

# California SNAP-Ed

## Physical Activity: Including Individuals with Disabilities in SNAP-Ed Programing



# Webinar Facilitators

*Thank you for joining us!*



**Jackie Tompkins**  
**CDPH SNAP-Ed**

[Jacqueline.Tompkins@cdph.ca.gov](mailto:Jacqueline.Tompkins@cdph.ca.gov)



**Maegan Jorgensen**  
**CDPH SNAP-Ed**

[Maegan.Jorgensen@cdph.ca.gov](mailto:Maegan.Jorgensen@cdph.ca.gov)

# Webinar Housekeeping

- **Minimize distractions**
  - All phone lines have been muted
  - Mute your phones to reduce background noise
- **Engage and Participate**
  - Ask questions (chat log and “raise hand” feature)
  - Provide input and feedback
  - Inspire others – share your experiences!
- **Technical Support**
  - GoTo Training (Citrix) at 1-888-646-0014
  - Choose option 1, then option 1 again.



# Getting to Know YOU!

Type in the Chat Box...

Share one reason  
you joined today's webinar



# Today's Webinar Agenda

- Learning Objectives
- Health Equity Conversation
- Topic Resources
- Presentation by the National Center on Health, Physical Activity, and Disability (NCHPAD)
- Interview with San Luis Obispo Local Health Department (SNAP-Ed LIA)
- Question and Answer Session



[NCHPAD Resource: ADA – A Starting Point for Inclusive Communities](#)

# Primary Learning Objectives - Inclusion

## *Communication*

- Demonstrate the ability to use “People-First Language.”

## *SNAP-Ed IWP Alignment*

- Identify current SNAP-Ed Integrated Work Plan (IWP) activities and policy, systems, and environmental (PSE) change strategies that can be enhanced to reach and benefit individuals with disabilities, specifically in the school setting.

## *Partnerships*

- List local partners, organizations, and stakeholders to engage in SNAP-Ed program planning to reach and benefit individuals with disabilities to achieve community change goals.

**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)

**Key Words “EVERY” “PERSON”**

# California SNAP-Ed Works

The mission of the California Supplemental Nutrition Assistance Program Education (SNAP-Ed) is to inspire and empower underserved Californians by promoting awareness, education and community change through diverse partnerships to result in healthy eating and active living.

# Disability Inclusion is About All of Us

**DIVERISTY is a fact because we are all different;  
INCLUSION is a practice; EQUITY is the goal.**



- Disability impacts millions of Americans (all racial, ethnic, age, economic, and gender lines)
- Disability can have serious economic consequences
- People with disabilities are more likely to live in poverty, endure material hardships, and experience food insecurity
- Obesity is more common among people with disabilities than for people without disabilities and is a risk factor for other health conditions
- Resource: [SNAP Provides Needed Food Assistance to Millions of People with Disabilities- SNAP%20Provides%20Needed%20Food%20Assistance%20to%20Millions%20of%20People%20with%20Disabilities](#)

# Achieving Health Equity

## What Can WE Do?

- Re-think the word “disability”
- Commit to inclusion
- Learn best practices –  [competencies for inclusion people with disabilities in public health](https://disabilityinpublichealth.org/) - <https://disabilityinpublichealth.org/>
- Partner with people with disabilities
- Use resources

Reference: [C. Mackey Health Equity and Disability \(2017\)](#)

# Discover Opportunities: SNAP-Ed Local IWP

## Intervention Categories

- **CED** Community/Nutrition Education and Physical Activity Direct
- **CEI** Community/Nutrition Education and Physical Activity Indirect
- **MPR** Media, Social Media, Public Relations, and Messaging
- **C&C** Coordination and Collaboration
- **TTA** Training and Technical Assistance

## California SNAP-Ed Works



# SNAP-Ed Approved Curriculums



- Get to know your participants; talk to others; build relationships
- Assess needs and brainstorm possibilities
- Use past experience to guide/inform
- Be open-minded; avoid assumptions; be willing to learn and try something new
- Talk to your SIA and LIA colleagues

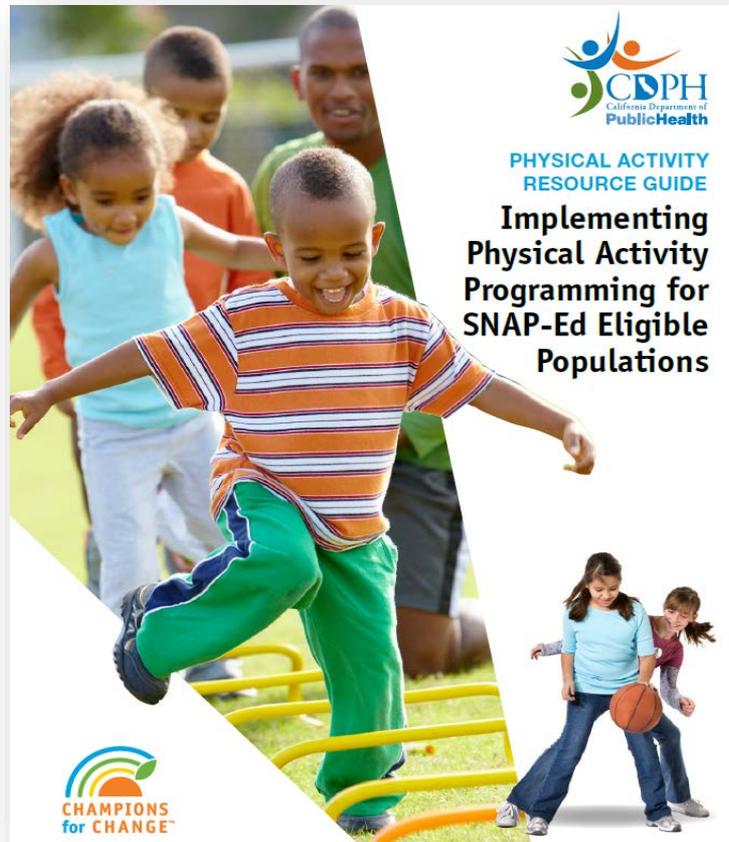
# Inclusion Tips for Staff and Educators

