
Community Health Inclusion Sustainability Planning Guide

An Addendum to

A Sustainability Planning Guide for Healthy Communities



ACKNOWLEDGEMENTS

The National Center on Health, Physical Activity and Disability (NCHPAD) is funded through Grant #5U59DD000906, Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities.

Principal Investigator:

James H. Rimmer, PhD, Professor, Lakeshore Foundation Endowed Chair in Health Promotion and Rehabilitation Sciences in the School of Health Professions at the University of Alabama at Birmingham (UAB)

The lead organizations for the fulfillment of this grant are:

University of Alabama at Birmingham (UAB); and
Lakeshore Foundation

We would like to thank the formal partners on this project, including:

Primary Collaborating Partners:

American Association on Health and Disability
Center on Disability at the Public Health Institute
Easter Seals, Inc.

CONTRIBUTORS

In addition to the partner organizations and leaders working together with NCHPAD, the following individuals are recognized for contributing their knowledge, experience and editorial guidance.

Janet Bezner, PT, PhD
The American Physical Therapy Association

Melissa Ness
Easter Seals Headquarters

Sandra E Burnett, MA, OTR/L, MFT/L
Santa Monica Community College District

Lisa Peters-Beumer, MPH
Easter Seals Headquarters

Charles Dietzen, MD
Medical Director, Easter Seals Crossroads
Assistant Professor/Clinical Consultant for Riley Children's Hospital

Amy E. Rauworth, MS
Lakeshore Foundation

Brian J. Dudgeon, PhD, OTR
University of Alabama at Birmingham

Nick Stroud
Manpower Group

Yochai Eisenberg, MUPP
University of Illinois at Chicago

Barbara Trader, MS
TASH

Ellen Harrington-Kane, OT, MS
Easter Seals Headquarters

Design:
Layne Peters

Luke Hanson, MPH
National Center on Health, Physical Activity and Disability

Principle Photography:
Mark Avery
Greg Davis
Meg Laska
Bernard Troncale
Easter Seals Project ACTION
NCHPAD

Bruce Hathaway
Y-USA

Patrice Cunniff Linehan, Ed.D
IDEA Partnership
National Association of State Directors of Special Education



TABLE OF CONTENTS

Community Health Inclusion Sustainability Planning Guide (CHISP)

	CHISP	Sustainability Planning Guide
Glossary	6	
About CDC's Healthy Communities Program	9	
Sustainability Planning For <i>Inclusive</i> Healthy Communities	10	
About The Sustainability Planning Guide.....	13	
Introduction	16	
What Is Sustainability	18	
Section 1—Sustaining Coalition Efforts		
Step 1: Create A Shared Understanding Of Sustainability	20.....	13
Step 2: Create A Plan To Work Through The Process.....	20.....	16
Step 3: Position Coalition Efforts To Increase Odds Of Sustainability.....	25.....	20
Step 4: Looks At The Current Picture And Pending Items.....	26.....	22
Step 5: Develop Criteria To Help Determine Which Efforts To Continue	27.....	24
Step 6: Decide What To Continue And Prioritize	27.....	27
Step 7: Create Options For Maintaining Priority Efforts.....	28.....	31
Step 8: Developing A Sustainability Plan	30.....	36
Step 9: Implement The Sustainability Plan	30.....	38
Step 10: Evaluate Outcomes And Revise As Needed	31.....	42
Section 2—Sustainability Approaches		
Policy, Systems And Environmental Change (PSE) Strategies	35.....	46
Coalitions And Partners	36.....	47
Establishing A Home For Healthy Communities Work	38.....	48
Building Coalition Members' Skills	39.....	49
Communication Strategies	40.....	50
Social Marketing Strategies.....	41.....	51
Conclusion	42.....	52
Section 3—Sustainability Approaches (Modules)		
(Module 1) Policy, Systems And Environmental Change (PSE) Strategies	43.....	54
(Module 2) Coalitions And Partners	52.....	65
(Module 3) Establishing A Home For Healthy Communities Work	54.....	71
(Module 4) Building Coalition Members' Skills.....	57.....	76
(Module 5) Communication Strategies	59.....	79
(Module 6) Social Marketing Strategies	60.....	84
Section 4—Appendix		
Activities	62.....	87
Examples	68.....	96
Glossary	6.....	105
Resources	64.....	110
References.....	63.....	115



Community Health Inclusion Sustainability Planning Guide

ABOUT THE CHISP

Today, seven out of 10 Americans die each year from chronic diseases. Heart disease, cancer and stroke account for more than 50 percent of all deaths annually. To end the epidemic of chronic disease, communities across the country are teaming up with national groups to improve health, physical activity, and nutrition at the local level—however, people’s unique needs, including people with disabilities, are typically not recognized in these efforts. The National Center on Health, Physical Activity and Disability (NCHPAD) is focused on building national leadership in the disability community that aligns with ongoing and future Healthy Communities/Community Transformation initiatives to promote community health inclusion activities in physical activity and nutrition.

The Community Health Inclusion Sustainability Planning Guide (CHISP) can be used to help you create an **Inclusive Health Coalition (IHC)** in your community or support an existing community health coalition. The end goal is to promote greater access to programs and services for people with disabilities and other community members who are typically not involved in health promotion/wellness initiatives. The *CHISP* has three primary goals:

1. Provide additional guidance in the development, implementation and evaluation of sustainable healthy community change that incorporates the needs of people with disabilities. If your community has already engaged in a community change process, the *CHISP* can assist your coalition in adding a new focus on inclusion of people with disabilities;
2. Support your coalition in recognizing and understanding *universal design* principles and how they relate to the creation or modification of policies, programs, systems and environments that support the needs of every community member, including people with disabilities.
3. Assist your community in reducing health disparities associated with barriers and lack of access to healthful activities among those with the greatest need and highest rates of health disparities.

Additional sources of information on community coalition building and development of community action plans are listed in the Resources section at the end of this guide.

GLOSSARY

Disability is defined in the International Classification of Functioning, Disability and Health (ICF) as "...an umbrella term for impairments, activity limitations and participation restrictions." (WHO ICF 2002).

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities (WHO 1998).

Health promotion is the process of enabling people to increase control over, and to improve their health. Health promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health (WHO 1998).

Healthy cities create and improve physical and social environments and expand community resources so that people can support each other in performing all the functions of life and in developing to their maximum potential (WHO 1998).

Inclusive Health Coalitions (IHCs) are a diverse group of community leaders and organizations focused on promoting disability inclusion in programs and services related to physical activity, nutrition and obesity. This can be an existing group in your community you approached to broaden the scope of their work, or it can be a new group that is formed to promote greater levels of health inclusion for community members with disabilities.



THE COMMUNITY CHANGE PROCESS

Over the past decade, many communities have engaged in the community change process through the Centers for Disease Control and Prevention's (CDC) Healthy Communities Program, or other similar programs, such as the YMCA's Healthier Communities Initiatives. A community change process must ensure that each phase is inclusive of the needs of every community member, including people with disabilities.

NCHPAD (www.nchpad.org), funded by the CDC, is working to incorporate this important focus in the community change processes for healthy communities. Whether your coalition is just starting a community change process or going through a reassessment of its current plan, it is important to consider factors affecting inclusion. Here are a few examples:

- Is there a member with a disability on the planning team or within the coalition?
- Are all coalition strategies going to be equally accessible for every community member?
- Is someone on your team gathering data to gain an understanding of access and barriers to health and physical activity programs, services, etc. for people with disabilities?
- Have you considered initiatives and efforts to provide access and remove barriers for people with:
 - Limited mobility (including those who use wheelchairs, canes, crutches, and other assistive devices)
 - Hearing or visual impairments
 - Lack of access to personal transportation
 - Intellectual disabilities
 - Mental health conditions
 - Varying levels of literacy

As communities around the country implement changes to positively affect health outcomes, they will be charged with reassessing the work they have done with a specific focus on inclusion.

USING THE COMMUNITY HEALTH INCLUSION SUSTAINABILITY PLANNING GUIDE (CHISP)

The *CHISP* is a supplement to the *Sustainability Planning Guide for Healthy Communities* (“*Planning Guide*”) (CDC, 2011) and may be used in conjunction with it to ensure inclusion for every community member in each of your health initiatives. As your coalition follows the steps in the *Planning Guide*, the *CHISP* will help you apply the concepts of inclusion and universal design to make healthful activities and policies accessible and applicable to all members of your community.

Upon finishing each section of the *Planning Guide*, refer to the related section of the *CHISP* to learn how to incorporate accessibility, compatibility and inclusion into the activities of your coalition.

The *CHISP* includes section headings followed by a page number, which refers to the corresponding page in the *Planning Guide*. For instance, information found in the **About CDC’s Healthy Communities Program** section of the *CHISP* can be found in corresponding form on page 5 of the *Planning Guide*. Original material from the *Planning Guide* is in the tan areas with the vertical maroon bar. You will want to read this page in its entirety and then return to the *CHISP* to consider the additional concepts specific to inclusion.

Some sections of the *Planning Guide* did not require further comment or any modifications. For instance, **Step 6—Decide what to Continue and Prioritize** and **Step 9—Implement the Sustainability Plan** are sections of the *Planning Guide* that do not require a different analysis/strategy for inclusive community health. Your coalition will refer to the original *Planning Guide* to follow this step, keeping in mind the inclusive policies, activities, and other content you are developing throughout the community collaboration process.

The use of the *Planning Guide* and *CHISP* assumes that your community has already engaged in some sort of coalition building and has a community action plan (http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/action_step_8.pdf). You must first develop your community action plan before you can utilize the *CHISP* to create your inclusive sustainability plan.

Disclaimer: The information provided in the CHISP is for general information purposes only. Reference to website resources and organizations is for the convenience of the public and does not constitute endorsement or recommendation by the CDC or any referenced group or organization.

ABOUT CDC'S HEALTHY COMMUNITIES PROGRAM

Planning Guide: pg. 5

In October 2003, as part of the U.S. Department of Health and Human Services' Steps to a Healthier US initiative (Steps), the CDC began funding communities nationwide through 5-year cooperative agreements, with YMCA of the USA (Y-USA) as a national partner. Building on successes and lessons learned from Steps, CDC broadened its investment in communities through the creation of CDC's Healthy Communities Program in January 2009.

To date, more than 300 communities nationwide have been selected by CDC to implement policy, systems, and environmental change (PSE) strategies. CDC's Healthy Communities Program works with these communities, as well as with state and local health departments and national partners, to help create a culture of healthy living while building national networks for sustainable change

Through the Strategic Alliance for Health (SAH), CDC's Healthy Communities Program is able to partner directly with states and communities. Through Action Communities for Health, Innovation, and Environmental Change (ACHIEVE) and Pioneering Healthy Communities (PHC), CDC's Healthy Communities Program works with a host of national organizational partners, including the National Association of Chronic Disease Directors (NACDD), National Association of County and City Health Officials (NACCHO), National Recreation and Park Association (NRPA), Society for Public Health Education (SOPHE), and Y-USA.

Key program elements include:

- Mobilizing national networks to provide technical support and training to communities.*
- Providing funding to develop policy strategies.*
- Connecting leaders and providing training on how to undertake effective policy strategies.*
- Disseminating effective strategies and tools to build the capacity of partners and communities.*
- Monitoring and evaluating strategies and integrating new practical approaches into the Healthy Communities scope of work.*

Through these efforts, CDC's Healthy Communities Program and its partners aim to take the following community-level actions:

- Engage community members in healthful activities where they live, work, worship, play, and learn.*
- Analyze local health issues to take effective action.*
- Shape policies and sustainable environments that promote and sustain health and quality of life.*
- Create sustainable, community-based improvements that address the root causes of chronic diseases and related risk factors.*
- Learn from past efforts and look ahead to meet future health challenges.*

SUSTAINABILITY PLANNING FOR *INCLUSIVE* HEALTHY COMMUNITIES

The purpose of this community collaboration work is to ensure that communities offer health, physical activity, nutrition and other services and activities that are accessible to all members of the community—including people with disabilities. In other words, it is taking the CDC's Healthy Communities Program an extra step. In doing this work, your IHC is ensuring that:

1. Healthful activities are accessible to all community members;
2. People with disabilities are considered in public health promotion policies; and
3. Communities develop health transformation plans with representation from the disability community in all stages of the process.

