



INCLUSIVE NUTRITION STRATEGIES

for

SNAP SETTINGS



*An Addendum to SNAP-Ed's Obesity
Prevention Toolkit for States*

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About this Guide

The purpose of this addendum is to provide additional guidance to build upon the information presented in the Supplemental Nutrition Assistance Program – Education (SNAP-Ed) Obesity Prevention Toolkit for States guide. The adaptations provided in this guide are intended to support SNAP-Ed programmers and facilitators to create an inclusive learning environment and provide nutrition support for all participants, including individuals with disability.

This addendum guide was created utilizing the Guidelines, Recommendations, Adaptations Including Disability (GRAIDs) framework. This framework is used to create recommendations for health promotion programs to highlight and add information, guidance, and resources on how to make the programs inclusive of people with disability so that they can enjoy the same health benefits from these programs as those without disability.

For additional resources or questions, please contact The National Center of Health, Physical Activity and Disability (NCHPAD) via phone (800-900-8086), email (email@nchpad.org) or live web chat via our website, www.nchpad.org.

How to Use This Guide

Inclusive Nutrition Strategies for SNAP Settings is a guide to using SNAP-Ed's materials and resources within an approved SNAP-Ed curriculum. This addendum provides general inclusion tips when planning to host a program, how to recruit individuals with disability, and a brief inclusive overview for each five settings (child care, schools, communities, helping families, and social marketing/media).

The guide covers the nutrition and physical activity strategies listed in the Obesity Prevention Toolkit and provides adapted subtopics that support these strategies. The provided techniques and adaptations should be used as guidance to including people with disabilities into the SNAP-Ed program you are using. Each subtopic under a strategy includes an icon that suggests which target setting the subtopic may best apply to. For example, within the Nutrition Strategies, the subtopic, Accessible Cooking Demonstrations and Adapted Tools will include the icons    to symbolize that this information will be most beneficial but not limited to the school, community, and helping families settings.

Key:



- Child Care Setting
- School Setting
- Community Setting
- Helping Families Setting
- Social Marketing & Media Setting

SNAP-Ed and Disability Inclusion

The Supplemental Nutrition Assistance Program – Education (SNAP-Ed) is intended to improve the healthy choices of low-income individuals. Its Obesity Prevention Toolkit for States has become an evidence-based resource for users to utilize best to their community or program setting. As SNAP-Ed educates consumers how to make healthy decisions on limited food budgets and projects public health approaches towards decreasing weight-related issues, the program's interventions and resources should result in successful participation and positive outcomes. SNAP-Ed targets several different settings (child care, schools, communities, helping families, and social marketing/media) and addresses healthy eating across many populations.

In order to make the program most valuable, SNAP-Ed should also include individuals with disabilities in the toolkit's efforts to reduce the obesity rates among this population. People with disabilities represent as many as one in five people, or 20% of the population, in the United States. In 2015, the National Health Interview Survey (NHIS) determined that over one in four SNAP participants who utilize food assistance are people with disabilities. Often, these individuals face many barriers in the community that prevent them from accessing a healthy lifestyle. When public transportation, accessible fitness facilities, and inclusive nutrition programs are not available to the communities, healthy lifestyles are hindered. By developing an inclusive program that considers individuals with disabilities, participants' self-efficacy increases and wholesome decision-making becomes more sustainable, potentially resulting in positive health outcomes in line with SNAP-Ed's mission and vision. Inclusive programs may also provide individuals with a sense of belonging for a better social experience and educational opportunity that contributes to an overall improvement in health and wellness. An inclusive approach to SNAP-Ed will have positive effects to improving the lives of people with disabilities.

For more information on SNAP-Ed's Obesity Prevention Toolkit for States, visit <https://snaped.fns.usda.gov/snap/SNAPedStrategiesAndInterventionsToolkitForStates.pdf>.

The Importance of Inclusive Nutrition

There are many factors that play a role in adapting to a healthy lifestyle – nutrition being one large piece. Appropriate nutrition education should be accessible to all learners so that the individual can commit to healthy behaviors and decisions. Nutrition information should be accessible, effective, and inclusive for people of all abilities. Inclusion is a term used to provide people with disabilities equal access to and opportunities for healthy living. In general, inclusion means to transform communities based on social justice principles in which all community members:

- **Are presumed competent**
- **Are recruited and welcomed as valued members of their community**
- **Fully participate and learn with their peers; and**
- **Experience reciprocal social relationships.**

Inclusion can be achieved by implementing policy, systems, and environmental (PSE) changes that increase access to physical activity, healthful food, and healthy weight management initiatives. Including people with disabilities in everyday activities and encouraging them to have roles similar to

their peers who do not have a disability is disability inclusion. This involves more than simply encouraging people; it requires making sure that adequate policies and practices are in effect in a community or organization.

When implementing nutrition education, the physical environment as well as the learning environment should include all individuals without discrimination. Disability inclusion requires understanding the relationship between the way people function and how they participate in society, and ensuring that every individual possesses the same opportunities to participate in every aspect of life to the best of their abilities and desires. Not only will inclusive nutrition education potentially benefit participants' health outcomes, but nutrition and behavioral management classes provide participants the opportunity to engage in social activity with other peers. Adequate access to inclusive education during programs will allow participants to enjoy other day-to-day activities and develop relationships; moreover, the acceptance and inclusion of all individuals in class will increase self-efficacy of the participant and likely encourage positive and sustainable behavior change.



For maximum inclusivity, programs should be designed to reach participants with different types of disabilities and to adapt to their diverse needs. Two key elements of disability inclusion, accessibility and inclusion, should both be present in the planning process, implementation, and evaluation components ultimately allowing all individuals to participate in health and wellness programs.