## *Model the Way – Be a Leader!*

- Promote and use positive terminology
- Demonstrate activities for all to learn in a fun, safe, and inclusive environment
- Use peer modeling and a buddy-system to maximize interaction and participation
- Recognize and reward differing abilities = positive reinforcement
- As appropriate, provide differentiated, yet inclusive instruction to support various learning styles (auditory, visual, and kinesthetic); suggestions include:
  - Keep instructions short, precise, and clear
  - Establish eye contact; project your voice
  - Provide adequate visual and auditory prompts and cues
  - Eliminate or reduce distractions and sources of over-stimulation such as visual distractions and noise

# Physical Activity Resource Guide (PARG)

## CA SNAP-Ed Resource – PARG



- Updated PARG Sections Coming Soon!
- Disability
- Older Adults

### Collection of information/resources

**to foster the inclusion of individuals with disabilities within public health programs, policies, and educational materials**

<https://archive.cdph.ca.gov/programs/NEOPB/Pages/InclusionofIndividualswithDisabilities.aspx>

# Getting Started - Community Partners to Engage

## [CA MAP to Inclusion & Belonging - County Specific Resource Organizations](http://cainclusion.org/camap/map-project-resources/county-specific-resources/)

<http://cainclusion.org/camap/map-project-resources/county-specific-resources/>

## [Resource Organizations Guide](http://cainclusion.org/camap/map-project-resources/county-specific-resources/guide-to-county-resource-organizations/)

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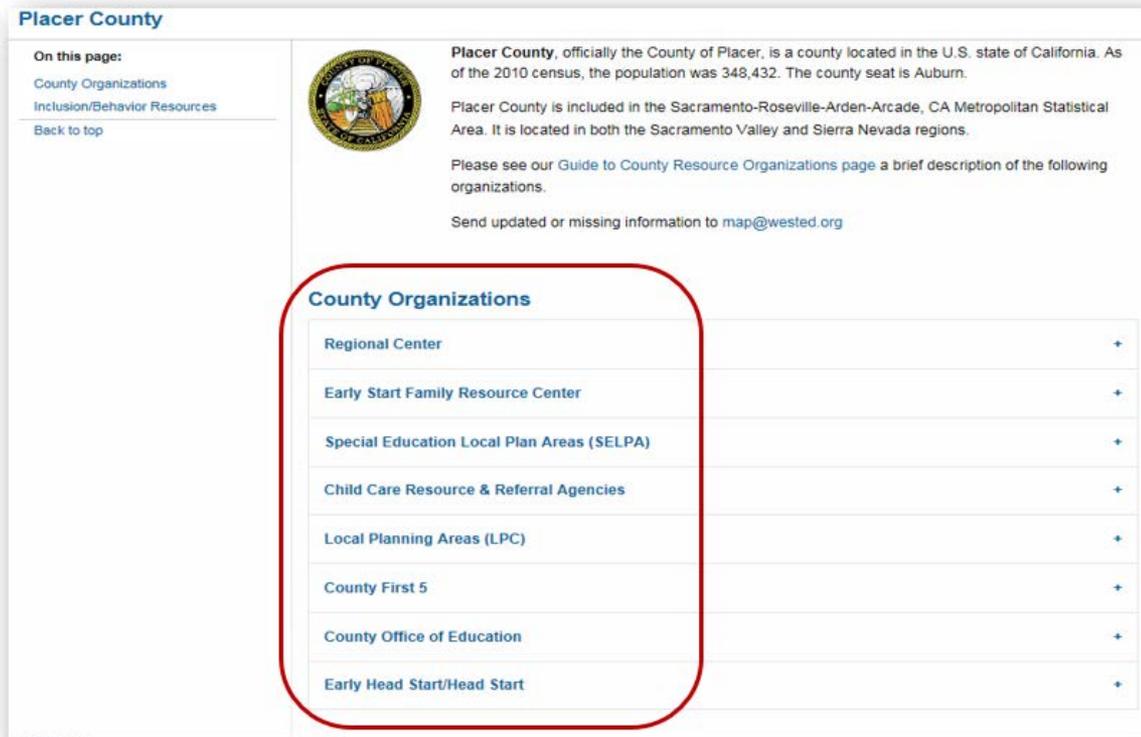
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**Placer County**

**On this page:**  
[County Organizations](#)  
[Inclusion/Behavior Resources](#)  
[Back to top](#)



**Placer County**, officially the County of Placer, is a county located in the U.S. state of California. As of the 2010 census, the population was 348,432. The county seat is Auburn.

Placer County is included in the Sacramento-Roseville-Arden-Arcade, CA Metropolitan Statistical Area. It is located in both the Sacramento Valley and Sierra Nevada regions.

Please see our [Guide to County Resource Organizations](#) page a brief description of the following organizations.

