

# Reaching People with Disabilities through Healthy Communities

## Phase one – Commitment

[Karma Harris] Hello everyone! My name is Karma Harris, and I'm a public health consultant with the National Association of Chronic Disease Directors, also known as NACDD for short. I've had the privilege over the last few years of leading and managing the Reaching People with Disabilities through Healthy Communities project, which is a project funded by the Centers for Disease Control and Prevention (CDC).

This project really builds upon a previous Healthy Communities model used by NACDD and was modified to consist of six phases that really are a crucial part of the inclusive healthy community change processes that are focused on improving the health and well-being of people with disabilities. These phases are: Phase one is the Commitment phase; phase two is the Assessment and Training phase; phase three is the Prioritization and Planning phase; phase four is Implementation; phase five is Evaluation; and phase six is Communication and Dissemination.

Today we're going to start with Phase One – the Commitment phase. And with us today, we're excited to have Mr. David Ellsworth, who is the State Expert Advisor for our Ohio teams. David works for the Ohio Disability and Health program, which is housed within the Ohio State University Nisonger Center. He will be talking about Phase One with us today, which is the Commitment phase. So welcome David!

Before we dive into the Commitment phase, I'd love for you to start by telling us more about your specific job-title and the role of the Ohio Disability and Health program, and also how you are uniquely integrated at the state health department.

[David Ellsworth] Yeah, absolutely. I'm excited to be here! So I am the Health Policy Specialist for the Ohio Disability and Health program. I also serve as the State Expert Advisor for this project, and our role at the Ohio Disability and Health program is broadly to improve the health of people with disabilities across the state.

We describe people with disabilities in a very broad definition of the word “disability;” it includes everyone, whether it be invisible disabilities or visible disabilities, physical or cognitive or sensory disabilities. And we try to make sure that everyone has the opportunity to live healthy, fulfilling lives. And I currently work out of the Ohio Department of Health to ensure that all of our program areas are inclusive of people with disabilities.

We know that it's a population that's kind of typically been overlooked in the past, especially with regard to public health. But we're working hard to change that. And from my position, it's a really unique partnership. I work for the Ohio State University Nisonger Center, which is a University Center for Excellence in Developmental Disability Education Research and Service, which is kind of a state hub for disability research and inclusion efforts. But I also work at the Ohio Department of Health, kind of to bridge that gap between the academic setting and the state public health setting.

And broadly my involvement with this project has been a really wonderful opportunity to connect our state level expertise on disability and help with local inclusion efforts. And that's something that we really haven't had the opportunity to do in the past. This was really our first opportunity to address inclusion within individual communities at the local level. And I don't know if these kind of partnerships between the state and local communities would have been made otherwise, without the help of this project opportunity.

[Karma Harris] I love that you mentioned this partnership between the state and the local communities, and it not happening without this project opportunity as the State Expert Advisor. We're going to be hearing from each of the advisors throughout this podcast series. So, before we dive into our first phase of really talking about the commitment aspect of the work and the project partners, I'd really – David – I'd love to hear from you. With regard to your specific role as the State Expert Advisor for the project, and to get your thoughts about how this is really important to the success of the community.

So that said, I guess the question I'll start with is, "Can you talk more about your experience as the State Expert Advisor for Ohio and your involvement with Adams and Marion Counties?"

[David Ellsworth] Absolutely. So this was a really fun role for me to take on. My background is in serving people with disabilities and making sure that public health efforts and programs are inclusive of people with disabilities. And it was just a really unique and fun opportunity to partner with local communities to help make sure whatever their existing efforts were are inclusive.

So we didn't ask them to do a whole lot that was new. We just kind of asked, "Hey, whatever you're planning on doing, whatever you think would benefit your communities, let's work together to make sure that that includes people with disabilities and that it has the potential to benefit everyone." So I think it was a really unique opportunity to learn how to make some local public health programming, policy, systems, and environmental changes more accessible, but also how to engage the disability community in those local areas in this really important work.

[Karma Harris] Very interesting. Can you also speak to some of the benefits of having the State Expert Advisor in place for a project like this, for a project that specifically focuses on policy, systems, and environmental changes within various community sectors at the local level? Like, how this could be advantageous to other folks who are looking to maybe replicate parts of this project?

[David Ellsworth] Yeah, so I think that this State Expert Advisor model was a really smart move for a couple of reasons:

The local community coaches are very much experts in their own right. They know what's going to work for health in their community. They're very acutely aware of their community needs, but they might have a little bit less of an understanding on how to make things inclusive, or how to engage people with disabilities. And that was the important role of the State Expert Advisers, to bring that disability inclusion lens.

