

## 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>.



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All stages of the MAPP process can be conducted with a disability inclusion frame. Accordingly, the pages in this supplement can be integrated into your MAPP Handbook. The red page numbers below show where each disability inclusion page corresponds to the MAPP Handbook.

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## Introduction and the Why

### Definition of Disability

According to the World Health Organization, disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. NACCHO uses the World Health Organization's definition of disability because it describes disability in terms of a person's ability to successfully function in their environment.

An impairment is a problem in body function or structure or in mental functioning. This can include loss of a limb, loss of vision, or memory loss. An activity limitation is a difficulty encountered by an individual in executing a task or action, such as seeing, hearing, walking, or problem solving. Lastly, a participation restriction is a problem experienced by an individual in involvement in social and recreational activities and life situations. The World Health Organization also specifies that disability is the result of impairments and the interaction with inaccessible features of the environment.<sup>1,2</sup>

There are many different types of disabilities, which affect individual people in different ways. People diagnosed with the same disability may have completely different levels of functioning.

**Sensory disabilities** affect one or more senses: sight, hearing, smell, touch, taste, or spatial awareness. Examples include blindness, deafness, and hearing loss.

A **physical disability** may temporarily or permanently affect a person's physical capacity and mobility. Examples include Multiple Sclerosis, cerebral palsy, spina bifida, epilepsy, and muscular dystrophy.

A **cognitive or intellectual disability** may mean difficulty communicating, learning, and retaining information. Examples include Down syndrome, Fragile X syndrome, Prader-Willi syndrome, and developmental delays.

### Models of Disability

There are several primary models of disability to help define impairments and limitation associated with disability. Public health professionals can use these models to understand the relationship between the disability and a person's everyday life. The social model of disability is the preferred lens when trying to understand the interaction of disability and everyday life.

#### Medical Model

- Disability as a consequence of a health condition or disease, or caused by trauma.
- Disrupt the functioning of a person in a physiological or cognitive way.

#### Functional Model

- Disability is caused by physical, medical, or cognitive deficits.
- Limits functioning or the ability to perform functional activities.

#### Social Model

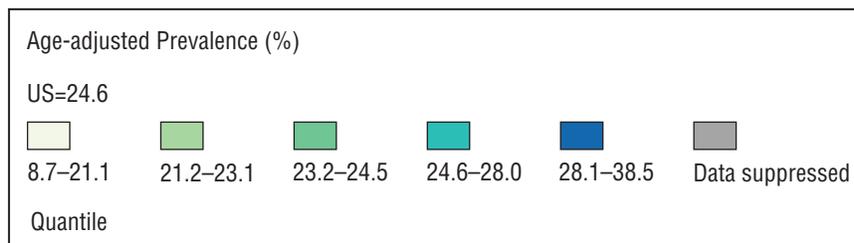
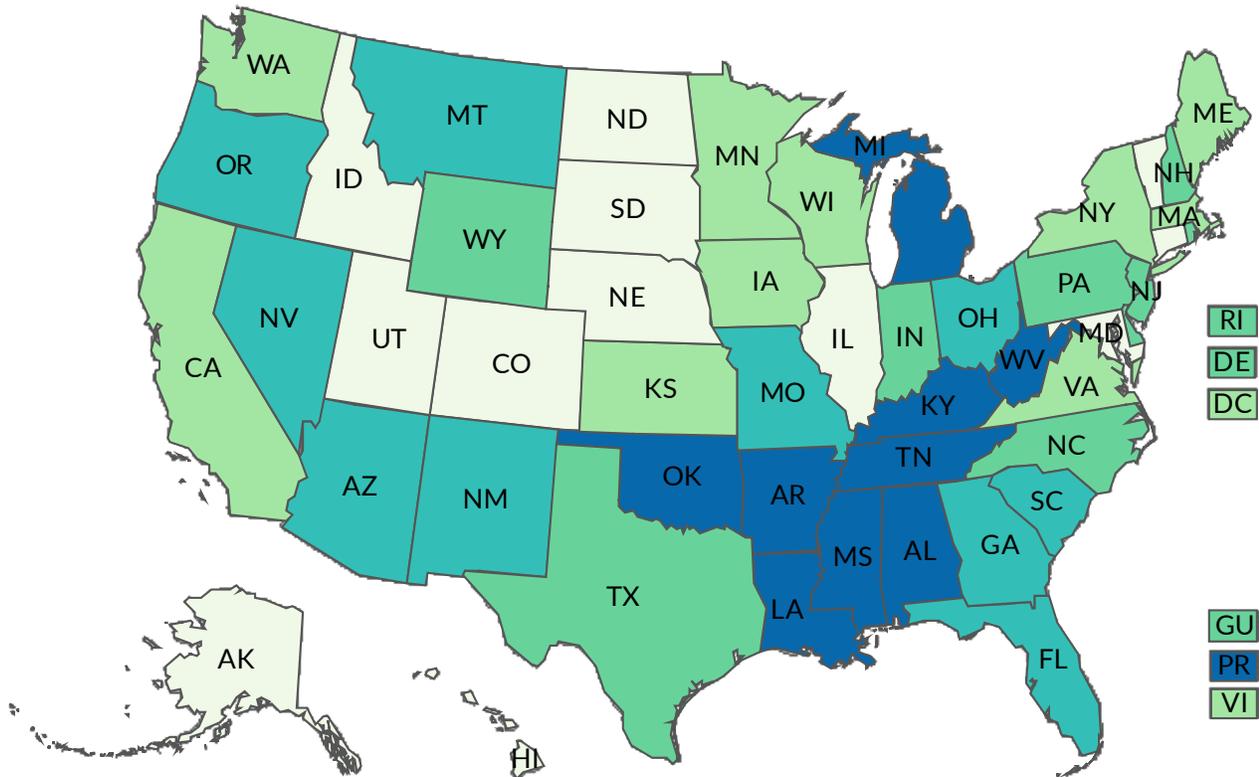
- A person's activities are limited not by the impairment or condition, but by the environment.
- Barriers are consequences of a lack of social organization.

