

## Welcome to the Webinar!

We will begin promptly at 2:00pm. If you have any technical issues, please use the Q&A box to send a message. You will not hear any sound until we begin at 2:00pm ET.





# Including People with Disabilities in the MAPP Process

June 11<sup>th</sup>, 2019





# Agenda

**NACCHO Health and Disability Program & NCHPAD**

**Disability Background Information**

**Integrating Disability Inclusion into MAPP Phases**

**Additional Resources to Support Disability Inclusion**

**Q&A**



# Webinar Objectives

After completing this webinar, participants will be able to:

1. Define three major types of disability.
2. Describe how people with disabilities can be included in the six MAPP phases.
3. Describe three NACCHO and NCHPAD resources that can support local public health disability inclusion efforts.





## NACCHO's Health and Disability Program

- Supported by the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention
- Promotes the **inclusion** and **engagement** of **people with disabilities** in all local health department activities including:
  - Planning;
  - Implementation; and
  - Evaluation of public health programs, products, and services.





## Health and Disability Program Activities

- Fellowship Program
- Technical Assistance
- Health and Disability Workgroup
- Communication Activities





- As a *National Center on Health Promotion for People with Disabilities* funded through CDC-NCBDDD, NCHPAD works to improve the **health, wellness, and quality of life of people with disability**.
- **NCHPAD.org** features a variety of resources and services which can benefit all ages and populations
- NCHPAD supports the **accessibility** and **inclusion** of people with disability in existing and future public health promotion programs geared toward improving their **physical activity, nutrition and healthy weight management**.



# 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; and
- Experience **reciprocal** social relationships.



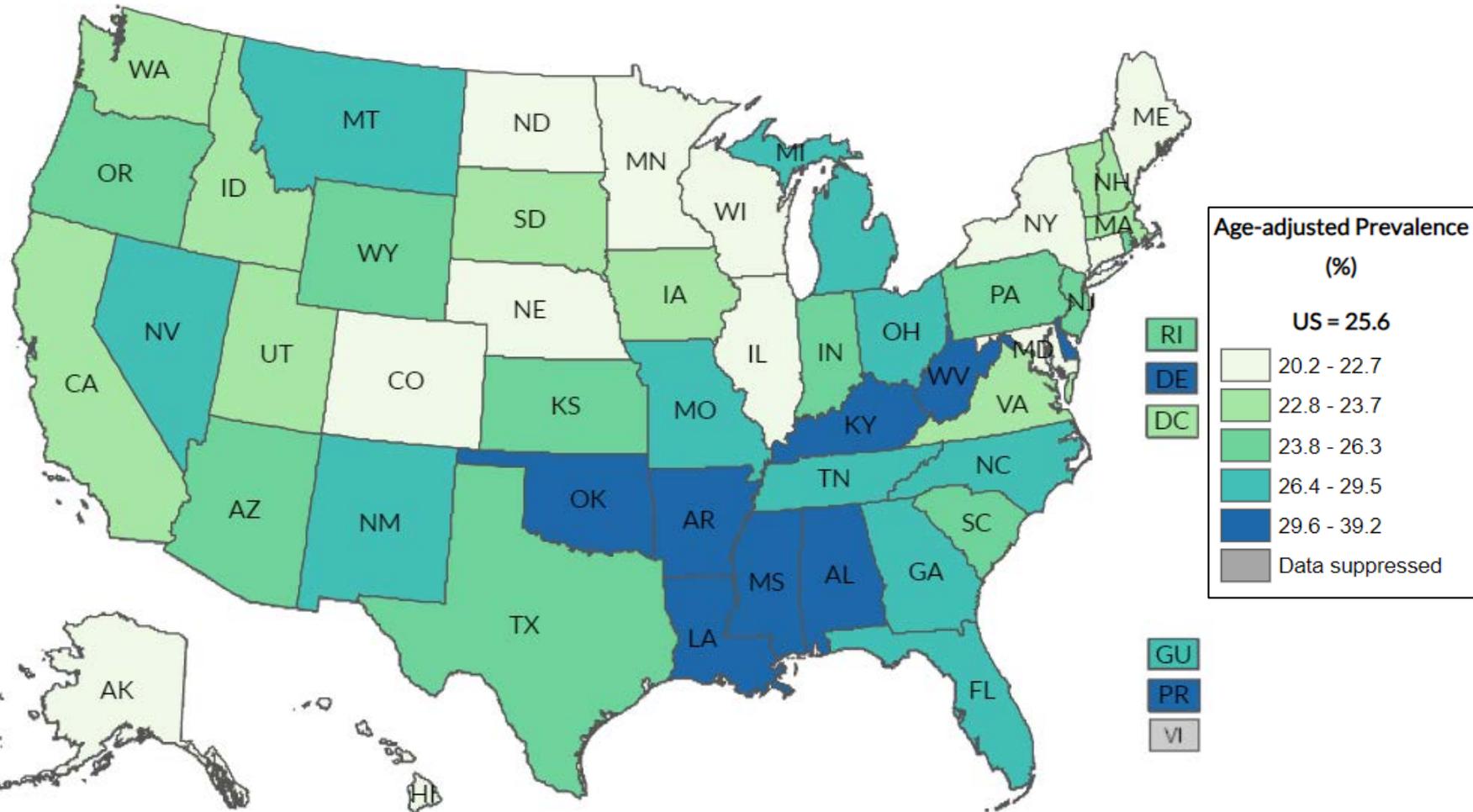
## World Health Organization's (WHO) Definition of Disability

