Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability

This resource provides organizations with necessary principles and guidelines to ensure the full and sustainable inclusion of people with intellectual disability (ID) in health policies and laws, programming, services, training programs, research, and funding streams.
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Special Olympics has been changing lives since 1968. They are the world’s largest sports and public health organization for people with intellectual disability (ID). Since the creation of Special Olympics Health over twenty years ago, they’ve made life-changing and life-saving strides in health; providing health screenings and training health care professionals to improve access to quality health care for people with ID. Recently, in their attempt to improve the health outcomes for all people with ID and not just their athletes, Special Olympics introduced a new vision and paradigm - Inclusive Health Initiative. Under this Inclusive Health Initiative, Special Olympics aims to build upon their foundation of health programming by working to ensure the inclusion of people with ID in health systems that serve the general public becomes common practice.

In collaboration with the Association of University Centers on Disabilities (AUCD), Special Olympics is committed to supporting national-level organizations to adopt inclusive approaches to health for people with ID. Special Olympics leveraged the expertise of AUCD to lead segments of their inclusive health work, including the development of inclusion principles and guidelines. To support this effort, an environmental scan was conducted by the American Association on Health and Disability (AAHD) to identify examples of existing disability inclusion principles, guidelines, and resources on including people with ID in health-related activities. The scan was used to identify gaps regarding the inclusion of people with ID and served as a baseline in developing a more effective and needed inclusion resource.

*Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability* is designed to provide organizations with the necessary foundation to move towards the full and sustainable inclusion of people with ID as they work to improve overall population health. This foundational resource also provides organizations with strategies to better understand what actions they can take to improve inclusion of people with ID in their existing policies, programs, and services. Using this resource to develop an action plan, specific to the goals and capacity of the organization, a program or organization can outline strategies to identify where the organization is (assessment), what steps to take (implementation), and whether it is doing what it intended to do (evaluation).

The goal of inclusive health is to promote inclusion of people with ID in health systems that serve the general public, including their policies, programming and services, training programs, research, and funding streams.

**For this effort to be a success, issues need to be addressed on several levels:**

- Individual level (people with ID, and their family members and/or support persons)
- Community level (health promotion and social service providers, e.g., fitness centers, public health programs or YMCA’s)
- Systems level (policymakers, funders)

**Some of the organizations that can benefit from this resource are:**

- health promotion providers (e.g., fitness centers, public health programs),
- social service providers who engage in health-related activities (such as the YMCA or Boys and Girls Club), and
- policymakers and funders.

These types of organizations (and many others), are particularly well-positioned to adopt inclusive health practices. This resource is also beneficial for people with ID, their families, and support persons.
What is Intellectual Disability?

Intellectual disability (ID) is characterized by significant limitations in intellectual functioning and adaptive behavior. Intellectual functioning impacts areas such as learning, reasoning, and problem-solving. This may be measured by an IQ (intellectual quotient) score of around 70 to 75. Adaptive behavior is the collection of conceptual, social, and practical skills that are learned and performed by people in their everyday lives.

When defining and assessing ID, additional factors must be considered (AAIDD), such as:

- the community environment typical of the individual’s peers and culture; and
- the linguistic diversity and cultural differences in the way people communicate, move and behave.

One should never assume they can identify a person with ID just by looking at them. People with ID are our neighbors, coworkers, fellow students, friends, family members. They are members of the community who may live on their own, with a spouse, family, friends, or shared housing.

What is important to people with ID is what is important to everyone: living a healthy and meaningful life.
**Call to Action**

These foundational principles and guidelines are intended to support existing programs to become inclusive and accessible, rather than to create separate programs for people with ID. This resource provides guidance on what’s needed for an organization to be inclusive and strategies to achieve and sustain inclusion efforts. One of the great things about inclusion is that a program or organization can start the journey at any time and no effort is considered too small.

Special Olympics and AUCD are challenging businesses, health service providers, funding agencies, policymakers, and all other organizations to begin or to build upon their inclusive efforts to include people with ID. **All individuals, regardless of ability, should have the opportunity to be in their best health.**
The Case for Inclusion

Inclusion of people with disabilities into everyday activities involves practices and policies designed to identify and remove potential barriers. These barriers may be physical barriers, those rooted in differing communication styles, or even attitudinal barriers. Regardless, they impact an individual's ability to fully participate in society, the same as for people without disabilities.

Most people with ID can and do live full lives in their communities, however, some misconceptions about people with ID still exist in the general public, including:

- People with ID live segregated lives in institutions and group homes
- People with ID work in segregated workshops
- People with ID are too ill or fragile to work and engage in their communities

Modeling inclusion of people with ID in organizational programs and activities can help change these misconceptions and demonstrate that people with ID are productive and valuable members of our society who live and work in their communities.

Disability inclusion is understanding the relationship between the way people function and their involvement in society, and making sure everyone has the same opportunities to participate in every aspect of life to the best of their abilities and needs.

Unfortunately, people with ID are one of the largest and most underserved groups in the world. As a result, people with ID face significant health disparities. The systematic and intentional inclusion of people with ID is an effective way to improve their health. Sometimes people with ID don’t have access to health services, other times they receive separate or parallel services, which are often costly and ultimately unsustainable. There is still much work to be done, but even when steps are made to include people with physical disabilities in health programs, services, and policies, people with ID are often still excluded.

Inclusion allows for people with ID to take full advantage of the benefits of the same health programs and services experienced by people who do not have ID. Inclusion is not only a matter of social justice but also impacts costs to society. Inclusive health practices increase the likelihood of improved access to care, improved quality of care, and culturally competent services that better serve vulnerable and underserved populations.

What is the problem?

People with ID are only one to three percent of the overall population in the United States, however, because they are not included in health systems that serve the general public, their unmet health needs significantly escalate health care costs. This is due to a number of systematic barriers people with ID experience in trying to access health prevention programs and services. These access issues contribute to a higher rate of obesity and morbid (severe) obesity than we see in the general population. A significant number of people with ID also have other disabilities/co-morbidities (e.g., hearing, vision, physical/mobility limitations, sensory concerns, etc.) which may increase their needs but they are not always considered or addressed.
Did you know?

- People with ID are prone to poorer health outcomes when compared to people without ID.
- People with ID are more likely than the general population to experience chronic health conditions, for example, they are five times more likely to develop diabetes compared to the general population.
- Obesity is one of the costly health conditions that disproportionately affect people with ID.

Health disparities are differences in health status and access to care that result from:

- Environmental conditions (e.g. transportation access)
- Social conditions (e.g. access to health care services)
- Economic conditions (e.g. lack of employment)

Researchers estimate that eliminating health disparities among disadvantaged groups in the United States would save the health system $230 billion over four years. One way of reducing the disparity among people with ID is to include them in existing health promotion programs, which can have a positive impact on their overall health outcomes. Including people with ID in health promotion efforts allows an organization to gain knowledge on common health issues for people with ID. Organizations also gain perspective on the impact on the lives of people with ID who are not afforded the opportunity to be in their best health; decreased quality of life and the inability to live the life they need or desire.

There are several barriers to inclusion of people with ID:

- Systematic barriers:
  - Attitudinal (stereotyping or biases about people with ID)
  - Policy (lack of enforcement of existing laws)
  - Programmatic (little or no communication with participants)
- Additional barriers:
  - Lack of transportation (people with ID unable to get to and from health-related activities)
  - Communication (using technical languages and long sentences)
  - Health literacy (people with ID can’t understand program materials)

Sustainable and intentional inclusive policies and practices can address, reduce and sometimes even eliminate many of these barriers, resulting in improved health outcomes for people with ID.
Recommendations for Use of this Resource

*Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability* is a resource created to assist organizations in their efforts to meaningfully include people with ID. This is not a roadmap with a step-by-step or linear path to follow as each program or organization is at a different place and progress may come at a different pace. Instead, this is a foundational resource that highlights key information on barriers to inclusive health and provides organizations with guidelines on where they can start to address some of these barriers.

Whether an organization is just getting started or has been working in this area for some time, there will be challenges. Organizations are encouraged to partner with diverse organizations that have experience in inclusion or have done work including people with ID. Change can be challenging, however bringing together diverse perspectives, including people with ID, is beneficial to all organizations. When an organization is receptive to new ideas and willing to change, they may find new approaches to progressing in their goals and inclusion efforts. It will be important to be flexible and creative throughout the journey. Organizations should observe what works and doesn’t work and continue to refine their approach in this ongoing process.

**Strategies to support inclusive efforts are organized under two foundational principles and five guidelines (see graphic below):**

- Principles are the bigger goals organizations should achieve.
- Guidelines are the objectives to support the principles and are meant to demonstrate what’s needed to fulfill the principles.
- Overarching strategies help to organize or theme the supporting implementing strategies.
- Implementing strategies are the ‘how-to’ to attain the guidelines. Guidance is provided alongside each strategy to further assist organizations in becoming more inclusive of people with ID in their health-related programs, policies, and services.

Several implementing strategies are repeated across guidelines as they are applicable under each, even though organizational approaches may need to be adapted. Page 12 also provides a summary sheet that can be printed, referenced, or shared with others.
The two foundational principles for achieving sustainable and intentional inclusion of people with ID are:

- **Principle 1: Equitable access for people with intellectual disability to all programs and activities**
  
  Understanding the difference between equality and equity is important and is a key component to both reducing disparity and successfully including of people with ID.
  
