

# Toolkit for Being Inclusive of Participants with Disabilities

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## EXECUTIVE SUMMARY

The purpose of this document is to share best practices for planning, promoting, recruiting, and facilitating evidence-based programs with participants with disabilities.

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## DISABILITY AND EVIDENCE BASED PROGRAMS

According to the Centers for Disease Control and Prevention (CDC), 22% of adults in the United States have some type of disability, with rates of disability increasing with age. This may include a disability in mobility, cognition, independent living, vision, hearing, and/or self-care. While people with disabilities represent a diverse group, they are more likely to be obese, smoke, have high blood pressure, be inactive, and have not completed high school. This results in adults with disabilities being 3 times more likely to have heart disease, stroke, diabetes, or cancer.

### “Evidence-Based Programs”

Evidence-based programs (EBPs) offer proven ways to promote health and prevent disease. They are based on rigorous study of the effects or outcomes of specific interventions and or model programs, and developed into a specific curriculum. They demonstrate reliable and consistently positive changes in important health-related and functional measures.

Examples of EBPs for North Carolina include the Living Healthy with Chronic Disease Self Management Education programs, A Matter of Balance, Tai Chi for Arthritis, and Walk With Ease. More information about these programs can be found at [www.healthyagingnc.com](http://www.healthyagingnc.com).

## RECRUITMENT AND ACCOMMODATIONS BEFORE THE PROGRAM BEGINS

Tips on how to make marketing materials more accessible:

- Give the most important information first
- Choose words carefully – limit jargon, keep language clear and consistent, and use concrete examples
- Include pictures/images of people with disabilities on promotional materials

Consider sharing participation guidelines for interested participants, for example:

- Ability to tolerate being in a room with 8 or more people
- Ability to endure a 2 ½ hour program, with one 15-minute break
- Ability to stay focused on topics or activities
- Possess reading skills and/or be willing to be paired with another participant

Print Materials for People with Low Vision:

- Text should have high color contrast with the background
- Large Print: Type should be a minimum of 16-18 point font
- Avoid fancy or narrow fonts like *this* or this
- Avoid using all caps and limit use of italics and underlines. Use bold for emphasis
- Do not use glossy or shiny paper
- Shading and overlays can make reading difficult

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## Session 0 and Program Outreach

Often it can be helpful to have a “Session 0” or Introductory Session to acquaint agencies, staff and participants with the program. A Session 0 refers to a 30-45 minute presentation that reviews the objectives of the program and facilitates some of the interactive activities.

When reaching out to interested participants, multiple calls may be helpful (an initial call to describe the program and a call the week of first class to remind of the program). It will also be important to be encouraging, as it can be difficult for participants to be in new social situations.

## Access

Accessibility refers to creating equal access in all areas of life for people with disabilities. Legally it is a space, location, or event that is modified to comply with the Americans with Disabilities Act of 1990. Access starts before the program begins. As a part of the registration process, make it standard procedure to ask potential participants if they need any assistance or accommodations. Accommodations are any modification or adjustments to an environment or interaction that will enable a disabled person to fully participate. Not all individuals who fit under the ADA definition of a disability may identify as a person with a disability – however, you can still ask if there is anything needed during the program. You may not ask what a person’s disability is, although they may volunteer this information.

Be sure to visit the program site before it begins in order to identify accessibility of the front entrance and bathrooms, and the layout of the building. Accommodations can range from providing interpreters to simply moving furniture around a room.

## Transportation

For many participants with disabilities, access to transportation is a significant issue.

When possible, host the program at a facility that is on a public transportation route. Be sure there are sidewalks or other smooth pathways to get to the building’s entrance. Check to see what transportation options are available in the community and let participants know ahead of time.

## Program Location/Space

When choosing a location for the program, some building features to look for include:

- Accessible parking (parking spaces with designated signage and space beside the parking space for someone with a wheelchair or mobility equipment to enter and exit their vehicle)
- Curb ramps and flat surface/sidewalk to entrance
- Classroom on the first level or elevator access to higher levels
- Clear pathway/hallway to the classroom (at least 3 feet wide)
- A wheelchair accessible restroom (one stall or restroom that is at least 5ft by 5ft wide)
- Enough space in the meeting room/classroom for participants in wheelchairs or scooters
- Chairs and tables that can be moved/shifted around
- Reconsider using rooms that are really large or loud

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### Finding Interpreters

The NC Division of Services for the Deaf and Hard of Hearing has Regional Resource Centers: <http://www.ncdhhs.gov/assistance/hearing-loss/regional-centers-for-the-deaf-hard-of-hearing>. Program participants cannot be charged for interpreters – this must be provided by the organization offering the evidence-based programs.

### Service Animals

In North Carolina, a service animal is defined as a dog or a miniature horse. Service animals must be allowed unless doing so poses a danger to others or the animal is out of control (e.g. growling or barking, or if the animal is not housebroken). Service animals are not pets, and they are also not comfort or therapy animals. Service animals are specifically trained to provide a service to a person with a disability.