A “disability” has the following three dimensions:

- 1) Impairment** in a person’s body structure or function, or mental functioning, (e.g., loss of a limb, loss of vision or memory loss).
- 2) Activity limitation**, such as difficulty seeing, hearing, walking, or problem solving.
- 3) Participation restrictions**, such as working, engaging in social and recreational activities, and obtaining health care services.



## Disability among adults 18 years of age or older (2017)



Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, Division of Human Development and Disability. Disability and Health Data System (DHDS) Data URL: <https://dhds.cdc.gov>



# Measure of Disability Status and Types

- **Hearing:** Are you deaf or do you have serious difficulty hearing?
- **Vision:** Are you blind or do you have serious difficulty seeing, even when wearing glasses?
- **Cognitive:** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
- **Mobility:** Do you have serious difficulty walking or climbing stairs?
- **Self-care:** Do you have difficulty dressing or bathing?
- **Independent living:** Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?





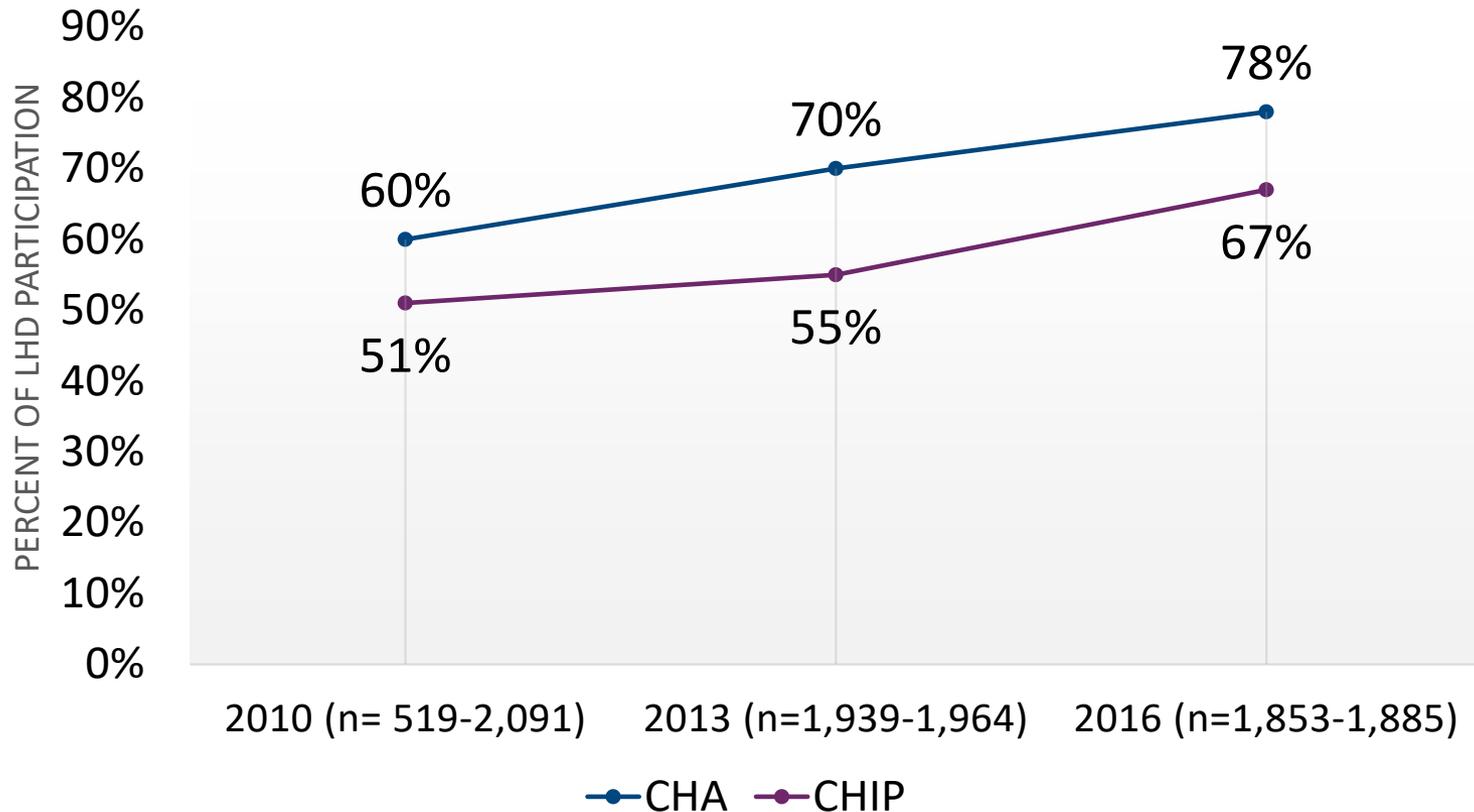
## Health Risks and Behaviors by Disability Status

Health Risk/Behavior	People with Disabilities	People without Disabilities
Obesity	39.5%	26.3%
High Blood Pressure	41.9%	25.9%
Smoke	27.8%	13.4%
Physically inactive	42.2%	24.3%

Source: 2017 Behavioral Risk Factor Surveillance System; CDC's Disability and Health Data System URL: <https://dhds.cdc.gov>