  - **Equality** is ensuring that everyone gets the same things and aim to promote fairness and justice. This can only be achieved if everyone starts from the exact same place and has the same needs, which is not the case for people from unserved or underserved populations such as people with ID.
  
  - **Equity** relates to social justice and involves understanding and giving people what they need to live healthy lives. **Health equity** is when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

  What does this mean? It means everyone should not have the *same* resources, but instead have the *necessary* resources to achieve optimal health outcomes. Supporting health equity requires increasing awareness of the diverse cultural identities and voices of people with ID, and addressing barriers that prevent inclusion of people with ID in programs.

- **Principle 2: Full participation of people with intellectual disability in programs and activities**

  To be intentionally inclusive of people with ID, their input should be requested and embedded throughout all aspects of program planning, development, and implementation. This is important in inclusion because people with ID can speak to their needs and provide applicable input leading to progress or success in a program or the objectives of an organization. People with ID can also aid in the evaluation of the program at different phases to support continuous improvement. Organizational policies and practices should integrate accessibility and accommodations for people with ID to allow for this full and meaningful participation.

Inclusion is not a ‘one size fits all’ process and it is more than simply offering a person with ID a seat at the table. Moreover, one person with ID does not necessarily represent the needs or opinions of all people with ID. Disability is viewed differently across different communities and cultures. (See [Disability through a Cultural Lens](#) webinar for more information).

**Culture** is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world. In some cultures, disability is viewed as a part of life and an individual growing up in these types of cultures may be more accepting of their disability than individuals raised in cultures where disability is viewed as a curse or something to be ashamed of. **Inclusion requires intentionality** and allowing people with ID, representing diverse cultural identities, to be a part of the decision-making process.

It is also important that organizations are mindful in their approach to people with ID, and approach them as an individual, not as an individual with a disability. If an organization is not sure how to approach people with ID or a particular community, they may want to seek out a **cultural broker** (an individual who bridges, links or serves as a mediator between groups or people of different cultural backgrounds for the purpose of reducing conflict or producing change). Inclusion does not only benefit people with ID but it benefits the entire community.
Organizations should think about the systems they have in place to promote diversity and support the inclusion of people with ID. That may include providing a safe space (an environment created for people to feel comfortable having authentic dialogue) for people, including those with ID, to express themselves and ask questions when needed.

Assessing where an organization is can be an essential element in their inclusion efforts and can include one or a combination of assessments:

- Internal (where organizations assess themselves)
- Community-based (the community assesses an organization)
- External (having someone from the outside come in)

An assessment can be beneficial in determining organizational readiness to change and next steps. Developing, participating in, and analyzing an assessment can be quite intricate and may require a consultant or technical assistance provider to guide the process. If an organization is not sure where to start or how to implement an assessment, they should reach out or request technical assistance from an organization who has done work in inclusion such as the Georgetown University National Center for Cultural Competence (NCCC) or the University Centers for Excellence in Developmental Disabilities (UCEDDs). These are also examples of organizations you can partner with to answer questions on beginning, sustaining, or even improving inclusion efforts, such as:

- How to include people with ID in advisory groups, planning groups, boards and commissions?
- How to develop and provide accessible communication materials to reach communities of people with ID?
- How to obtain feedback from the ID community for policies, programs, and practices?
- How to incorporate the ID community into an organization's policies and workforce?

This resource should be used as a guide to inform dialogue and help organizations develop a solution-oriented action plan or set priorities to progress in their journey of including people with ID. This journey is best taken with a mentor or trusted partner to be most successful.
Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability

Purpose: This resource provides organizations with necessary principles and guidelines to ensure the full and sustainable inclusion of people with intellectual disability (ID) in health policies and laws, programming, services, training programs, research, and funding streams.

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<table>
<thead>
<tr>
<th>Principles</th>
<th>Guidelines</th>
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| **Equitable Access** | 1. Create welcoming spaces by building awareness and addressing barriers that people with intellectual disability face  
2. Reflect the diverse cultural identities and voices of people with intellectual disability in programs and activities  
3. Ensure that accessibility for people with intellectual disability is integrated into all policies and practices |
| **Full Participation** | 1. Include people with intellectual disability in the creation of policies, program planning, implementation, and evaluation  
2. Ensure that program participation is meaningful for both the organization and people with intellectual disability |

Inclusion efforts take time and planning. Small changes are successes. When approached with a flexible and adaptable mindset, the voices and diversity of people with ID will be acknowledged, and they will have equitable access and full participation in programs and activities. The key is to be intentional and build a sustainable culture that supports diversity and inclusion.

The overarching strategies for implementation of the foundational principles and guidelines are:

1. **Communication**: Communicate clearly and effectively with people with ID.
2. **Awareness**: One person with a disability does not represent everyone with a disability. Acknowledge the differences among people with ID. Like the general population, people with ID face their own barriers, some more than others, and those barriers should be acknowledged to eliminate or address them.
3. **Engage and Involve People with Intellectual Disability**: Engage and involve people with ID throughout every step of the process. People with ID have unique skills and experiences that can be utilized when planning, developing, implementing, and assessing a program.
4. **Accessibility and Accommodations**: Accessibility and accommodations allow people with ID to fully participate in meetings and program activities. People with ID have diverse needs, and based on their need, organizations will need to be both accessible and accommodating.
5. **Intentional Inclusion**: Acknowledge the unique needs, experiences, and preferences of people with ID. Programs and activities should support people with ID in feeling comfortable asking questions, having an accessible meeting and program materials, and bringing a support person if needed. Follow up and follow through.

*Special Olympics Inclusive Health: inclusivehealth@specialolympics.org*
**PRINCIPLE 1: Equitable access for people with intellectual disability to all programs and activities**

**GUIDELINE 1: Create welcoming spaces by building awareness and addressing barriers that people with intellectual disability face**

### Overarching Strategy: Communication

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<td>Ask people with ID about the barriers they face</td>
<td>People with ID face many barriers such as lack of transportation and literacy. Those barriers are sometimes heightened due to intersecting social and cultural factors such as race, gender identity, or socioeconomic status. It may be difficult or impossible for a person to distinguish barriers related solely to their disability from other intersecting factors in their life.</td>
<td>Engage in a respectful dialogue to identify the needs and barriers of people with ID. In some instances, asking a person with ID about the barriers they face should be from an individual perspective, not “as a person with ID” because how a person identifies with their disability and what their priority is may vary by the individual or their cultural background.</td>
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<td>- Resource: <a href="#">Disability through a Cultural Lens – archived webinar</a></td>
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<td>- Resource: <a href="#">Sarah’s Life. Obesity Among Intellectually Disabled People: Closing the Equity Gap</a></td>
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<td>- Resource: <a href="#">Common Barriers to Participation Experienced by People with Disabilities</a></td>
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<td>- Resource: <a href="#">Obesity and Intellectual Disability</a></td>
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<tr>
<td>Follow through and share findings with people with ID</td>
<td>A component of being intentionally inclusive is building trust and showing that the program or organization is invested in people with ID.</td>
<td>Go back to those involved and share what was discovered from conversations with people with ID.</td>
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<td>- Resource: <a href="#">Monday Mile case study</a></td>
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<td>Gather feedback from people with ID</td>
<td>This feedback provides needed information to better accommodate people with ID and communicates the value of their input.</td>
<td>Ask varying questions in varying formats to gather feedback directly from people with ID. Questions can gather perspective on how people with ID felt in a physical space, and whether they felt included and would return. Family members and support persons of people with ID may also be a resource.</td>
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### Overarching Strategy: Awareness

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| Conduct a community or state assessment | A broader community or state assessment can help to identify barriers to inclusion for people with ID. Addressing the needs of people with ID while impacting the needs of the broader community or state helps with sustainability. | This can be done in various ways but should involve speaking with both people with and without ID. If people in the community who do not have a disability are experiencing barriers, such as accessing healthy food options, not feeling safe in their neighborhood, or lack of transportation, chances are people with ID have the same barriers and vice versa.  
- Resource: *NCHPAD’s Community Health Inclusion Index*  
- Resource: *Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations* |
| Train and educate staff on the barriers to inclusion for people with ID | Are program staff members aware of the barriers to inclusion for people with ID? Are they aware how these barriers can impact the health of people with ID, and their ability to access the services the organization offers? It is important for program staff to be educated on these barriers and trained regularly on how to address these barriers. | Disability awareness and disability culture should be part of staff training and professional development. It should also be addressed during the onboarding process for new staff and included in performance reviews.  
- Resource: *What Healthcare Professionals Can Do to be Accessible*  
- Resource: *Common Barriers to Participation Experienced by People with Disabilities*  
- Resource: *Obesity and Intellectual Disability* |
| Inform the public of the barriers to inclusion for people with ID | People with ID are members of the community and it is important for the public to be aware of; 1) what it means to have ID, 2) barriers for people with ID, 3) how ID impacts an individual’s health (access to care, disparities, etc.), and 4) how barriers can be reduced and/or eliminated. Public awareness of these barriers can help promote inclusion and allow the public to view | An example of informing the public would be to include the barriers people with ID in the community are faced with in presentations.  
- Resource: *Let’s Talk About Intellectual Disabilities: Loretta Claiborne at TEDxMidAtlantic*  
- Resource: *Talk to Me: Treating People with Intellectual Disabilities with Respect*  
- Resource: *Identify how Public Health Programs Impact Health Outcomes for People with Disabilities* |
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| Embed inclusion in the program or organization’s culture to help shift mindsets | How is disability viewed in the organization? These items may drive inclusive efforts and approach to work with people with ID.                                                                                                                                                                                                                                      | Help promote a culture of inclusion by addressing disability in policies, statements, or mission. Organizations can conduct an assessment to examine staff’s attitudes toward people with ID. Leadership should be mindful of how efforts are implemented to prevent resentment from staff.  
   - Resource: [AUCD Diversity and Inclusion Toolkit](#)  
   - Resource: [Inclusion@Work: A Framework for Building a Disability-Inclusive Organization](#) |
| Be responsive to the needs of the community | After assessing people with ID about their needs or barriers, it is important to respond to the needs. Responses to the community should be interactive and informative.                                                                                                                                                                                                | For example, if there is an issue with accessing local transportation, consider inviting someone from the transportation department to attend a meeting to meet with and discuss possible solutions or options.  
   - Resource: [Resources for Facilitating Inclusion and Overcoming Barriers](#) |
| Conduct ongoing and continuous quality improvement | Inclusion is an ongoing process that should be assessed and revisited continuously. This allows acknowledgment of what’s working as well as where improvement is needed and make necessary changes to improve those areas.                                                                                                                                                                               | To support the organization’s progress, inclusion practices can be embedded in performance appraisals or project reports. |
| Collect feedback from staff             | Program staff are an important factor in this effort, which is why it is important for leadership to provide staff with the opportunity to give their input. This will also increase staff members’ buy-in and make the organization more vested in the inclusive efforts.                                                                                                                                | Like people with ID, staff members involved in implementing inclusive programs should provide input on how they envision this inclusive effort. Identify and utilize the expertise of staff as well. |