The following information in this document seeks to address adaptations to consider in various settings, in addition to components to consider incorporating into the evaluation process in order to make SNAP-Ed programs inclusive for all individuals in a given community.

All programs and interventions discussed in SNAP-Ed should provide inclusive factors to ensure that all persons have access to opportunities intended to cultivate good health. The recommendations in this guide will include appropriate resources and strategies designed to promote access and healthier lifestyle choices through conscious decisions among all individuals. By utilizing this addendum, individuals with disability will be included and able to participate in any SNAP-Ed approved program referenced in the Obesity Prevention Toolkit for States.

Adaptations to Table 1. Target Behaviors and Obesity Prevention and Control Strategies from CDC’s National Center for Chronic Disease Prevention and Health Promotion to Include Individuals with Disability

| Target Behavior | Priority Strategies to Include Individuals with Disability |
|---------------------------------|---|
| <p>Physical Activity</p> | <ul style="list-style-type: none"> ▪ Develop, implement, and evaluate inclusive physical education and activity programs in daycare and K-12 schools. This includes programming before, during, and after school programs and activities. ▪ Promote inclusion in physical activity programs in all settings such as worksites and neighborhoods. ▪ Increase physical activity access and outreach targeted towards people with disability in neighborhoods, communities, cities, and state level. <ul style="list-style-type: none"> — Design complete streets and accessible routes. — Informational outreach should be accessible to people with varying disabilities. ▪ Provide fitness environments that are inclusive for people with disability. |
| <p>Breastfeeding</p> | <ul style="list-style-type: none"> ▪ Worksites, healthcare facilities, businesses, academia, and other community organizations should provide accessible breastfeeding rooms to accommodate a person with a disability. ▪ Provide inclusive images of mothers with disability breastfeeding. ▪ Provide peer support for mothers with disability who are breastfeeding and/or mothers who are breastfeeding an infant with a disability. |
| <p>Good Nutrition</p> | <ul style="list-style-type: none"> ▪ Provide access to inclusive farmers markets, restaurants, and other healthy food venues to include people with disability. ▪ Provide accessible advertising that promotes healthy and affordable foods and uses images of individuals with disability. ▪ Provide adapted cooking education. ▪ Promote accessible signage and nutrition labeling where all individuals are able to easily understand and interpret information. |

General Considerations for Inclusion

Person-First Terminology

When designing, implementing, or evaluating any program that is inclusive for individuals with a disability, it is important to consider utilizing person-first terminology when speaking about a person with a disability. Terms like “handicapped” and “wheelchair bound” are outdated and even offensive. Be sure to always put the person first. For example, say “an individual with a spinal cord injury” or “an individual who uses a wheelchair” instead of “wheelchair bound” or “paraplegic.” The same applies for all disabilities. Other examples include a student with vision loss, an individual with autism, or a person who has Spina Bifida. Try to make the language as positive as possible.

Built Environment

The built environment where the program takes place should be completely accessible for individuals with and without disabilities, family, friends, and caregivers. While this will vary based on the types of activities being performed, some key components of accessibility include ensuring program areas, entrances, and access routes are large enough for individuals who ambulate in a variety of methods to enter and move throughout without additional assistance or alteration to their typical movement style, and without facing additional ambulation barriers. It may also include the provision of intentionally located seating and balance aides, such as chairs, stools, and benches.

This is not only limited to the inside and outside of the building, the internal classroom, and any activities planned, but also entails restrooms, entrances, routes, and parking spaces/public transit stops. While facility accessibility may vary based on several factors, in general, always ensure all spaces are open, clear of mobility impediments, and that pathways and other routes are unbroken, seamless, slip-resistant, and feature occasional seating and balance options (e.g., chairs, couches, handrails). Several sources provide specific requirements and recommended resources for built environments, including the Americans with Disabilities Act, the United States Access Board, and the Center for Universal Design.

Teaching Strategies

Ensuring an inclusive curriculum does not only mean that the built environment and equipment are accessible, but it also suggests that teaching strategies should be taken into consideration too. Facilitating an inclusive and accessible program will be vital for effective communication and will enhance the learning experience. Being able to think creatively and adapt to particular situations are both important aspects for adjusting sessions for any participant; thus meaning, appropriate techniques should be utilized to enhance learning. Planning lessons should be well thought out and should always consider the possibility of having an individual with a disability in class. Having a plan ahead of time will avoid excluding any participant.

By developing certain teaching strategies and communication skills, the instructor can create a learning environment accessible for all. The following are general suggestions for adapting sessions or classroom settings for common disability groups:

Limited Mobility

- Participants with limited mobility may use a wheelchair, a walker, or another type of assistive device. Ensure that paths, entrances, routes, and activity areas are barrier-free and at least three feet wide to allow maneuverability.
- Activities done during sessions should be inclusive and can be completed from the seated position.
- If the classroom is on the second floor, an elevator or alternative route should be available.

Vision Loss

- Provide bright lighting in the classroom.
- Provide handouts, presentations, and any other reading materials in accessible formats with large-print, Braille, and high contrasting colors (such as a light background with dark letters).
- Caregivers and/or sighted guides may be helpful during many classroom activities.
- Provide descriptive verbal instructions. If instructions include moving in directions, use cue words like, “2 o’clock” or “to your left” instead of “straight.”

Deaf and Persons with Hearing Loss

- Provide an interpreter, if needed.
- Avoid turning your back to the audience, and speak clearly with normal enunciation.
- Use a microphone, if needed.
- Provide closed captioning on any videos that might be shown.
- Avoid loud, constant background noises.