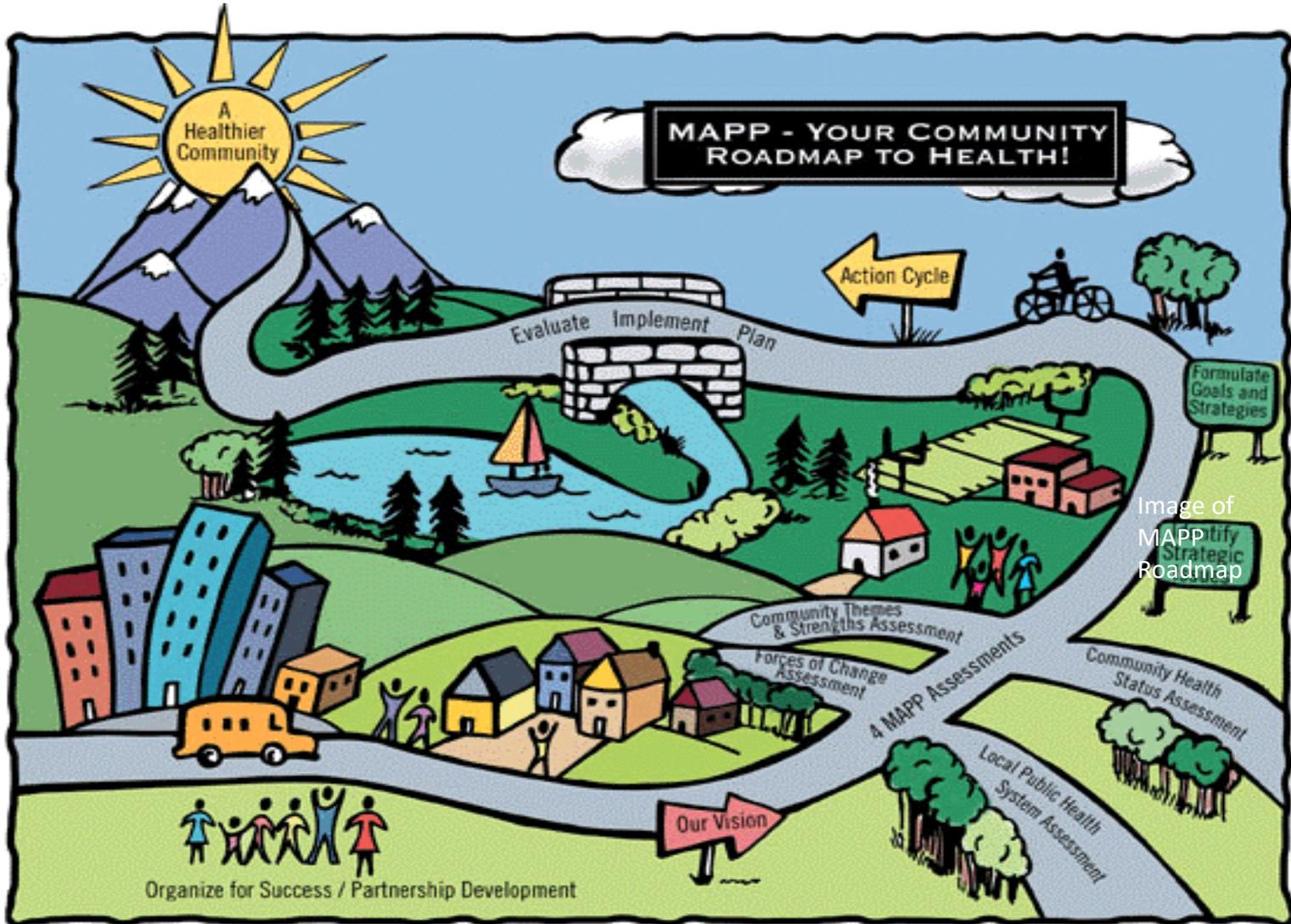
## Participation over time in a community health assessment (CHA) and community health improvement plan (CHIP) within 5 years



Source: NACCHO 2016 National Profile of Local Health Departments



## Mobilizing for Action through Planning and Partnerships (MAPP)



# MAPP Resource Guide for Disability Inclusion

Disability  
Inclusion

## Mobilizing for Action through Planning and Partnerships (MAPP) Resource Guide for Disability Inclusion

**"Inclusion is not a strategy to help people fit into the systems and structures which exist in our societies; it is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone."**

—Diane Richler, Past President, Inclusion International

The purpose of this resource guide is to provide guidance on how the MAPP process can be inclusive of people with disabilities. The goal is for health departments to have the tools and resources to actively engage people with disabilities and the agencies that serve them in the MAPP process, particularly for inclusion efforts to support community health assessments (CHAs) and development of community health improvement plans (CHIPs).

This guide was adapted using the GRAIDS (Guidelines, Recommendations, and Adaptation Including Disability) systematic approach. GRAIDS helps identify where adaptation is needed and provides recommendations for how best to adapt to make each area inclusive for people with disabilities. To learn more about the GRAIDS process, visit <https://bit.ly/2SbYkDD> and <https://bit.ly/2EzpXST>.

## MAPP Phase One: Partnership Development

**NACCHO**  
National Association of County & City Health Officials  
The National Connection for Local Public Health

December 2017

### Directory of Community-Based Organizations Serving People with Disabilities

**C**ommunity Health

The 54 million people with disabilities currently living in the United States experience numerous health disparities, yet receive fewer preventative services and have poorer health status than people without disabilities.<sup>1,2</sup> Therefore, local health departments (LHDs) must include people with disabilities as a population when considering public health intervention strategies.