**Overarching Strategy: Engage and Involve People with Intellectual Disability**

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### Share milestones and successes

Demonstrate your progress and continued growth. Such transparency may help the community to also grow and continue to support inclusive efforts.

Share milestones and successes with those involved including staff and people with ID. Whether you started the discussion, hosted an inclusive staff event, created a brochure that is literacy-friendly and depict people with ID in a respectful manner, or implemented an inclusive health promotion program, identify and celebrate your milestones.

- **Resource:** Health and Disability Success Story

### Improve self-efficacy of people with ID

All participants should be benefiting from programs and meetings. Self-efficacy is an individual’s belief that they can successfully carry out a behavior (for example, exercising every day or sticking to a diet). Has the self-efficacy of people with ID in the program increased or is it the same?

Self-efficacy can be improved by:
1. breaking down larger tasks into smaller components,
2. teaching one concept or activity at a time to allow participants time to understand,
3. teaching in smaller groups, or
4. teaching one-on-one. Everyone, including people with ID, should be challenged to become the best they can be, whether it’s improving a behavior (such as increasing intake of fresh fruits and vegetables in their diets) or gaining a new skill (such as being a co-facilitator).

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### Overarching Strategy: Accessibility and Accommodations

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<tr>
<th>Implementing Strategies</th>
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<tr>
<td>Adapt to the different needs of people with ID</td>
<td>The individual needs of people with ID vary. To accommodate, find out what those needs are and make reasonable accommodations to the meeting or program so that everyone benefits.</td>
<td>One method to discover the needs of people with ID is by conducting a community assessment. A community assessment provides a snapshot of assets and resources currently in place and helps identify areas for improvement. An accessible focus group may also provide insight on the needs of people with ID and how to adapt.</td>
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<td>- <strong>Resource:</strong> NCHPAD’s Community Health Inclusion Index</td>
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<tr>
<td>Take things one step at a time and assess progress</td>
<td>In the beginning, it may be difficult to get past an artificial inclusive culture. However, over time and by making the needed adjustments, creating a welcoming environment will get easier and begin to feel natural.</td>
<td>Do not force or fake it. After each meeting assess what went well, what can be improved, and work on making those improvements.</td>
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<td>- <strong>Resource:</strong> Inclusion@Work: A Framework for Building a Disability-Inclusive Organization</td>
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</tbody>
</table>
| **Utilize Universal Design for Learning** | Apply Universal Design for Learning (UDL) to allow programs to reach more diverse groups by removing barriers to learning. The skills, needs, and interests for learning vary for each person. UDL looks at the what, how, and why of learning and provides strategies to incorporate flexible approaches to meet the needs of all learners from the start. | The three main principles of UDL are: 1) provide multiple means of engagement (the “why” of learning), 2) provide multiple means of representation (the “what” of learning), and 3) provide multiple means of action and expression (the “how” of learning). Therefore, one must stimulate interest and identify ways to maintain motivation or engagement, present information in different ways, and allow people to express their ideas in different ways.  
- **Resource:** [UDL Guidelines](#)  
- **Resource:** [Video on Universal Design](#)  
- **Resource:** [Universal Design: Process, Principles, and Applications](#)  
- **Resource:** [Healthier Together! A Dyad Approach to Inclusive Health and Wellness Programming](#)  
- **Resource:** [Designing Health Lessons and Activities to be Inclusive](#) |
| **Meet ADA Compliance** | The Americans with Disabilities Act (ADA) is the nation's first comprehensive civil rights law addressing the needs of people with disabilities, prohibiting discrimination in employment, public services, public accommodations, and telecommunications. | Take advantage of the various assessment tools available for free to assess compliance and what can be done to address non-compliant areas in the program or organization.  
- **Resource:** [ADA Checklist for Existing Facilities](#)  
- **Resource:** [ADA National Network: Find Your Regional Center](#) |

**GUIDE LINE 2: Reflect the diverse cultural identities and voices of people with intellectual disability in programs and activities**

**Overarching Strategy: Awareness**

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| Understand cultural views on disability | Disability is viewed differently in different cultures and across individuals within a culture. In some cultures, disability may be viewed as part of life, while in other cultures it may be seen as something to | Try to understand the culture of people with ID and individualize approaches. Do they identify as someone who has a disability? How do they want to be addressed? Do they prefer *People First language* (the person comes before the disability, for example, “I am an athlete who has Down syndrome,” not “I am a Down syndrome athlete”) or *Identity First language*, in which the disability is considered part of someone's identity, for example, “I
Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability

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<th>Foundational Principles</th>
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<td>Be ashamed of. It is important to know how people with ID in the community view disability.</td>
<td>am an autistic athlete.” This is People First vs Identity First. In general, organizations should use People First Language in communications with people with ID.</td>
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<tr>
<td>- Resource: <a href="#">Disability through a Cultural Lens – archived webinar</a></td>
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<td>- Resource: <a href="#">Allies in Self-Advocacy Resources</a></td>
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<td>- Resource: <a href="#">Portrayal of People with Disabilities</a></td>
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<td>Identify community demographics</td>
<td>Organizations should know who is in the community they’re serving and intentionally reach out to those individuals to be truly inclusive. Program participants should be reflective of the community’s demographics.</td>
<td>Reach out to local community organizations such as religious organizations, community centers, and others to identify leaders that can connect you with people with ID.</td>
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<tr>
<td>- Resource: <a href="#">Health Disparities Chartbook on Disability and Racial and Ethnic Status in the United States</a></td>
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<td>- Resource: <a href="#">American FactFinder</a></td>
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<tr>
<td>Acknowledge that people with ID are members of the community</td>
<td>People with ID are members of the community, just like anyone else. For some communities, the residents may not be aware that people with ID reside in the community, or even know their needs.</td>
<td>Public awareness of people with ID can help promote inclusion both in the community and in the organization. However, when speaking about people with ID, personal stories and including people with ID in the delivery sends a stronger message.</td>
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<tr>
<td>- Resource: <a href="#">Supporting Wellness for Adults with Intellectual and Developmental Disabilities</a></td>
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<tr>
<td>Reach out to and hire diverse groups of people with ID</td>
<td>Hiring people with ID helps promote and support a culture of diversity and inclusion. People with ID have various skills and when given the proper guidance and training, they can be successful. People with ID benefit from being employed and may also help in inclusive efforts.</td>
<td>To truly be inclusive, organizations should make a genuine attempt to reach out and hire people with ID from diverse backgrounds. If unsure where to advertise job announcements, reach out to self-advocate organizations and/or organizations that work with people with ID. This includes recruitment to serve on committees, boards and advisory councils.</td>
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<tr>
<td>- Resource: <a href="#">Randy Lewis: ‘We haven’t found a disability we can’t employ’</a></td>
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<td>- Resource: <a href="#">Effectively Including People with Disabilities in Policy and Advisory Groups</a></td>
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<td>- Resource: <a href="#">Employer Assistance and Resource Network on Disability Inclusion (EARN)</a></td>
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### Overarching Strategy: Accessibility and Accommodations