Source: Disability in Public Health, <https://disabilityinpublichealth.org/1-1/>

## Introduction and the Why

### Disability Data

Nearly 25% of adults in the United States have a disability. This means over 61 million adults, or one in four adults, living in communities in the United States have a disability. The map below shows disability status among adults 18 years of age or older in 2016:



Source: Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html>

## Introduction and the Why

### Health Inequities

Health inequities are defined as “differences in the distribution of disease, illness, and death that are systematic, unjust, actionable, and associated with imbalances in political power.”<sup>3</sup>

“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, and providing resources, according to need.”<sup>4</sup>

Of all adults in the United States,

**25%** have a disability, and this number is expected to rise as the baby boomer population ages.

People with disabilities are more likely to experience health inequities than members of the general population.

Some of the greatest inequities include increased likelihood to



experience obesity



smoke



have high blood pressure



have lower levels of physical activity than people without disabilities

People with disabilities are **3 times** more likely to have heart disease, stroke, diabetes, or cancer  than members of the general population.

Health inequities experienced by people with disabilities can also be compounded by issues such as structural racism and violence.

People with disabilities are **more likely to experience police violence**  and other forms of structural violence that can lead to **early death.**

### Resources on Health Inequities of People with Disabilities

- Disability Justice Informing Communities of Practice: <http://bit.ly/2DAyjuh>
- Racism and Ableism, American Association of People with Disabilities (AAPD): <http://bit.ly/2NJRAYq>
- Disability Visibility Project: <http://bit.ly/2QaXfKO>
- CDC Key Findings: Persons with Disabilities as an Unrecognized Health Disparity Population: <http://bit.ly/2OWRakT>

## Resources for Understanding Disability Inclusion

### Defining Inclusion

The National Center on Health, Physical Activity, and Disability defines inclusion as transforming 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.<sup>5</sup>

The following resources can help MAPP participants understand disability inclusion and have a shared language when discussing inclusion during the MAPP process.

### NACCHO University Course: Health and Disability 101 Training for Health Department Employees

This free e-learning course educates health department staff about the benefits of including people with disabilities in all public health programs, products, and services.

<http://bit.ly/2BXLJ2f>

### Including People with Disabilities: Public Health Workforce Competencies

The Competencies outline advances in knowledge and skills that public health professionals needed to include people with disabilities in the core public health functions of assessment, policy development, and assurance. The website provides strategies to support the competencies and examples of how people with disabilities can be successfully included in public health activities.