The National Association of County and City Health Officials (NACCHO) promotes inclusion and engagement of people with disabilities in planning, implementing, and evaluating public health programs, products, and services. With support from the National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, NACCHO developed the following directory of community-based disability organizations to support and encourage LHDs to collaborate with disability organizations in their respective communities. This directory provides an overview of these organizations, the populations they serve and support, ways the organizations can complement LHD efforts, and links to websites that provide information about local affiliates/chapters in various jurisdictions. NACCHO selected the organizations listed within because they were nationally recognized disability organizations, had local chapters nationwide, and provided services to persons with various types of disabilities. While this directory is not exhaustive, it illustrates how LHDs can collaborate with community-based disability organizations.

People with disabilities and community-based organizations can support and offer expertise to LHDs in numerous ways, including the following:

- Improving accessibility to buildings and other space for people with disabilities;
- Developing methods to screen for chronic diseases among people with disabilities;
- Increasing health literacy and accessibility of health information for people with disabilities;
- Including people with disabilities in the development of emergency preparedness plans and exercises;

Significant health disparities exist for persons with disabilities, including the following:

- Adults with disabilities are 38 percent more likely to be obese;<sup>3</sup>
- Children and adolescents with disabilities are 38 percent more likely to be obese;<sup>4</sup>
- Cigarette smoking is significantly higher among adults with a disability (25.4%) compared to adults without a disability (17.3%).<sup>5</sup>
- Fewer women with disabilities have mammograms as recommended than women without disabilities;<sup>6</sup> and
- People with disabilities are not consistently included in pre-disaster emergency planning.<sup>7</sup>

In addition to the community-based organizations listed in the following table, numerous disability organizations and service providers exist in local jurisdictions, including the following:

- Residential Habilitation Homes (e.g., group homes, supported housing);
- Day Training and Habilitation Centers (e.g., vocational training centers, job coaching);
- Advocacy Groups;
- Support Groups; and
- Activity Clubs.

- Ensure representation of people with disabilities in MAPP process:
  - Community-based organizations that serve people with disabilities
  - People with disabilities and their caregivers/family members
- Convene meetings and public forums in facilities and areas that are accessible for people with disabilities.
- Use accessible communication for all meetings and events.





## Inclusive Health Coalitions

- **Inclusive Health Coalitions (IHCs)** are diverse groups of community leaders and organizations focused on promoting disability inclusion in programs and services related to physical activity, nutrition, obesity prevention and health promotion.

For more information:

<https://www.nchpad.org/1149/5665/Inclusive~Health~Coalition~Initiative>





## MAPP Phase Two: Visioning

- Vision statement should include people with disabilities and comply with laws related to disability and civil rights
  - ADA National Network: <https://adata.org/>
- Ensure visioning process is effectively communicated to people with disabilities.





## MAPP Phase Three: MAPP Assessments

- Community Health Status Assessment
  - People with disabilities should be considered a distinct demographic group within communities.
    - Disability Counts:  
<http://rtc.ruralinstitute.umt.edu/geography/>
- Community Themes and Strengths Assessment
  - People with disabilities should be invited to express their views on the themes and strengths of their community.
    - Community meetings/focus groups
    - Key informant interviews
    - Surveys





## Community Surveys

- Include partner organizations and people with disabilities to develop and provide feedback on the survey.
- Use plain language and an accessible reading level when developing survey questions.
- Community based organizations that serve people with disabilities can help pilot and distribute surveys among their clients.





## Community Surveys

- Have alternate formats for the survey
  - Large print
  - Electronic version on an accessible website
  - in-person
  - Over the phone

Accessible Print Materials Resource:

<https://www.mass.gov/files/documents/2016/07/qi/accessible-print-materials.pdf>



## Community Survey Example

2019

### Community Health Assessment Clinton County, New York

**15. Do any of the following apply to you?**  
(Select all that apply.)

- I am deaf or have serious difficulty hearing.
- I am blind or have serious difficulty seeing, even when wearing glasses.
- Because of a physical, mental, or emotional condition, I have serious difficulty concentrating, remembering, or making decisions.
- I have serious difficulty walking or climbing stairs.
- I have difficulty dressing or bathing.
- Because of a physical, mental, or emotional condition, I have difficulty doing errands alone, such as visiting a doctor's office or shopping.