Send updated or missing information to [map@wested.org](mailto:map@wested.org)

### County Organizations

Regional Center	+
Early Start Family Resource Center	+
Special Education Local Plan Areas (SELPA)	+
Child Care Resource & Referral Agencies	+
Local Planning Areas (LPC)	+
County First 5	+
County Office of Education	+
Early Head Start/Head Start	+

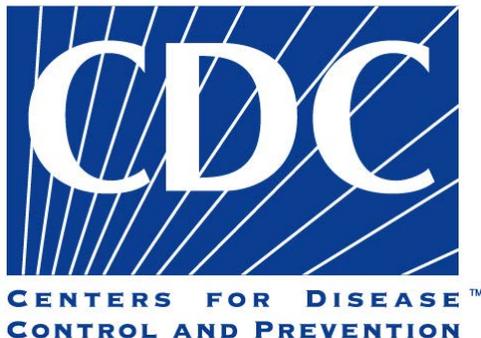
# NACCHO Tools and Resources



- [Five Steps for Inclusive Communication: Engaging People with Disabilities](#) – fact sheet
- [Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services](#) – fact sheet
- [Public Health is for Everyone Toolkit](#) – an inclusive planning toolkit
- [Health and Disability Policy Statement](#)
- [National Association of Country and City Health Officials](#)  
Diverse workgroup with partners from national disability organizations, local health departments, academic researchers, and people with disabilities

# CDC Resources and Materials

- [Disability and Health Data System](#)
- [Disability Impacts All of Us](#) - infographic
- [Inclusion Strategies](#)
- [Resources for Facilitating Inclusion and Overcoming Barriers](#)
- [Centers for Disease Control and Prevention – Disability and Health](#)



## People with Disabilities: Issue Briefs

- [Achieving Healthy Weight and Obesity Prevention](#)
- [Health Department Strategies](#)
- [Healthy Weight and Obesity Prevention in the Workplace](#)
- [Healthy Weight and Obesity Prevention in Schools](#)
- [What Health Care Professionals Can Do to be Accessible](#)

# NCHPAD – Guest Presenters



**Chris Mackey**

**Information Specialist**



**Rebecca Cline**

**Information Specialist**

NATIONAL CENTER ON HEALTH, PHYSICAL ACTIVITY AND DISABILITY

# NCHPAD



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



/NCPAD



@NCHPAD



/NCHPAD

Rebecca Cline

Chris Mackey



## 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

# National Centers on Health Promotion for People with Disabilities CDC-RFA-DD16-1602

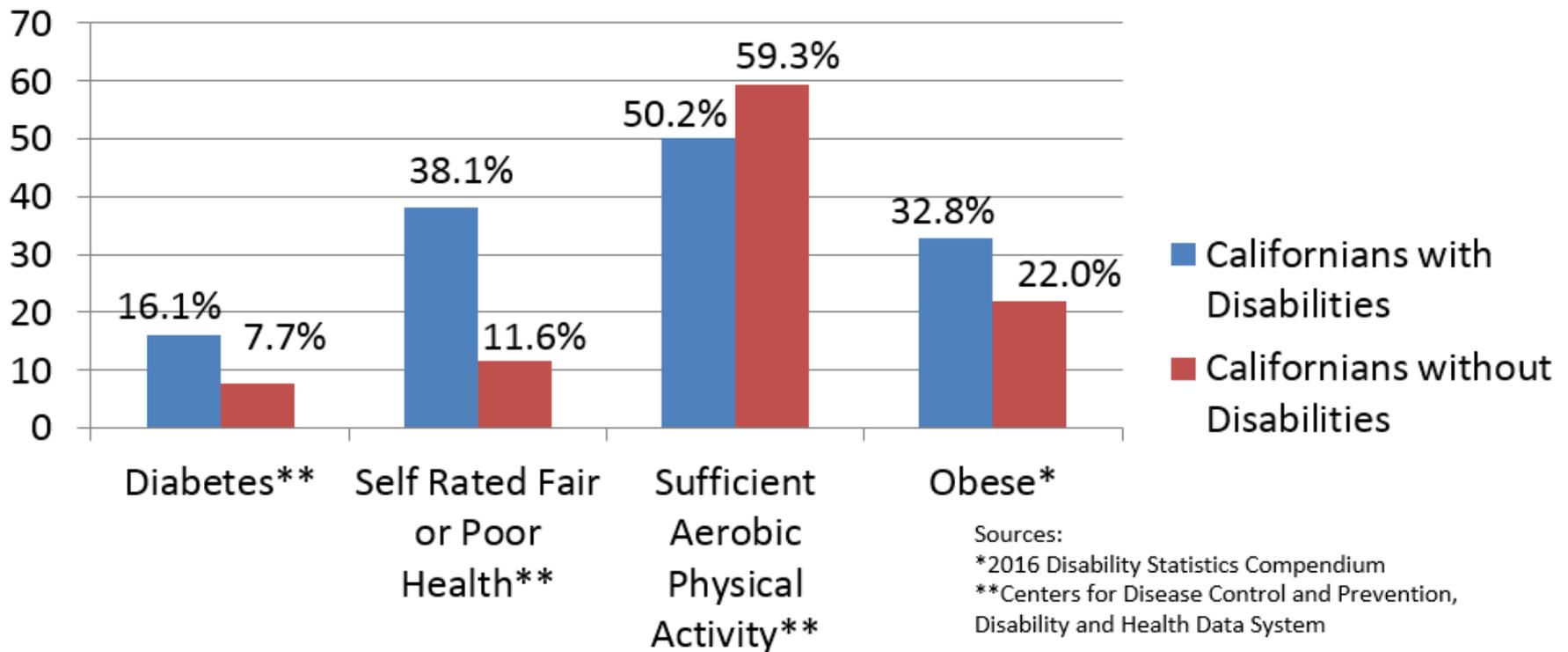


“Individuals with disabilities are best served by public health when they are included in mainstream public health activities”

# Health Status of People with Disabilities

- CDC: 1 in 5 people in the US live with a disability
- People with disabilities experience higher rates of obesity, smoking, diabetes and other chronic conditions
- 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**

# Health of Adults with Disabilities in California



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



# Medical vs. Social Model of Disability

- We must change our viewpoint on disability for people with disabilities to have a chance on improving their health.
- **Medical Model:** Disability-specific, personal as opposed to societal problem.
  - Disability is a pathology within the individual.
  - It is a personal problem.
  - Focus is on treating/curing the individual.
- **Social Model:** Issue of disability is a societal issue.
  - The “problem” of disability is located within society, not the individual.
  - Focus is on approaches such as barrier removal and anti-discrimination legislation.