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<td>Use accessible language</td>
<td>People with ID have various reading levels that should be considered when creating materials.</td>
<td>Program materials should be written in plain and accessible language. Avoid jargon and complex or abstract statements. In addition to considering literacy and using concrete or simple sentences and ideas, method of delivery is also important. Additionally, offering alternative formats could help with reaching more people. There is still a need for printed materials to reach those individuals without access to a computer or smartphone. Consider the graphic layout, printing materials in larger, readable fonts, and utilizing images to help explain certain terms or phrases. Depending on the community being served, program materials may need to be translated. Also, provide a contact person, trained to work with people with ID, in case people have questions about materials.</td>
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</table>
|                         |                                                                      | • Resource: [Plain Language Strategies (webinar archive)](https://example.com/plain-language-strategies)  
• Resource: [Allies in Self-Advocacy Accessible Meetings & Presentations](https://example.com/allies-in-self-advocacy)  
• Resource: [America's Health Literacy: Why We Need Accessible Health Information](https://example.com/america's-health-literacy)  
• Resource: [Using Plain Language to Enhance eRecruiting](https://example.com/plain-language-enhance-erecruiting) |
| Utilize diverse ways to identify people with ID | Data, specifically on people with ID, can be limited. However, researching and gathering data on the demographics of the community is a good step in program planning. | Some data can be obtained from local and state health departments (such as race, gender, age, etc.). There are other ways to get disability statistics of the community such as schools, churches, and local organizations. For example, schools can be a resource to identify how many school-age children in an area have ID. Another creative resource would be to visit existing disability programs and asking them to share any data they may have on ID. This data can help ensure the program is effectively addressing the needs of the community. Strategic dissemination and outreach plans may also be developed based on the findings. |
|                         |                                                                      | • Resource: [Identify Surveillance Systems Used to Capture Data That Includes People with Disabilities](https://example.com/identify-surveillance-systems)  
• Resource: [Recognize that Disability can be used as a Demographic Variable](https://example.com/recognized-disability-demographic) |
Overarching Strategy: Intentional Inclusion

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<td>Use diverse images</td>
<td>When promoting events or programs in any community, be mindful of the images used in promotional materials. This allows people with ID to feel included and know that they’re welcome.</td>
<td>Diverse images of people from different backgrounds (racial/ethnic, gender, age, religion, disability etc.) matter. Consider using images of actual members in the community, with the appropriate consent; that is typically preferred over stock images.</td>
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<tr>
<td>Include people with ID in every phase</td>
<td>People with ID should be included in all phases of program development, implementation, and evaluation.</td>
<td>As important as it is to include people with ID in the implementation, it is just as important to include them at the start of a program (planning) and in the evaluation of the program to get their feedback. Their feedback and input should be embedded throughout each phase of the program.</td>
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Resource: Expanding Surveillance of Adults with Intellectual Disability in the US

GUIDELINE 3: Ensure that accessibility for people with intellectual disability is integrated into all policies and practices

Overarching Strategy: Communication

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<td>Communicate directly with the individual</td>
<td>Communicating directly with the individual demonstrates respect and value. People with ID should be made aware of what is expected of them before and during an event so they can fully participate.</td>
<td>Prior to a meeting or program activity, communication with people with ID should take place to assure they are aware of what to expect during the meeting. A person with ID may bring a family member or support person with them to a meeting. When communicating with a person with ID who has a family member or support person with them, communication should always be directed to the individual and not their support person.</td>
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Resource: Disability Etiquette
Resource: Mary’s Top 10: Communication Tip
### Overarching Strategy: Engage and Involve People with Intellectual Disability

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| Engage People with ID in creating funding opportunities and applying for funding opportunities | Engaging people with ID in this process prioritizes inclusion and builds in sustainability. It also ensures the needs of people with ID are acknowledged and the barriers to inclusion considered. | If the organization provides grant funding for other community organizations, request that applicants address how they will include people with ID in their program development, implementation, and evaluation. If applying for funding, ensure inclusion of people with ID, families and/or support persons are in the development of the grant proposal, implementation, and evaluation of the proposed program.  
- Resource: [Accessibility Toolkit for Funders who Support Self-Advocacy Organizations](http://example.com) |

| Reach out to and hire diverse groups of people with ID | Hiring people with ID helps promote and support a culture of diversity and inclusion, and people with ID benefit from being employed. | To truly be inclusive and diverse, organizations should make a genuine attempt to hire people with ID from diverse backgrounds.  
**See Principle 1, Guideline 2 (Engage and Involve People with Intellectual Disability, p. 18)**  
- Resource: [Randy Lewis: ‘We haven’t found a disability we can’t employ’](http://example.com)  
- Resource: [Effectively Including People with Disabilities in Policy and Advisory Groups](http://example.com)  
- Resource: [Using Plain Language to Enhance eRecruiting](http://example.com)  
- Resource: [Employer Assistance and Resource Network on Disability Inclusion (EARN)](http://example.com) |

### Overarching Strategy: Accessibility and Accommodations

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| Utilize Universal Design for Learning | The skills, needs, and interests for learning vary for each person. Universal Design for Learning (UDL) looks at the what, how, and why of learning and provides strategies to incorporate flexible approaches to meet the needs of all learners from the start. | It is important to stimulate interest and identify ways to maintain motivation or engagement, present information in different ways, and allow people to express their ideas in different ways.  
**See Principle 1, Guideline 1 (Accessibility and Accommodations, p. 17)**  
- Resource: [UDL Guidelines](http://example.com)  
- Resource: [Video on Universal Design](http://example.com)  
- Resource: [Designing Health Lessons and Activities to be Inclusive](http://example.com) |
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<tr>
<th><strong>Be flexible in your approach</strong></th>
<th>When working with communities, including people with ID, it is important to be flexible when conducting program activities or meetings. This allows everyone to participate, contribute to and benefit from the meeting or program.</th>
<th>Organizations tend to schedule meetings and events at their offices during the workday, however, people with ID may have limited or no access to transportation. They may have a job or routines or appointments that conflict. They may also need to coordinate with a family member or support person. Find out from participants what works with their schedule and where they feel comfortable meeting. For example, instead of scheduling an exercise class in the morning, schedule it for after-work hours. Instead of holding meetings and program activities at the organization, consider having them at a local church or community center. If during a meal time, consider providing food. Family members may require child care. Provide time before and/or after a meeting or program for participants to go over materials, ask questions, and to get a better understanding of activities and tasks in easy to understand language, so everyone understands what is being discussed and asked of participants. The meeting time may also need to be extended to accommodate answering questions and/or making sure participants comprehend what’s being said. When possible, provide meeting materials prior to the meeting to allow time to review and process.</th>
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<tr>
<td><strong>Provide individualized accommodations</strong></td>
<td>An accommodation is any change to an environment or the way things are done to help a person with a disability successfully perform their duties and/or participate. Accommodations are not ‘one-size-fits-all’ and should be individualized for the person, based on their needs and the nature of their individual disability.</td>
<td>It is important to not make assumptions and to ask each person what accommodations they need. Each person experiences their disability differently and needs may differ from person to person. Someone with ID may also have other disabilities that need to be accommodated. The type of accommodations needed for employment will vary compared to what is needed to participate in a program or meeting.</td>
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| **Resource:** Accessible Meetings & Events Guide | **Resource:** What Local Health Departments Should Know about the Population of People with Disabilities | **Resource:** [US Dept. of Labor - Accommodations](https://www.dol.gov)  
**Resource:** Accessible Meetings & Events Guide
## Overarching Strategy: Intentional Inclusion

### Implementing Strategies

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<td><strong>Expand Diversity and Accommodation Policies</strong></td>
<td>Often, disability culture is not addressed in the organization’s initiatives, policies and value statements supporting diversity. Organizations’ diversity policies and statements are areas in which disability, including ID, can be included and celebrated.</td>
<td>It is helpful to review existing policies and practices with people with ID to see where they can be strengthened.</td>
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<td>- Resource: <a href="#">Making Inclusion a Reality in Development Organizations</a></td>
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<td>- Resource: <a href="#">Painting a deeper picture of disability inclusiveness: Changing organizational culture and climate</a></td>
</tr>
<tr>
<td><strong>Outreach to people with ID</strong></td>
<td>People with ID are members of the community. However, outreach efforts may not be successful in reaching them.</td>
<td>When conducting outreach efforts, take an inclusive approach by using plain language when describing the programs and services. Ensure that images in brochures and on flyers reflect people with ID, including those from other diverse cultural backgrounds. When necessary, create adapted materials that are easier to understand for people with ID.</td>
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<td>- Resource: <a href="#">Tips for Interacting with People with Disabilities</a></td>
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<td>- Resource: <a href="#">Using Plain Language to Enhance eRecruiting</a></td>
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<tr>
<td><strong>Use accessible language</strong></td>
<td>People with ID have various reading levels that should be considered when creating materials.</td>
<td>Program materials should be written in plain and accessible language.</td>
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<td><strong>See Principle 1, Guideline 2 (Accessibility and Accommodations, p. 19)</strong></td>
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<td>- Resource: <a href="#">Plain Language Strategies (webinar archive)</a></td>
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<td>- Resource: <a href="#">Allies in Self-Advocacy Accessible Meetings &amp; Presentations</a></td>
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<td>- Resource: <a href="#">Using Plain Language to Enhance eRecruiting</a></td>
</tr>
<tr>
<td><strong>Involve people with ID from the very beginning</strong></td>
<td>This is a vital step in being intentionally inclusive and ensures barriers to inclusion are considered from the beginning.</td>
<td>Prior to creating a new initiative/program, include people with ID in the planning phases. Ask them for their input -- how do they envision this program being implemented and where do they see themselves within the program?</td>
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<td>- Resource: <a href="#">Monday Mile case study</a></td>
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# PRINCIPLE 2: Full participation of people with intellectual disability in programs and activities

## GUIDELINE 1: Include people with intellectual disability in the creation of policies, program planning, implementation, and evaluation

