boys/Girls Clubs
	+ Community centers and various groups that cater to local youth
	+ Some sports groups may be open to reproductive programming as a component of health promotion to athletes
* Community health workers with a range of cultural competencies to carry out the in-home visits.
* NACDD’s national pilot project funded by the CDC Disability and Health Branch, *Reaching People with Disabilities through Healthy Communities*:
	+ NACDD project page: <https://www.chronicdisease.org/general/custom.asp?page=disabilities>
	+ CDC project page: <https://www.cdc.gov/ncbddd/disabilityandhealth/reaching-people.html>
	+ Summary:
		- We are working with 10 local communities, two each from the five states of Iowa, Montana, New York, Ohio, and Oregon to create inclusive healthy communities by increasing access and opportunity for healthy eating, physical activity, tobacco prevention/reduction, and general accessibility improvements through new policies, systems, or environmental (PSE) changes. This project started in late 2015 and concluded in July 2019.
		- This project takes a “twin approach” to PSE changes, meaning that local communities could pursue PSE changes that (1) were targeted for the general population but had an inclusive component, or (2) were targeted specifically for a particular disability group(s)
		- We did not push programmatic changes unless they were tied more formally to a system change approach.
		- *For the first time ever*, this project intentionally brought together *local public health departments and disability organizations* partnering to do disability inclusive healthy community work.
* NACDD is working on a national pilot project now in partnership with the CDC and four states (FL, PA, AK, NY) to make the National Diabetes Prevention Program (NDPP) inclusive to persons with disabilities. I would recommend getting in touch with NACDD’s Project Lead, Ali Jaglowski (ajaglowski@chronicdisease.org) to learn more about this project.
	+ Ali directs everyone to the Lakeshore Foundation (see link above) about Prevent T2, and they’ve developed this additional resource: <http://committoinclusion.org/pushforyourhealth/>
	+ ***Prevent T2 for All*** is Lakeshore’s adapted version of the NDPP: <https://www.nchpad.org/1678/6780/Prevent~T2~for~All>.
	+ Did research and find this resource from Wayne State University who is working separately to offer NDPP to people with IDD: <https://ddi.wayne.edu/dpp>
* When building inclusive health coalitions, it is best to have a **multi-sector approach**, which would include representatives from community-at-large (CAL), community institutions/organizations (CIOs), schools, worksites, and healthcare. You also want to include an **interdisciplinary approach**, and make sure that coalition members also include public health, planning, transportation, elected officials, disability advocacy organization, etc.
* Always remember that there are many different disability groups, such as people living with mobility limitations, visual impairments, hearing impairments, as well as intellectual and developmental disabilities (IDD). Any curriculum you offer will need to be available in multiple formats for each of the groups.
* When working with disability inclusion built environment changes, it is easiest to improve inclusion by focusing on accessibility and ADA requirements. Just remember that while something might be ADA compliant, it does not always mean it’s inclusive. Also, the ADA is a *minimum* standard.
* Keep in mind that disability inclusion may be specific to just one disability group or type, or to multiple types. There are several main types of disabilities. Try to get familiar with the different types of disabilities.
* When working or targeting those with Intellectual Disabilities (ID) or Developmental Disabilities (DD), it is always a good idea to think about how to incorporate them into the project by “working”
	+ Many states have county level ID/DD entities that consist of day programs. High functioning persons with ID/DD often have jobs. One example we saw with our national inclusive healthy communities pilot project was allowing those with ID/DD to staff mobile farmer’s markets (Adams and Marion Counties, OH).
* Keep in mind when working with farmer’s market strategies, that you can develop a menu of implementation strategies around the built environment of the farmer’s market location to make them more inclusive and accessible.
	+ This was done in our Sioux City, IA community by adding accessibility, increasing rolling space between vendor tables and tents for wheelchair users, adding in temporary and permanent crosswalks, implementing temporary accessible parking stalls in parking lots close to the farmer’s market entry, etc.
* Regarding the question about evaluating and measuring success with Built Environment change, NACDD used the guidelines from the OH Department of Health’s Creating Healthier Communities Initiative for measuring reach of PSE interventions- See Attachments
* If you have problems connecting to local disability organizations or advocates at the local level, can also explore partnership with the local ADA Transition Coordinator (usually planning or DOT based), as a good first place to start, but keep in mind that ADA is not always equal inclusion.
* NACDD recommends to intentionally require local health departments and local Healthy Community coalitions to partner with local disability organizations, people with disabilities, and/or advocates from the onset. Requiring this at the beginning of a project or fiscal year might be a great idea and go a long way towards partnership development and long-term inclusion.
* Continue to use NCHPAD as the national disability resource hub. Feel free to contact us at NACDD for Healthy Community/obesity prevention specifics.
* Above all, remember “nothing about us without us” and continue to involve persons with disabilities into your efforts.

**Policy, System and Environmental Change Approach**

* **PSE approaches are more sustainable over time since they most often can be traced to a signed or adopted policy or system change, often are most sustainable and reach more people. Programmatic approaches are often time-based, are less sustainable, and reach fewer people. I recommend using the SEM as the basis for finding ways to integrate appropriate PSE strategies into your work**.
	+ In the resource model, the SEM is often depicted as a **series of circles**, with the more programmatic approaches (intrapersonal and interpersonal) affecting the smaller circles – or “reach” – and the more PSE approaches (institutional/organizational, community, environment) affecting the larger circles – or more reach.
	+ I often like to think of this as a **triangle** model instead of circles, with the smaller parts of the triangle reaching the least amount of people and the larger parts of the triangle reaching the greatest amount of people. See below:
		- Intrapersonal
		- Interpersonal
		- Institutional/Organizational
		- Community
		- Environmental/Policy
* A good place to start is to enter into PSE approaches by looking to pair some of the current programs with a P, S, or E. I’ve pasted part of the Michigan recommendation here below, and additionally provided an example based on this case:
	+ One way to do this and to get the “foot in the door” with PSE changes are to **look to tie to existing programmatic approaches to a P, S, or E change**. In doing this, it actually helps to sustain the programmatic approach and make it even more successful over the long term. For example:
		- The Healthy Cooking Demonstrations are a programmatic activity, but are not necessarily PSE based. Look for ways to tie each of the program activities to a PSE. In this example, are there corner stores or a grocery vendor on the reservation to pursue PSE interventions? If so, build relationships with those locations and bring them into your partnership group/coalition. You could explore placement of healthy foods in locations that are easy to identify (E change), work with corner stores to supply fruits and a healthy aisle of food/snack options (environmental change), partnering with a local farmer’s market in creative ways for tribal members to access the market – such as onsite at the reservation (E change), co-op with non-tribal farmers or local farmer’s market association (S change).
* Since 2008, NACDD has worked with a community named Salamanca, located in Cattaraugus County, NY. Salamanca is home to a Seneca Nation of Indians (not sure if this is the correct wording), and many of their initial Healthy Community PSEs were accomplished within this municipality. Since the city rents a lot of the land from the reservation, there is constant interaction between the two. The Healthy Community coalition became a bridge between the reservation and the city, and over time, built relationships and trust to make PSE changes. Some 11 years later, the coalition is still going strong and working with the reservation and tribe to continue many Healthy Community PSEs, and now they have moved towards Inclusive Healthy Community efforts. My recommendation is to connect with my two Community Coaches in this location and schedule a call with them to learn more about their early efforts and how they continued to build trust and relationships. Their names are Sandi Brundage and Deb Nichols. I can connect you with them via email and do an email introduction to get a potential call scheduled with you and them. I think this would be an extremely valuable interaction.