

Reaching People with Disabilities through Healthy Communities

Phase 2 – Assessment and Training

[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.

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.

This podcast today will feature another one of our State Expert Advisors, and our conversation will revolve around Phase Two, which is the Assessment and Training phase. This phase consisted of in-person and virtual trainings about the project's purpose, activities, and the phased approach that we use for the project, as well as an importance for the need in completing a community health assessment.

To help us learn more about the Assessment and Training Phase Two of the project, the Oregon State Expert Advisor, Ms. Angela Weaver, is here with us today. Angela works for the Oregon Office on Disability and Health, which is at the Oregon Health and Science University. So, Angela, welcome to today's discussion. And I know we've got a lot to dive into with our Phase Two on Assessment and Training for inclusive healthy communities. But first just tell us a little bit about your specific job title and your role with the Oregon Office on Disability and Health.

[Angela Weaver] Well hi, Karma. And it's great to be here with you today to talk about Phase Two.

So, I am the program manager for the Oregon Office on Disability and Health, or what we say is OODH, and I first and foremost get to work with a wonderful team. And I also oversee the day-to-day operations of the office, which includes a lot of administrative tasks, such as hiring of new staff and managing staff, overseeing the budget, and writing our various reports to our funder. And I also serve on a variety of state level councils committees and commissions.

[Karma Harris] Great. So just as a reminder to our listeners who might have tuned in their first session that we are going to have each of the State Expert Advisors really tell us about their two communities, and the reason why is because we want our listeners to kind of learn who we worked with within each of our five states. So Angela, to that end, tell us a little bit about the two communities that you've

selected for the project and maybe a little about each for our listeners, so they get to know our two Oregon communities.

[Angela Weaver] Sure. I'll first describe the counties and the communities we worked with. In Oregon we typically have three types of counties. So, we have urban, rural, and frontier and overall Oregon is a very rural state. And so for this project we really wanted to bring the project to our rural communities. And so we chose Benton County and Umatilla County. I'll describe Benton County first. Benton County is considered a rural county, even though it has a densely populated urban area around its largest city, which is Corvallis. But the county overall has a population of about 91,000.

And Benton County is located 100 miles south of Portland and is home to Oregon State University, which is one of Oregon's largest universities. And then Umatilla County is located east of Portland about two hundred and twenty miles. And it's considered a rural county, as well with a population a bit over 17,000 and Umatilla County is the home of the city of Pendleton, and Umatilla County definitely has a more rural and small town feel to it and it's surrounded almost entirely by frontier counties.

So that's a little look at our two counties and then I'll share with you the process that we took to choose our two counties. So, first of all, we met with our state level public health and healthy communities' representative, and we consulted with them and we discussed the two counties along with other rural counties. And we wanted to choose the best candidates.

So, the things that we looked at were overall population size, the population of people with disabilities, and older adults. We also looked at their local public health department's current participation within their Healthy Communities initiative. And we also wanted to look at the prevalence of people experiencing a variety of chronic health conditions. And when we took all that information, we really wanted to think about which counties would have a significant benefit to this project. And in that case we also looked at seeing which counties could really benefit from a disability or inclusion lens.

So again, we identified Benton and Umatilla County, and we contacted our key partners in both of those counties and they agreed to participate, so we were able to move forward with those counties.

[Karma Harris] So again, Phase two is Assessment and Training. And this first part of the conversation I want to dedicate to just the training part. So as some background for our listeners, we brought the State Expert Advisers from the 5 states and the community coaches from the 10 communities together in person for a two-day training summit to officially launch this project and provide, you know, the needed project background and training.

And we did this on the campus of our project partner, at the National Center for Health Physical Activity and Disability, or NCHPAD for short. So, our listeners will hear a lot about NCHPAD integrated throughout each of this podcast series. And so, this in-person initial project kickoff, or the "training summit" as we call it, was really critical in continuing relationship building amongst the various partners, as well as through all of us learning together about the expectations of the project.

And so as this project moved forward, NACDD continued providing project training through virtual technical assistance activities, such as webinars or conference calls or creating a peer-learning network for the State Expert Advisors and the Community Coaches, and we did this throughout the project period because we feel like training should be ongoing. And so, if you were to look at the six-phase model on paper, it really looks like it flows nicely in the circle, from one day to another.

But it's really important to know that some activities are linear, or circular in this project process and others are not. And so, one of the activities that really is not linear, that gets sprinkled throughout the model, is this idea of project training and project technical assistance and project support. And so NACDD worked really hard to create avenues for this type of virtual engagement and ongoing learning for the state and community participants throughout each project phase and process.