### Overarching Strategy: Communication

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<td><strong>Provide clear expectations and guidance</strong></td>
<td>It is important to provide people with ID with clear expectations and proper guidance for them to participate meaningfully and successfully. With a clear understanding, people with ID can make an informed choice on how and whether they can participate.</td>
<td>There should be a mutual understanding of what is envisioned for the role of people with ID in the program or organization, what their specific tasks are, and how success is defined. All communication and messaging should be accessible; use plain language, easy to read font, the format or method that works for the individual (for example, email, printed materials, visual schedule, picture organizer), simple ideas, specific examples, and culturally appropriate images if needed.</td>
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<td><strong>Engage in dialogue with people with ID</strong></td>
<td>Prior to creating a new initiative/program, include people with ID. This can also help build trust between the community and the organization.</td>
<td>True inclusion requires speaking with and listening to community members, including people with ID. This should occur not only in the planning phases but throughout all phases of the program to get their input. Allow individuals to have some ownership in how the program is developed, implemented, and evaluated.</td>
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- Resource: [Toolkit for Making Written Material Clear and Effective](#)
- Resource: [Communication Skills](#)
- Resource: [NACCHO Fact Sheet: Five Steps for Inclusive Communication](#)
- Resource: [Accessible Print Materials](#)
- Resource: [Using Plain Language to Enhance eRecruiting](#)
- Resource: [Monday Mile case study](#)
## Overarching Strategy: Awareness

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| **Partner with local disability organizations** | Bring in the right voices to help brainstorm solutions, provide technical assistance, or identify resources. These organizations can help reach diverse people with ID, and perhaps even partner in inclusive efforts. They may also be able to direct or provide connections to similar organizations that are inclusive or making strides to provide ideas or lessons learned from their efforts. | Partner with local organizations in the community that have expertise in ID and serves people with ID and their families (for example, UCEDDs, DD Councils, Special Olympics, The Arc, or self-advocate organizations, such as People First).  
- **Resource:** [Directory of Community-Based Organizations Serving People with Disabilities](#) |
| **Reach out to diverse populations** | People with ID are a part of the community and they are influenced by their varying social and cultural identities such as religion, family, language, race, ethnicity, gender identity, and socioeconomic status. These differences are important to acknowledge as they may impact the success of efforts. Having diverse representation of people with ID involved provides an opportunity to learn but also bring awareness to communities typically unserved, underserved, and underrepresented. | If unsure how or where to reach out to diverse groups of people with ID, solicit assistance from community organizations such as religious/faith-based entities, local community associations, or programs that serve the ID community. A cultural broker may also serve as a resource.  
- **Resource:** [Key Terms on Diversity & Inclusion Toolkit](#)  
- **Resource:** [Exploring Intersectionality & Multiple Cultural Identities within Developmental Disabilities - archived webinar](#)  
- **Resource:** [Cultural Brokering: An Effective Approach for Engaging Diverse Communities in Intellectual and Developmental Disabilities (IDD) Services and Supports – archived webinar](#) |
| **Get to know the community** | Community outreach can build trust with people with ID and their families. Community-wide events may also allow for reach to certain cultures who may not readily disclose their disability or even identify | Hold an “open house” at the organization and invite local organizations and other participants to attend. However, it is not always convenient or possible for individuals to travel so hosting events or listening sessions within the community is also suggested. |
| Model inclusion at all levels, starting with those in leadership roles | themselves as having a disability. Hearing the voices in the community can help strategize how to still reach those communities. | This should be built into the practices of the organization, with continued support and reinforcement from leadership. This may include supporting professional development opportunities for staff specific to learning more about ID or having people with ID in leadership roles either as staff and/or advisors. All staff should model, advocate for, and keep each other accountable for supporting inclusion practices.  
- **Resource:** [Making Inclusion a Reality in Development Organizations](#) |

| Overarching Strategy: Engage and Involve People with Intellectual Disability |  |
| --- | --- | --- |
| Implementing Strategies | Why? | How? |
| Ask people with ID what is important to them | When identifying or recruiting people with ID for a planning committee, board, or advisory council, the right fit allows for a mutually beneficial relationship. This will allow for valuable input applicable to people with ID within the planning that would better support organization’s practice of including people with ID in programs or services. Participation should be genuine and not forced. Therefore, people with ID should have an interest in the topic they are being asked to provide input on. This may require educating, building awareness, and explaining concepts in a manner that is understood by the individual. The person with ID should fully understand what is being discussed and asked of them.  
- **Resource:** [Communication Skills](#)  
- **Resource:** [NACCHO Fact Sheet: Five Steps for Inclusive Communication](#) | |
| Utilize the expertise of people with ID | This insight allows for feedback on how people with ID can be included and served successfully. They bring their own experiences and valuable expertise. Ask people with ID to participate in the planning and reviewing of grant opportunities or community funded projects. Family members and support persons of people with ID may also be a resource.  
- **Resource:** [See What I Mean: Participatory Action Research with College Students with Disabilities](#) | |
| Include people with ID in every phase | People with ID should be included in all phases of program development, Their feedback and input should be embedded throughout each phase of the program. | |
### Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability

**Implementation, and Evaluation.**

**See Principle 1, Guideline 2 (Intentional Inclusion, p. 20)**
- Resource: *Monday Mile case study*

### Overarching Strategy: Accessibility and Accommodations

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<td>The skills, needs, and interests for learning vary for each person.</td>
<td>Universal Design for Learning (UDL) looks at the what, how, and why of learning and provides strategies to incorporate flexible approaches to meet the needs of all learners from the start. It is important to stimulate interest and identify ways to maintain motivation or engagement, present information in different ways, and allow people to express their ideas in different ways.  <strong>See Principle 1, Guideline 1 (Accessibility and Accommodations, p. 17)</strong>  - Resource: <em>UDL Guidelines</em>  - Resource: <em>Video on Universal Design</em>  - Resource: <em>Designing Health Lessons and Activities to be Inclusive</em></td>
</tr>
<tr>
<td>Be flexible in your approach</td>
<td>This allows everyone to participate, contribute to and benefit from the meeting or program.</td>
<td>Be flexible when conducting program activities or meetings.  <strong>See Principle 2, Guideline 1 (Accessibility and Accommodations, p. 22)</strong>  - Resource: <em>Accessible Meetings &amp; Events Guide</em>  - Resource: <em>What Local Health Departments Should Know about the Population of People with Disabilities</em></td>
</tr>
<tr>
<td>Address barriers of people with ID</td>
<td>People with ID face multiple barriers that prevent inclusion. When addressed, people with ID can access and participate in programs and activities.</td>
<td>Talk to people with ID to identify the barriers they face and work with them to address or solve their barriers. Keep in mind that these can differ depending on the individual. For example, if transportation is a barrier, consider relocating the program or meeting to a central location so participants can walk (a short distance) or access public transportation, or consider providing transportation or reimbursing the cost for participants. When needed, accommodate the need for a family member or support person to also participate.</td>
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<td>Create safe spaces for people with ID</td>
<td>Having a safe space is important, especially when new to inclusion. People with ID should feel safe asking questions or asking for help without feeling as</td>
<td>Provide clear instructions on how to express concerns and report or ask for assistance if facing a challenge or barrier. If a person with ID is seen facing a challenge or barrier, do not jump in without asking if they require support. Leadership and those in leadership positions</td>
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though they are being judged or hindering the meeting or program. If people do not feel comfortable in a space, it deters them from participating.

Resource: AUCD Diversity and Inclusion Toolkit

It is important to provide the individual with proper guidance for them to successfully participate.

If communicating in writing, the message should be accessible. Use plain language when explaining or giving guidance, utilize images if needed, and make sure the font used is readable. Also, provide materials in formats other than written, such as having someone who can read materials to a person rather than having the person read the materials themselves.

Resource: Communication Skills
Resource: NACCHO Fact Sheet: Five Steps for Inclusive Communication

GUIDEline 2: Ensure that program participation is meaningful for both the organization and people with intellectual disability

Overarching Strategy: Communication

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<tr>
<th>Implementing Strategies</th>
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| **Provide clear expectations and guidance** | It is important to provide people with ID with clear expectations and proper guidance for them to participate meaningfully and successfully. | With a clear understanding, people with ID can make an informed choice on how and whether they can participate.

**See Principle 2, Guideline 1 (Communication, p. 24)**

- Resource: Toolkit for Making Written Material Clear and Effective
- Resource: Communication Skills
- Resource: NACCHO Fact Sheet: Five Steps for Inclusive Communication |

| Evaluate whether people with ID are being included | Continue to improve inclusive efforts by following up with people with ID and their family members or support person. It is helpful to know what’s working and what is not. If it has to do with planning, programming | For example, during meetings, build in time to survey the room and ensure everyone had an opportunity to speak or ask questions and is following the presentation or discussion. Programs or organizations can also ask for feedback following a meeting on what worked and what didn’t work. This can be done by someone from the organization or having a third party reach out to assure anonymity. Also, if someone appeared enthusiastic the |
or physical space, the issue can be addressed. first time they attend a meeting or a program and yet they do not return, follow up with the person with ID, families or support person. Did they stop coming because they didn’t feel included? Did they stop coming because they encountered barriers?