People with disabilities and chronic health conditions experience disparities in health outcomes that affect the entire community. By ensuring communities take into consideration accessibility for all people, communities can begin to close the gap on these disparities (CDC, 2008, CDC, 2012).

Consider these statistics:

- People with serious mental illness have a life expectancy that is 25 years less than the general population (NIMH, 2011; Shrestha, 2006).
- The prevalence of obesity among adults with disabilities is more than 50 percent higher than in adults without disabilities (CDC, 2012).
- Estimates show the annual health care costs of obesity related to disability are approximately \$44 billion (Finkelstein, Trogdon, Cohen, Dietz, 2009).
- Adults with a disability are more likely to report fair or poor health compared to adults without a disability (CDC, 2008).
- The number of Americans with disabilities and the number of American households with a resident with a disability are both expected to grow substantially between now and 2050 (Smith, Rayer, Smith, 2008).

Research indicates that social isolation is a significant problem for people with disabilities, contributing to depression and other chronic illnesses related to a sedentary lifestyle, including cardiovascular disease. More than any other lifestyle barrier, people with disabilities do not have immediate access to the community connections they need to thrive. With your intention to include people with disabilities in ongoing and future community health initiatives, you can bridge this gap, make substantial contributions to their overall health and wellness and subsequently improve the overall health of your community.

Active, persistent and engaging recruitment of people with disabilities in this process is imperative, as success is impossible without the participation in all phases of community change efforts by the very people intended to benefit from the work of your coalition or group. Your coalition should adopt a culture of inclusion that incorporates and reflects the motto of the disability rights movement, “nothing about us without us.” A “build it and they will come” philosophy will not be effective for people who have previously experienced a lack of access to participation. Communities making changes to expand inclusive practices should consider specific, intentional and targeted marketing to the disability community to alert them to such changes and to invite them to participate.

DEFINING INCLUSION

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

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

Examples of levels of participation include:

Physical access: the physical environment is accessible to all comers; no supports for participation are necessary. For instance, there is no special entrance or door for people with disabilities because the common door is accessible to anyone. The furniture has enough space around it to be navigable by anyone, including those who use devices for mobility such as wheelchairs, walkers and canes. There are numerous other examples related to physical activity, nutrition and obesity prevention programs.

Programmatic access: physical access and communication resources are accessible in multiple formats to meet the needs of people with diverse abilities. For example, written, verbal and hands-on instructions are available. To ensure programmatic access, supports may be needed (e.g., volunteers and/or technology) to ensure that individuals with disabilities can participate in all program-based activities. Beyond immediate access and provisions at a facility or event, programmatic access also includes marketing, promotion and other awareness and outreach activities that ensure all community members are aware of and feel welcomed to programs, facilities and events.

UNIVERSAL DESIGN AND INCLUSION

According to the Association on Higher Education and Disability (AHEAD), the past decade has seen a professional shift in service provision that challenges us to think not only of the individual's access, but also beyond it to more equitable, sustainable and usable environments. This cultural shift is a result of progressive views of disability and the construct of universal design.

A universal design approach to service delivery holds the promise of creating inclusive environments, alleviating the need for certain individual accommodations and creating a more collaborative, wide-reaching professional role for service providers. The concept of "universal design" is applicable to homes, schools, work places, health care facilities and the community-at-large. The Center for Universal Design at North Carolina State University defines "universal design" as:

"The idea that all new environments and products, to the greatest extent possible, should be usable by everyone regardless of their age, ability, or circumstance."

According to the Center, the main principle of universal design is to "provide the same means of use for all users, avoid segregation and make the design appealing to all users."

Examples of universal design include sink faucets that turn on automatically when you place your hands under them, bells that ding at each floor as you pass in an elevator, ergonomically designed tools and kitchen appliances, audible traffic signals with timers, curb cuts and automatic doors. The greatest benefit of universal design features and products is that they make functioning throughout the community more feasible for both people with disabilities and the community-at-large.

As you proceed in your collaborative efforts to create an inclusive healthy community, you will want to consider how your community can incorporate the principles of universal design into activities, policies and the environments to facilitate participation in the community by all members.*

To begin your coalition's efforts to improve community health inclusion, you must first begin with a community assessment. A tool that will be very helpful to you is called the **Community Health Inclusion Index (CHII)**, which has been created for this purpose. Information on this tool and its usage is available in a separate document and can be found on the NCHPAD website (www.nchpad.org) under Assessment Tools.

**For more information on Universal Design, see Appendix A (page 64) of the CHISP.*

ABOUT THE SUSTAINABILITY PLANNING GUIDE

Planning Guide: pg. 6

Improving the health and well-being of a community is no simple task for a Coalition. It takes long-term policy strategies for sustaining change in systems and environments. It also takes the necessary community and organizational infrastructure for carrying out those strategies. In short, a Coalition needs a comprehensive plan for sustaining its public health efforts, one that can help it manage internal and external challenges.

The Sustainability Planning Guide is a synthesis of science- and practice-based evidence designed to help Coalitions, public health professionals, and other community stakeholders develop, implement, and evaluate a successful sustainability plan. The guide provides a process for sustaining policy strategies and related activity, introduces various approaches to sustainability, and demonstrates sustainability planning in action with real-life examples.


A comprehensive sustainability plan must target and accommodate every individual that comprises a community. Each individual is unique and has a different set of needs and means for achieving those needs. As such, improving the health and well-being of a community must ensure that every individual has access to and benefits from the policy, systems and environmental changes enacted on behalf of community improvement. Sometimes policy, systems and environmental changes are not applied equally to every member of a community. This can actually increase health disparities (e.g., obesity, loneliness, anxiety) among certain subgroups, including people with disabilities, by predisposing them to poorer access to the key social determinants of health such as social participation, safe and affordable housing, transportation, good health care and access to healthy foods and physical activity environments.

Some examples of this type of inequality might include:

- Inaccessible public health programs;
- Lack of quality physical education classes and/or physical activity programs for students with disabilities;
- Community sports teams that are not inclusive of individuals with disabilities or special needs;
- Signage that give instructions in written English only;
- Medical exam tables not accessible to a person who uses a wheelchair;
- Public spaces, such as parks, playgrounds and trails that are not fully accessible;
- Public transportation that is not fully accessible, including drivers who do not know how to operate the equipment properly.

Good examples of community health inclusion include:

- Safe Routes to School and Safe Routes to Senior Center programs that provide unbroken, accessible sidewalks, pictorial signage that does not require literacy, crosswalks with an audible traffic light that counts down the crossing time, etc.;
- Adaptive sports programs and equipment for individuals with disabilities and training facility time for competitive athletes with disabilities;
- Schools that encourage students with disabilities to participate on sports teams;
- Co-located programs for people with disabilities in community centers such as the YMCA;
- Community gardens built to include raised beds and ground cover that is appropriate for wheelchairs and other mobility devices;
- Accessible playgrounds;
- Fitness classes with multiple options to accommodate all participants with varying levels of physical and cognitive ability. For example, a spin class featuring bicycles and krank machines to ensure individuals with and without lower body function can participate.



The following is an example of an inclusive child care program that benefits children with and without disabilities in the same early developmental environment.

EASTER SEALS INCLUSIVE CHILD CARE

Easter Seals Child Development Center Network is the largest provider of inclusive child care in the United States. With nearly 80 centers, Easter Seals serves thousands of young children and their families in a setting where children with disabilities and special needs comprise on average 25 percent of enrollment.

The practice of inclusive child care—placing children of all abilities in the same learning environment—continues to grow in popularity as parents of children with disabilities want the same level of education for their child as is received by their typically developing peers. Research shows that an inclusive setting benefits all children. From enhancing language and communication skills to greater academic outcomes, young children in inclusive care settings learn from and share experiences with one another that help them appreciate diversity in others.

For parents of children who are typically developing, understanding their child will benefit from an inclusive setting is key to success of these centers. Studies show that children without disabilities:

- *Develop more empathy for others*
- *Experience increased self-esteem*
- *Are less fearful of people who look or behave differently*
- *Are more patient with those learning at a different pace*

For more information, visit: <http://www.easterseals.com/our-programs/childrens-services/>.

INTRODUCTION

Planning Guide: pg. 7

Today, more than ever, community leaders understand that improving the health and well-being of individuals and families means changing health-related behaviors—and that means addressing factors that influence those behaviors...

Sustainability is not just about funding. It's about creating and building momentum to maintain communitywide change by organizing and maximizing community assets and resources. It means institutionalizing policies and practices within communities and organizations. From the outset, sustainability requires an approach that emphasizes the development of a network of community practitioners who understand and can lead a Healthy Communities Movement. It also means involving a multiplicity of stakeholders who can develop long-term buy-in and support throughout the community for your Coalition's efforts. These elements are crucial to ensuring lasting change and making a difference in people's lives.

To increase and improve community inclusion, your coalition will: 1) focus on changing health-related behaviors; 2) address health disparities for people with disabilities through health outcomes, behaviors and access to health and wellness services and programs; and 3) identify and remove barriers to **inclusive** sustainable communities.

Inclusive sustainability is about institutionalizing policies and practices within communities and organizations that benefit **all** members of a community of **all** abilities. By putting everyone on equal footing to achieve health and wellness, we can eliminate certain barriers to participation. The long-term benefit of this plan is developing inclusive communities that offer all citizens the right to fair and equitable health promotion.

Therefore, it is important to include as stakeholders people of all abilities, ethnicities and socioeconomic levels, particularly those who may experience firsthand the challenges and barriers to inclusive sustainability and access to health and wellness services and programs within the community. Your coalition will need to actively engage in its own aggressive recruitment in order to assure that individuals with disabilities are members of the coalition.

Additionally, people within sectors that provide services or have specialized training in inclusive services should be part of the stakeholder group. These stakeholders will help the group remain focused on health equity for all groups within the community. These "sectors" will be defined and described in more detail in Step Two, "The Five Change Sectors" on page 22 of the *CHISP*.

WHAT IS THE HEALTHY COMMUNITIES MOVEMENT?

Planning Guide: pg. 7

The Healthy Communities Movement is a growing global effort to improve the health and well-being of individuals and families, primarily through policies that sustain positive, lasting changes to local, state, and national systems and environments. In the United States, this movement is made up of thousands of multi-sector community collaborations working to develop policies where people live, work, learn, play, and worship. In addition to the CDC, the movement includes hospitals and health systems; state and local health departments; community-based, faith-based, and philanthropic organizations; schools and universities; businesses; media organizations; national policy-focused organizations; and civic and social networks.

Take this a step further and consider how to help Healthy Communities be inclusive of **all** people within a community in their policies, programs, services, structures and activities. Stakeholders should include organizations that represent people with disabilities, such as Independent Living Centers, Area Agencies on Aging, Developmental Disability councils and organizations, National Alliance on Mental Illness, the Autism Society and United Cerebral Palsy to name just a few.



WHAT IS SUSTAINABILITY?

Planning Guide: pg. 8

The Guide's working definition of sustainability is: A community's ongoing capacity and resolve to work together to establish, advance, and maintain effective strategies that continuously improve health and quality of life for all.

- Sustainable inclusion can be defined as:
 - Using the concepts of inclusion and universal design in the development of policies, systems and environments that improve the health and quality of life for all individuals within the community.
- A sustainable inclusive community can be defined as one that:
 - Continuously works to improve health and health equity for all its citizens, including people with disabilities, by creating policies, systems and environments that serve everyone;
 - Has an inclusive community coalition, such as an IHC;
 - Addresses access needs and barriers to inclusion in various forms, including affordability and accessibility, on an ongoing basis.

The National Center on Health, Physical Activity and Disability (NCHPAD) has a section on its website dedicated to Best Practices of Inclusive Services, which can be found at www.nchpad.org.