And so, Angela, really thinking about the training part of the Assessment and Training, Phase Two, talk to us a little bit about what you thought some of the biggest benefits were in bringing the state and community partners together in person at the kickoff Summit.

[Angela Weaver] Yeah sure. The kickoff summit was wonderful for many reasons, but one thing for sure is it was invaluable to bring together all the state partners into one room, and the benefit of that is not only did it accelerate the in-person relationship building within my state, but it was also helpful to meet partners from the other four states.

And again, just to be in the same room to learn everything together at the same speed, and to ask questions and to learn from one another was really, really valuable. And one thing, you know, specifically I'm thinking about was that with regard to the community health assessment, we were able to, you know, practice hands-on with the tool with the assessment tool. And I think that was definitely very beneficial because I think is to learn that virtually, like through a webinar, something might have been more difficult to be able to work with our teams, and to have that hands-on experience was great.

And I'd like to give you an example, too, of our post-training webinars that were provided as well because those are also really beneficial. One that I specifically think about that was soon after the summit was one where the NACDD team provided additional review and examples on how the health assessment data flows throughout the project, so once it's captured through the assessment process, just understanding the flow of the data really helps give broader perspective on the project as a whole and the expected outcome. That webinar — of course all the webinars were great — but that webinar specifically sticks out because it just gives you that “aha” moments of how this all fits together.

Another thing that I know our team felt in Oregon, because we had discussions about it, as well as we also really enjoyed sharing our successes and lessons learned, as well as learning from other states when they shared. The webinars were a great venue for that as well.

[Karma Harris] Having this ongoing education and engagement and training throughout the entire project process, I think, really contributes in a positive way to our successes and lessons learned, so I couldn't agree more.

In thinking about the other aspect of this phase, the Assessment phase, the second important activity is conducting a community health assessment. And anytime you do any type of healthy community project, you want to do a community health assessment of some sort.

So, community health assessment is an important step in this inclusive Healthy Communities model because it really provides us with a snapshot of a community's assets and barriers to healthy living. So it gives community coalitions baseline data, it identifies any local asset to build upon, or existing gaps that need to be addressed. And it really helps the community coalitions, and the Community Coaches began to see where they should start investing their resources and setting their priorities for healthy living as they move forward in the project process. So, a community health assessment should really examine all the sectors within a community, so that coalitions can really then identify and determine where in which sectors, they should initiate some of these improvements.

And so, while there are several different community health assessment tools that can be used for Healthy Communities projects, the one that we chose to use for this project is one that is called the Community Health Inclusion Index, or the CHII for short. We chose the CHII because it is one of a few tools out there that intentionally uses a disability inclusion lens for assessing Healthy Living strategies, such as healthy eating and physical activity within five different community sectors.

And so, the CHII really looked at the community-at-large sector, community institutions and organizations, schools, worksites, and healthcare. And it really kind of had a two-part component where you looked at organizations and you assessed them via a survey and then you also were able to actually assess the environment that the organizations had: that built environment.

So, to give our listeners an example of a type of inclusive question that might be asked in an inclusive community health assessment, like the CHII, I like to use the example of a fitness center. So when you are looking at a fitness center, and you're considering that fitness center for persons who might have a mobility limitation of some sort, it's important to consider proper flow and spacing of exercise equipment in the gym setting, so that people who might use an assistive device of some sort can navigate the exercise area appropriately.

And another example using the same gym fitness-type setting, having accessible exercise equipment available allows a person with a mobility limitation, or any other type of disability, to access the gym and the equipment and to participate in exercise. And so these are the types of questions that inclusive community health assessments like the CHII might include when you're assessing parts of your community, such as in this case a local gym.

And so, our NCHPAD project partners really created this tool, the Community Health Inclusion Index, and they shared the CHII with us as a part of this project and provided training to all of us on how to do that. And so Angela, in thinking about back to the community health assessment process, can you give us some examples about how the CHII was conducted in the Oregon communities and specifically

really talk to us, too, about the role that you might have played as a State Expert Advisor for the two Oregon communities as they implemented their requirement of completing the assessment.

[Angela Weaver] Sure. As the State Expert, I provided technical assistance and support with completing the required component. So, I helped the Community Coaches and coalitions, you know, understand the tool, the assessment tool. And I also served as a resource for the disability inclusion and accessibility components of the tool. And I did this primarily through regular scheduled phone calls with the teams Community Coaches and discussed the importance of conducting the assessments and ensuring that they crossed all sectors or the different sites, you know, like you mentioned in order to give a comprehensive look at their community.