Before a program begins (or if a participant shows up to a program with an animal), you may ask the individual:

1. Is this a service animal?
2. What tasks is it trained to perform?

If the answer is no/none, then you are not required by law to let the animal stay.

You may not ask the individual what their disability is or require documentation for the animal. A service animal may or may not be wearing a vest designating it is a service animal. Allergies or a fear of animals is generally not a reason to prohibit a service animal. Work with the participant to create a plan of action before program begins to address this barrier if it is present.

## **COMMUNICATING WITH PEOPLE WITH DISABILITIES**

Some overall tips include:

- If you have a question, ask the person directly what they would prefer or require
- Treat adults as adults – don't speak in "baby talk" or talk down to the person
- Avoid over-asking participants with disabilities if they are okay or need anything
- A caregiver can be invited to attend the program sessions if the participant desires it

Many of the following tips and strategies are the same across participants and disabilities, some people may have multiple disabilities as well. These are not hard and fast rules -- it is always best to ask the person how they prefer to communicate, how they identify, and what needs they may have.

## **GENERAL FACILITATION GUIDELINES**

- Be sure to review the expectations and guidelines for the program, so that participants know what is expected of them

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- Study techniques for redirection and cueing the participants to stay on-task. This can include referring to the guidelines and information on the flipcharts, transitioning to new topics, mentioning the need to stay on-task, etc
- Consider ways to reduce distractions for the participants. For example, in how the room is set up—windows have blinds down, not too much other noise outside of the meeting space. Also, be open to participants writing notes, coloring, playing with stress balls, etc
- Be aware of the need to repeat items, talk slowly and distinctly, and use easy-to-follow language. Be sure to repeat brainstorming questions
- As much as possible, refer to visuals like the flipchart and book to complement the auditory learning and group sharing
- When describing the pieces of an action plan, focus on the specific questions of the action plan and refer to the flipchart paper
- Participants consistently express that they enjoy the group interaction and the tips and techniques
- Describe that participants can get up and stand or move if they need to, as well as to use the restroom as needed
- Be open to participants writing notes, coloring, playing with stress balls, and doodling
- Some participants may need extra attention during breaks and before/after program to review information or discuss action plans

### Interacting with a Participant with an Intellectual Disability

- Keep communication simple, using short sentences and completing one topic before moving on to the next
- Use repetition as needed
- Complete topics before moving on to the next subject
- Refer to charts when discussing topics
- If possible, provide information ahead of meetings in simple language – consider holding a “Session 0” prior to the start date of the program to help introduce topics to participants who need preparation before attending
- Ask questions that require brief answers

### Interacting with a Person who is Blind/has Vision Loss

- In advance of the program, ask if large print or an electronic or Braille version of documents is needed
- Always identify yourself and others in the group; take turns speaking
- When talking, say the name of the person to whom you are speaking
- Speak in a normal tone of voice
- Indicate when you are moving from place to place – don’t leave the room without saying you are leaving
- Be aware of lighting, glare, contrast, and magnification needs

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- When offering directions, use descriptive language such as “left in 100 feet” or clock orientation such as “poster is located at 3 o’clock”
- When taking a break, describe what is available for snacks and offer to provide or describe where they are at, also describe where rest rooms are located
- Provide sighted guide services if needed
- If a person has a service animal with them, never pet or distract a working service animal

### Interacting with a Person who is Deaf/has Hearing Loss

- Speak in a normal tone of voice
- In advance of the program, ask if an interpreter or devices such as a pocket talker is needed
- If they are using an interpreter, talk directly to the person who is deaf or hard of hearing, not the interpreter
- Let the person know if you cannot understand them; confirm that they can understand you as well
- Face the person to whom you are speaking, if you are writing a message, do not talk at the same time
- Be patient with lag times or delays
- Make sure you have the attention of the person before you begin communicating with them
- Confirm with the interpreter and the participant the day before each program to be sure they are attending/providing services

### Interacting with a Person with a Speech Disability

- Talk to people with speech disabilities as you would talk to anyone else
- Give the person your undivided attention
- Tell the person if you do not understand them
- Don’t attempt to finish a person’s sentences; be patient and let them finish their statements
- To obtain information quickly, ask short questions that require brief answers or a head nod
- You may ask the person to write down their answers or questions

### Interacting with a Person with a Physical Disability

- If the individual uses any equipment (wheelchair, cane, walker, etc.), consider this an extension of the person. Do not touch, grab, or lean against a person’s mobility equipment
- If the individual uses a wheelchair, do not push their chair without first asking if they would like to be moved
- Always ask if the individual needs assistance before you give it to them.
- Don’t be afraid to use phrases like “run to the store” or “let’s go for a walk”
- Be sure the space is arranged appropriately

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- Allow for food and drinks to be within reach of seated position