SECTION 1

SUSTAINING COALITION EFFORTS

Planning Guide: pg. 13

In this section, you will learn how your Coalition or planning group can develop its own sustainability plan. This process is presented in 10 sequential steps, though you can use the information to best fit your Coalition's needs. . .

These 10 steps integrate the issue of "how to build capacity for operational purposes" with the goal of "how to prioritize and implement policies." In practice, the sustainability planning group should also focus on organizational (strategic planning) issues and pass along critical policy strategy recommendations to the Coalition for implementation. Parts of or the entire 10 steps can be applied to determining how the community and the Coalition can be organized to successfully carry out priority strategies in the long run.

Communities that already have a sustainability or strategic plan will want to review their plan through the lens of inclusion. Here are a few issues to consider when you start your own coalition or join an existing coalition in your community:

- What additions or changes need to be made to the constituency of the coalition to ensure it is inclusive?

-
- Does the coalition need to re-evaluate its policy priorities to be more inclusive?
 - Are the current community strategies for achieving your coalition's end goal(s) inclusive?
 - How can the scope of current/existing coalition work expand so that you connect with relevant community leaders and partners concerned with inclusion.

STEP 1 — CREATE A SHARED UNDERSTANDING OF SUSTAINABILITY

Planning Guide: pg. 14

Remember to think through and share the long-term mission and vision of your coalition. It is important to do this so that stakeholders will strengthen their commitment to the cause and adopt inclusion into their daily thinking.

STEP 2 — CREATE A PLAN TO WORK THROUGH THE PROCESS

Planning Guide: pg. 16

Planning Team: This team should be responsible for discussing relevant issues, making decisions, and ultimately implementing the sustainability plan. While the size of this team is whatever best suits your Coalition, remember that demands for internal communication and staff support increase as the number of people involved in the planning process increases. To ensure that your effort is valued in the community, consider inviting (or soliciting input from) key external representatives from:

- *Community officials (e.g., from city hall or the local transportation authority);*
- *Businesses or corporations;*
- *Nonprofit organizations or foundations*
- *Other groups (e.g., faith-based, recreation, neighborhood homeowner associations);*
- *Local, regional, and state policy-making groups*

Creating an inclusive sustainable community should first focus on the five sectors included in the CDC Healthy Communities Program (<http://www.cdc.gov/healthycommunitiesprogram/overview/index.htm>).

These sectors are:

- Community-at-Large
- Community Institutions/Organizations
- Health Care
- Schools
- Work Site

An alternative to the five sectors approach in the CDC Healthy Communities Program is the eight societal sectors as laid out in the National Physical Activity Plan.

The National Physical Activity Plan, which launched in May of 2010, is a comprehensive set of policies, programs, and initiatives that aim to increase physical activity in all segments of the American population. The National Physical Activity Plan is comprised of strategic recommendations in eight societal sectors to achieve this goal.

- Business and Industry (reduce a sedentary workplace);
- Education (increase physical activity during the school day while prioritizing improved academy standards);
- Health Care (emphasize early intervention and prevention);
- Mass Media (utilize the power of mass media to influence individual behaviors and societal attitudes on health and wellness);
- Parks, Recreation, Fitness and Sports (provide access, education and resources that help people incorporate fun and meaningful physical activity into their daily lives);
- Public Health (ensure that our health care sector, our Nation's largest industry, is promoting physical activity and preventing and treating physical inactivity);
- Transportation, Land Use, and Community Design (provide more transportation options that can help us achieve recommended levels of physical activity, while lowering pollution rates and increasing access to grocery stores, schools, jobs and health care services);
- Volunteer and Non-Profit (mobilize public action to create supportive environments for everyone to have real and sustainable opportunities for daily physical activity).

Each sector presents strategies aimed at promoting physical activity and outlines specific tactics that communities, organizations and agencies, and individuals can use to address the problem of physical inactivity.

For more information on the National Physical Activity Plan, see <http://www.physicalactivityplan.org>.

THE FIVE CHANGE SECTORS

The **Community-At-Large Sector** includes community-wide members and efforts that have an impact on the social and built environments, such as food access, walkability, pushability or bikeability, tobacco-free policies and personal safety. Examples of members who represent this sector include:

- Mayor and other elected officials
- City planners and managers
- News outlets and reporters
- Neighborhood group organizations and representatives

The **Community Institution/Organization (CIO) Sector** includes entities within the community that provide a broad range of human services and access to facilities, such as childcare settings, faith-based organizations, senior centers, Boys and Girls Clubs, health and wellness organizations, YMCAs and colleges and universities. Examples include:

- YMCA
- Food banks
- Independent Living Centers
- Churches
- Disability advocacy organizations, including local chapters such as Easter Seals, TASH, independent living centers, the Arc, United Cerebral Palsy (UCP), etc.

The **Health Care Sector** includes places people go to receive preventive care or treatment, or emergency health care services, such as hospitals, private doctors' offices and community clinics. Examples include:

- Hospitals
- Nursing homes
- Local health departments
- Rehabilitation and/or mental health agencies
- Community clinics
- Physicians, nurses and other health care professional offices

Community Health Needs Assessment (CHNA)

Provisions of the Patient Protection and Affordable Care Act (ACA) require each non-profit hospital in the United States to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet health needs identified in the community. The CHNA is a free, online tool designed to assist hospitals and organizations seeking to better understand the needs and of their communities and to collaborate to improve the health and well-being in their community.

In conducting the CHNA, non-profit hospitals are required to take into account input from persons who represent the broad interests of the community served, including those with special knowledge of or expertise in public health. This is a great project for coalitions to be involved in to ensure community plans are inclusive of people of all abilities, including those with disabilities.

For more information, visit <http://assessment.communitycommons.org/CHNA/About.aspx> and <http://www.naccho.org/topics/infrastructure/mapp/chahealthreform.cfm>.

The **School Sector** includes all primary and secondary learning institutions (e.g., elementary, middle and high schools, whether private, public or parochial), as well as colleges, universities and adult education centers. Examples include:

- Special education co-op
- Adult education centers
- Athletic and after-school programs
- Community college and/or local university

The **Work Site Sector** includes places of employment, such as private offices, restaurants, retail establishments, and government offices. Examples include:

- Better Business Bureau
- Local large employer
- Human resources
- Employment services provider

As you select coalition members, consider inclusion of members from these sectors that also represent people with disabilities, people of diverse ethnic and socioeconomic backgrounds, and those who have the ability to reach out to people within the community who may be under-represented in many community action and policy activities.

Examples of inclusive selections for the five change sectors include:

Community-At-Large:

- Community leader who has a disability
- Attorney specializing in disability rights

Community Institution/Organization:

- Representative of an Independent Living Center
- Easter Seals

Health Care:

- Physician specializing in rehabilitation (Physical Medicine)
- Physical or occupational therapist
- Orientation and Mobility Specialist for visually impaired

Schools:

- Special education teacher
- Parent of a child with a disability

Work Site:

- Goodwill organization
- Supported employment specialist
- Vocational rehabilitation counselor

It is helpful to have a designated facilitator work with your coalition as you prioritize, goal-set and build consensus around issues/areas to address. For information on facilitator training resources:

www.extension.umn.edu/distribution/citizenship/DH7437.html

www.Coalitionswork.com/documents/chair_or_facilitator_guide.pdf

www.financeproject.org/special/engage/sti.cfm

STEP 3—POSITION COALITION EFFORTS TO INCREASE THE ODDS OF SUSTAINABILITY

Planning Guide: pg. 20

Encourage each member of the coalition to explore current policies, activities and other successes experienced in a previous coalition or similar advocacy work. Ask members to revisit community policies and activities and to consider how the IHC can build upon these successes, making changes that enhance inclusion in future policy goals and efforts.

The following is an inclusive health program offered in Somerset County, New Jersey. The Giving Garden is a great example of an intergenerational program that benefits people of all ages with and without disabilities.

Somerset Hills YMCA Giving Garden

In early 2012, the Somerset Hills YMCA in New Jersey developed a plan to increase access to healthy food in their community and fight obesity and poor nutrition. The Y partnered with the local Rotary Club and contracted a permaculture designer to create a “Giving Garden” that

would serve its community and be inclusive of all ages and abilities. The garden was constructed in the backyard of the Y and is more than 800 square feet in size. Special consideration was made to provide access to individuals with disabilities by constructing raised beds and Trex decking at the site. After construction was completed, the Y enlisted children in their summer camp and after-school care program to water and nurture the plants. Local preschoolers also visit the garden to try new vegetables and plant seeds. Adults with disabilities also help care for the garden and frequently harvest produce. Older adults in the community also help by picking weeds, building compost and distributing the harvested vegetables to local families in need. This garden has resulted in providing nutritious food to local families in need; educated more than 900 children on healthy, nutritious food and gardening skills; provided pre-employment skills and horticultural therapy to people with disabilities and empowered the community to think locally in the fight against obesity.

For more information, visit <http://www.somersethillsymca.org/>.



STEP 4—LOOK AT THE CURRENT PICTURE AND PENDING ITEMS

Planning Guide: pg. 22

Healthy Carrollton City (HCC) Looks at the Current Picture and Pending Items

The sustainability planning team created a list of its policy strategies and activities, and reported on the relationships with stakeholders and partners listed in the last planning meeting. Meeting participants emphasized the need to continue developing partnerships with community leaders who care enough and do enough to support HCC policy efforts. The team listed existing strategies, activities, specific measures, dates, partners, status, barriers/facilitators, and reach for each of these efforts. A full picture and pending items list can be found in Activity C in the Appendix on page 90 of the Sustainability Planning Guide.

Most communities are involved in different types of initiatives to promote healthier environments for their citizens.

Here are some examples of how your coalition can encourage more inclusive policies, programs, etc.:

- Conduct periodic evaluation of inclusion using the Community Health Inclusion Index (CHII);
- Conduct Health Impact Assessments (HIAs) on key policy, systems and environment (PSE) decisions to determine their level of inclusion;
- Conduct Community Health Needs Assessment (CHNA);
- Develop new policies on issuing information in multiple formats and make sure public websites adhere to accessibility standards;
- Recruit and/or collaborate with diverse individuals and groups within the community in a culturally competent manner;
- Enact a Complete Streets Policy. Complete Streets refers to streets and roadways that are designed and operated to enable safe, attractive and comfortable access and travel for all users, including pedestrians, bicyclists, motorists, wheelchair users and public transport users of all ages and abilities;
- Improve nutrition policies for staff and patients in health care settings, living in group homes, etc.;
- Emphasize inclusion in all written policy regulations associated with establishing healthier communities (include specific language);
- Ensure inclusive policies for public venues (parks, community centers, etc.) and public events (concerts, carnivals, festivals, etc.).

STEP 5—DEVELOP CRITERIA TO HELP DETERMINE WHICH EFFORTS TO CONTINUE

Using Evaluation Data to Inform Your Criteria

Planning Guide: pg. 26

You may be in the evaluation stage—determining whether the current Coalition structure has served its purpose or if a specific policy has been properly implemented or enforced, and what occurred as a result of the policy. Evaluation results can help you adjust the current policy to ensure effectiveness—and make it a more likely candidate for sustainability. For example, a tobacco-free parks policy passed last year is revamped after a recent public comment period; the revised policy now includes increased funding for implementation and increased punishment for violations.

One of the most critical aspects of a successful IHC is its capacity to monitor and evaluate changes that occur to and in the community because of the coalition's efforts. Consider the following ways to monitor progress toward inclusion:

- Ensure each policy, systems and environment (PSE) change is captured with an evaluation plan that can demonstrate before-and-after changes in promoting greater inclusion for people with disabilities.
- Use and incorporate an assessment tool or tools, such as the Community Health Inclusion Index (CHII), in your evaluation efforts. A number of other tools are available commercially through publishers and universities. Check the NCHPAD website (www.nchpad.org) for other inclusion tools to examine changes in the built environment, transportation, nutrition and physical activity.

STEP 6—DECIDE WHAT TO CONTINUE AND PRIORITIZE

Refer to page 27 of the Planning Guide.

