

## **Reaching People with Disabilities through Healthy Communities**

### **Phase Three - Prioritization and Planning**

[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 our podcast will feature our state expert advisor for Montana, Dr. Meg Traci, and our discussion on this project's phase three, which is Prioritization and Planning. This phase consists of three really critical activities, and you're going to hear about all three today. The first activity in this phase really is about reviewing and prioritizing those assessment results and understanding what the assessment data is telling us.

The second activity involves taking a look at some proven evidence- and practice- based strategies that are inclusive and good strategies that will fall into this policy, system, and environmental change category, which is what we've asked our communities to do for us. And really looking at a list and a framework of strategies that are already existing, so that communities could have a little bit of help in determining the policy, system, and environmental change approaches that they would put on their action plan.

And then the third activity in this phase really involved development of a community action plan of those inclusive policy, systems, and environmental change strategies, and then specifically we had our community to try and pursue at least four of those policy, system, environmental approaches and many of them accomplished more than four. And so, to help us learn more about this phase today, Dr. Meg Traci from Montana from the Montana State Disability and Health program is going to help us navigate each of these three major activities within Phase Three Prioritization and Planning.

So welcome, Meg. Before we dive into our discussion on the Prioritization and Planning phase, I just want you to kind of help our listeners learn a little bit more about you and your role as a State Expert Advisor, and maybe help us learn about our two Montana communities. So, will you first start by telling us more about your experience as the Montana State Expert Advisor for this project?

[Dr. Meg Traci] Hello everyone. I'm Meg Traci, and I'm the State Expert for the Montana Disability and Health program. I sit in what's called a University Center for Excellence in Developmental Disabilities Education, Research, and Services (or UCEDD). These organizations exist in every state. They're supported through the Federal Intellectual and Developmental Disabilities Act. Our role is to leverage the resources of university systems to improve the lives of disabilities in our state, and we do that by improving education to be more inclusive, working on services and research programs and agendas that really build out more opportunities for people with disabilities to be healthy and participate fully in lives in all of our states. So, there's a national network of UCEDDs, and you can learn more about those at [www.aucd.org](http://www.aucd.org).

[Karma Harris] Very good. Speaking of your communities, why don't you also tell us a little bit about the two Montana communities that participated in this project, and a little bit about your process for how you selected them to participate in the application process with you.

[Meg Traci] Well we were really lucky to be able to work with two communities. One is Butte Silver-Bow. Butte is a city of about 35,000 people. About 17 percent of the residents identify as having a disability. Butte is in south-central Montana. Its history is with mining and it's a really fantastic community of people who have many connections over many years, and generations, to living full and healthy lives in Montana, but also being connected nationally and internationally through the mining industry. So, it's a very cool town.

And also, we worked in Helena, which is up the road from Butte about an hour on I-15. It's our capital in the state, and lots of history in Helena working towards being inclusive of people with disabilities and lots of healthy communities work there. We landed on these two communities based on the history we had of running a program called the Building Active Communities Initiative. It's an adoption of the National Walkability Action Institute model within the state of Montana.

[Karma Harris] Now we're going to dive into our discussion on Phase Three, Prioritization and Planning, and three really important activities that take place in this phase and each is sequential. So, to accomplish the next one, you have to do the first one, and to accomplish the third one, you've got to do the second one. The first activity involves reviewing the community assessment results and prioritizing the focus areas on those results.

And in our example with this project, the CHII, the Community Health Inclusion Index, was the community assessment that we chose for this project and the CHII provided communities with an overview of local assets and gaps, and their CHII data really helped the Community Coaches and the coalition be able to better identify inclusive areas of healthy living that needed to be addressed, so that everyone — and regardless of the presence of a disability or not — could have the same access to healthy living strategies.

And so, by reviewing the data — it really helped ensure that the Community Coaches, who were leading those with their coalitions on the local level — and really use the data to drive the priorities that they choose to focus on. And you can ensure then that it aligns with the current needs. And so, this is one way of making sure that priorities are really kind of used for real time direction and changing the community landscape of healthy living.

And so, Meg, thinking sort of about all of this and thinking just about this data review, the CHII result, at this time, talk to us a little bit about what that data review process was like for your two communities.

[Dr. Meg Traci] So we had in Montana some familiarity with the CHII and using that tool and a landscape of tools that sits within our Centers for Independent Living, again through that accessibility ambassadors project, and have used a variety of different tools for identifying priorities in the community that could be improved from the perspective of people who live with disabilities.

And so from our group it was really important to have the people who would be conducting the CHII have expertise in the Americans with Disabilities Act (ADA), so that when we were engaging partners at the community level — there are questions on the CHII that are fairly general about accessibility and we knew they would start conversations with facility administrators — that we really wanted people who could clarify what is required under the ADA with those partners.

So, we were engaging with kind of an agenda of conversation, using the CHII, about what the facility or the program had to offer. And we knew that conversation just in conducting those assessments would raise questions about, well, what is required under the ADA. For example, in signage on the elevator, or in terms of our route of entrance to our building, or in terms of bathroom accessibility. And we wanted the people during the assessments to have very strong expertise to answer those questions, or to plan a time to come back and do more detail ADA-type assessments, but the CHII, in and of itself, was to create a lot of information for a broad Healthy Communities Coalition or planning group to consider.