**Overarching Strategy: Awareness**

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<th>Implementing Strategies</th>
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| Be aware of biases      | All people have biases and it is important that they are aware of them. There are several biases people may have about people with ID such as the misconceptions that people with ID are incapable of learning, can’t work or do not have a social/personal life, unable to make decisions, or don’t know what they want. These biases should be acknowledged and addressed by an organization to support inclusive work environments or programs. | People with ID should always be represented in a respectable way. This includes having the same expectations for people with ID and others in the same or similar role. Invite a consultant or technical assistance provider to conduct an assessment or training that discusses and addresses biases.  
  - Resource: [Confronting and Addressing Conscious and Unconscious Biases and the ISMs](#)  
  - Resource: [Implicit Bias](#)  
  - Resource: [Painting a deeper picture of disability inclusiveness: Changing organizational culture and climate](#) |

**Overarching Strategy: Engage and Involve People with Intellectual Disability**

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<th>Implementing Strategies</th>
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| Create clear goals or outcomes | Developing goals regarding the inclusion of people with ID may lead to the stronger inclusion of all community members and residents. | Organizations should clearly identify their inclusion goals. Create SMART (Specific, Measurable, Achievable, Realistic, and Time-bound) goals and develop a plan.  
  - Resource: [Developing Program Goals and Measurable Objectives](#) |

| Create a safe space for feedback | Having a safe space will allow people with ID to feel comfortable providing feedback and allow them to be open and honest about their experience at a | Is there space or opportunity for people with ID to share feedback and their experience? If a person with ID shares their perspective or feelings about an incident that took place, let them know that they are heard. Provide reassurance and try to work together to resolve the issue. |
### Compensate people with ID for their services

- **Like anyone else who is providing a service, people with ID should be compensated for their time and services. Providing a stipend or reimbursing expenses may also address barriers preventing people with ID from participation such as low income.**

- **If members of a committee represent their company, for example, they are compensated by their company for their time spent on the committee. People with ID are experts in their field and should also be compensated for their time on a committee.**

#### Overarching Strategy: Accessibility and Accommodations

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<tbody>
<tr>
<td>Get program materials vetted</td>
<td>It is important that program materials reflect the audience, for example assuring the images used in materials are culturally responsive to the population being reached.</td>
<td>Like a focus group, ask people with ID to provide their opinions/feedback on materials to assure they are accessible and appropriate for people with ID. In this process, keep in mind the varying cultural identities of people with ID, such as religion, family, language, race, ethnicity, gender identity, and socioeconomic status. If translating reading materials, it is vital to realize that the word disability may not have a direct translation in all languages; sometimes expressions or idioms can be used to express the meaning in a culturally competent manner.</td>
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**Utilize Universal Design for Learning**

- The skills, needs, and interests for learning vary for each person.

- Universal Design for Learning (UDL) looks at the what, how, and why of learning and provides strategies to incorporate flexible approaches to meet the needs of all learners from the start. It is important to stimulate interest and identify ways to maintain motivation or engagement, present information in different ways, and allow people to express their ideas in different ways.

**See Principle 1, Guideline 1 (Accessibility and Accommodations, p. 17)**

- **Resource:** [UDL Guidelines](#)
- **Resource:** [Video on Universal Design](#)
- **Resource:** [Designing Health Lessons and Activities to be Inclusive](#)
### Provide proper accommodations

People with ID should be provided with the necessary accommodations to allow equitable access and full and meaningful participation.

Accommodation needs may be different for each person. For some people with ID, they may need to go over the meeting agenda and other materials prior to the meeting to be prepared to participate, others may need to bring a support person along for assistance. Assumptions about capabilities and needs should be avoided. To know what kind of accommodations are needed, ask the person and follow-through with providing the requested accommodations.

- **Resource:** [Inclusion Strategies](#)

### Provide opportunities to develop natural supports

Natural support is the support that develops naturally between individuals who work together and have similar interests, likes, personalities, etc. People with ID benefit from natural supports because it provides them with a sense of belonging and confidence while also supporting them in being independent in their work setting.

For example, natural support can form between a person with ID and a program staff, program volunteer, or colleague at a worksite. This can be supported by building in time for people with ID to get to casually know others and vice versa. There are numerous ways this can be done, for instance, host a cultural potluck during a meeting. Getting to know one another in an informal setting can help create those natural supports. The relationship is beneficial to each of the parties.

### Overarching Strategy: Intentional Inclusion

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<tr>
<td><strong>Ask people with ID how they would like to participate</strong></td>
<td>People with ID should not be used as “tokens,” meaning they should not fill a position simply for appearance purposes.</td>
<td>Take the contributions of people with ID into consideration like anyone else. Take the time to speak with the individuals and ask what meaningful participation looks like to them. Consider the interests and skills of the individual when matching tasks and activities. Everyone with ID is not the same. What works for one person may not work for someone else. Ask what role they would like to have during meetings/program activities and actively engage them in their role(s).</td>
</tr>
<tr>
<td><strong>Build a relationship with the community, including people with ID</strong></td>
<td>Community members can be wary of participating in/getting services from organizations they are not familiar with.</td>
<td>Be genuine with efforts to include people with ID by building rapport. What are their interests? Are they aware of the organization or the issue being discussed? Take the time and have a “meet and greet” where members of the community can get to know the organization and vice versa.</td>
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<tr>
<td><strong>Challenge people with ID to their abilities</strong></td>
<td>Organizational benefit from supporting and challenging individuals, including people with ID, to reach their full potential. People with ID have skills like anyone else and can utilize their skills.</td>
<td>Proper training, guidance, and professional development are helpful when working on new skills, assignment, tasks, and positions. Ask advisory board members with ID if there are any local trainings or conferences they would like to attend (provide them with a list of upcoming events). Suggest trainings or conferences if their attendance would be beneficial.</td>
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| • **Resource:** [Inclusion Strategies](#) | | • **Resource:** [Allies in Self Advocacy](#)  
• **Resource:** [Effectively Including People with Disabilities in Policy and Advisory Groups](#) |
| **Utilize or support the contribution of people with ID** | This reassures that all input is valid. It demonstrates that it is not about having the perfect answer, but participating and contributing their opinion. | Think about how the organization represents people with disabilities. Are they shown as employees and participants in programs? Do they contribute quotes and stories to newsletters? People with ID should be a vital part of the team where their voices are heard and valued. Consider having a person with ID co-facilitate or assist in planning a meeting/event. |
| | | • **Resource:** [AUCD Annual Report](#) |
| **Empower people with ID to make their own decisions** | People with ID should be respected. | Provide relevant information in an accessible way so people with ID can make an informed decision about an issue or task. Let people with ID have “the dignity of risk,” meaning that they should be able to make decisions on their own, even if others disagree with these decisions. |
| | | • **Resource:** [Supporting Wellness for Adults with Intellectual and Developmental Disabilities](#) |
| **Promote a culture of inclusion** | A key to modeling inclusion is to start at the top with leadership. Leadership can influence the culture and behaviors of what inclusion looks like and can set examples through policies and practices. | This can occur by incorporating practices that ensure all voices are heard, such as in meetings, and intentionally take time to get feedback from people who may not have spoken. |
| | | • **Resource:** [Talking to Managers about Disability: New Communication Tools from the Northeast ADA Center](#) |
References

Appendix A: Key Terms

- **Culture**: Culture is the learned and shared knowledge that specific groups use to generate their behavior and interpret their experience of the world.

- **Cultural Broker**: A go-between, one who advocates on behalf of an individual or group. A cultural broker can be a liaison, cultural guide, mediator, or catalyst for change. They help with trust and respect of the community, has knowledge of values and belief systems of diverse racial, ethnic, and cultural groups about disability, and has the experience navigating disability, health, behavioral health, education, and other systems.

- **Disability Inclusion**: Including people with disabilities in everyday activities and encouraging them to have roles like their peers who do not have a disability.

- **Equality**: Ensure that everyone gets the *same things* to enjoy full, healthy lives. Promotes fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

- **Equity**: Giving people what they *need* to live full and healthy lives. Different or tailored treatment is a definite path to fairness and justice than the same treatment.

- **Health Disparity**: Avoidable differences in health status and access to care that result from environmental, social and/or economic conditions.

- **Health Equity**: Assuring every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

- **Inclusion**: Getting fair treatment from others; Making products, communications, and the physical environment more usable by as many people as possible; Modifying items, procedures, or systems to enable a person with a disability to use them to the maximum extent possible; and Eliminating the belief that people with disabilities are unhealthy or less capable of doing things.

- **Safe Space**: Environments created for people to feel comfortable having authentic dialogue without judgment or reprisal.
Appendix B: Outline of Strategies

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Guideline 2: Ensure that program participation is meaningful for both the organization and people with intellectual disability

Overarching Strategy: Communication

Provide clear expectations and guidance

Evaluate whether people with ID are being included

Overarching Strategy: Awareness

Be aware of biases

Overarching Strategy: Engage and Involve People with Intellectual Disability

Create clear goals or outcomes

Create a safe space for feedback

Compensate people with ID for their services

Overarching Strategy: Accessibility and Accommodations

Get program materials vetted
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Appendix C: Additional Resources on Intellectual Disability and Inclusion

These resources are meant to provide additional tools and guides to assist organizations in the journey of becoming a champion for health and inclusion. They do not all represent inclusive practices; however, they may serve as a resource. The resources are provided for informational purposes and are not endorsed by AUCD or Special Olympics, Inc.

Intellectual Disability

Intellectual disability (ID) is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. But in defining and assessing ID, the American Association on Intellectual and Developmental Disabilities (AAIDD) stresses that additional factors must be considered, such as the community environment typical of the individual’s peers and culture. Professionals should also consider linguistic diversity and cultural differences in the way people communicate, move, and behave. Nearly one in ten families in the U.S. are directly affected by a person with ID at some point in their lifetimes (Administration on Intellectual and Developmental Disabilities). The following resources will further assist in defining and describing ID, including guidance on communicating effectively with a person with ID.

Definition of Intellectual Disability (ID)
Definition, additional reading, and a video describing ID, provided by the American Association on Intellectual and Developmental Disabilities (AAIDD). AAIDD promotes progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities.

