On behalf of the California Department of Social Services, the California Department of Public Health, UC CalFresh, California Department of Aging, and Catholic Charities of California, we are pleased to welcome you to the California SNAP-Ed training:

Making a Difference: An Introduction to Inclusion of People with Disabilities in SNAP-Ed
What does ADA stand for?

a. Adult Disability Association
b. Americans with Disabilities Act
c. Association for Disabilities of Americans
What does ADA stand for?

a. Adult Disability Association

b. Americans with Disabilities Act

c. Association for Disabilities of Americans
Chat out...

What words come to mind when you hear the word inclusion?
Chat Out...

What tools or resources do you currently use for including individuals with disabilities?
Welcome!

Making A Difference: Including Individuals with Disabilities

Episode 1: An Introduction to Inclusion of People with Disabilities in SNAP-Ed
Episode 1: An Introduction to Inclusion of People with Disabilities in SNAP-Ed Wednesday, September 12, 2018, 10:00am - 11:30am PDT

Episode 2: How to Adapt Your SNAP-Ed Work for Individuals with Disabilities on Tuesday, October 23, 2018, 10:00am - 11:30am PDT

Episode 3: Implementing and Sustaining Disability Inclusion in your SNAP-Ed Work on Monday, December 3, 2018, 10:00am – 11:30am PDT
Thank you for joining us!

Jessica Byers
CA SNAP-ED Training Consultant
Jessica.Byers@cdph.ca.gov

Maegan Jorgensen
CA SNAP-ED Training Consultant
Maegan.Jorgensen@cdph.ca.gov
Webinar Housekeeping

• **Minimize distractions**
  - All phone lines have been muted
  - Mute your phones to reduce background noise

• **Technical Support**
  - GoTo Training (Citrix) at 1-888-646-0014
  - Choose option 1, then option 1 again.
Using GoTo Training

let's talk

- Attendee List
  - Sobin M (Organizer, Presenter)
  - Colleen Lai (Me)

- Audio
  - Telephone
  - Mic & Speakers

- Materials
  - Disability Etiquette flyer.pdf
  - [Type message here]

All - Entire Audience

training
Training ID: 388-154-860

GoToTraining
Today’s Objectives

- Define what Inclusion means
- Identify three barriers to including individuals with disabilities
- List three terms for inclusive language
- Identify one tool to make a SNAP-Ed program more inclusive
Getting to Know YOU!

Type in the Chat Box...

Please share 1 reason you joined today's webinar
California SNAP-Ed Mission

“To inspire and empower underserved Californians by promoting awareness, education, and community change through diverse partnerships that result in healthy eating and active living.”
Health equity is achieved 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.”

Centers for Disease Control and Prevention (CDC)
Show of hands...

How many of you have a disability or know someone with a disability?
Disabilities can affect a person's:

- Vision
- Movement
- Thinking
- Remembering
- Learning
- Communicating

...and:

- Hearing
- Mental Health
- Social Relationships
The **ADA** is a civil rights law that prohibits discrimination against individuals with disabilities in:

- Employment
- State or local government programs
- Public Transportation
- Places of Public Accommodation
- Telecommunications
Building Healthy Inclusive Communities
Building Healthy, Inclusive Communities

• Founded in 1999, NCHPAD is a public health practice and resource center for information on physical activity, health promotion, and disability, serving persons with physical, sensory and cognitive disability across the lifespan.

• Funded National Center on Disability from the Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities (NCBDDD)

• NCHPAD.org features a variety of resources and services which can benefit all ages and populations
“Individuals with disabilities are best served by public health when they are included in mainstream public health activities”
Disability and Health Disparities

- CDC: **1 in 4 adults or over 61 million** people in the US live with a disability*
- Adults with disabilities are **3 times more likely** to have heart disease, stroke, diabetes, or cancer **
- Nearly **half** of all adults with disabilities get **no aerobic physical activity****
- The percentage of adults with disability increased as income decreased*
- Disability is a health disparity **NOT** a health outcome!

