California SNAP-Ed

Physical Activity: Including Individuals with Disabilities in SNAP-Ed Programming
Webinar Facilitators

Thank you for joining us!

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• 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
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/
- 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**

- **Education**
  - Increase knowledge and skills of healthy lifestyles
- **Media & Messaging**
  - Provide tools, resources, and campaigns that promote healthy eating and active living
- **Partnerships**
  - Encourage partnerships between local players in support of shared goals
- **Capacity Building**
  - Advance local priorities through training and support to local partners and clients

**Evaluation**
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
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/

Resource Organizations Guide

http://cainclusion.org/camap/map-project-resources/county-specific-resources/guide-to-county-resource-organizations/
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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**
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 (NCBDDDD)
- 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”
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

- Diabetes: 16.1% (Californians with Disabilities) vs. 7.7% (Californians without Disabilities)
- Self Rated Fair or Poor Health: 38.1% (Californians with Disabilities) vs. 11.6% (Californians without Disabilities)
- Sufficient Aerobic Physical Activity: 50.2% (Californians with Disabilities) vs. 59.3% (Californians without Disabilities)
- Obese: 32.8% (Californians with Disabilities) vs. 22.0% (Californians without Disabilities)

Sources:
*2016 Disability Statistics Compendium
**Centers for Disease Control and Prevention, Disability and Health Data System
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
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.

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
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
Audience Segmentation:

Expert Information Specialist

Tailored website page

Customized package of materials (iCHIP)
Physical Activity Resources

- 14 Weeks to a Healthier You
- Champion’s Rx
- Discover Inclusive Physical Education
- NCHPAD Resources for Inclusion
Inclusive School Wellness Toolkit

Discover Inclusive School Wellness

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 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 workstations are created, and demonstrating ways to use adapted kitchen tools and modify recipes for specific dietary needs should be considered. Additionally, creating and using adapted foods that are appealing to children with disabilities and are acceptable to their families 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 noise 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 warnings to be given orally
- Speak directly to the student
- Remove distractions on computers and other mobile devices
- Communicate with students
- Demonstrate tasks or final outcomes expected for visual learners
- Consider how long lesson plans are and how much information is provided allow sufficient learning time for students with an intellectual disability
- Use person-first terminology
- Teach new concept or activity components at a time, then review

General adaptations for worksheets

- Provide large print and/or highlighting for clear directions or examples
- Use type fonts
- Select physical activity
- Use pictures
- Keep directions short and easy to understand; break instructions into small, attainable steps
- Use high contrast colors and bold types
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**
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
San Luis Obispo LHD – Guest Sharer

Magi Mejorado
Health Education Specialist
The Need for SNAP-Ed Services in SLO
20% of children 10 through 17 years of age who have special health care needs are obese compared with 15% of children of the same ages without special health care needs.

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)
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!

• Success stories
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