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

People with disabilities face significant barriers when attempting to access health and wellness activities. They are more likely to have more than one health practitioner and to have secondary conditions requiring some type of ongoing treatment or medication, leaving them vulnerable to a lack of coordinated or long-term care. This leaves this population especially vulnerable because not only do they run the risk of not receiving preventative care, but they also can have difficulty accessing health and wellness information and services if those services are not designed to consider their disability. Additionally, people with disabilities have a higher likelihood of being obese, physically inactive and at risk for diabetes.

As part of the National Center on Health, Physical Activity, and Disability (NCHPAD), the Center on Disability at the Public Health Institute (COD-PHI) has developed these *Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives* to assist in the updating of community health programs and policies to be inclusive of the needs of people with disabilities. The guidelines were generated based upon previously recommended guidelines and structured input and review from a panel of national experts. The flow of the development of the Guidelines can be seen in Figure 1.

**Figure 1: Use of Guidelines to Disability Inclusion
to Achieve Inclusive Program Initiatives and Policies**

National recommendations → Guidelines to Disability Inclusion → Inclusive Program Initiatives and Policies

Uses of the Guidelines

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. These 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 (cognitive, intellectual and other developmental disabilities, mobility, visual, hearing, and mental health disabilities).

2. Involvement of People with Disabilities in Development, Implementation & Evaluation: Program development, implementation, and evaluation should include input from people with a range of different disabilities and their representatives (e.g., community members or other experts with disabilities, potential participants with disabilities and their family members, personal assistants, and caregivers).

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.