

Reaching People with Disabilities through Healthy Communities

Phase Four – Implementation

[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 process 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, this podcast will feature again Mr. David Ellsworth, our State Expert Advisor for Ohio, who's going to join us and discuss about phase four, the Implementation phase. He's going to talk to us about some of the successes implemented in Adams and Marion Counties, Ohio, just so that our listeners get a feel for the types of policies, systems, and environmental change strategies that our local communities and their coalitions implemented through this phased process. So, David, welcome back. Will you start by refreshing us on your two communities, again, of Adams and Marion Counties, Ohio?

[David Ellsworth] Yeah absolutely. I'm happy to be here. So, Marion County is right about in the middle of the State, about an hour north of Columbus, if you're looking dead center in Ohio. It's got a pretty high disability prevalence. So, it has a lot of people with disability that reside in that county. Its current disability prevalence is right about 20 percent. So, one out of five people are estimated to have a disability in that county, which is I think higher than a lot of people realize.

And that's compared to 14 percent, which is the Ohio average. So, it's above the Ohio average. And then our second community is Adams County, and Adams County is a rural county at the southernmost portion of the state. It is an Appalachian County right along the Ohio River and its disability prevalence is actually 21 percent. So just a little bit higher. So, in both of these communities there is a pretty high disability prevalence, about one in every five individuals living in those counties have some form of disability.

They're both rural, but they are, I wouldn't say polar opposites, but each county has a very different feel to them. So, I think it was a neat mix of counties that we were able to include in this opportunity.

[Karma Harris] Very good. Thanks for that update.

This Implementation phase is really the phase where the community coalitions work to implement the strategies that were outlined and described in the community action plans that they all developed. And as a recap, these community action plans should be representative of new policy, system, or environmental change strategies which would, or should, improve access and opportunity towards healthy eating, physical activity, general accessibility improvements, and also preventing the use of tobacco products and accelerating tobacco cessation within each of the identified community sectors.

And so, community coalitions really got to determine which of those sectors they would focus in, and which focus areas their policy, system, and environmental change strategies would target. And I just would maybe think it's beneficial if you could provide us with maybe an overview of the types of successes each of these communities accomplished.

[David Ellsworth] Both of these communities at the beginning kind of had similar strategies. Both wanted to do something with regard to adaptive bikes, or adaptive equipment, and then they both kind of had nutrition in mind, and it's so cool how they were able to address these in very different ways as the project evolved to meet the needs of their county.

So, I'll start with Adams County. I had a blast working with these guys. So, the first thing that they really latched onto was adaptive equipment, specifically adaptive bicycles that could meet the needs of a range of people with disabilities. And originally, they were thinking, you know, we'll buy a couple of these adaptive bikes so that they can be used in schools. And that's a wonderful idea. So, you know kids with disabilities would be able to participate in physical activity alongside their peers; everyone could ride bikes together at recess. And that was a good goal. But in examining this we realized that you know it would probably only serve a handful of kids. So, here's where we pivoted just a little bit and thought about "Okay, how can we make this a little bit more sustainable and how can we expand this to serve more people?"

So we decided that, you know, we would kind of make this a bike-share system where the bikes could be loaned out through the schools and community centers and for special events, such as walk/run events, like walk/bike/run events, to make sure that these bikes were really community-based resources and we were able to accomplish that by creating a memorandum of understanding, an MOU that kind of outlines, you know, how this bike share works: who would maintain them, where they're housed, the process of checking them out.

So, I think that, that, was a really cool example of something that, you know, could have been scaled-up and was scaled-up to meet the needs of a lot of different people. So that was one example of how this bicycle adapted, bicycle program, really kind of started out as an environmental change strategy; helping kids and people with disabilities experience see the environment that they interact with. But through that MOU, and through that bike-share program, we made it more of a physical activity policy that was supported at the local level. So, I think that that was a really cool example of how we were able to accomplish both.

The second example from Adams County was a program that's called Health Matters™, so Health Matters™ is a health and wellness program that was developed to meet the needs of people with disabilities. It was developed for them. It was tested to make sure that it really does benefit people with disabilities. And they were able to integrate this into their community.