The President’s Committee for People with Intellectual Disabilities (PCPID)
The President’s Committee for People with Intellectual Disabilities (PCPID), formerly The President's Committee on Mental Retardation, was established to ensure the right of a “decent, dignified place in society” for people with intellectual disabilities. PCPID promotes policies and initiatives that support independence and lifelong community inclusion.

Let’s Talk About Intellectual Disabilities: Loretta Claiborne at TEDxMidAtlantic
Loretta Claiborne tells her story. Loretta is a world-class runner and gifted motivational speaker who happens to also be a Special Olympics Athlete and a person with ID. Her work has ranged from supporting people with disabilities to working to help end bullying.

Talk to Me: Treating People with Intellectual Disabilities with Respect
Consider these basic rules for communicating with a person with ID; applicable for a wide variety of audiences

Organizational Resources

Inclusive health is a journey that partners take together. With the Inclusive Health initiative, our common agenda is the intentional and meaningful inclusion of people living with ID in everything that we do, including the programs our organizations implement, and the actual design and planning of organizational practices. These are a few national organizations that serve individuals with ID and can provide or serve as a resource.

Administration on Intellectual and Developmental Disabilities (AIDD)
The Administration on Intellectual and Developmental Disabilities (AIDD), in the Administration on Community Living’s (ACL) Administration on Disabilities (AoD), AIDD supports and advocates for quality services for
individuals with intellectual and developmental disabilities and their families, to increase the independence, productivity, and community inclusion of these individuals and ensure that their rights are protected.

**Association of University Centers on Disabilities**
The Association of University Centers on Disabilities (AUCD) is a network of interdisciplinary centers advancing policies, practices, and research that improve the health, education, social, and economic well-being of people with developmental and other disabilities, their families, and communities.

**Convention on the Rights of Persons with Disabilities (CRPD)**
The Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol were adopted on December 13, 2006, as the first comprehensive human rights treaty of the 21st Century. It adopts a broad categorization of people with disabilities and reaffirms that all people with all types of disabilities must enjoy all human rights and fundamental freedoms.

**National Center on Health, Physical Activity and Disability**
The National Center on Health, Physical Activity and Disability (NCHPAD) is the premier resource for information on physical activity, health promotion, and disability, serving people with physical, sensory and cognitive disability across the lifespan.

**Special Olympics**
Special Olympics is a leading name in health promotion for people of all ages with ID. Through sports training and competition, children and adults with intellectual and developmental disabilities are empowered to become "physically fit, productive and respected members of society."

**The Arc**
The Arc is the largest national community-based organization advocating for and serving people with intellectual and developmental disabilities and their families. The Arc has been on the front lines in making change happen for people diagnosed with Autism, Down syndrome, Fetal Alcohol Spectrum Disorder, and a range of diagnoses across the spectrum of intellectual and developmental disabilities.

**Healthy Weight in People with Intellectual Disability**
People with ID are less healthy than the general population and experience poorer health outcomes, including higher rates of obesity. However, they are often excluded from existing healthcare systems and experience inadequate access to health promotion programs and to quality health care services. The resources below serve as a guide to understanding the reasons people with ID are susceptible to poorer health outcomes.

**Centers for Disease Control (CDC) Healthy Weight Issue Briefs**
The CDC's issue briefs describe what people and organizations can do to help combat obesity among people with disabilities and assist them in achieving healthy weight and an improved quality of life.

**Introduction to Achieving a Beneficial Fitness for Persons with Developmental Disabilities**
This article highlights the decline of physical activity over the last 30+ years and specifically demonstrates that activity levels for people with developmental disabilities are lower than their peers without disabilities.

**Obesity and Intellectual Disability**
This journal article addresses the influences relating to obesity among people with ID with the conclusion that the environment appears to exert a powerful influence on obesity in the ID population.

**Adults with Intellectual Disability, Obesity, and Physical Activity**
A video, from the Institute on Disability and Human Development (IDHD), describing a research summary on the social and environmental factors that deter people with ID from participating in physical activity and contribute to higher rates of obesity.

**Sarah’s Life. Obesity Among Intellectually Disabled People: Closing the Equity Gap.**
A video about people with ID’s risk of being obese and how excluding people with ID from health promotion programs is not only unfair but negatively impacts their overall health outcomes.

### Cultural and Linguistic Competence

Organizations that continue to prioritize cultural and linguistic competence at all levels are better prepared to address the growing diversity and persistent disparities that exist among people with ID. Ensuring that programming is not only inclusive of people with ID but also culturally and linguistically competent in relation to the demographics of the populations being served would not only help to increase accessibility but also impact. In this section, resources are provided to assist in enhancing organization’s efforts in diversity, inclusion, and cultural and linguistic competence.

**Common Barriers to Participation Experienced by People with Disabilities**
Nearly everyone faces hardships and difficulties at one time or another. But for people with disabilities, barriers can be more frequent and have a greater impact. This website addresses the different barriers (attitudinal, communication physical, etc.) and their impact on people with disabilities.

**Cultural and Linguistic Competence Health Practitioner Assessment (CLCHPA)**
The Cultural and Linguistic Competence Health Practitioner Assessment (CLCHPA) is a self-guided learning activity developed by the Georgetown University National Center for Cultural Competence. The CLCHPA is designed to enhance the delivery of high-quality services for diverse patient/client populations, and promote cultural and linguistic as essential approaches addressing health and healthcare disparities.

**Cultural Competence**
The Georgetown University Center for Child and Human Development (GUCCHD), through its National Center for Cultural Competence (NCCC), is recognized as a national and international leader in the design, implementation, and evaluation of cultural and linguisiic competence in a broad array of systems and organizations.

**Including People with Disabilities: Public Health Workforce Competencies**
This online resource outlines recent advances in knowledge and practice skills that public health professionals need to include people with disabilities in the core public health functions – Assessment, Policy Development and Assurance.

**Inclusion Strategies from CDC**
This CDC website acknowledges that inclusion of people with disabilities into everyday activities involves practices and policies designed to identify and remove barriers such as physical, communication, and attitudinal, that hamper individuals’ ability to have full participation in society, the same as people without disabilities.

**National Center for Cultural Competence (NCCC)**
NCCC defines the conceptual framework and model for achieving cultural and linguistic competence, including resources and publications. This website provides various tools on cultural competency, such as self-assessments, briefs, and checklists.

**Public Health is for Everyone**
A one-stop website of a living collection of resources and best practices on health and disability to ensure public health efforts reach people living with a disability.

**Resources for Facilitating Inclusion and Overcoming Barriers**
List of resources from the CDC to assist in creating and using inclusion strategies to improve the health, well-being, and participation of people with disabilities in all aspects of life. Resources stem from reports, websites, guidelines, etc. on buildings and healthcare facilities, livable communities, and even transportation.

**The National CLAS Standards**
The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities.

**Think Cultural Health**
This website from the Department of Health and Human Services features information, continuing education opportunities, resources, and more for health and health care professionals to learn about culturally and linguistically appropriate services or CLAS.

**Defining Social Inclusion of People with Intellectual and Developmental Disabilities: An Ecological Model of Social Networks and Community Participation**
This study defines social inclusion as the interaction between two major life domains: interpersonal relationships and community participation, and propose an ecological model of social inclusion that includes individual, interpersonal, organizational, community, and socio-political factors.

**Establishing Inclusive Postsecondary Education Opportunities: Tips for Effective Communication**
This sheet from Think College offers tips for effective communication with key stakeholders when working to establish an inclusive dual enrollment program on a college campus.

**Getting a Life: Living Independently and Being Included in the Community**
The purpose of this study was to explore and set out the minimum conditions necessary to achieve the positive potential of the European Union Structural Funds in enabling Member States and the European Union to implement the UN Convention on the Rights of Persons with Disabilities, particularly the right to live independently and be included in the community.

**Shifting our Conceptualization of Social Inclusion**
Social inclusion is a right as well as a goal for community-based services and supports. Yet, there is a lack of consensus as to what constitutes social inclusion. This research article identified current key components, definitions, and conceptual approaches to social inclusion, as well as determined the gaps in the scope and clarity of existing conceptualizations.

**Universal Design: Process, Principles, and Applications**
Universal design, according to the Center for Universal Design (CUD) at North Carolina State University, "is 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". This article explains how to apply universal design to any product or environment.

**AUCD Diversity & Inclusion Toolkit**
This toolkit serves as a foundation for a national effort that will enhance diversity, inclusion, and cultural and linguistic competence; cultivate partnerships; respond to increasingly diverse communities across the country; and develop strategies for continuing efforts to better serve diverse populations.

**Developing Culturally Responsive Approaches to Serving Diverse Populations: A Resource Guide for Community-Based Organizations**
This guide helps users to define and understand cultural competency and identify easily accessible resources for choosing interventions, conducting a needs assessment, selecting appropriate metrics, collaborating with other organizations, ensuring workforce diversity, and budgeting for culturally competent programs.

**Cultural Brokering: An Effective Approach for Engaging Diverse Communities in Intellectual and Developmental Disabilities (IDD) Services (archived webinar from April 28, 2016)**
This webinar will highlight selected IDD organizations that are successfully using cultural brokering to engage culturally and linguistically diverse communities. It will also explore what it takes to lead cultural broker programs within the IDD network.