Intellectual Disability (ID)

- Provide well-stated instructions and examples.
- Try to make the class as predictable and structured as possible by starting and ending every class with the exact same discussion or activity.
- Participants with ID may easily lose focus, get off task, or become fixated on one thing. To help overcome these issues, consider posting a schedule where the participant can see it, give them a picture book of the day’s activities, or have a video playing or a para-educator there to provide a constant reminder of the task at hand.
- Use color-coded handouts, props, and other objects for activities.
- Provide instructions with pictures or use hand gestures to describe activities.

Inclusive Handouts

Handouts can be recruitment materials, class worksheets, pamphlets, and evaluation forms. Creating an inclusive handout should consist of accessible, culturally, and linguistically appropriate formats to promote the use of food assistance and understanding and should be readily available in alternate formats (see bulleted list on page 9).

Handouts may include large, bold, clear print, and pictures. Individuals with an intellectual disability tend to be more successful with color coordinated resources and pictures. Individuals with intellectual disability may also interpret concepts, words, and pictures literally, so try to avoid using abstract concepts that could be misinterpreted. Some individuals with intellectual disability may have a lower reading level or may not be able to read at all. Voice-over resources that provide audio, words, and pictures of the concept being explained may help this population succeed. Other adaptations may include a larger print poster, closed captioning education videos, and voice-over resources for those who may not be able to read.



Providing educational materials and handouts during the lesson is a great way for participants to be involved during class or to take home information. Note that some worksheets may be most beneficial to an individual with a disability if a caregiver or interpreter is able to assist; providing materials for both the participant and caregiver are recommended. Use the following as a guide to promote inclusive and accessible handouts:

- **Consider individuals with disability and groups that focus on disability-related topics when targeting various potential audiences and tailor how information should be presented.**
- **Ensure that some campaigns address disability-related issues.**
- **Use accessible formats, such as contrasting images and lettering, large and sans serif fonts (such as size 18; Arial, Calibri, Helvetica, Tahoma, or Veranda), or Braille versions.**
- **Avoid italics, if possible. Use bold or underline to enhance words.**
- **Ensure that materials include images of people with and without disability.**

Simple sentence structure is vital. At times, an assistant or caregiver may be appropriate for some participants when completing worksheets or assignments.

Recruitment of Individuals with Disability

Not only should the facilitator be prepared with handouts for class, but he or she should also have recruitment flyers that are inclusive of individuals with disabilities. After establishing an accessible location for the classes to be hosted, consider the recruitment process of individuals with disability. How will you reach potential participants with disabilities and what other accommodations are needed? Consider accommodations when planning an inclusive program. Some questions to consider during recruitment or adding to registration forms would be:

- **Do you need any assistance with walking, seeing, hearing, filling out forms, or communicating?**
- **Does the flyer depict individuals with visible disabilities?**
- **Do registration forms ask if participants will need accommodations?**
- **Have you made arrangements for any interpreters that have been requested?**
- **Do you need print materials in an alternate format?**

Strategies and Interventions by Setting

The following provides a brief description and general inclusion tips for each target setting provided in the SNAP-Ed Obesity Prevention Toolkit for States.

Child Care Setting



The child care setting is a space where children may learn and play with other peers. When using approved SNAP-Ed programs that fall into the child care setting, SNAP-Ed implementers should be able to provide the strategies and interventions outlined in the obesity prevention toolkit to include children with a disability. An inclusive child care space means that children who have a disability are able to participate with children who do not have a disability. This includes both eating environments and play areas. Programs should be accommodated so that all children can enjoy the positive experience and relationships with peers. This provides the opportunity for young children to interact with children of similar ages and to learn at their own pace in a supportive environment.

School Setting



According to the 2010 US Census, 2.8 million school-aged students have a disability. This includes physical disability and other disabilities that may not be visible. Students with disability should have the opportunity to participate in physical education and yet again, other nutrition activities to enhance the learning experience. Full inclusion begins with the recognition that children and youth with disabilities are integral members of the school community and must be more than just acknowledged as an afterthought. Physical activity programs within a school should address the needs of all students in the school community including those with a disability. In doing so, it is important to bring together those that represent needs of children and youth with disabilities.

Activities held in a school setting should include adaptations and modifications to physical education activities such as exercises, games, rhythms, and sports in order to provide the opportunity for students of all ability levels to engage in physical activity. Adoption of lifelong healthy behaviors is influenced by experiences and participation, with the program leader acting as the facilitator for such experiences. All physical education and activity programming should be inclusive of children with disability. Activities and games should be designed, planned, implemented, and evaluated to help schools consistently provide adapted physical education class, recess, and safe and inclusive routes to school.



In order to facilitate successful learning experiences, the teacher should be knowledgeable of the needs of each student and how these needs are going to be addressed during lesson planning and through the development of the class. These needs are different from student to student, even if their disabilities appear similar.

During the planning phase, the teacher should

accumulate information that determines the modifications and inclusive strategies to be adopted during the class learning experiences. It is paramount that the students' personal goals for sports and recreation are considered when designing learning experiences and establishing goal outcomes. An effective class pays close attention to each student's class participation; maximizing participation means providing more opportunities for students to be active, to socialize, to master skills, and to improve health and quality of life.

Ultimately, the ability to evaluate the effectiveness of the class depends on appropriate use of assessments/assessment tools. The students should be included in the class evaluation process and the assessment tools should be centered on the students.

Community Setting

Inclusive communities provide people with disabilities equal access to and opportunities for healthy living. This can be achieved by implementing policy, systems, and environments (PSE) changes that increase access to physical activity, healthful food, and healthy weight management initiatives.