<https://disabilityinpublichealth.org/>

### Centers for Disease Control and Prevention (CDC): Disability Inclusion

The CDC website defines disability inclusion and describes the health of people with disabilities. The CDC also describes common barriers to participation experienced by people with disabilities and inclusion strategies.

<http://bit.ly/2xXhJPF>







## PHASE ONE: Organize for Success/Partnership Development

### Invite People with Disabilities

Invite and ensure representation of people with disabilities and their families, as well as agencies that serve people with disabilities.

Individuals can be invited to participate in the MAPP Steering Committee and in one or more of the six phases of the MAPP process. Local health departments should be familiar with the roles and responsibilities of organizations that serve people with disabilities to understand their perspectives and what they can contribute to the MAPP process.

#### Tips to Consider

- 1. Partner with community-based organizations that serve people with disabilities and can engage their clients to participate.**

- Identify agencies to establish MAPP partnerships.

#### Resources

- Directory of Community-Based Organizations Serving People with Disabilities: <http://bit.ly/2DEKjvn>
- Including People with Disabilities in Policy and Advocacy Groups: <http://bit.ly/2QeNf3i>

- 2. Include a diverse representation of people with disabilities.**

- Recruit individuals with a variety of disabilities (e.g., physical, intellectual, behavioral, sensory). One person with a disability does not represent all people with disabilities. It is important to have more than one person or agency participate.
- Include individuals with disabilities from different racial, ethnic, and socioeconomic backgrounds that are representative of the local community.
- Recruit cultural brokers to assist with outreach to ethnically and racially diverse communities and members with disabilities.

#### Resources

- Adults with Disabilities: Ethnicities and Race: <http://bit.ly/2N91JPX>
- Community Action Guide: <http://bit.ly/2xYT0up>

- 3. Convene meetings and public forums in facilities and areas that are accessible for people with disabilities.**

- Talk with invited individuals and refer to public transportation and drop-off/pick-up times.
- Assess the meeting location for accessibility, including the parking lot, public transportation stops, and paths to the building and meeting room; then determine whether assistance is needed.

#### Resource

A Guide to Planning Accessible Meetings: <http://bit.ly/2R94t3i>

- 4. Plan accessible, effective communication for all meetings and events.**

- Use multimodal communication, providing at least one type of communication for each type of communication disability. Examples include the following:
  - Providing alternative formats of printed materials, such as large print or an electronic version on an accessible website;
  - Sign language interpreting or live transcription services; and
  - Alternative text descriptions for images.
- Use people-first language when the disability is relevant (e.g., person with Down syndrome, person with brain injury).

#### Resource

Five Steps for Inclusive Communication: Engaging people with Disabilities: <http://bit.ly/2P0Zctf>



## PHASE ONE: Organize for Success/Partnership Development

### 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, and obesity.

IHCs can align with MAPP coalitions or be included and represented in the MAPP process.

An IHC helps to ensure the following:

1. Healthful activities are accessible to all community members.
2. People with disabilities are considered in public health promotion policies.
3. Communities develop health transformation plans with representation from the disability community in all stages of the process.
4. If a community health coalition already exists, it should be examined for inclusion of disability representation, including people with disabilities and their family members or caregivers, or organizations that serve and advocate for people with disabilities. If an existing coalition is not inclusive, individuals or organizations that can provide disability representation should be identified and invited to join the coalition.

#### Resource

Inclusive Health Coalition Initiative:  
<http://bit.ly/2QfSkbu>

### Selecting a Facilitator

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The following are strategies for inclusive facilitation:

- Ensure the facilitator reminds all speakers to use microphones when presenting.
- Ensure the facilitator requires all people speaking or asking questions to use a microphone.
- Encourage speakers to speak at a pace that benefits the interpreter, if one is present, and people who process information differently.
- Define all acronyms.
- Use people-first language when talking about different demographics or situations; do not single anyone out in front of the group.
- The facilitator should arrive early to check that all audio/visual and other accessibility-related technology or equipment is set up and in working order prior to the meeting starting.
- Be mindful of the time and keep the meeting or activities on schedule for people who have specific departure times (due to transportation or other needs).