Type in the chat box...

# What is Your Definition of Inclusion?



# What is Inclusion?

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

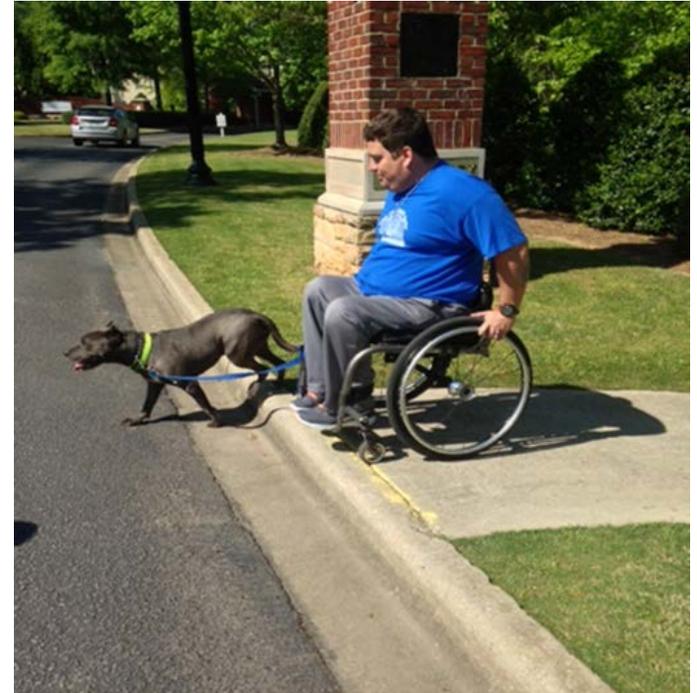
- Are presumed competent;
- Are recruited and welcome as valued members of their community;
- Fully participate and learn with their peers; and
- Experience reciprocal social relationships.

Community Health Inclusion Sustainability Planning Guide. Retrieved from: <http://www.nchpad.org/CHISP.pdf>.

# Addressing Barriers to Inclusion

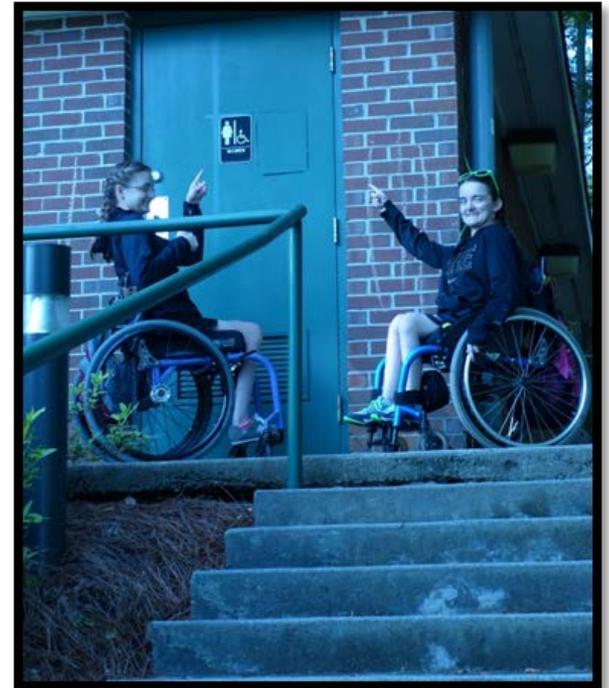
- Categories of barriers to inclusive services include:

- 1. Architectural**
- 2. Programmatic**
- 3. Attitudinal**
- 4. Transportation**



# Addressing Architectural Barriers

- Can individuals use the environment independently or will it require assistance? Is it dignified or humiliating?
- Are accessibility surveys regularly conducted with people with disabilities?
- **Think of simple solutions first!**  
Address barriers in phases.
- Go beyond ADA requirements and incorporate Universal Design.



# 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, height-adjustable exam tables, visual/audible crosswalks, staff training

# Addressing Programmatic Barriers

- Beyond “brick and mortar” issues
- Includes safety
- Examples
  - Providing accessible equipment
  - Staff training and competence
  - Organizational and programmatic policies and bylaws

# Addressing Attitudinal Barriers

- Has been identified by people with disabilities as most significant barrier (Devine & Broach, 1998)
- Consists of negative responses, unequal treatment and expectations
- Staff training is critical
  - Educate all staff on good customer service and interacting with individuals with disabilities. **Make this part of regular staff training.**
  - Perfect opportunity to partner with disability organizations!

# Transportation Barriers

- Lack of accessible, connected public rights of way and transport services
- Inability to cross jurisdictional lines
- Safety concerns, especially for those with memory loss
- Inaccessible transit stops, untrained drivers, ADA misunderstood
- Bike/ride sharing programs often have no accessible vehicles

**Resource:** National Aging and Disability Transportation Center, “2016 Transportation Trends: A Look at the Year’s Top Mobility Challenges & Opportunities.”