STEP 7—CREATE OPTIONS FOR MAINTAINING PRIORITY EFFORTS

Planning Guide: pg. 31

After deciding what strategies the Coalition will prioritize, think creatively about resource development and leveraging funding sources. Remember, continuing an effort does not necessarily mean continuing it in the same way. There are many options for you to explore!

What additional resources might there be for funding sustainable IHCs? Does focusing on eliminating health disparities create opportunities for new sources of funding?

The IHC should explore this within the community. Consider these additional sources of funding related to reducing disparities:

- Partnering with a local university involved in research on similar issues related to inclusion, reducing health disparities, etc.;
- Local millage dollars for health initiatives;
- Local community foundations;
- Partnerships with public health entities (e.g., YMCA, schools, etc.) securing state and federal grants;
- Grants through corporations and foundations with a focus on health;
- Hiring an experienced grant writer (for more information, check the Grant Writing Resources section at the end of this guide);
- Grants associated with community health.

Policy Strategy	Policy Activity	Suggested Financial Strategies
Implement environmental change strategies that promote physical activity and safety in the build environment.	Build traffic-calming measures (e.g. traffic circles) to increase pedestrian safety and encourage walking.	Share positions and resources with County Community Planning & Development Office.
	Develop walking guides and maps to illustrate points of interest within walking distance of downtown (less than 15 minutes away).	Make a line item in an existing budget.
	Develop policies that support bicycle use (e.g. identify commercial and public spaces where new bike lanes and racks can be placed).	Share positions and resources with County Public Works Office.
Modify and enhance work site wellness and vending machine policies.	Develop a vending machine policy that supports healthful snacks and beverage choices.	Request in-kind support.
	Develop a "healthy meeting" policy that supports healthful foods and beverage choices during all work-related meetings.	Seek corporate sponsorships.
	Develop "take the stairs" campaigns that include point-of-decision prompts/signs near elevators that highlight the benefit of stairway use.	Find free/low-cost personnel resources (e.g. volunteers, interns, shared positions).
Partner with the county and local organizations to develop a community food distribution policy.	Create policies whereby community gardens and farmers markets distribute a percentage of their produce to local food banks on a regular basis.	Seek grants.
		Develop a fee-for-service structure.

See Policy Examples in the Resource section on page 68 of the CHISP.

STEP 8—DEVELOPING A SUSTAINABILITY PLAN

Planning Guide: pg. 36

This step pulls together the information gathered in the first seven steps. As previously mentioned, a sustainability plan describes a process for:

- *Obtaining input and buy-in from Coalition members and key external decision-makers.*
- *Defining critical long-and short-term policy strategies.*
- *Considering what type of organizational structure will best help the Coalition to effectively reach its partnership, policy, and resource goals.*
- *Acquiring resources—human, financial and in-kind—necessary for implementing these strategies.*
- *Documenting and organizing the information that has been collected—evaluation findings, lists of strategies and activities, criteria grids, effort justification sheets, budgets, and more.*

How will the coalition continue its work in the future?

- Can one or more coalition members adopt the IHC's work into their own organizational goals?
- Can the community-wide coalition continue to meet and share the costs through fees, donations or other methods?
- What will be the future structure of the coalition?
- Does the IHC have or need to develop bylaws to assist in functional consistency over time?

STEP 9—IMPLEMENT THE SUSTAINABILITY PLAN

Refer to page 38 of the Planning Guide.

STEP 10—EVALUATE OUTCOMES AND REVISE AS NEEDED

Planning Guide: pg. 42

Step 10: Healthy Carrolton City (HCC) Evaluates Outcomes and Revises as Needed

For HCC to evaluate the overall plan, the coalition had to determine whether the individual policy strategies it chose to implement (see HCC example in Step 4, page 23) had been successful. After determining: 1) whether these strategies were implemented as planned and 2) what their outcomes were (see table below), the coalition made needed changes to the policy strategies before proceeding further.

Prioritized Policy Strategy	Activity	Outcomes	Revisions
Implement environmental change strategies that promote physical activity and safety in the built environment.	Built traffic-calming measures to increase pedestrian safety and encourage walking.	1 out of 8 traffic-calming measures (e.g. speed bumps, lane narrowing, curb extensions) installed on streets	Increase # of traffic-calming measures installed on streets from 1 to 3.
		2 out of 5 strategies are in place to enhance personal safety.	Increase # of personal safety strategies from 2 to 3.
	Develop policies that support bicycle use (e.g. identify commercial and public spaces where new bike lanes and racks can be placed).	2 out of 3 public bike facilities (e.g. bike racks, bike lanes) were installed in the city/county.	Increase to 100% public bike facilities in the city/county.
		Only 3 out of 6 miles of bike routes have received regular maintenance.	Maintain number of miles of bike routes that have received regular maintenance.
Modify and enhance work site wellness and vending machine policies.	Develop a vending machine policy that supports healthful snack and beverage choices.	0% of vending slots offering healthful food and beverage options.	Determine why there were no vending slots or sites offering healthful food and beverage options in vending machines.
		0% of sites that have vending slots dedicated to healthful food and beverage options.	Need to survey employees and work sites to determine opinions for healthful food and beverage options in vending machines before proceeding with this policy.

Development of activities, goals and objectives for key target sectors in your community was covered earlier in the *CHISP*. Once these goals and objectives are established and agreed upon by the members of the IHC (i.e., building consensus), the Evaluation Plan is developed and used to measure progress on the identified goals.

After completing an evaluation using the Community Health Inclusion Index (CHII) or another tool that examines inclusion, coalitions will need to prepare strategies based on activities and target outcomes as shown in the table above. The evaluation plan will be used at designated points to determine if activities and outcomes have been achieved. Short- and long-term activities and outcomes can be developed for one or more sectors in your community. Short-term goals and easy wins build and sustain momentum to continue ongoing work toward long-term goals. Here are a few examples:

- Work with local charity/fun races to ensure routes and rules are accessible to people who may utilize additional assistive aides and/or devices;
- Ensure that plans for creating bike lanes and trails include making accommodations for handcycles as well as pedal cycles;
- Establish Memorandums of Understanding (MOUs) with local athletic facilities to ensure adapted sports teams receive facility time;
- When creating/improving crosswalks, ensure they have timed, audible and visual cues for when it is safe and unsafe to cross the street;
- Help local entities create and adapt policies to institutionalize universal design; for example, work with a local theater or food court to ensure retractable rope barriers/stanchions always guarantee enough space to ensure ease of mobility;
- Increase accessibility for walking/wheeling on streets, sidewalks and trails;
- Increase presence of bike lanes (pedal and handcycles);
- Improve safety and reduce accidental injuries between vehicles and pedestrians.

Your IHC may want to consider the following questions to stimulate ideas to apply to your own community:

- What are some examples of similar strategies and activities that would contribute more to inclusion?
- What are some outcomes that would demonstrate reduction in health disparities for people with disabilities? What steps are necessary to accomplish this? In other words, how can identified outcomes be accomplished through short- and long-term activities and goal-setting.

Consider other sectors of your community such as worksites and/or employers. Inclusion in employment can lead to financial and personal independence, the fulfillment of personal goals with increased feelings of well-being, improved access to health care and other positive outcomes. Employment means that a person with a disability becomes a taxpayer and contributor to the community wealth and health. But consider these statistics from the Department of Labor for July 2013:

Labor Force Participation

People with disabilities: 20.3%

People without disabilities: 69.7%

What are some policy strategies that you could consider for your community that impact employment for people with disabilities—such as transportation, reasonable accommodation, flexible schedules, etc.?

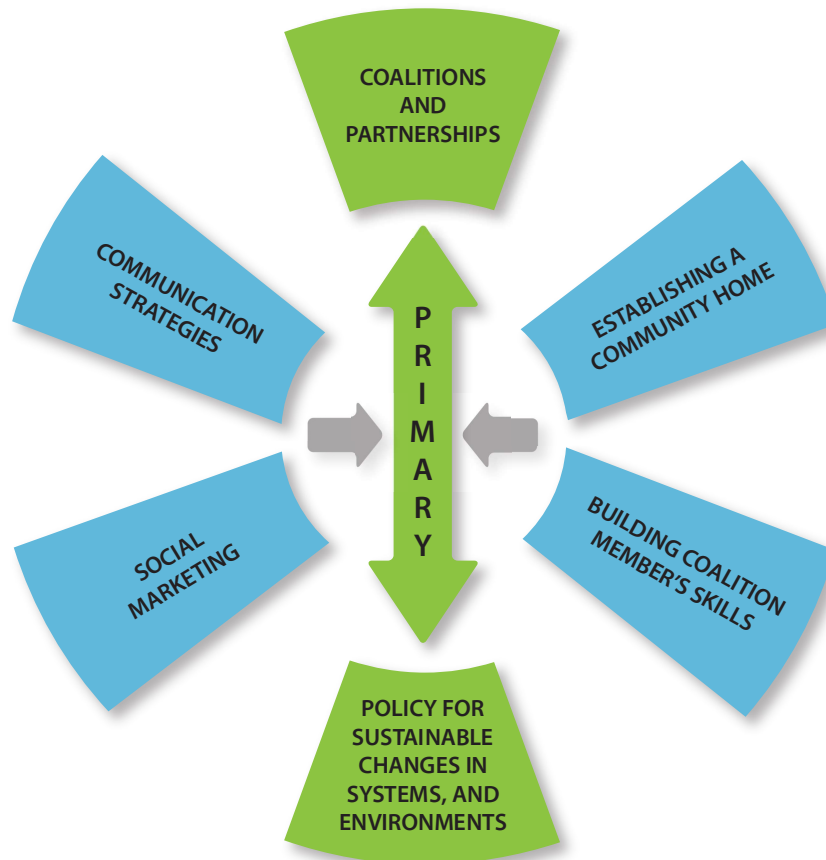
Consider some of the following partners for your coalition who can assist with developing plans and outcomes related to inclusion in employment:

- Vocational rehabilitation
- Support employment providers
- Job developer/job coach
- State agency serving people with developmental disabilities
- Easter Seals
- UCP (United Cerebral Palsy)
- Goodwill

SECTION 2

SUSTAINABILITY APPROACHES

Planning Guide: pg. 45



Inclusion is part of every component of sustainable coalition work:

- Does your coalition include partnerships with organizations that represent people with disabilities, people of color and other diverse aspects of your community?
- Is the coalition (e.g., location, website, materials) accessible to those with disabilities or those who rely on public transportation?
- Are educational materials and presentations available in multiple formats that are accessible?
- Do the changes in systems and environments include and support participation by all members of the community?
- Is social marketing present in multiple formats in understandable language, English and Spanish and other languages where necessary, and with disability and culturally sensitive messaging?



POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE STRATEGIES

Planning Guide: pg. 46

Why are policies important for sustainability?

Policies can serve the concept of sustainability by providing long-term goals around which community members can rally. A Coalition should not only promote policies but also ensure that they've been implemented as expected and are having the intended effect.

IHCs will consider why policies are important for inclusive sustainability and IHCs should study current policy strategies to determine their level of inclusion and how they can be made more inclusive of all community members. Coalitions should also strive to ensure that future policy decisions emphasize inclusion to impact the entire population.

COALITIONS AND PARTNERSHIPS

Planning Guide: pg. 47

The term “Coalition” is used to describe a diverse group of individuals and organizations working together to achieve specific goals . . .

Strong Coalitions and partnerships help support sustainability by providing a platform and process that promote buy-in and support from participating community organizations and leaders. This heightened level of support enhances the reputation of the Coalition and the Healthy Communities Movement at large, increasing the likelihood of new funding opportunities.

Coalitions and partnerships can, among other things:

- *Serve as effective vehicles for exchanging knowledge and ideas.*
- *Limit duplication of strategies and services.*
- *Demonstrate and develop community support for issues.*
- *Maximize the talents and resources of individuals and groups through collective action.*
- *Improve trust, communication, and collaboration among community agencies and sectors.*
- *Change community norms and standards concerning health-risk behaviors.*
- *Promote policies to create sustainable change in systems and environments.*

The importance of coalition diversity cannot be overstated. Inclusion of representatives of *all members of the community* is the only way to ensure that as many perspectives as possible are factored into coalition policy strategies. It is important that people of diverse backgrounds be included as members of the partnership. This means that members of the coalition should include individuals with a disability, individuals from diverse ethnic backgrounds, people of all ages, etc. They may be a member of a representative organization included specifically to address inclusion or may simply be a person from the desired group.