#### Resources

- Accessibility Guidelines for Presenters: <http://bit.ly/2QhVrQd>
- Disability Etiquette: Tips on Interacting with People with Disabilities: <http://bit.ly/2y0B2Ya>

### Worksheet: Develop the Budget

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When writing a budget, make sure to include any supplies or equipment that may be needed to include a member with a disability (e.g., large print, communication devices, or interpreters for meetings)

**Resource:** The ADA Hospitality Accessible Meetings, Events and Conferences Guide ensures that all attendees have equal access to the planned meeting or event: <http://bit.ly/2R94t3i>



## PHASE TWO: Visioning

### Creating the Vision

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When the MAPP Steering Committee creates its vision, it should explicitly include people with disabilities and include a commitment to not only comply with laws related to disability and civil rights, but also address inclusion of people of all abilities.

The Americans with Disabilities Act (ADA) was signed into law in 1990, which created the world's first comprehensive legislation on the declaration of equality for people with disabilities. The ADA provides protection from discrimination in employment, programs, and services provided by public entities, public accommodations, and telecommunications.

The ADA is the minimum that is required for organizations, but it is important to include people with disabilities and organizations that represent and advocate for people with disabilities to ensure organizations go beyond the minimum.

#### Resource

The ADA National Network provides information, guidance, and training on the Americans with Disabilities Act. The network consists of 10 regional ADA Centers distributed throughout the United States to provide local assistance and foster implementation of the ADA.

<https://adata.org/>

Ensure that the process of developing a vision is effectively communicated to people with different disabilities. Consider different instructional techniques when going through questions or exercises during the visioning process. For example, using visuals or storyboards or providing concrete examples can contribute to the visioning process and provide alternatives to writing methods.



## PHASE THREE: Four MAPP Assessments

### Community Health Status Assessment

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People with disabilities should be included in the community health status assessment (CHSA) to understand the health needs, demographics, and inequities that exist among this population. Use existing sources of data that community partners may have regarding people with disabilities. Include an assessment of the social determinants of health (SDOH) underlying the context for living, using the five categories of the Healthy People 2020 SDOH framework: economic stability, education, social and community context, health and healthcare, and neighborhood and built environment. Assess the level to which people with disabilities have sufficient job training and employment options, education beginning with preschool, social and community connections, access to healthcare, and the option for independent adult living.

#### Secondary Data

People with disabilities should be considered a distinct demographic group within communities. The U.S. Census Bureau collects disability data annually through the American Community Survey (ACS). The American Fact Finder website provides this ACS data that can be used to inform the CHSA.

#### Resources

- Finding Disability Data at the Local Level from the American Community Survey (ACS): <http://bit.ly/2xXBnLj>
- CDC's Behavioral Risk Factor Surveillance System (BRFSS): <https://www.cdc.gov/brfss/index.html>
- The CDC's Disability and Health Data System provides state-level health and demographic data about adults with disabilities: <https://dhds.cdc.gov/>

#### Primary Data

If the MAPP Steering Committee conducts a community health survey to inform the CHSA, the survey should include questions about people with disabilities. Use the Standard Disability Questions that are used for the American Community Survey and other major surveys.

The six disability questions include the following:

1. Are you deaf, or do you have serious difficulty hearing?
2. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (five years old or older)
4. Do you have serious difficulty walking or climbing stairs? (five years old or older)
5. Do you have difficulty dressing or bathing? (five years old or older)
6. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old or older)

For more information, visit <http://bit.ly/2NKKzNQ>.

People with disabilities should be included as participants in community health surveys and other data collection efforts that inform the CHSA. Community-based organizations that serve people with disabilities can help pilot and distribute surveys among their clients. Have alternate formats available (e.g., large print, online, phone) so that the survey is accessible to all participants. Use plain language and an accessible reading level when developing survey questions.

#### Resource

Accessible Print Materials: <http://bit.ly/2lnKnhN>

### Inclusion in Action: Marion Public Health, Ohio

Marion Public Health identified people with disabilities as a distinct demographic in their Community Health Status Assessment. Refer to page 10: <http://bit.ly/2N7ZZqn>. Marion Public Health also partnered with their county board of developmental disabilities to distribute community health surveys among individuals with developmental disabilities.



