Inclusive Healthy Communities Training

NCHPAD
Why are we here?
61 million adults—1 out of 4—live with a disability.

26% of adults in the United States have some type of disability.

The percentage of people living with disabilities is highest in the South.
People with Disabilities In New Jersey

- 1 in 4 Adults in New Jersey have a disability
- Highest percentage have mobility or cognitive disabilities
- Health Indicators:
  - Twice as many adults with disabilities have diabetes or smoke
  - 4 times as many have heart disease
  - 36% are obese compared to 22% of adults without disabilities

Source: Disability and Health Data System, Centers for Disease Control and Prevention. Online.
Disability Impact

Disability is especially common in older adults, women and minorities.

2 in 5 adults age 65 years and older have a disability.

1 in 4 women have a disability.

2 in 5 non-Hispanic American Indians/Alaska Natives have a disability.
Medical vs. Social Model of Disability

We must change our viewpoint on disability for people with disabilities to have a chance on improving their health.

• Medical Model: Disability-specific, personal as opposed to societal problem.
  – Disability is a pathology within the individual.
  – It is a personal problem.
  – Focus is on treating/curing the individual.

• Social Model: Issue of disability is a societal issue.
  – The “problem” of disability is located within society, not the individual.
  – Focus is on approaches such as barrier removal and anti-discrimination legislation.
The Disability is the Problem

Can’t get in the building

Can’t hear / see teacher

The Curriculum doesn’t work.

Wheelchair doesn’t fit.

Teacher doesn’t know what to do

Isn’t normal.
Health equity is assurance of the conditions for optimal health for all people

• Achieving health equity requires:
  • Valuing all individuals and populations equally
  • Recognizing and rectifying historical injustices
  • Providing resources according to need
Implicit (Unconscious) Bias


Also known as implicit social cognition, implicit bias refers to the **attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.**

Can involve positive or negative assumptions

Often for persons with disabilities this includes the "spread effect" which is the assumption that a person's disability affects other traits that aren't affected, or the whole person is impaired.
"More than 80% of U.S. physicians reported that people with significant disabilities have worse quality of life than nondisabled people, an attitude that may contribute to health care disparities among people with disability,"

“We wouldn’t expect most physicians to say that racial or ethnic minorities have a lower quality of life, yet four-fifths of physicians made that pronouncement about people with disabilities. That shows the erroneous assumptions and a lack of understanding of the lives of people with disability on the part of physicians.”
Equity vs Equality

Source: Visualizing Health Equity: Diverse People, Challenges, and Solutions Infographic - RWJF
Ableism? What’s that?

Practices and beliefs that assign inferior value to those with developmental, intellectual, emotional, physical, sensory or psychiatric disabilities

(Disability Rights Education Defense Fund, 2020)
Ableism in the Real World

• Worrying about finding accessible housing or the cost of modifying your home
• Unable to work for fear of losing your public benefits
• Hiding your disability from potential employers for fear of not getting a job
• Wanting to play with your kids but the park is not accessible
• Being unable to walk downtown or having to go into the street because sidewalks are in disrepair or incomplete
Ableism in the Real World

• Media portrayals of people with disabilities as “heroic” or tragic and deserving of pity. Focus is always on their disability/condition

• Unrealistic portrayal (e.g. person playing basketball in an old hospital wheelchair)
Ableism and Barriers in Health Care & Health Promotion

• Missing a doctor’s appointment because public transportation/ Paratransit was late

• Being unable to get onto an examination table during a medical appointment.

• A primary care physician that only focuses on your disability and not wellness

• Asking for a patient’s weight because the scale was not wheelchair-accessible, or staff did not know how to use the accessible scale

• Being asked to bring an interpreter instead of being provided one or lack of interpreter services for deaf people
Barriers to Participation

Programmatic

Attitudinal

Architectural
Equity In Communication
Disability Inclusive Language

**Person-First**
- Puts a person before a diagnosis, describing what a person "has" rather than asserting what a person "is."
- Seen as a type of disability etiquette.
- Intention to avoid using labels, to see the person as a person first and their attribute(s) second.