And we in Butte, we had our ADA Ambassador there (accessibility ambassador) – went out and reviewed the YMCA, the building that houses the Developmental Disabilities Council, a family planning clinic, high school that was private, a pharmacy, one of our larger employers – Northwestern Energy, public high school, community gardens, farmer's market, the local college – Montana Tech. And so through those assessments we were able to kind of say generally how we've got a lot of great things to connect to and a lot of those facilities, those programs, are basically accessible.

Yes, there are probably some things under the ADA that could be improved, and, but through accommodations probably an individual can be included. We always want to see those facilities as accessible as they can be. But the larger issue that emerged in Butte was that transit rated availability rate is 60 percent, or less than. In less than 92 percent of the sites and some of the crossings, the intersections, people getting to those facilities were problematic, as well.

So we really started to think about one of the quotes from a team member who was complaining, that she said, "the facilities are really doing pretty well at being inclusive and want to include people with disabilities, but I'd be amazed if anyone can get to them." So, we really started to focus in Butte on connectivity. It also engaged and activated a lot of partners to think about organizing at a community-level around projects like transportation and connectivity and that, that, was really good.

In Helena, we had some other types of groups that were part of our CHII. We looked at the Center for Mental Health, Exploration Works (which is like a children's museum), and then there's a campus for the University of Montana called Helena College, again the YMCA in Helena, there's that Community Food Bank (Helena Food Share), a clinic imaging center, a public health department — which is really important to see how people are connecting there and there is still work that goes on around that - natural grocers, our community health center, an elementary school, parks and recreation.

All of these groups were part of conducting CHII and bringing those data to the Healthy Communities Coalition. And, again, the overall impression was that we have a lot of goodwill for any of these programs or facilities to be accessible and inclusive. And many assets in that regard supported that, but it was connecting; how can people get there using active transportation? Biking, walking, public transportation that was accessible to them?

[Karma Harris] Yeah I think one of the things when we do a community health assessment of any kind and then we involve our partners in that process, and also in the review of what the assessment data tells us, is that it gives us another opportunity to further educate the partners involved in the project. And a lot of times what we find is that that actually leads to more partner buy-in and being part of the rest of the project activities. And I think that I saw that across the board with this project. I definitely can see that with our two Montana communities, as well.

Now as we talk about the second major activity in this phase – and the first one is really reviewing those results – the second activity of this phase involves reviewing other best practice, for example, policy, systems, and environmental change sample strategies for healthy eating, physical activity, general accessibility improvement, and tobacco use or prevention that are accessible and inclusive of people with disabilities.

And there is a lot of best practice policy, systems, and environmental lists out there, but it's really important for this project, for us, to review one that is inclusive to persons with disabilities.

But for this project, our project partners at the National Center for Health, Physical Activity, and Disability (or NCHPAD for short), they shared with us a framework that they developed, that they use, that worked out really well for our project and that framework is called the GRAIDs framework, which stands for Guidelines, Recommendations, Adaptations Including Disability. And this framework really provided a great menu of inclusive healthy eating and physical activity strategies that communities could look at and see if that aligns with their data and could plan to use on their community action plan and implement to improve the health and well-being of all the residents, which include people with disabilities.

So, our 10 communities were instructed to take their assessment results and develop an action plan. But we really felt like adding the second step in this phase was critical for getting them to start thinking about what are some of those best practices that are already out there that revolve around these healthy-living focus areas that are inclusive. And so, we had them really look at the GRAIDs tool, and I know we're going to hear a little bit about that from you.

It's really important to note, also, that we wanted our teams to use a policy, system, environmental change approach in lieu of programmatic strategies because we feel like the policy, system, environmental approaches are more impactful in terms of the number of people that they represent and potentially reach in the community, as well as are more sustainable.

And so, I'll kind of give an example here, but I'd like to give the example as I'm thinking about programs and policies, system, and environmental changes. For example, a New Year's weight loss program might target people at a worksite, and they might set it up for a few months in order to lose that holiday weight, start their year off healthy.

But a more sustainable approach might consist of the worksite developing a new policy that allows employees to take walk breaks during the day, or a systems approach that says, "You know what? We're going to pay for our employees' membership at a local gym," or, "We're going to give discounts based on them going to a gym," or an environmental change that might include construction of an onsite gym, or a placement of healthy vending throughout the workday.

So, these are examples of healthy living strategies in this worksite sector that would be more long-standing and sustainable than a simple weight loss program that might last a few months. And so with that lens in mind, Meg, as we continue talking really about this policy, system, and environmental change approach, and reviewing it against a framework like NCHPAD's GRAIDs tool, I kind of want to hear from you a little bit on your perspective about how your communities used the GRAIDs and how they benefitted from it.

So how useful do you think project partners in Butte and Helena comparing their CHII assessment results to a framework like the GRAIDs was in helping them eventually develop their action plans?