## PHASE THREE: Four MAPP Assessments

### Community Themes and Strengths Assessment

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People with disabilities should have the opportunity to express their views on the themes and strengths of their community. People with disabilities can provide valuable information about the barriers they face in their communities and the unique strengths of their communities.

### Choosing Methods for Collecting Data [Pages 74-75]

This section has many methods listed to collect data from the community. Below are tips and resources to incorporate disability inclusion into these data collection methods.

#### Community meetings

- People with disabilities should be invited to attend community meetings to discuss their opinions of themes and strengths in their community.
- Convene meetings in locations that comply with the Americans with Disability Act (ADA) Accessibility Guidelines.

#### Focus groups

- Convene focus groups in locations that comply with the Americans with Disability Act (ADA) Accessibility Guidelines.

#### Resource

A Guide to Planning Accessible Meetings: <http://bit.ly/2R94t3i>

#### Photovoice

- Photovoice is a process in which people use video or photos to capture their experiences and perspectives of their community and share them with others. Photovoice can empower people with disabilities and support their expression of community assets and issues that they consider important.

#### Resource

Implementing Photovoice: <http://bit.ly/2zDKI2A>

#### 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 issues.
- Consider including a family member or caregiver in the interview, if needed. Allow the person with a disability to talk first; then the caregiver can help clarify or describe an answer.
- Consider if there are any visuals needed to help describe or get a question or concept across and have those ready during the interview.

#### Survey

- If a survey is used to collect themes and strengths, makes sure it is accessible to the entire community, including people with disabilities.
- Develop alternate formats for the survey, such as large print, an electronic version on an accessible website, or formats in which participants can respond in person or over the phone.

#### Inclusion in Action: St. Louis Department of Public Health, Missouri

St. Louis Department of Public Health engaged partner agencies from the disability community for listening sessions for the Community Themes and Strengths Assessment to help guide their community health improvement plan (CHIP).



## PHASE THREE: Four MAPP Assessments

### Local Public Health System Assessment

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This is a formal assessment that measures how well the local public health system delivers the 10 Essential Public Health Services.

When completing this assessment, consider how disability inclusion efforts are incorporated into the 10 Essential Public Health Services.

#### Resource

Local communities can use the local National Public Health Performance Standards instrument to complete this assessment: <http://bit.ly/2Oj4Aus>.

### Forces of Change Assessment

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Consider factors, trends, and events that impact people with disabilities. Include community members and agencies that serve people with disabilities to identify these forces of change.

### Share Results with Community

When sharing results of all four MAPP assessments with the community, the results should be easy to understand and accessible to all members of the community. Consider using visuals such as maps and graphs so that the data is easy to understand. Avoid using patterns to distinguish differences in graphs since some people may have a hard time seeing the differences.



## PHASE FOUR: Identify Strategic Issues

### Identify Strategic Issues

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Strategic issues are those fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision. Strategic issues are identified by exploring the convergence of the results of the four MAPP assessments and determining how those issues affect the achievement of the shared vision.

Strategic issues usually arise when a tension or conflict has no obvious solution. If there is an apparent solution, stakeholders may question why it has not yet been implemented. Remember, strategic issues reflect policy-level problems, not day-to-day or operational problems.

Strategic issues must be issues that the local public health system can address. For example, universal health coverage and eradicating poverty are admirable aspirations and would improve the public's health, but they are not likely to be taken on successfully solely at the local level. Strategic issues represent predominant and cross-cutting issues that emerge when looking collectively at the assessments.

When identifying strategic issues, it is important to ask what challenges that people with disabilities experience and how the local public health system can improve these challenges. In addition, what policies and structural inequities related to the health of people with disabilities need to be addressed?





# PHASE FIVE: Formulate Goals and Strategies

## Formulate Goals and Strategies

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Inclusion should be addressed when a MAPP community is developing goals and strategies. Below is a sample of a strategic issue, goal, and strategy that incorporates disability inclusion. There are also several stories from the field and resources that a MAPP community can use as examples of inclusive goals and strategies.