An inclusive community setting should be a space where individuals can easily navigate food venues, trails, and other inexpensive or free classes that promote healthy living. Inclusion will not only exist around the built community but should also pertain to the community members, relating to the Social Model of Disability. This model states that disability results not from any physical or mental condition, but rather from environments and programs that do not accommodate or are not accessible to a person's unique functional level. For example, it is not a person's physical disability that prevents them from going for a walk in their neighborhood, but rather the lack of sidewalks, curb cuts, and safe public crossings that are accessible to wheelchairs and other mobility supports. Likewise, it is not a person's intellectual disability that prevents them from learning how to manage a chronic illness, but rather the lack of programs that accommodate their learning needs.

Helping Families Setting

Information, support, advocacy, care, empowerment, and balance can be the foundation of a healthy family. These can all be achieved by ensuring that all family members are included and able to participate in activities together. In the form of assistance, community programs should that support healthy family initiatives should also highlight the importance of including caregivers. These individuals should understand the participants' needs in order to provide the best care; therefore, including caregivers in class and programs is necessary. Caregivers can assist with meal planning and cooking during nutrition classes, if needed. Cooking instructions can lead to other important skills, such as decision-making, math skills, reading skills, and self-efficacy. Families should be encouraged to continue practicing the healthy behaviors learned during the program outside of class.

Social Marketing and Media Setting

Communication is about more than just stating, sending, or otherwise supplying a message. Effective communication represents a more holistic approach to communication that involves ensuring a message is both received by and accessible to all potential communication targets. Approaching communication from a mindset focused on inclusion and accessibility will enable more effective

communication, as messages will target and feature individuals of all ability levels and be made in multiple communication formats, ensuring they have the greatest chance to reach, connect with, and impact the broadest possible audience.

It is important to understand and utilize both person-first language and effective communication when planning, developing, and broadcasting messages on any scale, from one-on-one to community-wide. Employing these concepts appropriately in all stages of communication will help to enhance the likelihood that messages will be received and understood by all.

Nutrition Strategies

The following are suggestions and resources that support the nutrition strategies and interventions provided in the toolkit. These recommendations should be used as guidance for facilitators to incorporate inclusion elements into their programs and to ensure that all individuals are included throughout the use of SNAP-Ed's evidence-based programs. Use the key provided in the How to Use This Guide section located at the beginning of this addendum to identify potential target settings that each subtopic will benefit.

Breastfeeding and Disability

It is well-known what wonderful benefits breastfeeding has for both the mother and the infant. Human milk is the best food for newborn infants for the first year of life or longer, especially for premature or sick newborns. Breastfeeding multiple times throughout the day can positively affect the infant's health and development as he or she grows in the first months of life; moreover, nursing the infant for an additional month during this time is associated with a lower probability of disability. Breastfeeding should be considered by all mothers for healthy growth of the infant. Exclusively breastfeeding helps protect the infant from infections and have little risk of the development of anemia, even with the low concentration of iron in human milk. Breastfeeding is one of the best things a mother can do for her baby.

Some programs in the obesity prevention toolkit may provide classes or education for mothers who choose to breastfeed. Materials should be available to all participants in the class or the instructor should be able to direct participants to inclusive resources if applicable. If space allows, additional equipment should be available to help fold, feed, and play with the baby to foster attachment. Some items may include propping pillows, latex-free items, or supplemental feeding gear. These items can be provided for free or at a low-cost loan when collaborating with disability organizations.

To go beyond ADA compliance and provide best practice appropriate amenities, inclusive lactation rooms where a mother needs to pump should be clearly marked, available, and accessible to individuals with disability. This may consist of providing a comfortable chair, a table or shelf with a flat surface large enough to hold the pump, easily located and accessible electrical outlets, a three-foot-wide path to maneuver in the room, an accessible sink with appropriate soap or wipes, and an accessible refrigerator to store milk.

Professionals and program leaders should provide access to educational materials and information about breastfeeding support groups for mothers in order to build her confidence in her ability to take

care of the baby. There are breastfeeding classes and educational resources available so that mothers and families of infants with disability know about the signs and symptoms of feeding difficulties. These resources also discuss common questions and what to expect when breastfeeding infants are born with a disability. Below are some resources listed to learn more about guidelines, statistics, and support groups that facilitators may share with their participants:

- “Breastfeeding Infants with a Disability” – <https://www.nchpad.org/1604/6630/Breastfeeding~Infants~with~a~Disability>
- “Inclusive Lactation Rooms” – <https://www.nchpad.org/1602/6625/Inclusive~Lactation~Rooms>
- La Leche League International – <http://www.llli.org/h>
- La Leche League Leaders or Groups – <http://www.llli.org/webus.html>
- CDC’s “Breastfeeding” – <https://www.cdc.gov/breastfeeding/>
- Breastfeeding Support – <http://breastfeeding.support/>
- Women, Infants, and Children (WIC) Peer Counseling – <https://lovingsupport.fns.usda.gov/wic-staff/peer-counseling>
- Mothers Overcoming Breastfeeding Issues (MOBI) – <http://www.mobimotherhood.org/>

Meal Times and Feedings



Feeding difficulty and malnutrition are common in children with disability. Oral intake for the older infant and child may require adapted feeding equipment or slight modifications once table foods are introduced to ensure the individual is receiving adequate nutrition. Modifications include texture, consistency, posture, timing, and eating atmosphere. Along with the guidance of a registered dietitian or nutrition professional, use the parent or child’s caregiver to provide appropriate food modifications for students with disability in your program. For some children who may have chewing and swallowing difficulties, the texture of the food may need to be prepared differently (e.g. pureed or soft) in order for the child to enjoy the same snack or meal. Work with parents to ensure proper feedings, including but not limited to tables, chairs, adapted utensils, tableware, and other feeding equipment.

Mealtime behaviors and eating problems often occur along with other behavioral and sensory conditions. In other words, picky eating is very common with individuals who have an intellectual disability. Creative thinking and patience play large roles when nourishing selective eaters. Eliminating distractions, such as televisions, tablets, or toys, during meal times may be particularly beneficial as well as setting a schedule for when to eat.