**Cultural Diversity and Cultural and Linguistic Competence: Definitions and Conceptual Frameworks within the Contexts of Intellectual and Developmental Disabilities (archived webinar from April 7, 2016)**
This webinar explores the intersection of race, ethnicity, and disability; and describe a conceptual framework for cultural competence and its implications for organizations and personnel that support individuals with intellectual and developmental disabilities (I/DD) and their families.

**Infusing Cultural and Linguistic Competence into Health Promotion Training**
This video and supplemental resources are designed to help experienced health promotion trainers assure that their approaches with diverse populations address culture and language in an effective, appropriate and respectful manner.

**Plain Language Strategies (archived webinar from May 11, 2016)**
This webinar discusses the importance of creating materials in plain language. The presenter shares concrete tips and tools for writing websites, research briefs, consent forms, and other educational materials in plain language.

**The National CLAS Standards in Action (archived webinar from June 30, 2016)**
This webinar discussed how different organizations - including an integrated health care system, an academic medical center, and a public health department - are implementing the National CLAS Standards.

### Health Education, Services, and Delivery

Many disciplines and professions receive little to no training on how to serve and communicate effectively with people with ID. As a result, they may have limited understanding on how to address certain health care needs, including the complex factors that contribute to overweight and obesity in this population. The tools in this section will provide examples of programs that were successful in not only being inclusive of people with ID, but also in how they provide services to people with disabilities and ID.
**CDC Health Literacy Basics**
This website provides users with the basics of health literacy, such as what is it, why this is important, and the impact health literacy has on one’s health. It also health literacy web resources from federal agencies and international organizations.

**Chicago Park District Special Recreation**
The Chicago Park District is a municipal pioneer in offering recreation programs for people with disabilities with the vision to promote, foster and encourage physical and mental health through athletic skills development, recreation, and social interactions for youth and adults with disabilities.

**Kids Enjoy Exercise Now (KEEN)**
Kids Enjoy Exercise Now (KEEN) is a national nonprofit with affiliates in six states. KEEN empowers youth with disabilities by providing free, non-competitive one-to-one programs of exercise, fitness, and fun, led by volunteer coaches. KEEN also provides a diverse amount of sport activities, such as swimming, yoga, and Tai-Kwan-Do.

**LifeFit**
Collectively and individually, the LifeFit staff’s primary mission is to teach healthy lifestyle habits, including exercise and nutrition, to consumers with intellectual and developmental disabilities, many of whom are at greater risk for obesity and chronic health problems.

**Supporting Wellness for Adults with Intellectual and Developmental Disabilities**
A newsletter issue on supporting wellness for adults with intellectual and developmental disabilities. Wellness is a rapidly growing area of focus for people across the U.S. For individuals with intellectual and developmental disabilities, the benefits of attending to wellness are at least as great as those experienced by the rest of the population.

**America’s Health Literacy: Why We Need Accessible Health Information**
This brief summarizes key findings and presents some policy implications of the first ever National Assessment of Adult Literacy (NAAL). Findings revealed: Limited health literacy affects adults in all racial and ethnic groups; Only 12 percent of U.S. adults had proficient health literacy; and Even high school and college graduates have limited health literacy.

**Communication Skills**
This online module is designed to help participants increase knowledge and skills about communicating with people with intellectual and developmental disabilities (I/DD) in areas such as healthcare and wellness encounter with people with I/DD, and the use of technology to enable the effective communication.

**HealthMatters: The Exercise and Nutrition Health Education Curriculum**
This evidence-based curriculum includes everything community-based organizations need to run successful health promotion program for an individual with intellectual and developmental disabilities. This evidence-based curriculum includes everything community-based organizations need to run successful health promotion program for an individual with intellectual and developmental disabilities.

**Living Well with a Disability**
Living Well with a Disability is a ten-week peer-facilitated health promotion workshop for people with disabilities. Participants in the program learn the life skills they need to set and achieve quality-of-life goals and the important role health plays in helping them reach their dreams.

**Toolkit for Making Written Material Clear and Effective**
This toolkit is a health literacy resource that provides a detailed and comprehensive set of tools to help you make written material in printed formats easier for people to read, understand, and use. While the guidelines and advice offered are geared to the needs of CMS audiences, most of them reflect general principles for effective communication of information that can be applied to any audience.

**Understanding Health and Health Promotion for People with ID**
This online module will allow participants to gain knowledge and perspective concerning common health issues for adults with ID, and the central importance of optimal health status on quality of life and on the ability of adults with ID to live the lives they desire in inclusive communities.

**Public Health and Community Population-Based Services**
In many cases, health promotion and disease prevention efforts are not inclusive of people with ID. To create a sustainable and enabling environment to promote healthy weight in the communities in which people with ID live, it is critical to know and understand the barriers these individuals are faced with. The resources in this section highlights programs using the environments people with disabilities live in and redesigning them to be inclusive.

**How I Walk**
How I Walk is a movement to rebrand the word “walking” by challenging individual and societal perspectives. The visual campaign aims to promote walking as an inclusive physical activity term that is individualized.

**University of Rochester Medicine Complex Care Center**
This article highlights the Complex Care Center, a primary care practice dedicated to caring for adults with chronic childhood-onset conditions such as sickle cell anemia, childhood cancers, autism, and intellectual and developmental disabilities.

**Healthier Together! A Dyad Approach to Inclusive Health and Wellness Programming**
This research brief highlights the pilot efforts of the Health Partners project that works to incorporate a dyad social structure with inclusive Universal Design for Learning (UDL) strategies for health and wellness programming geared towards individuals with IDD and a partner of their choice.

**Inclusive Fitness Initiative**
Inclusive Fitness Initiative is a pilot program that is focused on wellness and health promotion for young adults who have developmental disabilities. This booklet provides information about the program and their goal to promote inclusion in community settings such as gyms, parks, and yoga studios.

**Miles Nadal Jewish Community Centre**
Miles Nadal JCC is engaged in an ongoing initiative to assess and improve the accessibility of facilities, programs and services, and to create a culture of inclusion. This video highlights how the center is both inclusive and accessible for community members. Programs are open to people of all abilities and are designed to meet specific needs identified by people with disabilities and their families.
Inclusion in Research

The vast majority of research funding and Institutional Review Board protocols exclude (or make it difficult to include) people with ID due to their diagnosis or medications. As a result, there are limited evidence-based effective obesity prevention and treatment strategies suitable for people with ID and very few dollars supporting any kind of implementation. In this section, the resources provided are research articles which discuss the needs and advantages of including people with ID in research.

Development of a community health inclusion index: an evaluation tool for improving inclusion of people with disabilities in community health initiatives
Community health initiatives often do not provide enough support for people with disabilities to fully participate in healthy, active living opportunities. The purpose of this study was to design an instrument that focused on integrating disability-related items into a multi-level survey tool that assessed healthy, active living initiatives.

See What I Mean: Participatory Action Research with College Students with Disabilities
Many grants and funding entities have required research include people with disabilities. There is no set standard for how to do this; this article sets out some basic formations and what each entail. The methods mentioned in this article allows input from people with ID on policies, surveys (also could be media), how to refer to people with ID, and how to do effective outreach.

Inclusion in Organizations

Many organizations are making the decision to prioritize inclusion as a part of their organization’s culture. The resources in this section provide tools organizations can use to begin incorporating inclusion into the workplace.

Employer Best Practices Supporting the Hiring, Retention, and Promotion of People with Disabilities: A Bibliography
This bibliography provides a list of scholarly work related to research on employer best practices supporting the hiring, retention, and promotion of people with disabilities. These articles study the demand (employer) side of the employment equation, focusing on the ways in which employer policies and practices affect the employment outcomes of individuals with disabilities.

Transformational and Transactional Leadership: A Meta-Analytic Test of Their Relative Validity
This study provided a comprehensive examination of the full range of transformational, transactional, and laissez-faire leadership. Transformational and contingent reward leadership generally predicted criteria controlling for the other leadership dimensions, although transformational leadership failed to predict leader job performance.

Leaders in Diversity and Inclusion: 5 Lessons from Top Global Companies
Managing diversity and inclusion in the global workplace is, in many ways, an unmapped territory. This website shares lessons from some of the top global companies such as Ford Motor Company, L’Oréal, and Johnson & Johnson. These leading organizations are paving the way for the future of diversity and inclusion.

Making Inclusion a Reality in Development Organizations
This manual is specifically meant for trainers and advisors in disability mainstreaming that are involved in facilitating the organizational change process for inclusive development. This manual will assist readers to acquires basic overview of disability rights and statistic, deliver the message of inclusive development to a cynical audience, and plenty more.
Painting a deeper picture of disability inclusiveness: Changing organizational culture and climate
This article suggests when it comes to incorporating disability inclusiveness in the workplace, there’s still some work that needed to be done. Even though many employers are truly trying to change how disability is viewed in their organizations, there is still a great deal of stigma and misperceptions around disability. Inclusion efforts driven solely by compliance are less successful than those driven by an organization’s authentic desire to support its people.

Randy Lewis: ‘We haven’t found a disability we can’t employ’
Ex-Walgreens Senior Vice President Randy Lewis was motivated to see how he could make the business more inclusive. In this article, he talks about how to become truly diverse and reveals his frustration that more companies aren't trying. These strategies are rooted in his experience as a father to a son with Autism.

Talking to Managers about Disability: New Communication Tools from the Northeast ADA Center
The Northeast ADA Center provides training and information on ADA policy. The tools mentioned in this article were designed to be used by organizational leaders (such as human resources, diversity and inclusion teams, executives, etc.) to send out the right messages to the right people in the right way.