And during those calls we also discussed, and we shared ideas about how to work successfully with their coalition and sharing with them the importance of the CHII tool and especially in how the CHII specifically focuses on disability inclusion and how that does make it a unique tool. And because it's a unique tool, it may be a tool that their healthy communities coalitions aren't familiar with, and so, really giving them examples of how it's beneficial to have that disability inclusion lens.

And then to talk a little bit about what the process both communities took. You know one of the things that's beautiful about this project and really beneficial is that it is community-driven. Both communities really work independently with their local coalitions to determine the community sectors that they wanted to assess. And the sites that they ended up assessing ended up really reflecting the priorities of the people who made up the coalition.

For example, in Umatilla County, their coalition was made up of primarily healthcare representatives and community members that experienced disabilities, and city officials, as well as some other members, and what they ended up focusing on were sites that were related primarily to healthcare, as well as sites that were in and around the city of Pendleton. And for Benton County, their coalition was made up of city officials and again community members that experienced disabilities, as well as Oregon State University students. The sites that they assessed were sort of more general recreation and leisure sites in and around the city of Corvallis, as well as some overall city planning within downtown Corvallis.

[Karma Harris] So in thinking about that, can you say maybe a few more words about what the health assessment process and the tool that we used ultimately provided to the communities?

[Angela Weaver] So, for example, in Umatilla County within the city of Pendleton, so what they found through their CHII assessment process in working specifically again with the city employees is they were able to learn about some gaps that their community had around both access to healthy foods and physical activity within their community. What they found was that with the city of Pendleton, where they assessed their main city park. So, they found a significant gap in how accessible the parks pathway is from the park's parking lot onto a paved walking trail that runs around the inside perimeter of the

entire park and then also up to a covered picnic area. And so, through this CHII process, they found that from the parking lot to get to the paved trail, there was no pavement, it was rocks and then grass.

And so, someone that uses a mobility device, that was not accessible to them or at least easily accessible to them to get to the path to then enjoy that trail although through the park and then also the covered picnic area. And then they also discovered in working with the city of Pendleton and looking at their city-sponsored events like their annual concerts in the park, their local swimming pool, and things where the city provided refreshment or food, they found that there were not adequate healthy options or actually not many options at all that were healthy. Through using the CHII they were able to find that not only were there not healthy options, but they need to make sure that there are accessible healthy options at all of their city-sponsored events. So those were a couple of the gaps that they were able to identify and then work through to make adjustments.

[Karma Harris] I think those are great examples of kind of what we wanted to see and how the assessment process really contributes to those final changes that are in communities, and that are sustained over beyond the funding period. And really some of those changes that you just described wouldn't be here had we not done an inclusive community assessment, like using the CHII tool.

And so, in really kind of thinking about that for this project, you, or the State Expert Adviser to these two communities, Benton and Umatilla Counties, but can you tell us how you use this tool, or are using the tool with others in the state of Oregon?

[Angela Weaver] In Oregon we currently are still using the CHII assessment tool and I'll describe how that process and how we got to where we are today. Right after the original two-day summit meeting and some of the follow up training webinars, I had the opportunity to share our newly launched project and the CHII assessment tool with our key state and community partners through various meetings and conference presentations. For example, I first shared the project with our office's Advisory Council, and through that sharing, one of our members of our council works for the Oregon Department of Human Services Aging and People with Disabilities, or APD program. That advisory council member encouraged me to present at one of APD's annual conferences and to share the project, and it was at that conference that I met Joseph who oversees the APD's 14 Disability Services Advisory Council, or what we called DSACs. And there are DSACs located throughout the state of Oregon.

Joseph just loved how the project promoted and encouraged disability inclusivity through a process that involves both key stakeholders and local communities. And he felt that the project's assessment process and using the CHII could potentially be a great benefit to the DSACs. He believed this could be a great benefit for a couple of reasons: one is the overall mission of the DSACs is to inform the Aging and People with Disabilities office representatives on accessibility issues within the community, as well as to provide disability inclusion awareness and education to local communities.

So the DSACs provide guidance to the APD offices, but they also provide education to communities. So he saw this as a project that could benefit both the communities and the state level APD offices. And

so what we did was we immediately put together some presentation on the project to share at the DSAC meeting to see if we could get buy-in and see what the DSAC members thought. And it was exciting! We had a couple of DSACs that really liked the project.