Examples of disability and aging representative organizations include:

- Independent Living Centers
- Local Easter Seals affiliate
- Area Agency on Aging
- Local AARP affiliate
- Local Arc organization
- Local TASH chapter

-
- Local United Cerebral Palsy chapter
 - Local mental health association

In building diversity into your own IHC, look for active members of the community who represent the groups you need to include in your coalition. Consider a business leader, educator, pastor, small business owner, community activist, etc. who has a disability, has coped with mental illness such as depression or bipolar disorder, is a member of a minority and so forth. Through these individuals, your coalition can learn how to reach out to others like them for specific recruitment and inclusion efforts.

It is likely that IHCs will need to provide education to the community and other partners about why inclusion is important for everyone in the community. What is the benefit to the general public? What is the benefit to the partners? This can be as broad as reducing the costs of health care or as focused as targeting specific accessibility issues or creating fundraising events to support the coalition's needs.

Consider the following example for encouraging businesses to promote community health inclusion:

More than 50 million Americans with disabilities - 18% of our population - are potential customers for businesses of all types across the United States. This group has \$175 billion in discretionary spending power, according to the U.S. Department of Labor. That figure is more than twice the spending power of American teenagers and almost 18 times the spending power of the American 'tweens' market.

Accessibility attracts not only people with disabilities, but also their families and friends. Like others, these customers often visit stores, restaurants, movie theaters and other businesses accompanied by family or friends. This expands the potential market exponentially!

By the year 2030, 71.5 million Baby Boomers will be over the age of 65 and demanding products, services and environments that address their age-related physical changes. Many of these individuals do not identify as having a disability, but a fitness facility that can provide alternative programs and services will capture the attention of this active and expansive audience.

Using information like this and connecting the potential financial benefits to your community can often open the conversation up and bring new partners into your IHC as they gain a better understanding of the importance of inclusion.

ESTABLISHING A HOME FOR HEALTHY COMMUNITIES WORK

Planning Guide: pg. 48

To ensure long-term success, a collaborative Healthy Communities Initiative needs to adjust to potential changes—e.g., in funding, local opportunities or alliances, public health needs, and community and Coalition leadership priorities. A critical step in meeting this challenge is to consider where and how to organize a base of operations—also known as a “community home”—so that the initiative can flourish during and after transformation.

The location of the coalition should serve as a model of inclusivity and be fully accessible to any coalition member, potential visitor or member of the community. Consider some of the following suggestions in selecting a location:

- Is the coalition base of operations on a public bus line?
- Is the building fully accessible to people with limited mobility, vision and intellectual abilities?
- Is signage in multiple languages and formats, including Braille and pictorial representation?
- Is there signage on the street clearly identifying the building?
- Does the home organization have existing policies regarding inclusion?
- What efforts has the organization put forward to support people with disabilities?
- Does the home organization consider attitude in its diversity and inclusion planning?
- Does the home organization include issues such as attitude, access to care and services and the overall environment, to go along with standard architectural considerations, in its accessibility assessment and planning?

BUILDING COALITION MEMBERS' SKILLS

Planning Guide: pg. 49

Coalitions should use trainings as another opportunity to promote and model inclusion. Ensure that training facilities, whether at the coalition base of operations or elsewhere in the community, are fully accessible to all participants of all unique ability levels. Additionally, make sure that all training presentations and materials, such as PowerPoint, Prezi, videos, activities, handouts, etc., are available in multiple formats and are compliant with Section 508 standards of the Rehabilitation Act (<http://www.section508.gov/>). This ensures that all potential participants can access a full training experience regardless of their ability levels. Inclusion should be at the top of the list for training needs, and can even be included in the training needs survey sent out to coalition members.

Consider the following example of guidelines that Easter Seals, Inc. uses for public presentations, based on the Rehabilitation Act Section 508 guidelines:

PowerPoints:

- Use sufficient contrast between text and slide background themes. For example, use black text on a white background;
- Use 32-point Arial font for slides;
- Provide no more than six lines of text on each slide;
- Provide no more than three to four bullets per slide;
- If you use graphs, charts or images, be prepared to describe them utilizing the “alternative text” formatting function;
- In order to meet accessibility standards, final presentations should be available in an electronic format so that hard copies and CDs are available for attendees.

Videos:

- Caption all videos. When introducing a video, describe the content to the audience before showing it.

Presentations:

- Always speak facing, and in clear view of your audience;
- Refrain from speaking too quickly;
- Request that all presenters wear a lavalier microphone in all sessions, large and small, to assist the Deaf and individuals who are hard of hearing;
- Provide verbal descriptions of any slide containing graphs, charts, and images.

Handouts:

- Use 18-point Arial font;
- Text should be kept as simple as possible, avoiding italics, underlining and font changes wherever possible, and there should be clear space between individual paragraphs.

COMMUNICATION STRATEGIES

Planning Guide: pg. 50

In addition to communicating policy messages, it is important for Coalitions to consider:

- *Internal communication: Communication directed at managing the work of a coalition or planning group.*
- *Community-wide communication: Communication directed at keeping community members, leaders, and key decision-makers up-to-date on the overall efforts of the Inclusive Health Coalition.*

When considering both internal and external communication, be sure to take into account effective communication methods to ensure everyone has received the message in the most understandable form(s) and has equal opportunity for comprehension. These methods can include utilizing materials such as large-print and Braille versions of print materials, video-captioned and CD-ROM versions of presentations, as well as technologies such as TTY phones, on-site interpreters, etc.

SOCIAL MARKETING STRATEGIES

Planning Guide: pg. 51

Social marketing provides an action framework for generating discussion and promoting information, attitudes, and values that are conducive to long-term behavioral changes in certain populations. Influencing behavior in individuals can contribute to policy changes within a community-at-large. When beginning your Coalition's social marketing plan, remember to keep the audience's perspective in mind and consider all potential barriers to behavior change.

As you consider engaging in social marketing, you will want to be sure that you are using methods that appeal to the population you are targeting, and that you are speaking and communicating in ways that are effective for your audience. Does the population you are targeting have reliable, available computer access? Do they read newspapers? Do they do most of their communicating and product research on a smart phone or tablet? What is their literacy level?

Social media is gaining popularity with all age groups. Your IHC may want to create user groups or a social network presence to serve as a resource or community support network through Facebook, LinkedIn or other social media websites. These social media sites may specifically align with an individual organization that is a member of the IHC, or the coalition may have the resources to host its own site. Community members may, for example, engage the coalition through social media by locating its site and sharing their own ideas, posting pictures of barriers or identifying favorite accessible places within the community.

Consider the diverse levels of physical and cognitive abilities of people within the community by employing multiple social marketing strategies, as well as effective communication techniques, to ensure the coalition reaches each individual within the community. Keep in mind that the Four Ps of Marketing (product, price, place and promotion) are applied differently to various individuals and groups depending on their ability level, cultural differences, language and other aspects of diversity.

For more on the 4Ps and examples, see page 60 of the CHISP.

CONCLUSION

Planning Guide: pg. 52

Sustainability is based on collaboration. Any collective action is more than the sum of its parts, whether the focus is health, economics, government, or the environment. Ultimately, what is required is a broad perspective, a holistic view of the community as interwoven and interrelated. Using a community home approach, a Coalition can help position itself and its Healthy Communities efforts for long-term success. Once we discard boundaries and limitations, the potential for every human being to live a healthier life will be maximized.

This paragraph captures the essence of an inclusive community, where all members of that community are included in policies, systems and environments. It is the overarching goal of the IHC to help identify and remove boundaries, barriers and limitations experienced by diverse, underserved members of our communities.



SECTION 3

SUSTAINABILITY APPROACHES (MODULES)

MODULE 1: POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES

Planning Guide: pg. 55-56

To increase systemic community change with regard to public health, your Coalition needs to go beyond individual behavior change and employ multilevel policy, systems, and environmental change (PSE) strategies. By creating multilevel interactions, PSE strategies can significantly impact a community's norms and values (Swinburn, 2008; Stunkard & Pennick, 1979). Individual approaches to behavior change are most successful when reinforced, rewarded, and supported by these social norms and networks in communities and environments that support positive health decisions (Green, Richard, & Potvin, 1996; Stokols, 1996). The Social-Ecological Model shows how effective strategies for community change occur across multiple levels—individual, interpersonal, organizational, community, and public policy.

Policies can also be developed within organizations; examples include policies requiring healthful food at work meetings, or school districts requiring only healthful food in school cafeterias, vending machines, and afterschool events. A key public health advantage of multi-level changes is that they can have an impact on the larger population and increase sustainability when they are naturally threaded through social and environmental infrastructures.

IHCs need to consider **inclusive** policies in their communities. Consider these questions about your community:

- What policies exist that are, or could be, inclusive (or more inclusive)?
- How can community policies and practices promote greater inclusion and universal design?
- What are the gaps as identified by people with disabilities and other chronically underserved groups?
- What are the barriers to inclusion—economic, attitudinal, knowledge, etc.?

Here are a few examples of how to incorporate inclusion and universal design concepts into local policy, systems and environmental change:

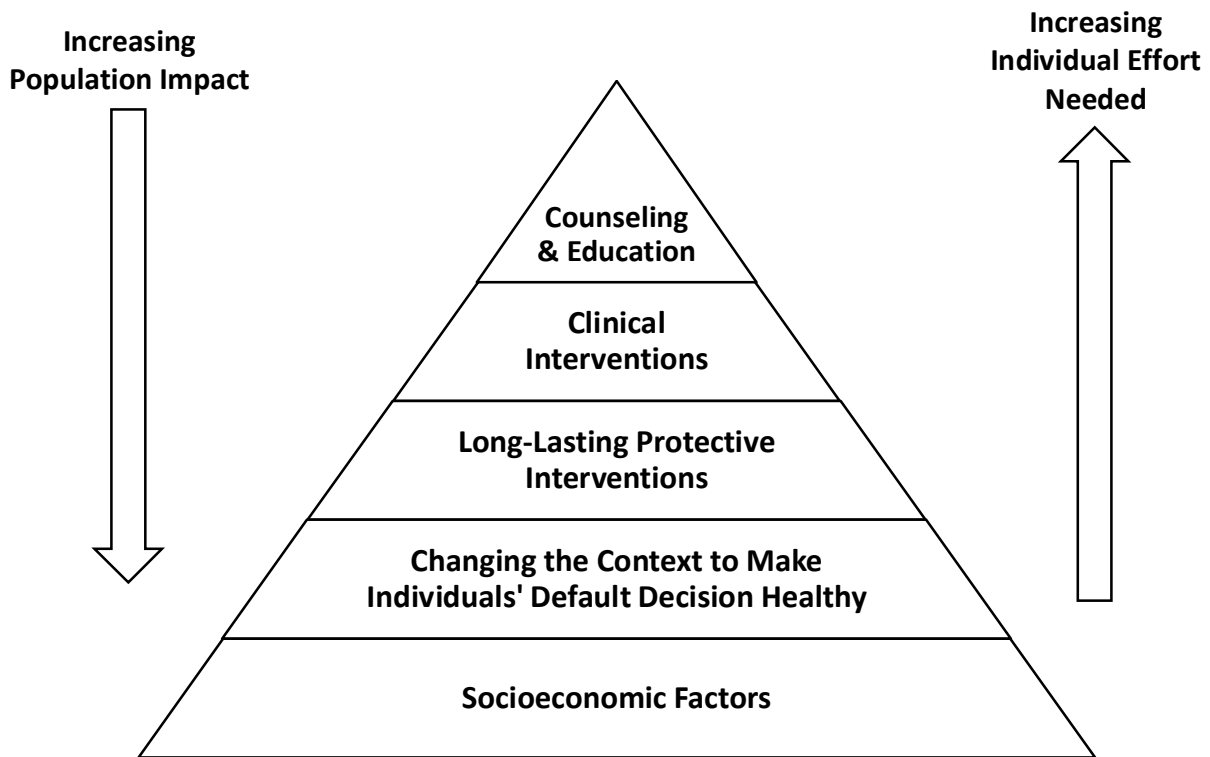
- Individual
 - Provide disability awareness education programs in all schools.
 - Invite individuals from groups that typically experience health disparities to become members of the coalition.
- Interpersonal
 - Create peer mentoring/support networks.
- Organizational
 - Provide organizations with diversity training.
 - Include organizations that represent groups who experience disparities as members of the coalition.
 - Publicly recognize steps toward—or mastery of—inclusion made by community organizations.
- Community
 - Create an annual award for universal design of buildings or other inclusive efforts by developers, policy makers, community leaders, employers, organizations, etc.
 - Start a campaign to reduce “food deserts” or low access to physical activity venues.
- Public Policy
 - Enact a policy that requires all public parks and spaces to be fully accessible.