Menu Labeling and Nutrition Information



Improving access to nutrition information through menu labeling and education will enhance the learning experience. Nutrition labeling and/or brochures can be a helpful tool when making healthy decisions. Using accessible font and contrasting colors will support consumers with reading menus easily. Along with providing the number of calories an item has, another option for improving the understanding of nutrition information would be to create a key or icon that symbolized that the food is a healthy option. For instance, a heart or smiley face can be placed next to the item listed on the menu so students, participants, and other consumers can independently learn and make informed healthy choices. Use this technique in classes and handouts so that participants will be able to identify wholesome snacks and meals. Take it a step further and partner with local stores and restaurants

implement this strategy on their menus, signs, and even vending machines.

Accessible Cooking Demonstrations and Adapted Tools



Several SNAP-Ed programs may suggest performing cooking demonstrations and/or recipe participation throughout the curriculum. This is a great way to engage participants and allow them to practice prepping and tasting new foods. Demonstrations will also promote self-efficacy as participants improve cooking skills and knowledge.

Be sure to consider all participants watching or engaging in this activity. A microphone or even interpreter may be needed for deaf persons or individuals who are hard of hearing. Another tip may be to provide the recipe instructions to participants so that they can follow along while the demonstration is being performed. This may allow individuals with an intellectual disability to stay on task and follow instructions more easily.

To allow hands-on prepping during sessions and ensure that all participants are involved, the facilitator will want to utilize appropriate prep space and adapted tools. An adapted cooking utensil is a tool used in the kitchen that may have some type of modification in order to enhance the cooking and eating experience. There are many tools and tips for users with mobility issues, limited vision, or unsteady hands.

Adapted utensils and assistive devices may be useful during sessions where meal prep is taught. Participants who have a disability will be able to learn how to create independence and maximize both the cooking and eating opportunity. It is okay to ask participants what accommodations will best benefit their learning capacity and participation during class demonstrations. The following is a short list, certainly not limited to, of assistive kitchen utensils and tools:

- Cut-resistant gloves
- Palm peelers
- Non-skid mixing bowls
- Non-skid cutting boards or single-handled cutting boards (with prongs)
- Mini-prep food processor
- Vegetable slicers
- Assistive jar openers/automatic can openers
- Long arm grabber (provides access to items in higher cabinets)
- Rolling cart
- Color alert timers
- Grip straps
- Spout cups
- Lipped plates
- Swivel, angled, or finger loop utensils
- Rocker knife



Innovative kitchen tools and accessories designed specifically for making cooking easier and safer for everyone will ensure involvement of all participants. Adapted kitchen tools can be used by anyone in

the kitchen but they may especially enhance the cooking experience for someone with a disability.

During a cooking demonstration, educating and showcasing the use of these tools may benefit the participant who has a disability. It is also important to consider other teaching techniques to enhance learning. Instructions that incorporate pictures and simple phrases may be easier to follow along with, especially for an individual with an intellectual disability. Any recipes used during the curriculum should be available in alternate and accessible formats that also include particular tips for modifications.

Recipe cards will be most beneficial to the participant in conjunction with a cooking demonstration. A detailed overview of the cooking demonstration should be given both verbally and visually at the beginning of the class. The instructions could include writing directions on a poster or handout, holding up ingredients or tools, explaining the process, or using a combination of tactics to engage the class. The facilitator should be prepared to provide any accommodations needed for the specific class. This could include using a microphone, having a translator present, and being well-equipped with adapted kitchen tools. Some characteristics to include in handouts are large bold font, clear pictures with easy to understand instructions, and Braille if necessary. Additionally, the recipe cards should also be high contrast color and at an appropriate reading level, considering individuals with intellectual disability or education level.

Refer to sections, Inclusive Handouts and Teaching Strategies at the beginning of the addendum guide for reminders on inclusive classroom space and techniques when considering a cooking demonstration.

Accessible Gardens



Gardening is a healthy and simple way to enjoy safe and comfortable physical and mental activity. One can engage in gardening and structure it to leisure-time physical activity or focus on equally important fine/gross motor skills, flexibility, balance, and eye/hand coordination. The benefits of gardening are well-documented; formal programs in horticultural therapy use plants and plant-related activities to promote health and wellness for an individual or group. Horticultural therapy has been used to improve mobility, muscle coordination and strength, balance, endurance, socialization, and memory skills. Gardening can become part of a healthy and active lifestyle for people with disability with some simple adaptations to the garden, gardener, and plants.

Community, school, and/or home gardens allow individuals with and without disability access to healthy, nutritious food. There are many ways to adapt the garden for access starting with appropriate grades and paving, careful selection and placement of planters, and vertical hanging techniques such as hanging baskets and large-raised beds. Patios, decks, connecting paths, and walkways should be paved, firm, level, drain well, offer good traction, and require little maintenance. The garden itself should provide:

- **Raised garden beds that can be accessed from the seated position**
- **Light portable seating to maximize ability**
- **Bright, bold, and contrasting colors**
- **Fuzzy leaves, interesting bark, stems, and flowers that provide sense of touch**

Gardeners should be able to utilize adapted equipment to help reduce effort, maximize abilities, and encourage independence while working in the garden. Examples of adapted equipment are modified handles, clippers with a side strap, long-handled grabbers, and lightweight portable seats and tools.

For additional information on accessible gardening, visit the following resources:

- <https://www.nchpad.org/1496/6449/Accessible~Gardening>
- <https://www.nchpad.org/gardening/index.php>
- <http://greenthumbs.cedwvu.org/>

Drinking Water Access



Water is essential for every cell, tissue, and organ in our body to work properly. It is apparent how important this essential nutrient is for overall good health. Improving access to water will provide the opportunity for all individuals to make the choice to increase daily water consumption.