So, it started out as kind of like an adaptive yoga/Zumba class at a local studio, but we were able to kind of scale this up and make it a real community resource. So, it started out as that one class, but then it expanded to meet the needs of more individuals. And it's actually being adapted or utilized in their school system. So that's something that hasn't really been done before but is a really cool way that this program that, you know, targeted one group of people, has been expanded upon to meet the needs of an entire school system.

So, I think that that's a really good example of how, kind of a program, or a programmatic change was scaled-up to become a system change to meet the needs of more individuals. And then finally, they were able to install several wheelchair charging stations. So if people are using power wheelchairs, you obviously need a charge to get to where you need to go, and through talking at the beginning of the grant, we realized that there is a real

problem where some people would be traveling long distances in their power chair and run out of charge, or be stranded and need assistance from there.

So, these wheelchair charging stations were located throughout the county. It started at one that was at the fairgrounds, and then we were able to put more charging stations at some key community resources like parks, playgrounds, etc., to make sure that people could charge their power chair whenever they needed to. So that's a really good example. Again, an environmental change where you've kind of altered the landscape and people are able to interact with the environment and with their community in a way that they had not been able to before.

[Karma Harris] What about, can you tell us some more about Marion County's efforts and maybe how they differed?

[David Ellsworth] Yes. So, Marion County took a different approach to improving health and wellness for people with disability in their community. And I'm excited to share some examples. So, I think probably the best example of this, Marion was able to utilize a mobile food pantry that improved access to healthy foods throughout the community.

So, Marion was very fortunate to receive some matching funds where they could purchase a van that was used to bring fresh produce throughout the county. And it benefited people with disabilities in several ways. So, first of all, the mobile food pantry was staffed by people with disabilities. They would help prepare the food and organize the food, loaded onto the van and would kind of manage the distribution from there on.

It was managed and operated by the Marion County Developmental Disabilities (DD) organization, their local Board of DD in that county. So, they were able to take ownership of that community-based resource. And the other market effect that it had, was that now you could deliver fresh produce and nutritious food in areas in the county where that had not been available before.

So instead of, you know, if you identified where food deserts were, where you know there weren't a lot of opportunities for healthy food or healthy eating, and this mobile food pantry was able to go there. And oftentimes those are areas of the county where you do have a higher prevalence of people with disabilities. So not only were people with disabilities taking ownership of this resource, but they were also helping to better serve people with disabilities within their community. And I think that that kind of spans across most of these levels. It's a policy change, you know, kind of at the local level, and probably, more so, it's a programmatic and systems change where this program was able to serve a large proportion of people with disabilities in the county.

Another notable example was they created an opportunity for adapted recreation at the Tall Grass Trail. And that's a bike trail that was located in the community. It's very scenic. It's, you know, when you get on the trail, it's accessible, it's pretty flat. It's paved, there's access to a dock, some water recreation, and whatnot. And we realized that there were a couple of things. So, there is an environmental barrier where you could get to the trail head, but it was very difficult to get from the parking lot to the trail itself. So, we were able to address that environmental barrier, but then, through kind of a systems change, they were able to partner with a local organization that had adapted equipment that could be leased or borrowed. So, they had some adaptive bikes that they were able to demonstrate, they had adaptive kayaking lessons, which was kind of a really cool way to bring in existing resources and make them available to the community. So again, that's an example of how a program change really kind of became a system change.

And then finally, this is kind of a local level policy example, but Marion County Health Department was able to spearhead an effort on disability inclusion called Commit to Disability Inclusion, and they had their organization and other partner organizations and businesses in Marion commit to including people with disabilities – just stating that with regard to our efforts, our business, whatever it is - we are going to dedicate ourselves to making sure that people with disabilities are included in a meaningful way and that our goods and services benefit them.

So, I think that those were some really notable examples of policy, systems, and environmental changes among both communities.

[Karma Harris] I agree. I think you've provided for our listeners tangible examples of each of those examples of the new policy changes, systems changes, and environmental changes. I think one of the things I want our listeners to know is that we were specific in saying we only wanted to see policy, systems, environmental approaches on the Community Action Plan.