So, having this State Expert Advisor role really served as an opportunity to enhance the partnerships at the local level, ensuring that communication was working both ways, and really to kind of bring some expertise at the state level that translated to the local level, but also connects with the national level – the CDC and NACDD – as well. So, we were able to provide some guidance on how to include people with disabilities in the strategies that were selected and existing community-based activities.

Another reason that this partnership was beneficial, or that the State Expert Advisor role was beneficial, was they kind of served as a dedicated contact person for the local counties to call on if they were a little bit unsure of their activities, or if the selected programs might benefit people with disabilities was really useful to kind of be able to talk that through and to bounce ideas off of each other. And through this process, again, and kind of, you know, I realized that the coaches – the people that I was working with at the local level – again are very

much experts on what works for health and in their local communities. So, it was certainly a two-way street with regard to communication and deciding on what our priorities should look like.

And finally, it really served as an opportunity for us to discuss and build best practices that work at the local level. But for us to share those strategies and lessons learned at the state and national level. So I think that it was a really beneficial opportunity for myself. But it really influenced state level efforts and national efforts, as well.

[Karma Harris] I couldn't agree more. David, I think this is a great transition into talking about our Phase One of Commitment. So, for this project, the commitment activities that would fall within the Commitment phase were built into the project's request for funding assistance, or many people may know it as the RFA process, where CDC state Disability and Health programs could identify two communities within their respective state as a part of the competitive application process.

So, in other words, we built this requirement into the RFA process. So even though it didn't happen once everyone received their funding, we thought it was really important to demonstrate this commitment and bring that to the forefront of the project in the application process. And so, thinking about that, David, can you describe Ohio's process for how you guys determined and selected the two communities you would come paired to the application process with. So, I know you selected Adams County in Marion County, but we at NACDD really didn't specify how you should do this. We were leaning on you guys to do it through your own process. So what process or selection criteria did you use in Ohio to determine the two communities that you would eventually select to embark upon this project with?

[David Ellsworth] Yeah, I'm glad you asked. Our selection process was a little bit unconventional. I think, usually, if time allowed it, I would have utilized kind of a competitive process to determine the best partners. But I think through this kind of ad hoc process we got there pretty effectively.

The turnaround for this project opportunity was just a couple weeks and I knew that I wanted two pretty different communities to partner with. You know, selfishly I thought it could kind of serve as a little case study if I had communities that were different from each other. So, first of all, I looked at the disability prevalence around the state. And you can use American Community Survey Fact Finder data to kind of quickly see where the disability prevalence is the highest.

So, I knew a couple counties that had a relatively high rate of people with disabilities living in them. And I wanted to target those communities because I thought it would have the maximum impact. And then I relied on my contacts at the Ohio Department of Health. We have a program called Creating Healthy Communities that funds 23 different counties around the state to kind of engage in public health efforts at the local level that are aimed at increasing physical activity, improving nutrition, and reducing smoking, and these priorities overlap a lot with what we wanted to accomplish in terms of this grant.

So, I thought that they would be ideal partners — and my contacts at Creating Healthy Communities were able to suggest a couple of names who they thought would be able to take on this work — and they might not have a disability background, but that's what I was there to help provide. So, I contacted our partners, the ones that were recommended. I simply asked, you know, "Hey do you have a desire to partner on this grant and improve the health of people with disabilities in your community? I know that might be a little bit out of your wheelhouse, but I'm here to help." And luckily, I think that we found the best partners that we could have as a result of that process. So, we selected Marion County. Marion is kind of right in the center of Ohio. It's about an

hour north of Columbus, if you're looking at the center of the map. And at the time they had the highest disability prevalence in the state, so we knew that we were going to be reaching a lot of people with disabilities in this project and they were very enthusiastic about taking this work on.

They had some great disability champions. They hadn't really engaged in this type of project before, but they really wanted to. We said "Hey, you're in." And then Adams County was another one that we were very lucky to select. They also have a high disability prevalence. They are located at kind of the southernmost region of the state, right along the Ohio River. They are an Appalachian County, which typically doesn't have the kind of health resources as some other ones; targeted health resources tend to be a little scarce.

And you know they said, "Hey, we're excited about the possibility of partnering on this work. We don't really have a whole lot of disability expertise at this time, but we'd be interested in partnering with you." So that's how we selected Adams and Marion County, and I could not be happier with the communities that signed on to this project

[Karma Harris] In thinking about working with your two communities, I just want to throw this extra question out there, David: When you think about from start to finish that we started this process back in 2015,

has that partnership process been easy? In terms of connecting with them and forming relationships with them and throughout. Because I think when we talk about commitment, we're talking more than just about coming into the project and being selected, but really how those relationships work throughout the course of the project. And if I could throw in that question, I'd really be interested to hear how seamless or how challenging the partnership might have been with your two communities, and just wondering if you have any thoughts on that.