Be aware of the height and location of water stations. The height of drinking fountains should be low enough to access from the seated position for persons who use a mobility device. If a water fountain is not capable of being lowered, provide cups at the water station for the individual to fill up. It should also be located in a spot where persons who use mobility devices or have vision loss can easily access. If this is not doable, consider bringing a cooler of water or encouraging participants to carry a water bottle with them. Fountains or water jugs with push handles or spouts, rather than twist spouts, are most accessible and can be operated by most hand dexterities. Signage should be clearly marked and easy to navigate.

Some disabilities consider very critical water intake. To learn more, please visit the following resource:

- "Water: The Essential Nutrient" – <https://www.nchpad.org/1242/5913/Water~~The~Essential~Nutrient>

Inclusive Farmers Markets



Equitable access to healthy, nutritious food options is a critical component of any livable community. By creating inclusive and accessible farmers markets for all potential buyers, consumers are able to incorporate wholesome produce into healthy eating plans and enjoy interactive social opportunities.

If you plan to take a field trip to the farmers market during your program or even simply share information about getting to the market with the participants, be sure that the venue is near an accessible public transportation stop that allows buses with wheelchair lifts and hydraulic lowering capabilities. Parking lots should include accessible spaces, including van accessible spaces, which are appropriately marked. If there is a physical entry to the market, such as a door or gate, it should be operable by a closed fist and require minimal force to open. Entries should also be at least 32 inches wide, and thresholds should be flush to the ground or no more than one-quarter inch raised.



The routes and pathways to enter and navigate the market should be at least three feet wide and feature smooth, firm, unbroken surfaces. They should be kept free of obstacles and other potential barriers and hazards to movement. Make sure that access ramps are also available if there is a level change within the market's space. Accessible signage should exist around and within the market to help consumers navigate and provide education on price and nutrition.

Booths and items should be accessible from a seated position, and vendors should be willing and able to adapt communication methods to interact with all potential consumers. If possible, the staff can help customers collect items, provide navigation and other market information, and assist with getting items to vehicles. For additional inclusive farmers market information, refer to the following resources:

- Inclusive Farmers Markets – <https://www.nchpad.org/1232/5885/Inclusive~Farmers~Markets>
- Farmers Markets 101 – <https://www.nchpad.org/1511/6477/Farmers~Markets~101>

Grocery Store Tours

Grocery store tours may also be offered in programs. These specifically teach individuals how to shop independently and make informed decisions. There are several factors to consider when taking a group of participants with and without disabilities on a grocery store trip. Be sure to pick a location that is accessible to all participants. Plan to visit the store before the actual trip to ensure that there are accessible stops for transportation and enough space within the store. Smaller corner stores may be too tight and have smaller aisles. This may not be the best fit for participants who use wheelchairs and other mobility devices, so choose a larger store to accommodate.

Beyond the built environment of the store, keep in mind that some participants may utilize a caregiver, family member, or friend to assist with shopping. If the participant does not do the grocery shopping by himself, be sure to include the person who does do the shopping for the individual and household. This is a great opportunity for both persons to learn, engage, and practice healthy purchasing together.

During tours, be sure to mention that there are phone apps that help individuals read food labels by enlarging the text or reading aloud the nutrition information. Utilizing store employees and grocery store dietitians can be great resources for participants with disability to also use. Be sure to mention these tools to your participants.

Marketing of Healthy Food and Beverages



Influencing individuals to purchase healthier items or perhaps become self-motivated to exercise comes with pros and cons. When one can advertise accessibly and capture the target audience, the behavior change is more likely to occur. Commercials, billboards, flyers, videos, and other marketing strategies should be inclusive of individuals with disability so that consumers can also feel a part of the target audience. Online campaigns and initiatives should include imagery and videos of people with visible disabilities in featured spots as well as in the background. While creating content, be sure to create closed caption content that expresses all spoken verbal contents of a video. If working with media sponsors to promote your program or recruit, be sure to display individuals with disability on flyers and brochures as well.

As accessibility plays a large factor when portraying messages, imagery itself is one too. A person

with a disability who is reviewing a flyer, billboard, or other type of media will be more inclined to the information if they are able to identify with an individual within the message. Thus meaning, if the target audience is to reach and include people with disabilities, be sure that an individual with disability is shown in the content.

If possible, when promoting healthy lifestyle content, employ celebrities/leaders/influencers within the disability community, such as Paralympic athletes, actors/actresses, or elected officials, to help people within the disability community better connect with and resonate with the messages being promoted.

To learn more about resources for communicating with individuals with disability, please visit: <https://www.nchpad.org/1203/5835/Resources~for~Communicating~with~Individuals~with~Disability>.

Physical Activity Strategies

The following are suggestions and resources that support the physical activity strategies and interventions provided in the toolkit. These recommendations should be used as guidance for facilitators to incorporate inclusion elements into their programs and to ensure that all individuals are included throughout the use of SNAP-Ed's evidence-based programs. Use the key provided in the How to Use This Guide section located at the beginning of this addendum to identify potential target settings that each subtopic will benefit.

Play Areas



Play areas in school settings and home settings should be accessible for all ages of children with disability to ensure movement and participation. These areas should be spacious and barrier-free. For children who use a wheelchair, be sure that there is enough room to maneuver the space, typically at least a three-foot area to play and turn. It may be appropriate to remove rugs to provide easier access around the room or even avoid tripping for children who may have difficulty walking. For a child who has vision loss, consider placing an extra lamp in certain play areas to assist.