Accessibility and inclusion can serve as key indicators of the health status of community members with disabilities. Communities consisting of a large number of businesses, public spaces and programs (such as recreation centers, grocery stores and farmers markets, schools and parks) that are inaccessible, non-inclusive and/or poorly designed are likely to have residents with disabilities with higher rates of obesity, heart disease and other health problems. Conversely, communities that embrace inclusion and accessibility in many facets are likely to have healthier residents with disabilities.

IMPACT OF POLICY, SYSTEMS AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES

Planning Guide: pgs. 57-58

Developing PSEs can be a long-term process. Experiences in tobacco control (e.g., cigarette taxes), infectious disease (e.g., school immunization laws), and injury (e.g., vehicle safety, drunk driving, seatbelt laws) help make the case for implementing policy change. For example, a comprehensive smoking ban in New York resulted in an estimated 3,813 fewer hospital admissions for heart attacks in 2004, saving \$56 million in health care costs (Juster, Loomis, Hinman, Farrelly, Hyland, et al, 2007).



Frieden TR. Am J Public Health 2010; 100(4): 590-5

Consider the Health Impact Pyramid (shown above). What policies, systems and environmental changes could have an impact on the health of people with disabilities? Here are some facts from the *Healthy People 2020* report:

The 2010 U.S. Census recorded 56.7 million people with some type of long-lasting condition or disability (This accounted for 18.7 percent of the 303.9 million people in the civilian non-institutionalized population that year).

Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need;
- Not have had an annual dental visit;
- Not have had a mammogram in past 2 years;
- Not have had a Pap test within the past 3 years;
- Not engage in fitness activities;
- Use tobacco;
- Be overweight or obese;
- Have high blood pressure;
- Experience symptoms of psychological distress;
- Receive less social-emotional support;
- Have lower employment rates.

There are several emerging issues related to disability and health, including the need to:

- Include disability and health courses in educational curricula;
- Include and improve strategies for emergency preparedness and response for people with disabilities;
- Include people with disabilities in all health promotion efforts.

How do these statistics play out in your community? What policies and systems are in place that might address these issues? What changes could be made to have a greater impact?

² The estimates from the Healthy People 2020 report are based on responses from a sample of the population and may differ from actual values because of sampling variability or other factors. As a result, apparent differences between the estimates for two or more groups may not be statistically significant.

ROLE OF LOCAL HEALTH POLICY IN CREATING HEALTHIER COMMUNITIES

Planning Guide: pg. 59

The Four Elements of Creating Local Policies:

Developing local policy strategy is a process. Every step of the way, it requires your Coalition to galvanize a commitment among its members and other community stakeholders. This momentum will create and maintain a shared vision for lasting, positive systemic and environmental changes within the community, advance the focus on reducing inequities and, in doing so, ensure the sustainability of your work. Crafting local policy entails four interrelated elements:

- 1. Assessing the policy landscape and selecting a policy objective.*
- 2. Developing a strong base of support.*
- 3. Supporting the case for implementation.*
- 4. Planning for policy implementation, monitoring, and enforcement.*

The policy landscape should be assessed from an inclusive standpoint with a focus on existing policies and the need for new policies. For instance, are existing policies inclusive of people with disabilities? What changes would be needed to make them inclusive, and what steps will this require? Do new inclusive policies need to be developed to address gaps in in current policies that impact people with disabilities?

ELEMENT 1: ASSESSING THE POLICY LANDSCAPE, SELECTING A POLICY OBJECTIVE

Planning Guide: pg. 59

When addressing the policy landscape, determine the level of inclusion it mandates and whether or not these policy mandates are being upheld and enforced. If an appropriate inclusive policy exists but is not enforced, your coalition may choose to target increased enforcement as opposed to drafting and/or advocating for a new inclusive policy.

See the sample policies in Appendix C on page 68 of the *CHISP*.

ELEMENT 2: DEVELOPING A STRONG BASE OF SUPPORT

Planning Guide: pg. 60

It's important to have a spokesperson who understands community goals for systems and environmental change and who can speak passionately on residents' behalf. At the same time, it's important to reach out to other influential local policymakers.

Include individuals who are known, strong advocates for inclusion and universal design concepts. Consider identifying an individual with a disability for whom inclusion is a necessary part of daily life and recruit him or her to be a member of your IHC.

The IHC should develop a list of organizations and individuals to recruit from and consult with that support and model inclusive practices and policies.

ELEMENT 3: MAKING THE CASE FOR IMPLEMENTATION

Planning Guide: pgs. 61-62

Frame the case to Support Environmental and Policy Solutions

Creating a successful policy or policy change requires much more than simply knowing the facts about a particular issue. You need to prepare a well-framed case, substantiate it with solid data and persuasive information, and communicate it clearly and thoughtfully. This will help convince politicians, local organizations, and the overall community that not only is change needed, but that the proposed policy is the way to make that change reality.

Draw background data from the scientific literature to support the relationship between community conditions and health outcomes. To position health issues in the proper context, make a strong case about the impact of social determinants of health on a community environment before introducing local health statistics that show the extent of health problems. If the proposed policy has been implemented elsewhere, use that evaluation data (if available) to further support your case.

Making the economic case for anticipated savings spurs key decision-makers focused on the bottom line.

Such frames are best when they portray systems and environmental change as aligning with individual responsibility. Make the case for health equity by including information on how root causes, such as racism and poverty, shape community environments and norms, which then influence health outcomes. Use data and a clearly articulated policy proposal to make the case; research shows that messages incorporating community values can have even greater impact.

Along with such root causes as racism and poverty, physical ability level also plays a major factor in influencing health outcomes. Individuals with disabilities are at a higher risk than the general population for developing chronic conditions such as obesity, heart disease, diabetes and other chronic and secondary conditions (Centers for Disease Control and Prevention [CDC], 2012). One of the leading reasons for these health disparities is the lack of community health inclusion. Not having accessible parks, recreation facilities and programs that promote physical activity and healthy choices for individuals with disabilities prevents them from utilizing many of the options that are advertised and promoted as a means for achieving a healthier lifestyle. As such, inclusion must serve as a cornerstone for all health-related policies to ensure that everyone in the community benefits from them.

If a policy is lacking inclusive language, consider ways that the policy can become more relevant to people with disabilities. Outline how the coalition can edit or amend the policy to be inclusive and thereby increase its potential overall effectiveness.

Consider the potential health care savings that could result from inclusive policies that promote the health of people with physical disabilities who have one of the highest rates of health care utilization in the nation.

ELEMENT 4: PLANNING FOR POLICY IMPLEMENTATION, MONITORING, AND ENFORCEMENT

Planning Guide: pgs. 62-63

Design a policy that is feasible to implement and practical to enforce.

When appropriate, create an oversight body—membership can include community members, supportive business representatives, researchers, schools and agencies serving youth, and field experts—to help ensure proper monitoring and enforcement. Community members play a vital role in assessing whether there's been adequate follow-through on a particular policy. Synthesize their feedback and share with relevant officials.

Ensure that policy is implemented equitably and is designed to achieve equitable health outcomes.

It is important to remember that training and funding are two critical necessities of implementation, monitoring and enforcement, and as such should have substantial resources devoted to them.

Consider including types of trainings and consultations that may be appropriate and/or necessary to achieve inclusion and make this a provision of the policy. If funding for training is an issue for the community, consider engaging your community champions and members of the IHC to provide the training at little or no cost, or explore private grant or foundation funding opportunities.

Who in your IHC and/or community has experience developing and providing training? Include these individuals in the policy development and implementation plan to better ensure success. Some examples of different training and education platforms or methods include:

- Use internet options such as YouTube and GoToMeeting and/or live video conferencing to include a variety of points of view;
- Engage a younger demographic by using social networking sites;
- Have participants visit, follow and/or participate on sites that focus on life with disabilities, inclusion, etc.;
- Implement a mentoring program between community organizations, with mentors coming from organizations with defined and well-established monitoring and enforcement mechanisms and practices around inclusion.

Explore various funding mechanisms to support your policy. Some examples are millage from local taxes, earmarking of funds for specific populations or neighborhoods, community foundations and supportive corporations located in the community. What options are available within your own community? Who in your community or coalition has skills and expertise in fundraising through grants or other means? Consider recruiting a member with experience in fundraising, grant writing or working with multiple funding sources to support these functions of sustainability for your IHC.

SUMMARY: POLICY, SYSTEMS, AND ENVIRONMENTAL (PSE) CHANGE STRATEGIES

Planning Guide: pg. 64

Developing local policy strategy is a process. Every step of the way, it requires your Coalition to galvanize a commitment among its members and other community stakeholders. This momentum will create and maintain a shared vision for lasting, positive systemic and environmental changes within the community, advance the focus on reducing inequities and, in doing so, ensure the sustainability of your work. Crafting local policy entails four interrelated elements: assessing the policy landscape and selecting a policy objective; developing a strong base of support; supporting the case for implementation; and planning for policy implementation, monitoring, and enforcement.

Obtaining commitment for inclusion is a necessary part of the work of a coalition focusing on improving the health of any community. In training, presentations and conversations, IHC members need to know how to articulate the societal benefits of inclusion and, more specifically, how inclusion will benefit their community. Part of this information will be the positive financial impact of closing the gap in health outcomes and, as a result, reducing the cost of health care for not only people with disabilities and chronic health conditions, but for the entire community. Other concepts may include teaching tolerance to the community and/or showing the benefit of universal design for all community members.

The IHC will need to determine what information is most persuasive to each audience they encounter. Legislators and politicians may have more interest if there is a financial outcome, while parents of young children may find the idea of teaching tolerance to be more appealing. Research, coordination and planning is essential for knowing your audience and pulling together a base of support—activities that will help your IHC reach its goals.

MODULE 2

COALITIONS AND PARTNERSHIPS

Planning Guide: pgs. 65-68

Over the last three decades, thousands of partnerships anchored by government or community-based organizations have formed to support health-related activities.

Health disparities and inequities have multiple causes and consequences that require innovative solutions from diverse organizations, including those focused on social services, health, housing, and education. However, the response of health and human services organizations to these problems is often limited because of duplication and fragmentation of efforts, unequal access to resources, and multicultural insensitivity. Prevention and health strategies require community-wide involvement, reinforcement, and dissemination to produce far-reaching and sustained changes. By sharing human and material resources, Coalitions can establish health policies at the community and organizational levels to foster lasting change in systems and environments—and behaviors (see page 66 of the Planning Guide).

If your Coalition is trying to implement PSEs, your efforts should include top leadership of relevant organizations. But you still need diverse representation and engagement—from government, schools, businesses, and non-profits—to ensure that your strategies are carried out effectively.

Coalitions should use innovative methods to connect members to their organization and to one another. Meeting agendas and minutes, annual reports, and community action plans will keep members abreast of Coalition progress. Web sites, listservs, and social media tools (e.g., Facebook, Twitter, blogs) are other essential communication tools.

Identifying organizations to participate in your coalition may not be as difficult as you think. In fact, you probably already belong to other community councils or charitable organizations that have similar interests in supporting healthier communities. Start your recruitment among those you already know.