And the reason for that is because we feel these are more sustainable over time. They hit a larger number of community members, and have the ability, or the potential to impact more people. And when you're creating local community change, I think the sustainability, and the potential impact, and potential reach, are very important components. So, some of our communities would want to do some programs, and I think, David, you've given us a really good example of how to take a programmatic change and really embed it at the system level in some capacity.

So, with the Health Matters™ at the school system, I think, is a great example of how to make that into a systemic change. And so, we did allow those. I think, too, it's important to note for our listeners that we told them they could adopt the “twin approach” of the policy, system, environmental change, which meant they could designate or implement their new policy, systems, and environment in one of two different ways: One is they could target these changes for the entire communities or the entire community population, but it had to have some sort of inclusion component to it; and then the other avenue that they could choose is to target their changes towards a specific disability group, or to people with disabilities in general. And I think the examples that you gave us not only showed us examples of policy, system, and environmental changes but also would really fall in line with one of those two twin approaches based on some of those that you just shared with us. I thank you for that.

And when we talk about policy, system, and environmental change and sustainability, I think it's really important for community coalitions to understand that when you think about sustaining your effort, you have to think about it from the time of implementing these changes. And so, by tying an environmental change, like in Adams County with the adapted bike, and to a policy or a system change, it really sorts of makes each of those a little more sustainable and more secure and it can last beyond the funding project period.

And so that's a really good example of changes that we know happen with this project, that are going to live long beyond the funding. And I'm always excited to learn of those. And so NACDD really did a lot with regard to sustainability planning with our state and our community who are participating in this project. We encourage folks to think of the end in the beginning. Think of how the project would outlive the funding. And we allow them to complete a sustainability plan.

So each of our communities state project partners completed a sustainability plan, which included specific activities surrounding sustainable topics like funding, implementing policy, systems, and environmental change strategies and how you change your focus on those approaches, how to think about integration of these efforts

among your community partner organizations, and how to continue to maintain, and even build, and diversify your community coalition.

So, these sustainability plans that everyone completed as a part of this process really kind of thought about the project as a whole, but also addresses each of these changes from the beginning by encouraging people to think about how to make it sustainable and think about the end and the beginning. And so, David, I feel like the examples that you gave really sort of correlate, and parlayed all of this together and it leads me to the next question for you, is a great segue into the sustainability planning piece of the conversation that happened during the implementation phase is, can you share any reflections of the sustainability planning process that you undertook as a State Expert Advisor?

[David Ellsworth] It is critical to plan on sustainability from the beginning of the project. I think that those sustainability plans that we filled out were very useful. They made us think about sustainability from the beginning. They kind of helped keep everyone accountable towards that goal. So, it wasn't easy to lose sight of. You could refer back to that tool. And at the end of the day, if the programmatic changes that we're making here aren't sustainable, we're really not doing our job. You know we're not very likely to achieve the maximum impact that we could have.

So that's why it's so critical to plan for sustainability at the very beginning of the project. I think one good example of this is the bike share program in Adams. It was really important to think, "Okay, at the end of this grant, what happens to those bikes? Who owns them? How are they maintained? Where are they housed? How can we continue to share them?" So, I think that was the sustainability plan that we created that led us down the right path, and we were able to create an MOU that outlined how that would be achieved after the funding period ended. For me, in general, as the State Expert Advisor, this kind of meant examining each opportunity that the local counties came up with to identify strategies for sustainability, whether those were opportunities to codify it in policy, or design an MOU, or some type of agreement where opportunities (exist) to try to secure additional funding.

I kind of felt that that was my role to help the local counties think in that manner as they were planning their programmatic changes. So, I think that that's my summary on the reflection of the sustainability for the project.

(Karma Harris) That's really helpful. Do you have any specific advice for communities who are working to implement and sustain their local level efforts? I know we've heard some advice on the state-side. But do you have any specific advice for local level?

[David Ellsworth] Yes. So, I think that it is really critical to engage the disability community and help efforts at the local level. If there's one thing the counties or local level health officials can do to make sure that their efforts are sustainable and meet the needs of people with disabilities, it's to engage that population and to include them meaningfully in coalition health work. And you can make that ask. You can say, you know, "Hey, we realize that people with disabilities are often left out. We don't want that to be the case. We really value your input. Would you be willing to serve on our coalition, or our committee?"