In some instances, toys and equipment may need to be adapted so that children with disability can play independently. Larger and lighter balls may be easier to play with as opposed to small, heavy ones. Assistive grippers and straps may help students who have limited dexterity play with toys. An inexpensive and quick solution in this situation could be to simply wrap ribbon or rubber bands around the hands and toy to hold all together. Be sure to also consider rules, time limits, allowance of peer assistance, and other adaptations that modify any activities that should be completed in a play area. This may also consist of changing target sizes for goals or even moving a throwing target to the ground if a participant is only able to roll an item. Encourage families to continue to play at home and within the community outside of class.



Wellness Policies



Health promotion programming is the creation of initiatives, events, camps, and other various activities intended to improve the health of participants. Often, organizations and coalitions create health promotion opportunities billed as being open to all community members; however, certain barriers may exist that prevent equitable participation and benefit to some members of the community. As such, health promotion practitioners should incorporate inclusion into program planning, action, and evaluation stages to ensure that all individuals enjoy equitable participation and benefit in such programs.

Some planners may initially see inclusion as a daunting programming obstacle; however, with proper planning and policies, as well as participant and stakeholder input, it can serve as a simple, incredibly beneficial programming cornerstone. The following are a variety of examples of health promotion programs and initiatives that are inclusive and/or incorporate inclusion:

- **cycling trails that are created or modified to be wide enough to accommodate pedal and arm bicycles**
- **climbing walls that include routes with different spacing of holds for individuals who may only utilize their arms in climbing**
- **playgrounds that include access ramps, activities on the ground level, and safety padding that can be navigated by users of accessible devices, such as wheelchairs or canes**
- **sports camps that include adapted sports along with their non-adapted counterparts, such as a track and field camp that allows assistive device users to participate and compete alongside those not using devices**

Wellness Councils



When creating wellness policies in each setting, it is important to consider students, professionals, parents, and other community members with disabilities to be represented on the committee. These individuals will provide the best first-person experiences and will play large roles when planning initiatives that will include individuals with disabilities. Decisions should include this expertise. This will ensure the creation of policies on any level to lead to programs that are inclusive and thus equitable to all participants.

Complete Streets



“Complete Streets” is an initiative from Smart Growth America that seeks to create streets and roadways that promote healthy lifestyles for all by being safer, more efficient, and more livable than streets which currently foster speeding vehicles and, conversely, congestion and traffic jams. The National Complete Streets Coalition provides resources, as well as technical support and assistance, to transportation planners and others working to improve community livability and create streets and roadways that are truly designed with all users in mind.

One of the key components of Complete Streets is that they truly consider all users, regardless of ability level, age, or mode of transportation. Complete Streets incorporate tenets of inclusion and universal design to combat the barriers of incomplete streets and to ensure that built environments, technology, and traffic flow promote the best possible pedestrian and transit experience for all users.

Barriers caused by incomplete streets include:

- unpaved, broken, and/or disconnected surfaces
- lack of curb cuts, ramps, and other appropriate assistive implements for elevation change
- one-dimensional traffic signals (for example, a visual signal with no audible component)
- wide intersections and roads and increased speed limits that promote less crossing time for pedestrians and more, faster motor traffic, endangering pedestrians, cyclists, and other motorists
- public transit “islands” that are not connected to sidewalks or other accessible paths and routes

Complete Streets take into account the above and other barriers and address them in planning and policy work. Additionally, Complete Streets advocates may target existing policies and developments and advocate for amending them to create more accessible environments. Absent these barriers, community streets, roadways, and pedestrian infrastructure are vastly improved, providing tangible benefits not only to people with disabilities, but to all users. For example, curb cuts can benefit individuals who use assistive walking devices, as well as parents pushing strollers, or individuals without cars who utilize push carts to carry purchased items home. Shorter crosswalks and extended crossing times benefit all individuals who have decreased mobility, including people with disability, poor physical fitness, large loads of items, or adults corralling several children. While these examples may seem simple, when applied to real-world instances the benefits are tangible and lead to increased individual and community health and engagement.

Other Strategies

Support Groups



Support groups and community gatherings are great connects for individuals with disability to share experiences and develop friendships with each other. Support groups allow individuals to gain a sense of empowerment and control, and they may reduce symptoms of stress, depression, and anxiety. Participants within the support groups can share strategies and tips for how each are successfully achieving their health goals. These groups should meet in areas that are physically, politically, emotionally, and socially accessible for people with disabilities.

Caregiver Involvement



Some participants with disabilities may rely on a family member or caregiver to assist with many activities, such as grocery shopping, cooking meals, transportation, or providing information. In situations where the individual with a disability is reliant on additional assistance, it is important that the caregiver is involved with and understands program lessons. The caregiver provides information, support, advocacy, and empowerment; therefore, it is critical that the skills and techniques learned in lessons will be reinforced at home to benefit the individual who has a disability. Invite caregivers to attend classes with participants or provide information to them through handouts, and emphasize strategies that could be utilized outside of class to enable healthy living.

Evaluation

General Considerations

The evaluation methods should be developed at the beginning of program design. Program coordinators and facilitators adapting the SNAP-Ed Obesity Prevention Toolkit should consider employing initial focus groups, surveys, and/or interviews with individuals with a disability from their community to acquire feedback on ways the program can best reach individuals within that specific community. Other stakeholders to consider including are staff from community organizations who specialize in working with individuals with a disability.

Ongoing evaluation is critical for all public health programs, and especially when tailoring components for inclusivity. Various strategies should be tried and refined over time to best meet the needs of individuals with disabilities. Creating an inclusive program will most likely take various iterations, and program coordinators and leaders should adopt this mindset.

When designing evaluation plans for various targets of influence such as the individual, environmental, and structural, several strategies may be employed to ensure inclusivity is properly being assessed.