**Identity-First**
- Comes from self-advocacy movements – a culture of shared experiences.
- For advocates of identity-first language, talking about being a "disabled person" is fundamentally empowering because it acknowledges that their disability is vital to their position in the world and who they are.
Positive Language

Words to Avoid:
- Crippled
- Wheelchair-bound/confined
- Handicapped
- Physically challenged
- Stroke Victim
- Suffers from

Words to say:
- Individual who:
  - Uses a wheelchair
  - Has a disability
  - Had a stroke
  - Experienced a stroke
  - Has epilepsy
Equity In Programming
Creating a Welcoming Environment

1. Avoid being patronizing by giving additional praise or undo attention for accomplishment of simple, everyday tasks.

2. Do not portray disability as a negative.

3. Do not provide physical assistance without asking first.

4. Do not mistake a disability for a serious disease or illness. People with a disability aren’t going to “get better.”
General Procedure for New Participants with Disabilities

• Use established policies for health forms and intake applications as for any participant.
• Be creative—don’t over adapt.
• Let individuals decide what they can or cannot do.
# Develop Disability Awareness

<table>
<thead>
<tr>
<th>Relax</th>
<th>Relax, and be yourself</th>
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<tbody>
<tr>
<td>Treat</td>
<td>Treat individuals in an age-appropriate manner</td>
</tr>
<tr>
<td>Decisions</td>
<td>Let person make their own decisions about what they can or cannot do</td>
</tr>
<tr>
<td>Consult</td>
<td>Consult outside professionals and resources as needed</td>
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Vision Loss or Blindness

• Understand the distinction between blindness and low vision
• Can affect ability to distinguish between light and dark, or between contrasting colors, or read large print
• May use a cane or service animal
• Always verbally introduce yourself when entering and leaving a conversation
• Orient person to the environment (e.g. use “clock cues”)
• Individual may require sighted guide
Hearing Loss

- Ranges from partial to total deafness
- Communication must be effective - consider writing it down
- Speak in a normal tone to the individual, not their interpreter
- Keep hands and other objects away from your face while speaking
- The majority of this population does not read lips
- Plan ahead for auxiliary communication devices, interpreters
Intellectual Disabilities

• May not be apparent at first
• Result from impairments that affect understanding, memory and learning, communication, or behavior and can be attributed to brain injuries, developmental or learning disabilities.
• It may help to allow them access to a preferred location or object at any given time
• Make sure they understand what you have said before you move on.
Intellectual Disabilities

• Ask questions or give instructions one at a time
• Use repetition
• Use lists
• Involve caregivers

A photo of a girl running
Mobility Disabilities

• Do not remove assistive device (cane, crutches, wheelchair, prosthesis, etc.) without permission
• Ask if assistance is needed but wait until it is accepted before helping
• Be aware of distances and terrain
• Ask ahead of time if the person will need any accommodations
Speech/Communication

• If an individual has difficulty speaking, do not assume they have an intellectual disability or alter your own speech or attitude.

• Allow sufficient time for communication; do not attempt to finish their sentence.
Invisible Disabilities

• May not be obvious and can include chronic conditions such as asthma, heart disease, or seizures. Many cognitive, learning, or psychiatric disabilities may also not be apparent.

• Never assume.
Equity in Recruiting/Marketing
Effective Communication

- Live
- Internet
- Social
- Written
- Audio
- Video

Every 1 in 4 messages should feature and carry a message related to or relevant to an individual with a disability.
Written Communication

• Provide alternate formats specific to User's needs
  – Braille
  – Large print
  – Audio/electronic

• Use accessible text (font, no italics, etc.)

• Caption pictures

• Use inclusive imagery

Photo of a student who uses a wheelchair working at a desk on a computer.
Internet Messaging

• Ensure that all utilized tools can be accurately read and translated by screen readers
• Provide appropriate captions, text, and audio descriptions of images
• Provide accessible electronic formats. Consult accessibility resources such as [www.webaim.org](http://www.webaim.org) or [www.section508.gov](http://www.section508.gov)
• Avoid animations and flashy content
Inclusive Communication

• Point of Decision signage should encourage everyone to get active or make healthy choices
• Depict people with disabilities being active and engaging in healthy behaviors.