Image of the standard disability questions in a community health assessment

Source: Clinton County Health Department, NY

## Community Meetings

- Use accessible communication for all community meetings
  - Providing alternative formats of printed materials, such as large print or an electronic version
  - Sign language interpreting or live transcription services;
  - Alternative text descriptions for images.
  - Resource [https://www.naccho.org/uploads/downloadable-resources/HDfactsheet\\_accessible\\_commms-Oct2016.pdf](https://www.naccho.org/uploads/downloadable-resources/HDfactsheet_accessible_commms-Oct2016.pdf)





[FACT SHEET]  
October 2016



### Five Steps for Inclusive Communication: Engaging People with Disabilities

#### Background

The National Association of County and City Health Officials (NACCHO) works to promote the highest level of inclusion and engagement of people with disabilities within all local health department (LHD) programs, products, and services. The establishment of accessible communication practices across all LHD activities is critical in supporting this aim. Title II of the Americans with Disabilities Act (ADA) requires state and local government agencies to practice "effective communication," stating "whatever is written or spoken must be as clear and understandable to people with disabilities as it is for people who do not have disabilities."<sup>1</sup>

This fact sheet provides five action steps for LHDs to ensure that accessibility and inclusion are agency-wide priorities when developing and delivering all forms of communication.

#### 1 STEP Consult & Engage Local Disability Community

Community-based organizations and individual advocates representing the local disability community are critical partners in fostering accessible communication. They can inform LHDs on the needs and barriers faced by people with disabilities in the context of public health-related communications.

Representatives of this group should be actively involved in improving the accessibility of health department communication over the long-term. LHDs can also use training tools that feature people with disabilities, emphasizing their voice and ask disability organizations to participate in or lead staff trainings.<sup>2</sup>

#### RESOURCES:

- Directory of Centers for Independent Living and Associations <http://bit.ly/11CMWE>
- ADA Hospitality & Disability: At Your Service Video <http://bit.ly/1Lm1fPe>

#### 2 STEP Identify Community Resources

LHDs can communicate effectively by identifying organizations that provide interpretation, transcription, and other communication services in their communities.<sup>3,2</sup>

#### RESOURCES:

- National Court Reporters Association Online Sourcebook <http://www.ncrasourcebook.com>
- Registry of Interpreters for the Deaf, Inc. <http://bit.ly/1O891n6>

#### 3 STEP Practice Respectful, People-First Language

##### What is People-First Language?

People-first language is the most neutral, respectful, and widely recommended choice for professionals.<sup>2,4</sup> Using people-first language involves referring first to the person and then to the disability if, and only if, the disability is relevant to the conversation.<sup>2,5</sup>

People with disabilities have valuable skills, experiences, and perspectives to contribute to public health efforts. It is important to use normal adult vocal tone, language, and mannerisms when interacting with all adults, regardless of disability.

LHD staff should assume that everyone can hear and understand what is being said to them and around them, unless told otherwise by the individual or the individual's assistant.



## Community Meetings

- Use people first language if, and only if, the disability is relevant to the conversation. For example, “person with Down syndrome” or “person with brain injury.”
- Convene meetings in locations that, at a minimum, comply with the ADA Accessibility Guidelines.

Resource: A Guide to Planning Accessible Meetings

<https://www.adahospitality.org/accessible-meetings-events-conferences-guide/book>





## Focus Groups

- Use a trained leader or facilitator.
- Include the agencies that serve people with disabilities **and** people with disabilities.
- Convene focus groups in locations that, at a minimum, comply with the Americans with Disability Act (ADA) Accessibility Guidelines.

Resource: Conducting Focus Groups:

<https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-focus-groups/main>





## Key Informant Interviews

- Let interviewees know there is no right or wrong answer.
- Find out if an interpreter is needed beforehand.
- Make sure to explain hard-to-understand concepts or less familiar terms.
- Take the time to listen. Some people may need additional time to process information and questions or may take a while to respond due to speech disabilities.