# 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

# Person-First

## Words to Avoid:

- Crippled
- Wheelchair-bound/confined
- Disabled
- Handicapped
- Physically challenged
- Stroke victim
- Suffers from...
- Epileptic/diabetic

## Words to say:

- Individual who:
  - Uses a wheelchair
  - Has a disability
  - Had a stroke
  - Experienced a stroke
  - Has epilepsy

### Person-First Resources

1. [Guidelines: How to Write and Report about People with Disabilities \(University of Kansas\)](#)
2. [Communication With and About People with Disabilities \(CDC resource\)](#)

# 9 Guidelines for Disability Inclusion

- 1. Objectives Include People with Disability**
- 2. Involvement of People with Disability in Development, Implementation & Evaluation**
- 3. Program Accessibility**
- 4. Accommodations for Participants with Disability**



# 9 Guidelines for Disability Inclusion

**5. Outreach and Communication to People with**

**Disability**

**6. Cost Considerations and Feasibility**

**7. Affordability**

**8. Process Evaluation**

**9. Outcomes Evaluation**



# Examples of Local Coalition Partners

- Local Schools
- School Systems
- Local Colleges/Universities
- Hospitals
- Health Departments
- Primary Care Centers
- FQHCs
- Business/Industry
- YMCA's
- Other Local Gyms
- Parks and Recreation
- Faith-Based Organizations
- Local Non-Profit Stakeholders
- Local County/City Governments and Municipalities
- County/City Planning Departments
- Chambers of Commerce
- Community/Commerce Development
- Local Departments of Transportation
- County/City Elected Officials
- Grocery Stores/Corner Stores
- Cooperative Extension



Public Health Professionals



Health Care Providers



Educators



Disability & Aging



Fitness Professionals

## Audience Segmentation:

*Expert Information Specialist*

*Tailored website page*

*Customized package of materials (iCHIP)*

# Physical Activity Resources



- [14weeks to a Healthier You](#)



- [Champion's Rx](#)



- [Discover Inclusive Physical Education](#)



- [NCHPAD Resources for Inclusion](#)

# Inclusive School Wellness Toolkit

## Top Tips for Inclusive Brain Boosters



Research has shown that physical activity improves brain function by increasing blood flow and oxygenation to the brain. Teachers should consider incorporating moderate physical activity (MPA) breaks throughout the day to improve concentration, energize students after a lunch break, and/or help students relax before a test. Short classroom activity breaks are an emerging intervention to increase participation in regular physical activity. Activity breaks are short (10 minutes or less), classroom-based activities that integrate physical activity with academic concepts. An activity that involves moving arms, hands, and heads, in addition to legs, also includes children and youth with disability. These classroom breaks are often called "brain boosters," "brain breaks," "classroom activity breaks," or "classroom energizers," and involve physical activity as well as learning and social interaction activities.

- Involve students with disability and an adapted physical education teacher when selecting activities.
- Incorporate activity breaks into a routine.
- Be strategic about when to incorporate activity breaks. Use activity breaks before an exam, after a lunch break, or to break up a tedious topic.
- Look for cues, such as anxiety patterns or lack of focus, from the students.
- Be familiar with students' abilities. If you are not sure about their abilities, do not be afraid to ask.
- Activities might be done from a seated position. Allow the use of mobility devices and ensure there is plenty room to move around.
- Use pairs, groups, or "follow the leader" activities.
- Use rhythmic or musical activities.
- Be patient and provide enough time to complete the task.
- Ensure the environment is safe and free of clutter. Reorganize the room if necessary, but make sure that children with visual impairments are aware of the changes made.
- Use verbal and visual cues.
- Use demonstrations or modeling of movements before and during the activity.
- Select activities that are simple and do not require a lot of instructions.

Find out more and watch a video at: <http://www.nchpad.org/548/6532/Brain-Boosters>.



## Inclusive Nutrition Education



Healthy eating is one of the most powerful tools we have to reduce the onset of disease; therefore, nutrition education should begin at early stages of life. The younger an individual is who starts practicing healthy eating, the more likely he or she is to continue this behavior throughout adulthood. Nutrition education should be accessible to and inclusive of people of all abilities. This means including disabilities in the planning process and ensuring that accessibility is guaranteed throughout implementation. Specifically, instructional techniques in the classroom, how worksheets are created, and demonstrating ways to use adapted kitchen tools and modify recipes for specific dietary needs should be considered. Additionally, chewing and swallowing difficulties can be a common condition in certain disabilities; therefore, a registered dietitian or other qualified health professional who makes recommendations for special therapeutic diets should be utilized. Programs should be designed to reach participants with different types of disabilities and to adapt to their diverse needs.

### General adaptations while teaching

- Speak loudly
- Avoid background noises and eliminate distractions
- Provide extra time to complete the lesson
- Use food models and other objects for students to physically touch and/or visually see
- Allow answers to be given orally
- Speak directly to the student
- Use gestures, facial expressions, and common cues (thumbs up or down) to communicate with students
- Demonstrate tasks or final outcome expected for visual learners
- Consider how long lessons are or how much information is provided; allow sufficient learning time for students with an intellectual disability
- Use person first terminology
- Teach one concept or activity component at a time; this also supports memorization

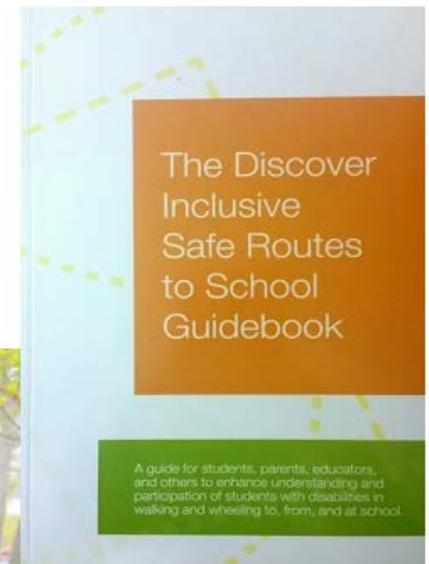
### General adaptations for worksheets

- Provide large pictures and lettering for clear directions or examples
  - o Types of foods
  - o Types of physical activity
  - o Keywords
- Keep directions short and easy to understand; break up instructions into small, attainable steps
- Use high contrast colors and bold fonts

[Discover Inclusive School Wellness](#)

# Discover Inclusive Safe Routes to School Guidebook

- Inclusive planning and design accommodation recommendations
- Enhances understanding and participation of students walking to and from school



# Nutrition Resources

- 5 Meals 1 Bag
- Inclusive Farmers Markets
- Accessible Gardening



**WHY CHOOSE TO SHOP AT A FARMERS MARKET?**

1. Wide variety of fresh, healthy options.
2. Support local farmers & connect with your community.
3. No qualifications needed to participate.
4. Get peak flavors & purchase what is in season.
5. It's fun!