One of the DSACs decided that they wanted to use that CHII assessment tool to assess the local community colleges in their district in their area, and then the other DSACs wanted to assess their Aging and People with Disability offices in their districts. They wanted to use the CHII tool for that, and they just actually in the last six months finished up all their assessments and are putting together a report. So that's a couple examples there of how we use the CHII tool. And then, also because of the successes with those two DSACs, Joseph is using those examples to help recruitment with other DSACs in more rural areas where recruitment's been more difficult. So, he's seen that being able to show the successes with the DSACs that are using the assessment tool, in hopes of recruiting new members to the rural DSACs.

[Karma Harris] I think that's a great example. And the reason why is because a lot of people may, or may not, realize that part of what makes the community health assessment process so interesting is that there are educational components built into the assessment tools that you might select that will help you increase awareness with community partners and key decision makers on certain aspects of what disability inclusion really is, and what are some tangible examples that can be accomplished when you're trying to influence healthy living at the local level, such as how to make healthy eating accessible for all people including persons with disabilities. And the same for physical activity and really looking at the environments that we live in and trying to make those more conducive and accessible also.

So, I think this is a really good example of how parts of this assessment process really help educate others in your state at the state level, and then involved two local groups, that are in addition to the two local groups the communities that we worked with. I always love hearing some of those successes and really glad to have captured that in our conversation. And so, Angela, thinking about that if there are other states and communities that are interested in doing an inclusive community health assessment, what type of advice would you give them, or are there any particular successes or lessons learned that you've experienced that you think will be helpful for them to hear?

[Angela Weaver] Yeah I think I have a few things I'd like to share. One thing I really want to emphasize is the importance of conducting the community health assessment and involving coalition members and community partners throughout the entire assessment process. So, I think this project really emphasizes one of the greatest benefits:

that the assessment process is really successful in helping increase the awareness about the benefits of all community members being engaged in the process.

So, it's not just a couple of key people, but when you bring together a large group and get the community involved it's just much rich, and the outcomes are a lot more impactful.

Another thing that's beneficial about the project was how the CHII assessment really helped yield real-time data for the communities, which ensures that the healthy eating and physical activity strategies that are eventually developed are data-driven and that they address current and existing gaps, and those are, of course, you know, able to be identified because of the hands-on assessment process that's really beneficial because you don't have people that are just guessing, like, "Oh, I wonder where there's gaps and barriers?" And you know they might not know really where they exist until they are able to utilize that CHII tool and really look at all the areas that you know there may be gaps and barriers.

And another thing is that they might not really know what's important, and by utilizing the community and utilizing the tool that can help prioritize what's important for the community and those gaps may have otherwise been missed. Let's see actually, another thing I'd like to share is that it's also really important to choose an assessment tool that includes a disability inclusion, or accessibility lens so that people with disabilities are considered and included in all the healthy community effort. For example, and this is something that we saw in both Benton and Umatilla County, is that it's really important to make sure that people with disabilities are participating members of the entire process, and so that includes, of course, right up front being members of the coalition and the assessment team, that's super important.

I think lastly one of the lessons learned that I feel is important that I want to share is the building the trust and the buy-in of the representatives of the communities' entities that are involved in the assessment process. So from all the sectors where you want to assess the sites. I know from our experience, and when you have a coalition or a group of people that are really excited about a project they're working on, sometimes it's easy to assume that others will share in that excitement.

I think we all know that's not always the case and it's especially true when it's something that is maybe new to people and it's something they're not familiar with or they fully understand, and then they might not see all the benefit that something new like the CHII assessment tool may have. So, I guess my advice would be to really understand that it can take time and patience and perseverance to get some of the community members buy-in, and some of the sites that you want to assess their buy-in.

But what we found is that when you have people who are passionate about the project and can show examples of successful outcomes, that you know the people that you want to work with and get their buy-in. That generally they'll be curious about it and they'll want to learn more and then ultimately, they want to contribute to the betterment of their communities, as well. I guess the bottom-line is, don't give up and keep trying.

[Karma Harris] I think that's great advice. I think for any of us sometimes when we think about doing a community health assessment, is daunting at first.

And you've given us some really good tips for how to make sure that we're being inclusive. And I also really enjoyed hearing your conversation today and your experience with a tool that we chose, which was the Community Health inclusion index. So that will finish our conversation today for Phase Two, Assessment and Training. I want to thank Angela Weaver, who's our State Expert Advisor for Oregon,

for her time and her expertise and insights today. I also want to thank our listeners for tuning in our conversation and really encourage everyone to listen to the next podcast which will feature Dr. Meg Traci, our State Expert Advisor for Montana, as we discuss Phase Three of the inclusive healthy communities' model, which is Prioritization and Planning.