## Key Informant Interviews

- Including a family member or caregiver in the interview can be helpful for clarification, but speak directly to the person with a disability, allowing them to talk first.
- Consider if there are any visuals needed to help describe or get a question or concept across
- Plan ahead for interpreters or other needed communication accommodations





## MAPP Phase Four: Identify Strategic Issues

- What challenges do people with disabilities experience in your community?
- How can the local public health system improve these challenges?
- What policies related to the health of people with disabilities need to be addressed?



## MAPP Phase Five: Formulate Goals & Strategies

### Sample Strategic Issue, Goal and Strategy Highlighting Inclusion:

- Strategic Issue: How can the public health community support health promotion program participation for people with disabilities?
- Goal: Increase the number of inclusive physical activity programs in the community.
- Strategy: With the participation of people with disabilities and the agencies that serve them, identify existing physical activity programs in the community and how they can be adapted to be inclusive.



How I Walk Campaign Image



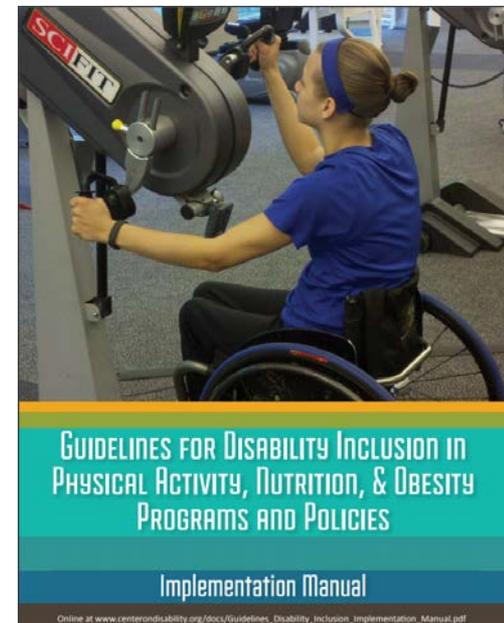
# MAPP Phase Six: Action Cycle

- Identify common barriers to participation experienced by people with disabilities
- Barriers can come in many forms such as architectural, programmatic, attitudinal, communication, transportation
- Resource From the Centers for Disease Control and Prevention:  
<https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>



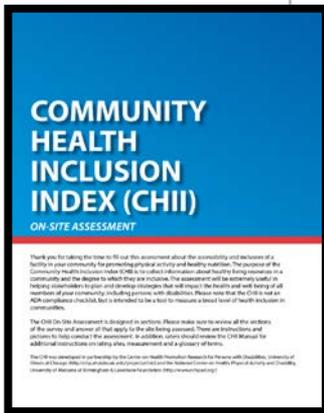
# Commit to Inclusion's 9 Guidelines for Disability Inclusion

- Guidance for ensuring inclusion in programs and policies
- View the Guidelines and make your commitment at [www.committoinclusion.org](http://www.committoinclusion.org)
- Implementation manual at:  
[http://committoinclusion.org/wp-content/uploads/2014/10/Guidelines-Implementations-Manual\\_final\\_8MB.pdf](http://committoinclusion.org/wp-content/uploads/2014/10/Guidelines-Implementations-Manual_final_8MB.pdf)



## NCHPAD Resources

### Planning, Sustainability and Assessment



### Communication



### Inclusive Health Communication Guidelines



## 10 Evidence-Based (Adapted) Programs





NCHPAD offers a free information service on a wide variety of topics related to physical activity, health promotion, recreation, sports, leisure, nutrition, disability and chronic health conditions.