### **IMPLEMENTATION AND ACCOMMODATIONS DURING THE PROGRAM**

#### Placement of American Sign Language (ASL) Interpreters

- There should be a clear line of sight between the interpreter(s) and the participant who needs interpretation
- Let the ASL interpreter(s) and participant(s) sit where it is most comfortable/convenient for them
- Do not distract the interpreter(s) or ask them to perform tasks outside of their interpreter role

#### Accommodating Individuals with Intellectual Disabilities

- Review rules of the program at the start of every session
- Encourage caregivers or other social supports to help review materials between programs
- Emphasize that action plans need to focus on self-management or health
- If someone is agitated, speak in a calm tone of voice. Repeat information if necessary
- Identify and meet with staff/caregivers if a participant is acting out or not understanding the activity goals

#### Physical Accommodations

- There should be a clear 36” wide path of travel to all areas of the room
- Paths of travel should be on smooth, flat, level surfaces. Be mindful of things like area rugs or carpet that can buckle and cause a trip hazard
- Chairs/tables may need to be moved around to make the room more accessible
- Food/drinks are placed within reach of a seated position. If an individual is blind or has low vision, you may need to describe what is available to them and assist them if they need it
- Provide assistive listening devices if needed
- Scent-free environments: Keep environments free from strong chemicals or fragrances that may cause a physical reaction in some participants

### **TO LEARN MORE**

#### Videos:

- “The Importance of Disability Inclusion” (specific to EBPs)  
<https://www.youtube.com/watch?v=9VIXapvZg8E&feature=youtu.be>

#### PPT/Handouts:

- “Engaging People with Disabilities in Evidence-Based Programs (from NCOA)

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<https://www.ncoa.org/resources/tip-sheet-engaging-people-with-disabilities-in-evidence-based-programs/>

- A 3-part exploration of Disability Language, Attitudes, and Justice  
<https://drive.google.com/drive/folders/1y4bhMuDhc2NcAft4Zlpqp1UxFqdpMRrY>

### TED Talks:

- “I’m Not Your Inspiration, Thank You Very Much”  
[https://www.ted.com/talks/stella\\_young\\_i\\_m\\_not\\_your\\_inspiration\\_thank\\_you\\_very\\_much](https://www.ted.com/talks/stella_young_i_m_not_your_inspiration_thank_you_very_much)
- “The Mystery of Chronic Pain” (doctor perspective)  
[https://www.ted.com/talks/elliot\\_krane\\_the\\_mystery\\_of\\_chronic\\_pain](https://www.ted.com/talks/elliot_krane_the_mystery_of_chronic_pain)
- “How I Fail at Being Disabled”  
[https://www.ted.com/talks/susan\\_robinson\\_how\\_i\\_fail\\_at\\_being\\_disabled](https://www.ted.com/talks/susan_robinson_how_i_fail_at_being_disabled)

### STATE RESOURCES

Centers for Independent Living in North Carolina

<http://www.ncsilc.org/centers/>

An example of a Center for Independent Living, DisAbility Partners is a private, non-profit, community-based organization with the mission of partnering with individuals and the community to enhance, advocate for and support personal choices, independent living and community inclusion. They have resources for people with all types of disabilities, regardless of income. Services include: information and referral, independent living skills training, peer counseling, advocacy, social activities, community assistance, ADA (Americans with Disabilities Act) consulting, and an ADA resource library.

NC Center for Health and Wellness at UNC-Asheville – Healthy Aging NC Resource Center

<http://healthyagingnc.com/>

The North Carolina Center for Health and Wellness (NCCHW) anchored at UNC Asheville received funding through the Administration for Community Living to increase the number of older adults and adults with disabilities in underserved populations participating in the Living Healthy with Chronic Disease Self Management Education Programs and create the systems to embed these programs into an integrated, comprehensive, sustainable statewide network.

North Carolina Office on Disability & Health, Division of Public Health, North Carolina

Department of Health and Human Services

<http://www.ncdhhs.gov/assistance/disability-services>

The North Carolina Office on Disability and Health (NCODH) was a partnership effort between the Women's and Children's Health Section of the Division of Public Health and the Frank Porter Graham Child Development Institute. The mission of NCODH was to promote the health and



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wellness of children, youth, and adults with disabilities in North Carolina and to address health disparities experienced by persons with disabilities across the life span.

### **NATIONAL RESOURCES**

Centers for Disease Control and Prevention (CDC), Disability and Health

<http://www.cdc.gov/ncbddd/disabilityandhealth/people.html>

The Centers for Disease Control and Prevention (CDC) has been involved in disability and health activities since 1988. The mission of the CDC Disability and Health Branch is to promote the health and full participation in society by people with disabilities across the lifespan.

National Council on Aging (NCOA)

<https://www.ncoa.org/healthy-aging/chronic-disease/>

The National Council on Aging (NCOA) is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. NCOA partners with nonprofit organizations, government, and business to provide innovative community programs and services, online help, and advocacy. NCOA provides technical support and assistance to the EVIDENCE-BASED PROGRAMS grant program at UNC Asheville.