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**  
Creating a Food Environment for All Shoppers

NCHPAD  
nchpad.org  
Partners: Healthy, Inclusive Communities

A photograph of a woman in a pink shirt smiling while holding a bunch of red flowers at a farmers market.

## ACCESSIBLE GARDENING



landscape designed to be accessible and maintained by a person who uses a wheelchair.

### GETTING AROUND IN THE GARDEN

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

For wheelchair or scooter users, a minimum of 40 inches width is necessary. By adding intermingled wider pieces, one can provide for a typical 4-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 is among the less expensive options. Stone mixes should contain a blend of sizes ranging from 3/8-inch (largest, 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 "screening" is a good, inexpensive choice where available.
- The dark color of asphalt reduces glare, but also absorbs heat in full sun which may make the garden unusable at certain times of the day.
- Plain concrete is durable, but not very attractive and produces uncomfortable glare in sunlight, particularly for older gardeners.
- Wood is an attractive option for above-ground decking ramps and even walkways. However, planks are slick when wet, require regular attention from the elements, and are more expensive.
- Brick and other types of paving stones are available in a wide variety of materials, shapes, and colors and offer a beautiful, durable, and low-maintenance choice that complements many homes and garden styles.

### ADAPTING THE GARDEN

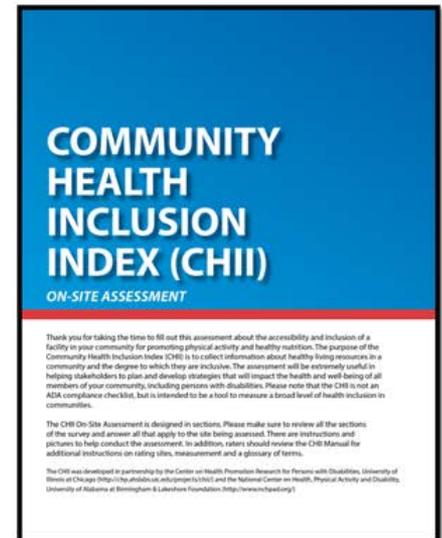
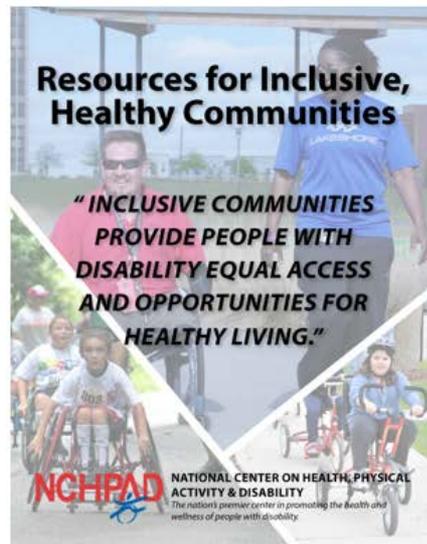
There are many ways to adapt the garden for access, starting with appropriate grading and paving, careful selection and placement of planters, and vertical gardening techniques such as hanging baskets and larger raised beds. These are all used to position soil and plants safely and comfortably within reach. A barrier-free or enabling garden can be as simple as an easily accessible walkway leading from a driveway or to a walk height or an entire home.



NCHPAD  
www.nchpad.org

# Community Resources

- Resources for Inclusive, Healthy Communities
- CHISP
- CHII



# Technical Assistance

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

***Highly trained Information Specialists can help consumers locate appropriate resources to be as physically active as they choose to be!***

- Voice & TTY
- 800.900.8086
- Online Live Chat
- [email@nchpad.org](mailto:email@nchpad.org)



# San Luis Obispo LHD – Guest Sharer

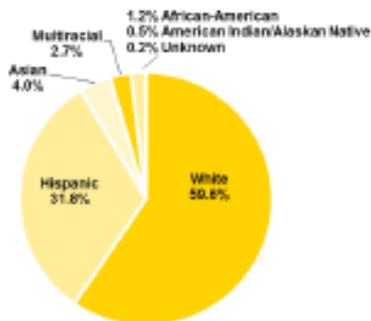
**Magi Mejorado**  
**Health Education Specialist**



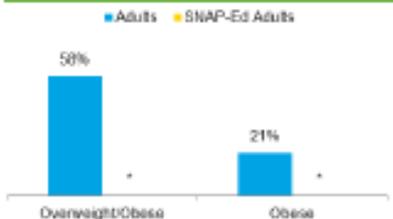
### SNAP-Ed Eligible Demographics Less than 185% Federal Poverty Level

<b>Total</b>	<b>76,460 (29%)</b>
<b>Ages (&lt;185% FPL)</b>	
Children <5 years old	6,366 (38%)
Children 6-17 years old	11,368 (54%)
Adults 18-64 years old	49,762 (30%)
Seniors 65 years and older	8,964 (20%)