Voice & TTY

800.900.8086

Online Live Chat

[email@nchpad.org](mailto:email@nchpad.org)

[www.nchpad.org](http://www.nchpad.org)



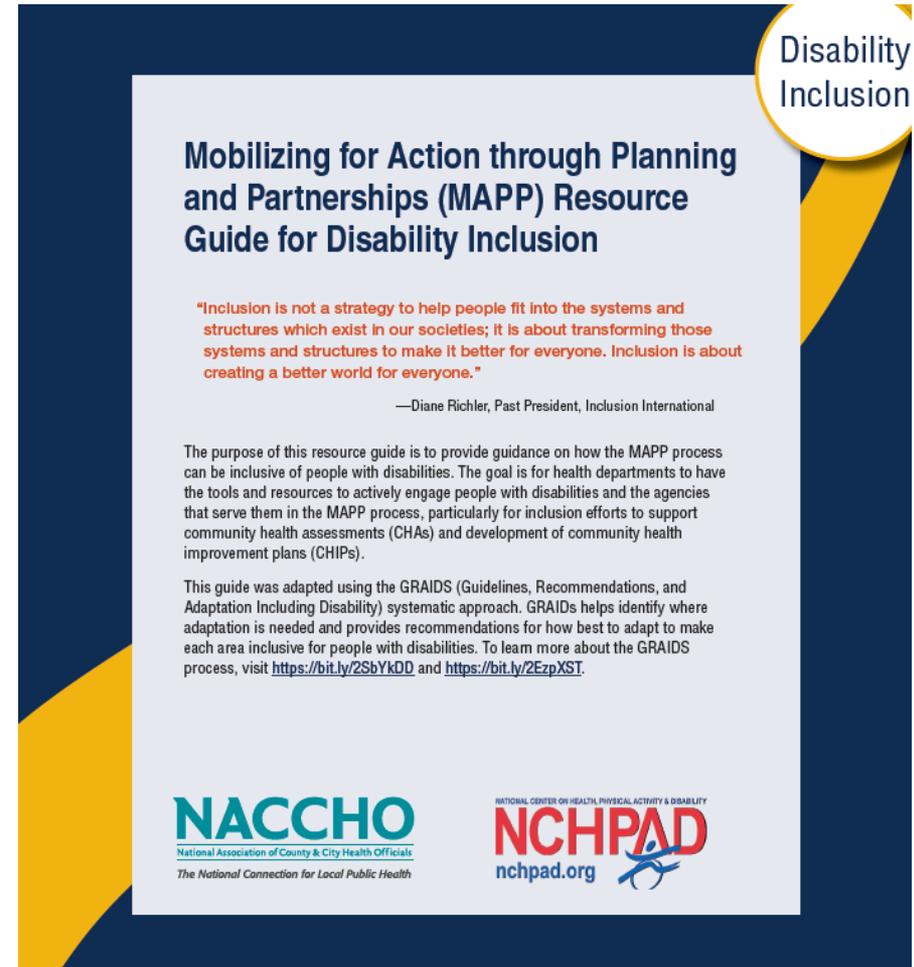
# Additional Resources to Support Disability Inclusion



## MAPP Resource Guide for Disability Inclusion

Resource Guide is available for download through NACCHO's Publication webpage.

<https://www.naccho.org/programs/community-health/disability> to access guide.



Disability Inclusion

### Mobilizing for Action through Planning and Partnerships (MAPP) Resource Guide for Disability Inclusion

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NATIONAL CENTER ON HEALTH, PHYSICAL ACTIVITY & DISABILITY  
**NCHPAD**  
nchpad.org



## Health and Disability 101: Training for Health Department Employees

- NACCHO University Course
- Create free MyNACCHO account to access
- CE credits available in August



Accessibility Button on Computer Keyboard





## Health and Disability Toolkit and NACCHO Fact Sheets

- Health and Disability Toolkit  
<http://toolbox.naccho.org/pages/index.html>
- NACCHO Health and Disability Fact Sheets  
<https://www.naccho.org/programs/community-health/disability>





# Disability in Public Health Practice Competencies

- Developed by the Association of University Centers of Excellence in Developmental Disabilities (AUCD) the Centers for Disease Control and Prevention & other partners
- Outlines recent advances in knowledge and practice skills that public health professionals need to include people with disabilities in the core public health functions.

[www.disabilityinpublichealth.org](http://www.disabilityinpublichealth.org)





# Questions?

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