Individual Level

In reference to the logic model on page 13 of the SNAP-Ed Obesity Prevention Toolkit, at the individual level, the program should seek to evaluate short-term, medium-term, and long-term changes with people with disability in mind. Data evaluated should include feedback from individuals in the form of surveys, interviews, and focus groups as previously mentioned along with observation, and administrative reviews of records, documents, program notes, attendance records, and lesson plans. The RE-AIM framework can be adapted to assess inclusivity.



Items to be evaluated should be pre-determined prior to the start of the program and may include elements such as:

| Individual Level Short-Term Evaluative Areas to Consider | |
|---|---|
| ST1: Healthy Eating | <ul style="list-style-type: none"> ▪ Content Evaluation: Was content adapted & inclusive in each lesson in a way that allowed individuals with a disability to create appropriate healthy eating goals & assess intentions? ▪ Individual Outcomes: What indicators will be used to appropriately assess the short-term goal of healthy eating goal setting & intentions in individuals with a disability? |
| ST2: Food Resource Management | <ul style="list-style-type: none"> ▪ Accessibility: How did the program assist individuals with a disability to navigate food resource management? |
| ST3: Physical Activity & Reduced Sedentary Behavior | <ul style="list-style-type: none"> ▪ Communication: Was person-first language incorporated into lessons? ▪ Content Evaluation: Was physical activity content presented inclusive? ▪ Individual Outcomes: Did individual goal setting reflect individual abilities and capacities regarding physical activity? ▪ Adaptations: Did demonstrations and activities involving physical activity use adaptive and inclusive strategies to allow for appropriate goals and intentions? |
| ST4: Food Safety | <ul style="list-style-type: none"> ▪ Were special considerations made for people with disabilities to help implement food safety? (See Accessible Cooking Demonstrations and Adapted Tools) |

Overall, program facilitators should keep in mind that measures used to assess the effectiveness of the program in able-bodied individuals may not be appropriate for evaluating success in individuals with a disability participating in the same program. Data collection tools should assess progress in individuals with a disability at the short-term, medium, and long-term stages.

- In addition to short-term, medium, and long-term outcomes being assessed, other areas to consider evaluating that affect individual outcomes include:
 - **Staff Training:** Incorporating staff training regarding facilitating adaptive programs, providing refresher sessions as needed, and tracking adherence to training.
 - **Participation Evaluation:** Attendance of individuals with a disability should be documented; moreover, dropout rates and barriers to attending class should be assessed. Periodic marketing, recruiting, and/or follow-up should be included.
 - **Caregiver Participation:** Caregivers often play a crucial role in the day-to-day lives of individuals with a disability and often make eating and activity decisions for the individual; therefore, the inclusion of caregivers will be beneficial to evaluate and assess.
 - **Other Outcomes:** Programs should consider including medium and long-term changes in evaluations. These measures include healthy lifestyle awareness, self-efficacy, knowledge of community resources available, and attitudes towards a healthy lifestyle. Medium and long-term changes will reflect positive outcomes in which short-term goals, such as weight loss, are not applicable for individuals with disability.



Environmental Level

When evaluating programs, leaders should also include inclusive questions that address individuals with disability to ensure that all programs address the needs of its participants. Environmental topics such as recruitment and registration, parking and transportation, facilities, equipment and technology, services, and any other programmatic elements should all be assessed. Consider the following general categories:

Environmental Setting Evaluation Areas to Consider

| | |
|---|--|
| Recruitment and Registration | <ul style="list-style-type: none"> ▪ Has the program been advertised using flyers that depict individuals with visible disabilities? ▪ Are various mediums of program promotion being utilized to capture a wide audience? (i.e. radio, flyers, social media) |
| Parking and Transportation | <ul style="list-style-type: none"> ▪ Is accessible public transportation available to all programs, venues, and settings? ▪ Is accessible public transportation available to drop off participants at the program site? ▪ Are there parking spaces that are designated as accessible? |
| Facilities | <ul style="list-style-type: none"> ▪ Is the program space on the ground floor or accessible by an elevator/alternate route? ▪ Are spaces barrier-free and at least three feet wide in all areas? ▪ Is there bright lighting? ▪ Do the restrooms have at least one stall or a space around the toilet that is 5ft x 5ft (for participants who use wheelchairs or scooters)? |
| Equipment and Technology | <ul style="list-style-type: none"> ▪ Is there a microphone or an assistive listening device available for participants with hearing loss? |
| Services | <ul style="list-style-type: none"> ▪ Is an interpreter available for individuals who need one? |
| Additional Programmatic Elements | <ul style="list-style-type: none"> ▪ What organizations in the community should we consider partnering with to better reach people with a disability? |

Systems Level

At the systems level, or sectors of influence, SNAP-Ed should consider utilizing evaluation and outcome data to help influence the community, raise awareness, and advocate for greater inclusivity, and accessibility in all sectors. Several questions to consider when designing the program and evaluation include:

- From the program evaluation and participant feedback, what local, state, and national policies are needed?
- In what ways could community design benefit from investment in accessibility and inclusivity (i.e. sidewalks, parking spots, public transportation routes, accessible parks, accessible grocery stores)?
- What adaptations should be advocated for regarding social marketing and media practices?
- To whom are the database stories shared reflecting the importance of preventative health and wellness practices?



Final Remarks

The information presented intends to help nutrition facilitators and other public health and healthcare professionals promote the inclusion of people with disabilities while using the SNAP-Ed Obesity Prevention toolkit strategies. Recommendations in this document should be tailored to include all abilities during interventions, and instructors should adapt programs and lessons to benefit the participants' needs.

For more information and inclusive resources, please visit www.nchpad.org or call 1-800-900-8086.

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