**Disability and HEALTH**

<table>
<thead>
<tr>
<th>Adults living with disabilities are more likely to:</th>
<th>With Disabilities</th>
<th>Without Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BE OBESE</strong></td>
<td>38.4%</td>
<td>24.4%</td>
</tr>
<tr>
<td><strong>SMOKE</strong></td>
<td>30.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td><strong>HAVE HIGH BLOOD PRESSURE</strong></td>
<td>41.7%</td>
<td>26.3%</td>
</tr>
<tr>
<td><strong>BE INACTIVE</strong></td>
<td>36.3%</td>
<td>23.9%</td>
</tr>
</tbody>
</table>

**3x more likely to have** heart disease, stroke, diabetes, or cancer

Sources:
*Okoro CA, Hollis ND, Cyrus AC, Griffin-Blake S. Prevalence of Disabilities and Health Care Access by Disability Status and Type Among Adults — United States, 2016. MMWR Morb Mortal Wkly Rep 2018;67:882–887. DOI: [http://dx.doi.org/10.15585/mmwr.mm6732a3](http://dx.doi.org/10.15585/mmwr.mm6732a3).
Health Status of Californians with Disabilities

By the nutrition numbers...

- People with disability are twice as likely to experience food insecurity than people without disability
- 1 in 4 SNAP participants (or 11 million individuals in the US) receive disability benefits
- Chronic diseases may worsen by insufficient food or low-quality diet
Public Health Addressing People with Disabilities

• Healthy People 2020 Disability & Health Goals and Objectives
  – Designed to promote community inclusion, health access and equity

• Public Health Workforce Competencies for Including Disability
  – Knowledge and practice skills that public health professionals need to include people with disabilities in the core public health functions
  – [Website](http://www.disabilityinpublichealth.org)
Addressing Barriers to Inclusion

• Identified categories of barriers to inclusive services include:
  • architectural
  • programmatic
  • attitudinal
Architectural: Beyond Getting Inside

- Beyond accessible → equally accessible; inclusive
- Consider:
  - Can vs. want?
  - Independent or assisted use?
  - Easy or cumbersome?
  - Dignified or humiliating?
- Think of simple solutions first!
Universal Design

“Universal design 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.”

—Ron Mace, Founder, Center for Universal Design, North Carolina State University

• Examples: Automatic doors, accessible scales, accessible exam tables, visual/audible crosswalks, staff training
Programmatic Barriers
Attitudinal Barriers

- Individuals with a disability report that this is the most significant barrier
- Negative social responses
- Unequal treatment/expectations
- Lack of acceptance
- Social stigmas
Can You Identify The Barriers?
Can You Identify The Barriers?
Medical vs. Social Model

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

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

• Health equity is assurance of the conditions for **optimal** health for **all** people

• Achieving health equity requires:
  – Valuing **all** individuals and populations **equally**
  – **Recognizing** and **rectifying** historical injustices
  – Providing resources according to **need**

• **Health disparities will be eliminated when health equity is achieved.**

Source: Jones CP, 2010 (adapted from the National Partnership for Action to End Health Disparities)
What IS Inclusion?

Type in the chat box what inclusion means to you
What Does Inclusion Mean?

Inclusion means to transform communities based on social justice principles in which all community members:

• Are presumed competent;
• Are recruited and welcome as valued members of their community;
• Fully participate and learn with their peers; and
• Experience reciprocal social relationships.
Disability Awareness

- Relax, and be yourself
- Treat individuals in an age appropriate manner
- Let person make their own decisions about their ability. Provide assistance only if/when it is accepted
- Don’t equate disability with disease
- Consult outside professionals and resources
  - Example: family, guardians, caregivers, teachers, therapists

NCHPAD nchpad.org
Inclusive Terminology

**Words to Avoid:**
- Crippled
- Wheelchair-bound/confined
- Disabled/The Disabled
- Handicapped, Physically challenged
- Stroke victim
- Suffers from...
- The Disabled

**Words to say:**
- Individual/Person who:
  - Uses a wheelchair
  - Has a disability
  - Had a stroke
  - Has Down Syndrome
  - People with disabilities
Physical Activity Resources

Discover Inclusive Physical Education

http://www.nchpad.org/14weeks/

http://www.nchpad.org/Educators

http://www.nchpad.org/CRx
Youth Resources

Active Schools Survey Report

Activity and Adaptation Cards

Discover Inclusive Playgrounds
Nutrition Resources

5 Meals 1 Bag

Equitable access to healthy, nutritious food options is a critical component of any livable community. By creating inclusive and accessible farmers markets for all potential buyers, consumers are able to incorporate wholesome produce into healthy diets and enjoy interactive social opportunities.