### Example of a Disability Inclusion Strategic Issue, Goal, and Strategy

**Strategic Issue:** How do we support healthy and active living for our community members?

**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.

#### **Inclusion in Action: Missoula City-County Health Department, Montana**

Missoula City-County Health Department created community health improvement goals that are inclusive of people with disabilities:

1. Expand dental hygiene to targeted populations who experience barriers to dental care, including older and disabled adults; and
2. Increase physical activity opportunities for all community members: “regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability.”<sup>6</sup>

#### **Reaching People with Disabilities through Healthy Communities**

The National Association for Chronic Disease Directors (NACDD), in collaboration with CDC and NCHPAD, funded 10 communities in five states to participate in the Reaching People with Disabilities through Healthy Communities pilot project.

The goal of this project was to improve access and opportunities for physical activity, healthy eating, and tobacco cessation through policy, systems and environmental (PSE) change, with a focus on disability inclusion. Examples of established PSE changes include improving parking and crosswalks to increase access to a farmer’s market and establishing an adapted bike share program.

For more information, visit <http://bit.ly/2xL4YZf>.



## PHASE FIVE: Formulate Goals and Strategies

### Inclusion in Action: PartnerSHIP 4 Health Coalition

The PartnerSHIP 4 Health Coalition (Becker, Clay, Otter Tail, and Wilkin Counties, Minnesota) includes organizations that serve people with disabilities into their chronic disease prevention strategies. The coalition partnered with Creative Care for Reaching Independence, a person-centered service agency for people with disabilities, to support tobacco cessation, healthy food preparation, and physical activity to their clients.<sup>7,8</sup>

#### Resources

- NCHPAD's Resources for Public Health Professionals: <http://bit.ly/2xUXX7r>
- CDC Disability Inclusion Strategies: <http://bit.ly/2zDeFdv>
- Healthy People 2020 Disability and Health Objectives: <http://bit.ly/2R7jBy7>
- National Recreation and Park Association's Parks for Inclusion Initiative: <http://www.nrpa.org/parksforinclusion>
- How I Walk Campaign: <https://www.nchpad.org/howiwalk/>





## PHASE SIX: Action Cycle

### Action Cycle

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Commit to Inclusion's 9 Guidelines for Disability Inclusion can ensure new and existing programs and policies are appropriate and accessible for people with disabilities. People with disabilities should be involved in the development, implementation, and evaluation of programs and policies, and input should come from people with a range of different disabilities as well as agency representatives that serve people with disabilities, family members, and personal assistants. People with disabilities can identify potential physical and social barriers and provide their perspectives on how to overcome those barriers.

The following is from the Commit to Inclusion website:

The 9 Guidelines for Disability Inclusion and its resources can be used by any entity including government, private, and non-profit organizations to ensure new and existing program initiatives and policies in the areas of physical activity, nutrition, and obesity are appropriate and accessible for people with disabilities.

#### 1. 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).

#### 2. Involvement of People with Disability in Development, Implementation & Evaluation

Program development, implementation, and evaluation should include input from people with a range of different disabilities and their representatives (e.g., community members or other experts with disabilities, potential participants with disabilities and their family members, personal assistants, and caregivers).

#### 3. Program Accessibility

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

#### 4. Accommodations for Participants with Disability

Programs should address individual needs of participants with disabilities through accommodations that are specifically tailored to those needs.

#### 5. Outreach and Communication to People with Disability

Programs should use a variety of accessible methods to outreach and promote the program(s) to people with disabilities.

#### 6. Cost Considerations and Feasibility

Programs should address potential resource implications of inclusion (including staffing, training, equipment, and other resources needed to promote inclusion).

#### 7. Affordability

Programs should be affordable to people with disabilities and their families, personal assistants, and caregivers.

#### 8. Process Evaluation

Programs should implement process evaluation (with transparent monitoring, accountability and quality assurance) that includes feedback from people with disabilities and family members, personal assistants, caregivers or other representatives, and a process for making changes based on feedback.

#### 9. Outcomes Evaluation

Programs should collect outcomes data, using multiple disability-appropriate measures.

### Resources

- Common Barriers to Participation Experienced by People with Disabilities: <http://bit.ly/2DDxtNH>
- Commit to Inclusion's 9 Guidelines for Disability Inclusion: <http://bit.ly/2NQI4uu>



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# NACCHO

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1201 Eye Street, NW, Fourth Floor • Washington, DC 20005

Phone: 202-783-5550 • Fax: 202-783-1583

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