What organizations already exist within your community that focus on or have a natural fit with inclusion? Are there individuals in your community with an expertise in inclusion? Is there a health leader with a disability? A community leader with a disability? An inclusion specialist at a local organization, university or school?

In the case of individuals with disabilities, there is potential for additional levels of inequity and disparity due to unequal (or lack of) access to community facilities and programs.

Take measures to ensure all materials are readily available in accessible formats, such as large print, Braille or audio. All documents for public meetings are required to be accessible according to the Section 508 of the Rehabilitation Act federal guidelines. Consider writing summaries that are at a fifth grade reading level or lower for those with limited literacy or intellectual impairments.

For full information on Section 508 accessibility standards, visit:

<http://section508.gov/index.cfm?fuseAction=stdsSum>

Consider the example on page 69 of the Planning Guide that outlines the Cleveland Department of Public Health's work to initiate CDC's Steps to a HealthierUS. While this program has since evolved into the Healthy Communities Program, it remains a good example to consider. What are some ways that inclusion could be a part of this work and incorporated into outcome measures?

How can inclusion be incorporated into increasing:

- Access to healthful foods
- Access to physical activity
- Community participation



MODULE 3

ESTABLISHING A HOME FOR HEALTHY COMMUNITIES WORK

Planning Guide: pg. 71

A key part of sustainability planning is finding an organization, or “community home” (CH) for your Coalition’s community efforts, one that provides the best chance of continuing those efforts in the long run. This home (not necessarily a physical entity) can serve as a stable, permanent base of operations as well as a fiscal agent for your Coalition or organization, helping to ensure the continuation of essential functions such as leadership, funding, learning, and communications (Wong, 2009).

Community Placement Models for Sustaining Your Efforts		
Potential Placements	Strengths	Weaknesses
Dedicated 501(c)(3) organization	May accept tax-deductible contributions.	May be perceived as competing for community funding or visibility.
	May solicit or administer grant funds.	
	Developed from ground up to be neutral broker of funds and provide administrative oversight.	
Existing nonprofit (e.g. hospital, health agency, foundation)	May accept tax-deductible contributions.	Changing priorities and cash-flow issues may negatively impact ability to serve as neutral convener or broker of funds.
	May solicit or administer grant funds.	
For-profit business partner	May manage or leverage investments that are not available to not-for-profit.	May not be dedicated to altruistic aspects of community health.
		Changing priorities and cash-flow issues may negatively impact ability to serve as neutral convener or broker of funds.
		May not be viewed with same level of trust as not-for-profit
Government agency (e.g. local health department, community center)	Better resource for feeding tax revenues into community health work.	Not able to accept contributions dedicated to specific goals.
	Provides science-based approach to community health activities.	Political climate may inhibit ability to serve as independent facilitator of science-based community work.
	Strong connections to state health departments.	
	Connections with higher-level decision-makers.	May try to control coalition work.

The “community home” for the IHC should serve as a model of inclusion that **internally** reflects the efforts the coalition is striving for **externally** in the community by employing measures that make it fully accessible to all potential coalition members and visitors. When selecting a community home, consider the strengths and weakness related to inclusion for each potential location. Additionally, ask:

- Would inclusion be consistent with the mission and/or work of the organization acting as the community home of the IHC?
- Does the organization serve diverse populations?
- What is the perception of the organization among people in the disability community?

MODULE 4

BUILDING COALITION MEMBERS' SKILLS

Planning Guide: pg. 76

Member training is a key factor related to improved Coalition functioning (Feinburg, Greenberg, & Osgoode, 2004). Training in collaborative decision-making and leadership empowerment can improve levels of member participation (Metzger, Alexander, & Weiner, 2005). Moreover, Coalitions with strong collaborative processes are more likely to perceive themselves as effective (Feinberg, Greenberg, & Osgoode, 2004). Joint training programs can help Coalition members use new information, work toward a common language, and develop a mutually agreeable process for reaching their goals. Also, repeat training on key topic areas not only helps reinforce material but also reduces member turnover.

Because one of the coalition's primary, constant points of focus will be inclusion, ongoing training on all aspects of inclusion will prove beneficial in building the skill, capacity and sustainability of your coalition.

While coalition members do not have to be experts on inclusion, being thoroughly- and regularly-trained on the subject will allow them to approach their work and advocate for inclusion with the highest degrees of competence and professionalism. Consider the inclusion training needs of each of your coalition members, and prioritize these needs so that the most important training is delivered in the most effective and timely fashion.

Training topics will likely vary from group to group and need to be identified and assessed on an individual basis by each IHC. If an existing coalition adopts a mission of inclusion, it is critical to remember that coalition members are less likely to be aware of inclusive policies and practices compared to an IHC that is founded on the goal of inclusion as its primary focus. Training will allow the coalition to begin or continue its most important efforts with a higher level of knowledge and competence on promoting community health inclusion.

TRAINING APPROACHES

Planning Guide: pg. 78

Regardless of the approach, Coalitions should ensure that training participants have enough time to accomplish the learning objectives, that training content is relevant to the participant, that follow-up opportunities to apply learned skills are provided (shortly after the training), and that a variety of teaching methods (e.g., visual, auditory, applied hands-on work) are used.

The IHC should incorporate key adult learning concepts into all of its training initiatives and ensure that materials are provided in multiple accessible formats to make them readily available to people with disabilities. Online and on-demand options will make it easier to provide accessible materials to participants and can complement “in person” trainings.

All trainings should cover topics associated with facilitating inclusion, collaboration and coalition building.

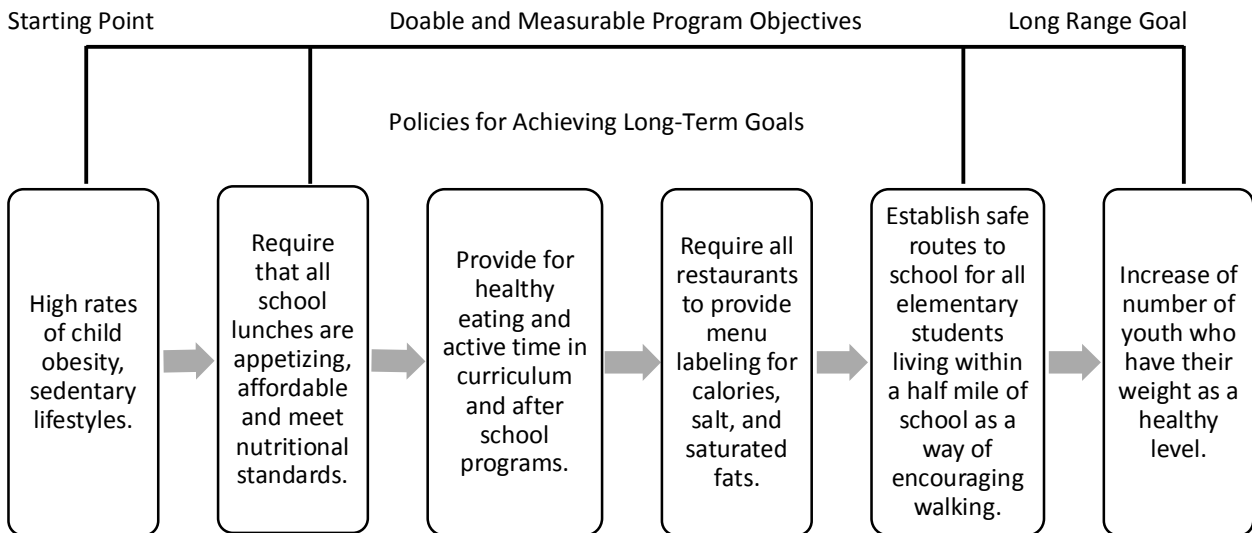


MODULE 5

COMMUNICATION STRATEGIES

OBJECTIVES AND DECISIONS

Planning Guide: pg. 81



Refer to the chart on page 81 of the *Planning Guide*. Your coalition should develop a similar chart for inclusionary initiatives that you would like to present to policymakers, the press or even the general public.

MODULE 6

SOCIAL MARKETING STRATEGIES

Planning Guide: pg. 84

Social marketing campaigns are critical for jump-starting a Coalition's efforts to modify a given behavior, gain public support for PSEs, or to help decision makers understand and support Healthy Community efforts. Social marketing strategies promote a social good, whereas commercial marketing promotes making a profit (Andreasen, 1995). If your coalition or community organization plans to launch a social marketing campaign, enlist the help of a social-marketing professional.



4 Ps of Marketing	Explanation
Product/Needs	Product is designed with universal design concepts including packaging with graphic instructions and labeling as well as ease of opening and handling.
Price (total cost)	Perceived value of product (e.g., better than alternatives, public good, increased visibility/influence, financial gain) exceeds costs
Place/Accessibility	Product is easy to obtain or pervasive in society
Promotion or Communication	Processes that make people aware of price-value/cost cap through advertising, public relations, or personal selling

http://www.cdc.gov/nccdphp/dnpa/socialmarketing/training/basics/marketing_mix.htm

Your coalition may consider developing the Four Ps of Inclusive Marketing. What would you include for product, price, place and promotion? Here are examples of each to help you get started:

4 Ps of Inclusive Marketing	Explanation
Product/Needs	Product is designed with universal design concepts including packaging with graphic instructions and labeling as well as ease of opening and handling.
Price (total cost)	Incentives exist for those making use of inclusive product and product design within the perceived value to community.
Place/Accessibility	Product is easy to obtain even for those who may have limited mobility or access to physical environments where product is sold/available.
Promotion or Communication	Product (and its accessible features and incentives) is advertised in multiple formats and in a variety of diverse locations, targeting population of people both with and without disabilities.

SECTION 4: APPENDIX

Planning Guide: pg. 84

The following resources are a compilation of actions and examples for Healthy Communities grantees. You can customize them to reflect your organization's needs when developing your own tools and resources.

All the activities in this section are customizable in order to help you and your coalition think about inclusion in your community and the activities you use to bring change to policy, systems and environments. Be sure to read the inclusive activities and select those that you feel would be most helpful as you work through the process of developing your community health inclusion sustainability plan.

REFERENCES

1. Centers for Disease Control and Prevention. *Community Health Assessment and Group Evaluation (CHANGE) Action Guide: Building a foundation of Knowledge to Prioritize Community Needs*. Atlanta: U.S. Department of Health and Human Services, 2010. Retrieved from www.cdc.gov/HealthyCommunitiesProgram
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2011). *A Sustainability Planning Guide for Healthy Communities*. Retrieved from <http://stacks.cdc.gov/view/cdc/11700/>
3. Centers for Disease Control and Prevention. (2008). Racial/Ethnic Disparities in Self-Rated health Status Among Adults With and Without Disabilities. *MMWR Weekly* 57(39); 1069-1073.
4. Insel T. (2011). No Health Without Mental Health. NIMH Director's Blog. Retrieved Feb. 4, 2013 from <http://www.nimh.nih.gov/about/director/2011/no-health-without-mental-health.shtml>
5. Center for Disease Control and Prevention. 2012. Disability and Health. Retrieved from <http://www.cdc.gov/ncbddd/disabilityandhealth/relatedconditions.html>
6. Finkelstein E, Trogdon J, Cohen J, Dietz W. Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs* 28, 5(2009):w822-31.
7. Centers for Disease Control and Prevention (CDC). Differences in Prevalence of Obesity Among Black, White, and Hispanic Adults — United States, 2006—2008. *MMWR*, July 17 2009;58(27);740-44. Available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5827a2.htm>
8. Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: final data for 2005. *National Vital Statistics Reports* 2008;56(10). Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_10.pdf
9. Shrestha L. CRS Report to Congress: Life Expectancy in the United States. August 6, 2006.
10. Smith, Stanley K., Stefan Rayer, and Eleanor A. Smith. "Aging and disability: Implications for the housing industry and housing policy in the United States." *Journal of the American Planning Association* 74.3 (2008): 289-306.

GLOSSARY CITATIONS

"disability." <http://www.who.int/classifications/icf/training/icfbeginnersguide.pdf> International Classification of Functioning, Disability and Health. World Health Organization, 2002. Web. 21 January 2014.