### Race/Ethnicity (<185% FPL)



### Obesity Prevalence



Children and Teens		
Age 2-11 years	Overweight *	Obese data not available
Age 12-17 years	Overweight and Obese *	

### Environment

Access	
Percent of SNAP-Ed adults who can always find fresh fruits and vegetables in neighborhood	*

### Affordability

Percent of SNAP-Ed adults who can always find affordable fruits and vegetables in neighborhood	*
--	---

\* available estimate

Population below  
Federal Poverty Level  
**15%**

### Food Insecurity Rates

**14%** Overall  
**21%** Children

### Other Federal Nutrition Assistance Programs

CalFresh Participants	18,104 (7%)
Students Eligible for Free/Reduced Price Meals (TRFM)	15,428 (44%)

### SNAP-Ed Eligible Locations

Census Tracts	SNAP-Ed Eligible Census Tracts
53	3 (3%) at sites
Schools	SNAP-Ed Eligible Schools
85	36 (42%)



SNAP-Ed Eligible Census Tracts

### Physical Activity and Nutrition

Physical Activity	
Percent of teens (12-17) physically active 1+ hour every day	*
Percent of children (5-11) physically active 1+ hour every day	*
Percent of children/teens (2-17) sedentary 2+ hours on typical week day	45%

Fast Food Consumed one or more times in the past week			
Children/Teens (2-17)	Adults	SNAP-Ed Adults	
76%	53%	51%	

Soda Consumed one or more sodas daily (adults) or yesterday (children/teens)			
Children/Teens (2-17)	Adults	SNAP-Ed Adults	
*	*	*	

Fruits and Vegetables Consumed five or more servings yesterday		
Children (2-11)	Teens (12-17)	
36%	*	

For CalFresh information, call 1-877-847-3663. Funded by USDA SNAP-Ed, an equal opportunity provider and employer. Visit [www.CalFresh.org/ForChanges.net](http://www.CalFresh.org/ForChanges.net) for healthy tips.

For Data Sources and Methodology contact [Research@csobh.ca.gov](mailto:Research@csobh.ca.gov)

