

Commit to Inclusion: Partnership for Inclusive Health



To celebrate 10 years of the IFC, the Coalition will launch a new charge that focuses on building inclusive health communities that provide people with disabilities equal access to and opportunities for healthy living. Under the umbrella of a global campaign, Commit to Inclusion, the new **Partnership for Inclusive Health** will unite national and international organizations behind disability inclusionary practices in healthy community efforts.

People with disabilities face significant barriers when attempting to access health and wellness activities. The *Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives* are used to assist communities in promoting higher rates of inclusion among their members with disabilities. The *Guidelines* were created from a previous set of guideline recommendations by Drum et al with structured input, review, and modification from a panel of national experts. The guidelines can be used by government and private entities and organizations that create, implement, or oversee program initiatives and policies in the areas of physical activity, nutrition, and obesity. The guidelines are intended to be broad enough to cover a variety of local, state, and national programs. They will be used to assure inclusion of disability as government agencies and community organizations develop plans to implement community health promotion strategies that are based on national recommendations. The *Guidelines for Disability Inclusion* can also be used to evaluate whether plans and programs effectively include people with disabilities.

Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Programs and Policies

- 1. Objectives Include People with Disabilities:** Program objectives should explicitly and unambiguously state that the target population includes people with a range of different disabilities.
- 2. Involvement of People with Disabilities in Development, Implementation, and Evaluation:** Program development, implementation, and evaluation should include input from people with a range of different disabilities and their representatives.
- 3. Program Accessibility:** Programs should be accessible to people with disabilities and other users, socially, behaviorally, programmatically, in communication, and in the physical environment.
- 4. Accommodations for Participants with Disabilities:** Programs should address individual needs of participants with disabilities through accommodations that are specifically tailored to those needs.
- 5. Outreach and Communication to People with Disabilities:** Programs should use a variety of accessible methods to outreach and promote the program(s) to people with disabilities.
- 6. Cost Considerations and Feasibility:** Programs should address potential resource implications of inclusion (including staffing, training, equipment, and other resources needed to promote inclusion).
- 7. Affordability:** Programs should be affordable to people with disabilities and their families, personal assistants, and caregivers.
- 8. Process Evaluation:** Programs should implement process evaluation (with transparent monitoring, accountability, and quality assurance) that includes feedback from people with disabilities and family members, personal assistants, caregivers or other representatives, and a process for making changes based on feedback.
- 9. Outcomes Evaluation:** Programs should collect outcomes data, using multiple disability-appropriate measures.

The Partnership for Inclusive Health will launch on May 10, 2017.
www.committoinclusion.org