[David Ellsworth] Yeah, I think that the partnership came pretty naturally. I really enjoy engaging local health departments and local health officials and trying to make sure that community efforts are inclusive of people with disabilities. I think that it did take a little bit of time to, you know, achieve some buy-in, and, you know, kind of brand myself as a resource. And I think it was really successful. And that was me not taking ownership of the project, and really, again, letting the community coaches be experts in what works for health in their communities.

And for me to simply provide some advice on how to engage people with disabilities and how to make those opportunities more inclusive. So, I think that, that strategy was really beneficial and was the right choice. I don't have to dictate what goes on in the communities. That's not my call. My job is really to make sure that the existing opportunities are inclusive and consider the needs of people with disabilities and everyone in the community.

[Karma Harris] I couldn't agree more. I, really, one of the things I think about when I think about commitment and what the Commitment phase means to inclusive healthy community efforts is that this project, I believe, for the first time really brought together and sort of merged and married the efforts of the folks working on the disability and health side, and then the local community health folks, and bringing them together to do this work for the first time.

And when I think of that commitment — hearing your conversation today — this is really what sticks out in my mind, is that now we've got these folks together and really have changed the culture of how we involve people with disabilities and the disability community into our local healthy community effort.

David, as we round up our discussion on Phase One, commitment, is there any advice that you would give to other states who are interested in working at the local level on these inclusive Healthy Living strategies? And then, by that same token, what successes or lessons learned have you experienced that might be of value to other states who might be listening to this particular podcast session and learning more about the Commitment phase?

[David Ellsworth] Yeah, so I'll just kind of share a smattering of things that I found to be beneficial, or lessons learned pretty broadly. The first is that communities are really already engaging in efforts that would benefit people with disability as long as they're accessible. So, there's a lot of great work that happens at the community level.

And I think that that's an ideal opportunity to bring in kind of a State Expert Advisor, or someone who is familiar with disability, or, better yet, people with disabilities themselves to look at the activities that are going on in communities and provide some advice and suggestions on how those could be more accessible. They might need some minor adaptations, but those adaptations benefit everyone at the community level. So I think that that's extremely important and that kind of ties into the next thing.

So I think it is crucial to engage the disability community at the local level in that type of work. There's a saying in the disability community that is “nothing about us without us.” So don't do anything that you think would benefit us without our opinion and without our advice. And I think that's important to remember. If you if you bring people with disabilities into your coalition or into your public health work or any work, you're going to get a lot of advice on how to make those programs or activities more accessible for a very large proportion of the population.

I guess if local health departments are looking for state experts where people to serve in that State Expert Advisory role, they should look to the University Centers for Excellence in Developmental Disabilities (or UCEDDs). There's at least one in every state. So that is a tremendous resource for people who might want that kind of state expert advice. And there's a lot of opportunities for disability inclusion at the local level.

You can look at inviting your local Centers for Independent Living, or CILs as they're sometimes called, or your local Department of Developmental Disabilities. Those are all great resources. And then I guess some advice for the State Expert Advisers or state roles is just be aware that there are a lot of opportunities to improve health at the local level, but respect that those local health experts really are the experts.

They know what's best for the community, but you can probably help them along and suggest some ways to build in ties with the disability community and make things more accessible, in general. So those are kind of my lessons learned from the project thus far.

[Karma Harris] Thank you for sharing those. You shared some great resources and tips for how we can connect with our local, state, and even national disability partners, and I couldn't agree more that our local folks have shown us and demonstrated that they really know their communities more. And with us at NACDD, CDC, and then you guys at the state level as the State Expert Advisers — us really sort of guiding them to this community-driven community-facilitated leadership process really does yield some really impactful changes in terms of

making our communities healthier and more inclusive for everyone. I think that, in a nutshell, really sums up what the Commitment phase and the partners are, and how important this is in doing this important work.

So David, I want to thank you, as the State Expert Adviser for our Ohio project participants, for your insight and today's discussion as we really kind of dove into our Phase One of this project, which is Commitment. I also want to thank our listeners for tuning in our conversation as your time allows. Please be sure to check out the next discussion with Angela Weaver, who is our State Expert Adviser for the state of Oregon, as we talk about Phase Two, Assessment and Training.