Inclusive Farmers Markets

ACCESSIBLE GARDENING

Gardening is a healthy and simple way to enjoy safe and comfortable physical and mental activity. One can engage in gardening and structure it to accommodate physical activity or focus on equally important fine-motor skills, flexibility, balance, and eye-hand coordination. The benefits of gardening are well-documented, formal programs in horticultural therapy use plants and plant-related activities to promote health and wellness for an individual or group. Horticultural therapy has been used to improve mobility, mood, coordination and strength, balance, endurance, socialization, and memory skills.

Gardening can also be a part of a healthy and active lifestyle for people with disabilities with some simple adaptations to the garden, gardeners, and plants.

ADAPTING THE GARDEN

There are many ways to adapt the garden for access, starting with appropriate grades and paving, careful selection and placement of plants, and vertical gardening techniques such as hanging baskets and tiered raised beds. These are all used to position soil and plants safely and comfortably within reach. A barrier-free or accessible garden can be as simple as an easily accessible window box hung from a balcony railing at waist height or an entire home landscape designed to be accessible and maintained by a person who uses a wheelchair.

GETTING AROUND IN THE GARDEN

Paved areas should be firm, level, drain well, offer good traction, and require little maintenance. All patios, decks, connecting paths, and walkways should meet these criteria.

For wheelchair or scooter users, a minimum of 40 inches wide is necessary. By adding intermingled wider places, one can provide for a typical 5-foot turning radius.

Once the proper platform for the accessible garden is established, gardening spaces can then be added using containers, vertical gardening techniques, and larger raised beds.

Types of paving:

- Compacted crushed stone or gravel when properly installed is firm, level, well-drained, and among the less expensive options. Stone mowers should contain a blend of sizes ranging from 5/8-inch (angular, not smooth and round) with everything smaller down to coarse sand left in to fill gaps between larger pieces as it is compacted. A mix called "screeding" is a good, inexpensive choice whenever available.

- Dark color of asphalt reduces glare, but also absorbs heat in full sun which may make the garden uncomfortable at certain times of the day. Plain concrete is durable, but not very attractive and prone to uncomfortable glare in sunlight, particularly for older gardeners.

- Wood is an attractive option for above-ground decking on steps and even walkways. However, planks are slick when wet, require regular protection from the elements, and are more expensive.

- Rocks and other types of paving stones are available in a near-infinite variety of materials, shapes, and colors and offer a beautiful, durable, and low-maintenance choice that compliments many homes and garden styles.
Inclusive Nutrition Strategies for SNAP Settings

• Addendum of Obesity Prevention Toolkit for States
• 5 settings
  – Child care, school, community, helping families, & social media/marketing
• Connects SNAP-Ed and disability inclusion
• Includes evaluation tips
GRAIDs:

Guidelines, Recommendations, & Adaptations to Including Disability
9 Guidelines for Disability Inclusion in Programs and Policies

• 38 page Guidelines for Disability Inclusion Implementation Manual
• Covers 9 Guidelines for Disability Inclusion and addresses:
  • Why do this?
  • How to do this
  • Examples
  • Resources

[Website Link]

Make Your Online Commitment!
Questions
Type in the Chat Box…

Share one action step you plan to take to make your local SNAP-Ed work more inclusive of people with disabilities.
Contact Information

NATIONAL CENTER ON HEALTH, PHYSICAL ACTIVITY AND DISABILITY

www.nchpad.org

Rebecca Cline
rebeccac@lakeshore.org
W: 205-313-7420

Chris Mackey
chrism@lakeshore.org
W: 205-403-5449

Voice & TTY
800.900.8086
Online Live Chat
e-mail@nchpad.org
Thank you!

This material was produced by institutions that represent SNAP-Ed in California, known as CalFresh, with funding from USDA SNAP-Ed. These institutions, the California Department of Social Services, the California Department of Public Health, UC CalFresh, California Department of Aging, and Catholic Charities of California, are equal opportunity providers and employers. CalFresh provides assistance to low-income households and can help buy nutritious food for better health. For CalFresh information, call 1-877-847-3663.

Complete the webinar evaluation!