[Dr. Meg Traci] I think it was very useful. There is a saying, "You can't be an expert in your own backyard." That, I think is important to look at in this regard. I think that some of our partners might have come up with some recommendations for the projects where we started working on an inclusive approach in Butte and Helena, but I don't know that they would be able to articulate it within the framework of healthy communities in the way that GRAIDs helped us to do it. And it was really important to be able to point to this as a shared solution across the state, so we're working on these projects, or across other communities, and that we weren't alone in trying to build out Healthy Communities opportunities for people with disabilities using some recommendations that

might have bubbled up locally from experts in our communities. But it was really having it articulated within the Healthy Communities framework and knowing that we were connected to other communities to do the work, and to say also, some of them seem pretty commonsense, and or the impression might be, "Oh well, we've got this covered because we have to do that." It's required in the ADA, so we will do that to move past it and say it may be required in the ADA, and you may have been trained in your professional area to adhere with the ADA, but it isn't the same as engaging a community to fulfill the vision of the ADA to truly be included.

And it was very important, I think, for us to have the GRAIDs, and the way we moved through our assessment data into what GRAIDs might be applicable, was to organize a workgroup that had been involved in conducting the CHII and then to review the GRAIDs for relevant interventions that would be helpful to the projects in those communities.

In Butte, for example, one of the GRAIDS that we identified after reviewing the CHII together with this workgroup was that the public transportation system should communicate their accessibility and accommodations policies and procedures in accessible formats on websites and stations, shelters, and vehicles; in order to facilitate access to transportation services for people with disabilities. That just got us focused on to what extent was public transportation in the transportation plan update, and how well was that represented in the needs assessment data.

And similarly, we started to look at some of the gaps in representing bike/pedi needs, in and of themselves, let alone from an inclusive approach. So, there's a GRAIDs around providing accessible paths of travel to ensure connectivity to school, residential, retail, and health services. These are basic recommendations for building out healthy communities and making sure that they're inclusive, is just really strengthening those interventions for the whole community. So, as we reviewed the GRAIDs in Butte, we started to focus on interventions that would certainly be relevant to the project that we were hoping to make inclusive, but it built up more of a sustainable policy level agenda in Butte.

And then in Helena, I would say in Helena project, the review of the GRAIDs, with again, a workgroup that had conducted the CHII, then we would bring the GRAIDs back to the broader coalition. They just really helped us to articulate for the wayfinding project; that wayfinding is... happens in a variety of ways. So, when we talk about the GRAIDs, the way it's just very specific to the wayfinding project, it says, "Provide accessible linguistically appropriate wayfinding, e.g., signage tactile and visual cues within the design and announcements within and around transportation infrastructure."

So we could, we could, talk about it and say, "No we're not just talking about Braille and we're actually talking about the way you'd design for visual cues and how you make announcements" and the whole communication plan then came into a lens of inclusivity, how do we how do we develop a communication plan? All components of the plan, and even expand the plan, so that we're providing information in accessible linguistically appropriate ways. And we were also able to educate what that means. A community that's blind and low vision, wayfinding for them is incredibly exciting and technical. They are experts in wayfinding systems that exist using different geo-coded virtual platforms and apps, and their expertise really helped the whole coalition move forward from building out a family of physical signs, to what can we be doing in the future for wayfinding based on what the community that is blind or low vision is developing, or an application that will be more universal design for us, and, or are there ways that we can integrate some of the electronic wave finding systems into our family of signs, and we're still working on that intersection and that opportunity and that's connected us to some of the national partners.

And it's really helped us to also think about opportunities for even local projects, like where can we embed beacons and making information signs more accessible to everybody, including people who are blind or low

vision. So, I would say just having that GRAID helped us to articulate this is not just about the requirements of the ADA for signage. This is about wayfinding systems need to be accessible and linguistically appropriate idea. It's a bigger topic and we are able to bring in national and local partners with very high-level expertise around Wayfinding.

[Karma Harris] So I really like hearing your perspective on how the GRAID was used by your community, but also really how a simple idea on this best practice, with this menu of options, has ended up having national reach and some examples of the inclusive walk audit that is now got to reach that much bigger than the state of Montana and the two communities Butte and Helena.

And I also really like what you said about the GRAIDs, really helped lead to more sustainable approaches and strategies that the team would eventually pursue. And I think that a framework, such as this, also sort of lends credibility and merit in the community setting. An example I think of is Butte's transportation plan update, where when something is listed in the GRAIDs, that really can augment the information that you provide to those city or county decision-makers and elected officials as they upgrade major policies, and update and make amendments to major policies like that one.

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.

And with that I want to thank our listeners for tuning in today to our conversation on Phase Three of our Inclusive Healthy Communities Project on Prioritization and Planning. And I want to thank Dr. Meg Traci, our State Expert Advisor from Montana, for her insight on how community coalitions can review a new community health assessment data to select priorities and develop community action plans. And as your time allows, please be sure to check out our next conversation with our state expert adviser from Ohio, Mr. David Ellsworth, on Phase Four, Implementation.