"health." <http://www.who.int/healthpromotion/about/HPG/en/>. World Health Organization, 1998. Web. 21 January 2014.

"health promotion." <http://www.who.int/healthpromotion/about/HPG/en/>. World Health Organization, 1998. Web. 21 January 2014.

"healthy cities." <http://www.who.int/healthpromotion/about/HPG/en/>. World Health Organization, 1998. Web. 21 January 2014.

APPENDIX A

RESOURCES

Website addresses of nonfederal organizations are provided solely as a service to our readers. Provision of an address does not constitute an endorsement of an organization by NCHPAD or the federal government.

8-80 Cities

<http://8-80cities.org/>

8-80 Cities is an organization that engages communities at all levels and across multiple sectors to inspire the creation of cities that are easily accessible, safe and enjoyable for all. They are based on the philosophy that if you create a city that is good for an 8 year old and good for an 80 year old you will create a successful city for everyone.

Association on Higher Education and Disability

www.AHEAD.org

AHEAD is a professional membership organization for individuals involved in the development of policy and in the provision of quality services to meet the needs of persons with disabilities involved in all areas of higher education.

The Center for Universal Design at NC State University

<http://www.ncsu.edu/www/ncsu/design/sod5/cud/>

The Center for Universal Design (CUD) is a national information, technical assistance and research center that evaluates, develops, and promotes accessible and universal design in housing, commercial and public facilities, outdoor environments and products. Our mission is to improve environments and products through design innovation, research, education and design assistance.

Centers for Disease Control and Prevention

<http://www.cdc.gov/eval/resources/index.htm>

CDC's Evaluation Working Group has links to resources on developing logic models.

CDC's Healthy Communities Program

www.cdc.gov/healthycommunitiesprogram/overview

CDC's Healthy Communities Program is engaging communities and collaborating with national networks to focus on chronic disease prevention. Communities are working to change the places and organizations that touch people's lives every day—schools, work sites, health care facilities, and other community settings—to turn the tide on the national epidemic of chronic diseases.

CDC's Principles of Community Engagement (Second Edition)

http://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

CDC's Principles of Community Engagement (Second Edition) is a resource for community-based leaders and organizations. It provides tools for individuals and organizations that are leading efforts to improve population health through community engagement.

CoalitionsWork

<http://Coalitionswork.com/>

A consulting group and web-based resource for tools on building, planning, assessing and evaluating coalitions and partnerships and their initiatives.

Easter Seals Project ACTION

<http://www.projectaction.org/Initiatives/Livability.aspx>

Easter Seals Project ACTION promotes universal access to transportation for people with disabilities by partnering with transportation providers, the disability community and others through the provision of training, technical assistance, applied research, outreach and communication. Project ACTION offers a number of great resources as well as free trainings/webinars on ways to make the paths to public transportation more accessible.

The Life Span Institute

<http://www2.ku.edu/~lsi/news/featured/guidelines.shtml>

The Life Span Institute at the University of Kansas created these guidelines to provide assistance to individuals and groups who write and otherwise report on and about people with disabilities to ensure they portray them with the most effective, appropriate language and descriptions possible.

The National Council on Aging's Center for Healthy Aging | RE-AIM for Program Planning:

Overview and Applications http://www.prc-han.org/docs/RE-AIM_issue_brief.pdf

RE-AIM is designed to inform program planners, funders, and policymakers of the five steps to consider when selecting health promotion program, or when making choices among alternative programs. The RE-AIM framework is designed to enhance the quality, speed, and public health impact of efforts to translate research into practice in five steps (Reach, Effectiveness, Adoption, Implementation and Maintenance). The RE-AIM issue brief provides background on this framework and discusses how it can be used for planning a physical activity program.

The Prevention Institute

<http://www.preventioninstitute.org/tools/partnership-tools.html>

The Prevention Institute provides several resources and toolkits on coalition and collaboration, from development to assessment.

YMCA's Healthier Communities Initiatives

<http://www.ymca.net/healthier-communities/>

The YMCA's Healthier Communities Initiative has developed a guide to help community coalitions make the case for collaborative approaches to chronic disease prevention.

Making the Case to Stakeholders: Linking Policy and Environmental Strategies to Health Outcomes

Section 508 of the Rehabilitation Act

<http://section508.gov/index.cfm?fuseAction=stdsSum>

APPENDIX B

GRANT WRITING RESOURCES

Foundation Center

www.foundationcenter.org

This organization collects, organizes, and communicates information on U.S. philanthropies. Free searchable online Grantmakers database (basic information); weekly e-mail bulletin; webinars on grant-seeking process; and a fee-for-service online database of grant opportunities.

Free Management Library

www.managementhelp.org

This is an extensive online library on a wide variety of topics, including evaluation, facilitation, fundraising, volunteer management, and many other useful topics for not-for-profit organizations and their partners.

Grantsmanship Center

www.tgci.com/index.shtml

In addition to posting funding notices, the Center offers training on grant writing, corporate support, and social enterprise.

Minnesota Council on Foundations

<http://www.mcf.org/>

Writing a Successful Grant Proposal (guide)

This resource provides an overview of the key components of a grant proposal with tips on how to present your case effectively.

APPENDIX C

SAMPLE OF POLICIES THAT ARE INCLUSIVE

Workplace inclusion policies and practices can affect the bottom line by increasing employee job satisfaction, productivity and commitment to the organization. Below are a few examples of effective inclusive workplace policies.

Cargill (Link)

Developed by the Disability AWAREness Council in order to partner with their company's leadership to build and sustain a supportive culture, with the goal of employing individuals with disabilities. Cargill's council focuses on three key areas:

Education and awareness to engage employees and the communities:

- Sponsor Autism Society of Minnesota's Employment Forum;
- Display artwork created by individuals with disabilities;
- Host events throughout the year spotlighting disability related topics;
- Sponsor Special Olympics, including "Casual for a Cause Day";
- Host movie screening and autism awareness discussion.

Comprehensive resources to help Cargill managers and employees champion disability-related initiatives:

- Encourage employees to join the Disability AWAREness Council;
- Have an internal website that features tools to foster increased knowledge and an understanding of employing people with disabilities;
- Urge council members to serve as a resource to employees living with disabilities, as well as their families and caregivers.

Outreach and recruitment efforts encouraging individuals with disabilities to apply for open positions:

- Host Project SEARCH, a work-based learning program that provides education experiences to students with disabilities through workplace immersion;
- Partner with organizations focused on creating competitive employment opportunities for people with disabilities.

Ernst & Young (Link)

Ernst & Young has undertaken a wide range of initiatives, including:

- Providing accommodations for people with disabilities in their own offices, at off-site meetings, and in the client locations where they frequently work;
- Making their internal communications, meetings, training, and tools accessible and easy to use;
- Educating employees on disability etiquette, language, and work habits;
- Improving physical accessibility in Ernst & Young offices;
- Raising awareness of hidden disabilities and how to support people working with chronic health conditions, serious illnesses, mental health issues, nonvisible, and temporary disabilities.

Merck (Link)

Merck enables employees with disabilities to perform the necessary functions of their jobs through an inclusive work environment.

- HR works with employees to develop a customized action plan that is in place prior to the employee's first day of work. The plan is updated throughout the employee's career;
- Merck provides training resources to build awareness and help employees work more effectively with colleagues who have disabilities;
- Through the Employee Resource Group, MAD, Merck sponsors leadership development and networking sessions for employees with disabilities.

3M (Link)

3M provides strategic support for employees with disabilities in several ways:

- 3M's Disability Advisory Committee is a volunteer employee resource group that exists to serve 3M employees, their families and the community with resources related to people with disabilities;
- The 3M Employee Assistance Program (EAP) is a resource for 3Mers whose lives include various disabilities. Through confidential personal consultation, EAP professionals help people find resources in the community and at 3M, sort out work issues and navigate the complexities and stresses they may face;
- The diversity and inclusion organization provides strategic support in hiring, job redesign, job support, educational opportunities and accommodations;
- Partnership with the US Business Leadership Network as the lead company for the MN Business Leadership Network provides resources and best practices exchange with companies, providers and government organizations.

YMCA (Y-USA/ YMCA of Greater Charlotte) Inclusion Policies in Membership Engagement (Link)

INCLUSIVE POLICIES: Membership categories, fee structures, programs, facilities and marketing and communication strategies reflect community needs and interests and are measurably inclusive.

COMMUNITY DEMOGRAPHICS: Community demographics and the diversity of Y constituencies are actively tracked and analyzed on an annual basis to ensure policies and procedures remain inclusive.

CONSTITUENT NEED: The needs and interests of constituents are routinely surveyed.

PROGRAMS AND ACTIVITIES: All programs and activities are inclusive and meet the needs and interests of constituents.

YMCA (Y-USA/ YMCA of Greater Charlotte) Inclusion Policies in Membership Engagement (Link)

INCLUSIVE POLICIES: Membership categories, fee structures, programs, facilities and marketing and communication strategies reflect community needs and interests and are measurably inclusive.

COMMUNITY DEMOGRAPHICS: Community demographics and the diversity of Y constituencies are actively tracked and analyzed on an annual basis to ensure policies and procedures remain inclusive.

CONSTITUENT NEED: The needs and interests of constituents are routinely surveyed.

PROGRAMS AND ACTIVITIES: All programs and activities are inclusive and meet the needs and interests of constituents.

YMCA (Y-USA/ YMCA of Greater Charlotte) Inclusion Policy (Link)

1. Staff and Volunteer Engagement

- 1.1 **RECRUITMENT AND RETENTION:** The Y actively and intentionally recruits from a diverse pool of candidates and actively seeks ways to promote and support current staff, policy volunteers and program volunteers.
- 1.2 **LEADERSHIP DEVELOPMENT:** Staff, policy volunteers and program volunteers are trained to be inclusive leaders through the development of cultural competencies and through participation in a variety of professional development opportunities (e.g., EMLE, MEDI, MMP, Employee Resource Groups).
- 1.3 **MEASUREMENT:** Y leaders, both on staff and board, are engaged and accountable for diversity and inclusion goals and participate in measuring progress.

2. Organizational Commitment

- 2.1 **POLICIES:** Organizational policies that drive diversity and inclusion efforts are actively promoted to support access and engagement of all in the community regardless of race, ethnicity, age, income level, sexual orientation, immigration status and other protected classes.
- 2.2 **CAPACITY-BUILDING:** Development and sustainment of resources for diversity and inclusion engagement are promoted and evaluated across the organization. Examples may include having a diversity advisory council, staff time for assessing organizational climate and staff trainings around cultural competency.
- 2.3 **STRATEGIC PLAN:** Diversity and inclusion goals are integrated into the strategic plan and are clearly communicated internally and externally as fundamental to advancing the Y's cause and achieving organizational success.
- 2.4 **MEASUREMENT:** Diversity and inclusion measures are integrated into all Y evaluations, practices, policies and procedures.

3. Member Engagement

- 3.1 **INCLUSIVE POLICIES:** Membership categories, fee structures, programs, facilities and marketing and communication strategies reflect community needs and interests and are measurably inclusive.
- 3.2 **COMMUNITY DEMOGRAPHICS:** Community demographics and the diversity of Y constituencies are actively tracked and analyzed on an annual basis to ensure policies and procedures remain inclusive.
- 3.3 **CONSTITUENT NEED:** The needs and interests of constituents are routinely surveyed.
- 3.4 **PROGRAMS AND ACTIVITIES:** All programs and activities are inclusive and meet the needs and interests of constituents.

4. Strategic Relationships

- 4.1 **STRENGTHENING RELATIONSHIPS:** Strategic relationships with diverse community organizations are promoted, maintained and evaluated to increase the trust and credibility of the Y and improve outreach to underserved communities.
- 4.2 **SUPPLIER DIVERSITY:** Minority- and female-owned businesses and organizations are included among the YMCA's vendors and partners.
- 4.3 **COMMUNITY PERCEPTION:** The YMCA is viewed by its community as a diverse and inclusive place.

[illegible]



www.NCHPAD.org



www.EasterSeals.com