I think that it's important to realize when policies can be helpful. Policies often keep things going after funding opportunities end, whether that's, you know, a disability inclusion policy, such as in Marion, or a local level

resolution to make sure that things are accessible, such as the trailhead that I discussed. I think that policy is a really good example of how to keep things moving and how to be sustainable without a whole lot of effort.

So, MOUs are very helpful. I'll say it again. I think that if you're a local-level entity looking to engage people with disabilities and might want a State Expert, or someone to serve in that role, look towards your UCEDD (the University's Center for Excellence in Developmental Disabilities). There are one of those resource centers in every state. They are a tremendous resource. And if you're looking to engage partners at the local level, just do a survey of the organizations that are in the communities. So, this might be a local board of developmental disabilities. This could be Goodwill, or Centers for Independent Living. And I think that engaging all those partners will aid in sustainability and support inclusion.

[Karma Harris] What additional advice would you share with other state listeners about implementing policy, systems, and environmental changes to address poor nutrition, physical inactivity, tobacco use and exposure, or general accessibility issues? And along the same lines, what particular successes, or lessons learned, have you experienced that might be of value to the person, or to other listeners, as well?

[David Ellsworth] Sure. So, from a state perspective, I'll say that community level buy-in was really critical to the success of this program. It was important to take the time to get to know the community members as individuals, as key players, in trying to identify some champions within the community. That was really beneficial. And those are winning strategies.

I also noticed that a lot of people, or communities at the local level, want to be inclusive of people with disabilities, but sometimes just don't know the next step. And be aware that sometimes even small accommodations can drastically improve health opportunities. I'll go back to that example of the Marion County Tall Grass Trail.

The trail was a tremendous resource, but, you know, linking it to the parking lot was an example of kind of a quick-fix that that could improve accessibility to a local resource. So, think about that kind of thing. And then, finally, I'll say it again because it's important: people with disabilities at the community level must be involved in health planning efforts going back to that, "Nothing about us, without us." We should not make decisions that impact people with disability without them being at the table to tell us if that's a good strategy, or if other things need to be considered. So be sure to involve people with disabilities.

I guess with regard to some lessons learned, you know that the health coaches and the community members are really experts in their community and it was so fun to get to know them and to meet their contacts and kind of see how they navigate their communities and identify some opportunities for inclusion. I noticed that people with disabilities can often be included in existing efforts. We don't need to build different programs for people with disabilities. In fact, I might just segregate people with disabilities even further. It's much more beneficial to look at what community resources or programs are going on already, and to make sure that those are inclusive of people with disabilities.

And finally, I guess another lesson learned was forming relationships, and they kind of take time, but it's time well spent. I think part of our success was capitalizing on opportunities when we saw them, whether those be teachable moments, or just recognizing that there is an opportunity before us and having the flexibility to be actionable. And I know that I spent a lot of time outlining our successes, but I think a real benefit of this project was raising disability awareness and building champions in each community.

My title was State Expert Advisor with regard to disability inclusion, but I think, through this grant, we've really built kind of a coalition of State Expert Advisors at the local level. I think that the coaches that we were able to work with are our champions in their own right and are able to carry out and sustain this work, thanks to this grant. And I don't think that should be overlooked. That was a major success of this grant.

[Karma Harris] One thing that you said is sometimes a small accommodation can drastically improve health opportunities. And along those same lines, I want to remind people that it really doesn't take a large amount of funding to make impacts or healthy living changes, like the ones you heard today. So even thinking about the sustainability piece and some of the policy, system, and environmental successes that you've shared with us today from your two communities, I think about what each of the costs are and it really is minimal funding. It is about the relationship building and the process and this model that we're using, and so I think that's also very worthy of our listeners, in terms of hearing some helpful advice and moving forward. So that rounds up our conversation for today on phase four, Implementation. I want to thank David Ellsworth again, our State Expert Advisor for Ohio, for his insights today and examples of how we can execute and sustain inclusive Healthy Living strategies from our two Ohio communities.

I thank our listeners for tuning in for our conversation today as your time allows. Please be sure to check out the next conversation with the State Expert Advisor from New York, Ms. Rhonda Rosenberg, and our Project Evaluator, Mr. Yochai Eisenberg, on Phase Five, Evaluation.