Inclusive Worksite Wellness Poster
Source: “Work Well NC.” Eat Smart, Move More North Carolina.
Public Health Messaging

Using the chat box, share some public health messages that you’ve seen or heard.
Workplace wellness programs got you down?

Take the stairs  Get 10,000 steps  Park farther away
What is Inclusion?
Inclusion means to transform communities based on social justice principles in which all community members:

• Are presumed competent
• Are recruited and welcome as valued members of their community
• Fully participate and learn with their peers
• Experience reciprocal social relationships.
Where Should Inclusion be?

Best Practices

• In Communication
• In Programming
• In the Environment
• In your Policies
Commit to Inclusion is a national campaign that supports the implementation of Guidelines and programming to empower people with disability to lead healthy, active lifestyles.
9 Guidelines for Disability Inclusion

- Why do this?
  - Examples
  - Resources

Used to **create** community health programs and policies to be inclusive of the needs of people with disability.

Used to **evaluate** whether plans and programs effectively include people with disability.
Objectives include people with disability

Program objectives should explicitly and unambiguously state that the target population includes people with a range of different disabilities (cognitive, intellectual and other developmental disabilities, mobility, visual, hearing, and mental health disabilities).
Involvement of People with Disability in Development, Implementation, and Evaluation

Program development, implementation, and evaluation should include input from people with a range of different disabilities and their representatives.
Who are your allies in inclusion?
Who are your allies in inclusion?

Schools  Healthcare  Community
Are You Familiar with These Potential Partners?

• **Centers for Independent Living**
  – Federally funded, run by people with disabilities, provides services and supports to allow people with disabilities to live in the community
  – 14 locations in New Jersey

• **Condition or population-specific organizations**
  – Easter Seals, MS Society chapters, Spina Bifida Chapters, Special Olympics, etc.

• **State government agencies.** Commonly mental Health, developmental disability, blindness and/or hearing loss.
Intersectional Representation

• Cross-disability focus/representation
  – From diverse backgrounds
    • Race/ethnicity, SES, gender, etc.

*Avoid tokenism*
What partners have you identified?

Use the chat box to share which partners you have identified.

What new partners might you engage?
Program Accessibility

Programs should be accessible to people with disabilities and other users, socially, behaviorally, programmatically, in communication, and in the physical environment.
Program Accessibility

✓ Go beyond ADA requirements and incorporate Universal Design.

✓ Can individuals use the environment independently or will it require assistance? Is it dignified or humiliating?

✓ Are accessibility surveys regularly conducted with people with disabilities?

✓ Think of simple solutions first! Address barriers in phases
Program Inclusion Domains (Ingredients)
Built Environment

**Structural features that are built into the facility or landscape**

- Ramps
- Permanent signage
- Temperature regulation
- Curb cuts
- Parking lots
- Counter height
- Paths of travel
Universal Design

“The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.”

Ron Mace

• There are 7 principles of Universal Design

• Creates environments that are:
  – Safe
  – Easy to use by people with varying skill level
  – Goes beyond the law (ADA, Building Codes, ordinances, etc.)
Instruction

Training & education techniques used to enhance learning for the staff or for the individual with a disability and their family members or caregivers

- Webinars
- Lunch and learns
- In-service trainings
- Seminars
- Certificate programs
- Disability education and etiquette
Services

Person-to-person assistance or other assistance that increases participation

• Providing accessible transportation
• Disability representation in materials and communication
• Availability of assistance or aide
• Providing education materials
• Snow removal
Equipment & Technology

Products or tools used to promote and allow for participation

- Adaptive sports or exercise related products
- Products to increase usability of existing equipment
- Automatic doors
- Bus lifts
- Modified tools
- Communication devices
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## Policy

Laws, rules, regulations, protocols, and procedures designed to guide or influence behavior

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Addressing Access Barriers

- Think of simple solutions first!
- Address barriers in phases if you have to
- Develop partnerships with disability service organizations and individuals
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Kelly Bonner KellyB@lakeshore.org
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