Developing the Community Action Plan

[Karma Harris] And now, as we dive into the final third activity in the Prioritization and Planning phase really kind of culminates with the development of a Community Action Plan (CAP). And so what happened with this project is our team at NACDD developed a community action plan template, and the communities, after they reviewed their assessment results and after they cross-checked it against the NCHPAD GRAIDs framework, they developed policy, systems, and environmental change strategies that they wanted to pursue and they listed it on this action plan.

And we provided training on the template: on how to complete it, as well as what the definitions were, and how we define the policy, system, and environmental change. And those communities developed action plans and turned those in to us, and those strategies that were listed on the action plan could have taken a “twin approach,” meaning that community's ability to build their action plan and their strategies are one of two ways:

So, either they could develop population-wide strategies that were designed to be inclusive of people with disabilities, or they could develop specific strategies for the disability population itself, or a particular group of the disability population. And by allowing our communities to have their own autonomy and allow their data to drive this process, we saw a variety of different types of strategies across the 10 communities.

And so, Meg, really thinking about how we took these activities, and then we end up in this phase with a community action plan, I want to transition now to hearing more from you about the community action plan process. So specifically, what role did you play as the State Expert Advisor in Montana with Butte and Helena as they developed their action plan?

[Dr. Meg Traci] So, my role is to really say, it's not just about that disability partners aren't just about accessible housing, or a group home, or about a program that somebody knows about that supports people with disabilities, that they have a much broader area of expertise and influence.

And so, for me, that I was able to say as we’re convening the responsible parties for the different activities that we’re going to lay out in our action plan,” to make sure that it was this ongoing collaboration, that both partners started to understand what one another could bring to that change opportunity. And to keep that collaboration as consistent through the implementation plan as possible, and to recognize that when it was hard to do those collaborations, that there may be some opportunities to build out a team in a way that maybe wasn't existing.

So that collaboration should not be a one-time only, or a short-time thing. But if we really want that collaboration to continue or to be easier for this project – having the representation on the Greater Helena Communities, Healthy Communities Coalition, have the right people from the Montana Independent Living Project (MILP) at those meetings, and those people who are associated with the wayfinding project, some staff were on the Coalition to represent other components of the healthy community agenda, but it really meant for me to say to the executive director of MILP, “It's very important that these people from your staff are working on wayfinding and have that area expertise and solutions.” This is it. Make sure that these meetings, whether it was the broad coalitions meeting or the smaller plan for health project team meetings, so making sure that MILP was in the action plan as a valuable partner and then just being able to suggest how staff are dedicated and organized to being represented and in the coalitions and the workgroup meetings, so that it wasn't an extra meeting or another project.
So I would say, you know, one of the examples was when you’re looking at community data — who lives where, who could benefit from more active transportation — a lot of times we talk about people who are older, sometimes you talk about children, and we bring those data and we map them and a group that’s often overlooked are people with disabilities, and so those data are available, and so I’m able to work with our partners at the Research and Training Center and disability and rural communities and the geographers (who do the mapping).

Then I come back and say, “It just seems like a real need for community planners to be able to integrate some maps around disability at a local level.” And so, then they make those resources available somehow to guides, as well as some of the profiles and maps, and then I’m able to embed those in the CAP, or Helena, and for Butte, as examples of how that can happen. One of the things is just to make sure that everybody understands that disability is dynamic.

You know, we may not experience disability last week, but this week you might have an injury or pain that flares up, and you are experiencing disability, and those data are complex to understand. You know that 17 percent lives with disability, is not that they’re 17 percent that always have disability every day, every minute of the day, that it’s an experience and be able to clarify that as we think about who’s benefiting and who we should engage in a more detailed way as we build out environmental changes. Helping people understand that, I think, is the role of the State Expert.

[Karma Harris] I agree. I feel like the State Expert Advisors wear many hats throughout the project, and what I’m hearing from you. I can summarize it with the Prioritization and Planning phase, among all really major activities within this phase is really making sure the right people are at the table, the right people know each other, are starting to work together, and that working together really continues long after the activity. And I think that's really important and really critical when we think about inclusive healthy community then making the work important and sustainable.

So, Meg, as we round up our conversation, you might have already answered this, but my last question for you is, if there are other states or communities listening to this session, what additional advice might you have, or successes or lessons learned for them in thinking about developing a community action plan and really weaving in and using those assessment results to help you develop your plan of action?

So, what final advice, or successes or lessons learned, would you want to definitely make sure that they hear from you before we round up the session?

[Dr. Meg Traci] We just always have to emphasize the value within the disability community that “there's nothing about us without us.” And so always keeping that in check, that if people with disabilities are not a part of the process, aren’t leaders in the process, you’re going to end up thing with things that have been codified many years ago and don’t reflect the incredible innovative solutions that people with disabilities are putting on the table, that, from a universal design perspective, benefits everybody.

The opportunities are being evaluated by people with disabilities. Just because it looks like this idea is fundable, doesn't necessarily mean it’s a right opportunity from the perspective of people with disabilities. They may have a very different way of ranking opportunities and their input is essential for moving forward in a way that's inclusive. So yes, we can definitely build a curve ramp correctly, but as a community we should be doing a lot more to make sure that somebody who uses a wheelchair has equal opportunities and does not experience discrimination.
So, making sure that we are thinking about sustainability, we are working with a broad coalition, and we have disability partners who have expertise in the ADA at all levels, that they’re a part of that and they're given leadership as we build out our healthy communities. I think that's all super essential that's essential to being inclusive.

[Karma Harris] I think that's valuable advice and I think that would definitely benefit any state or community person who might be listening to this podcast.