## 2017 County Profiles Supplemental Nutrition Assistance Program Education



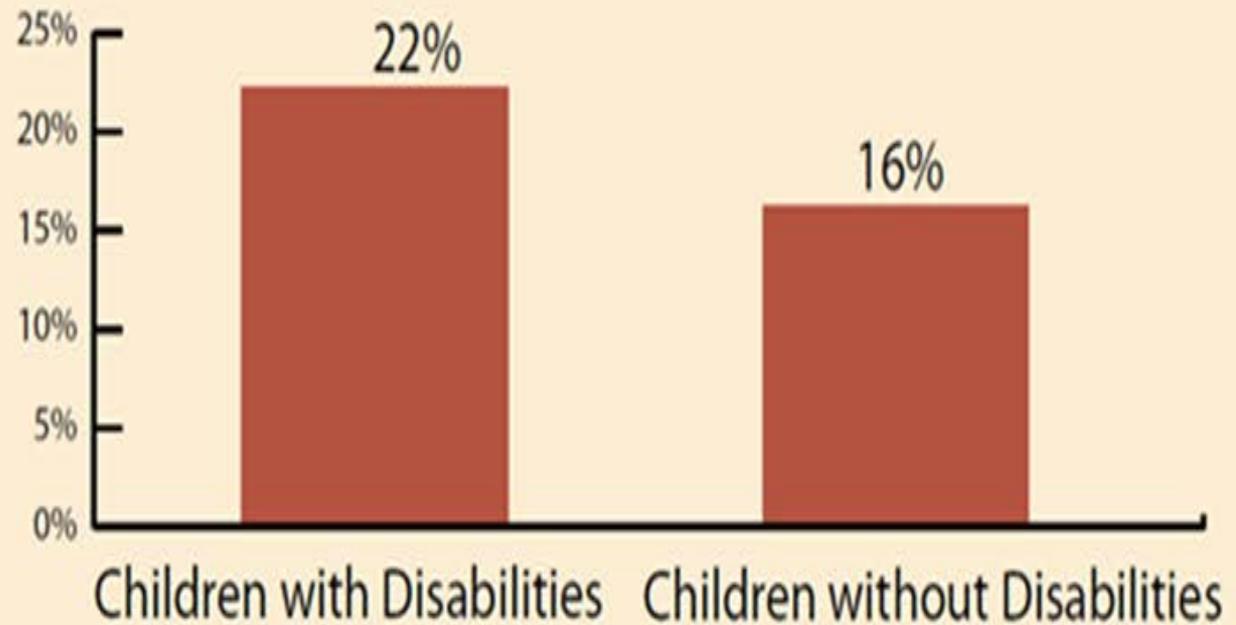
# San Luis Obispo

- The Need for SNAP-Ed Services in SLO

## Percentage of Obesity Among Children, Ages 2 -17, by Disability Status

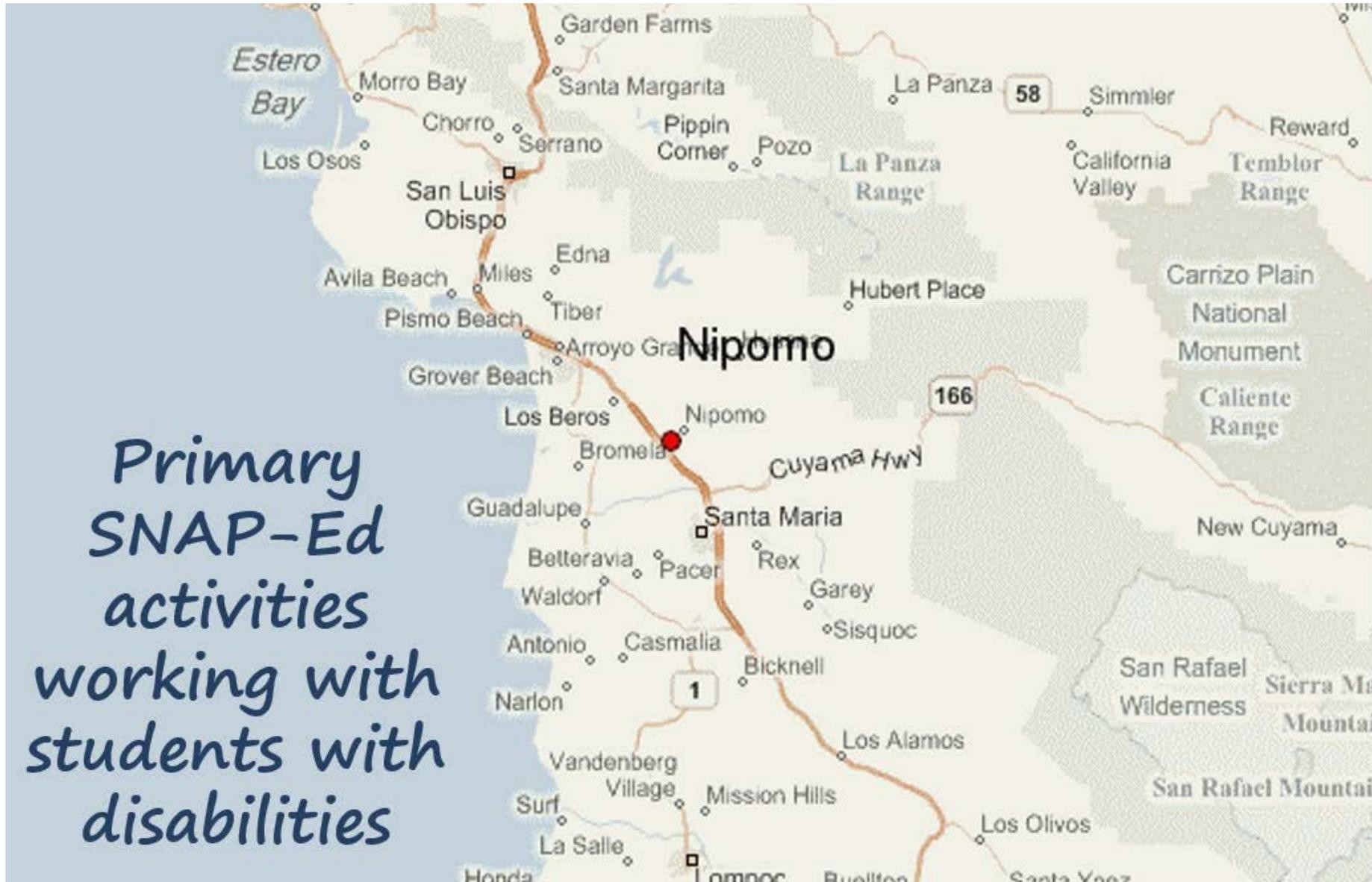
*Obesity rates for children with disabilities are approximately 38% higher than for children without disabilities.*

*From the 2003-2008 National Health and Nutrition Examination Survey (NHANES)*



needs.

# Dana Elementary School



*Primary  
SNAP-Ed  
activities  
working with  
students with  
disabilities*

# Top 3 tips for LIA Colleagues

**Do not underestimate yourself. You CAN do it!**

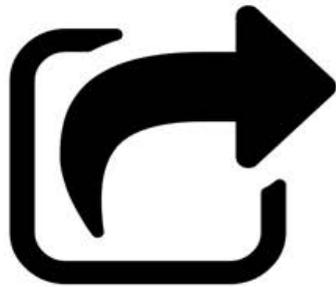
Everything will be okay.

**Explore your options and opportunities** with an established school partner or staff. Most of your effort should go to establishing your relationship with teachers and aides.

**Be flexible.** Things may not turn out as planned and you will have to think on your toes.

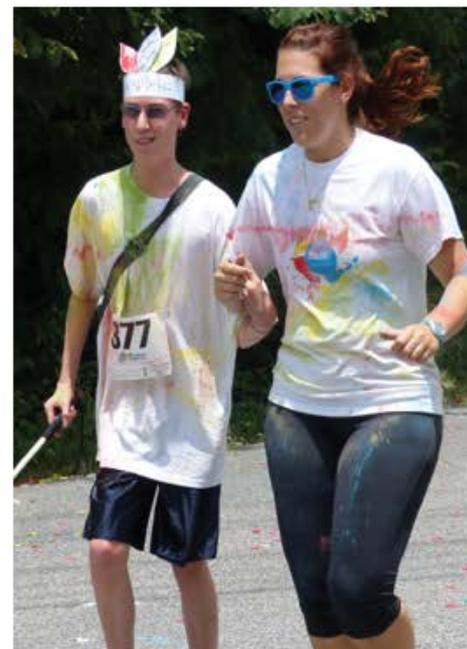
# Type in the Chat Box...

**Describe your experience working toward inclusion inclusive of people with disabilities**



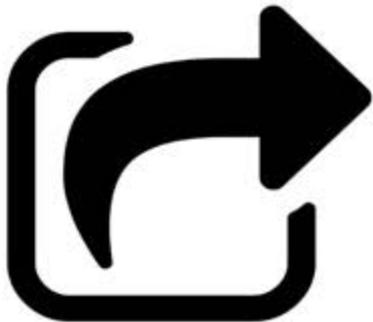
Type in the Chat Box...

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



# Type in the Chat Box...

**Share additional training you need to support including people with disabilities into your local SNAP-Ed work?**



# Celebrate and Share Your Success!



# Thank you!

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