iCAN-IMPLEMENT Description of Stages & Steps

Stage 1

Step 1: Form an Inclusive Health Coalition

The formation of an Inclusive Health Coalition is the foundation to community health inclusion. If a community health coalition already exists, it should be examined for inclusion of disability representation, consisting of people with disabilities and their family members or caregivers, and/or disability organizations. If an existing coalition is not inclusive, individuals or organizations that can provide disability representation should be identified and invited to join the coalition.

Step 2: Assessment

This aim of this step is to clarify the inclusion problem. This can be done at a local, regional, and/or state level. There are many different assessment tools to use, depending on the sector and domain being measured. Examples of inclusion and accessibility tools include the Community Health Inclusion Index to determine the inclusiveness of the community, organizations, and on-site levels in a variety of sectors, and ADA checklists to assess the accessibility of built environments in a variety of sectors.

Step 3: Call to Action

The Call-to-Action step is a strategic aspect of the GRAID Inclusion Plan development and implementation process that is designed to clarify the driving force and motivation behind the need to become inclusive or improve inclusiveness for people with disabilities at the local, regional, or state level. Planning change requires effective leadership and facilitation skills, including the ability to articulate a vision, inform, motivate and persuade stakeholders, solicit support, and foster team development. Clarifying these issues may take some time, involve extensive communication, and require several meetings. The Call-to-Action is a formal declaration disseminated within the inclusive health coalition, to the community and beyond.

Step 4: Draft Inclusion Plan

At this step, with the inclusion problem(s) broadly outlined, GRAIDs and/or other inclusion strategies should be identified and reviewed to see if any provide possible solutions. Decisions should be transparent decision and documented and selected for the local context of the community at large and/or a specific program.

Stage 2

Step 5: Conduct Inclusion Gap Analysis

This step examines what the current practice is versus what needs to be or should be done (the inclusion plan). Some of the gaps may have already been identified by the previous assessments conducted in Stage 1. Gaps may have to do with the known reach of the proposed inclusion project (e.g., participants, sites), resources (e.g., who needs to be involved-staff numbers, departments, agencies and equipment), or knowledge and awareness of the local inclusion practice challenge/problem. The ultimate aim of a gap analysis is to clarify exactly what and how much will need to be changed in the prevailing practice and system.

Step 6: Assess Barriers/Facilitators to Implementation Strategies

Typically a list of barriers to implementation is not difficult to generate, however a structured, comprehensive approach is advised. What may be perceived at the outset as a simple adjustment to practice can creep quickly into more systems in the organization/program as the full extent of the change necessary becomes clear. Some of the barriers and facilitators may have already been identified in the previous phase.
Step 7: Customize the Implementation Strategies to the Local Context

Now that barriers and facilitators and possible solutions have been laid out, it may be necessary to include additional stakeholders who have skills or influence needed to execute the implementation plan. Consideration about who may be instrumental in making program, policy, system, or environmental changes and then inviting them to be part of the coalition will be critical to success. Consequently, inviting more people/organizations to be a part of the coalition also requires effective leadership who is clear about roles and responsibilities. Continuous updates to the Implementation Inclusion Work Plan to document the decisions about roles and responsibilities should be done.

Step 8: Select and Tailor Implementation Strategies

At this step, implementation strategies best aligned to the inclusion problems identified and best suited to the target adopters and local circumstances are addressed. A critical activity, field testing, occurs at this step. It will be important to test implementation strategies on a small scale before scaling-up.

Stage 3

Step 9: Implement the Inclusion Plan

Select and tailor the inclusion plan based around the identified barriers and facilitators.

Step 10: Monitor the Inclusion Plan Implementation Process

Evaluate both the level of inclusion plan uptake and the impact of the plan for inclusion on the intended population of individuals with disabilities, service providers and organization. Monitoring the plan can be framed by addressing two main questions (1) is the inclusion plan being followed?, and (2) does using the inclusion plan make a difference?

Step 11: Evaluate Impact

At this point, coalitions should begin to determine the impact of the inclusion plan. Indicators need to be determined. Unintended benefits (or consequences) should be monitored, too. Formal and/or informal measures should be used to track the indicators; and data collection methods need to be determined: A plan that lays out who, where and how information will be obtained needs to be put in place.

Step 12: Nurture Change & Sustain Inclusion Plan

To nurture and sustain the inclusion plan, groups must integrate changes into system routines (e.g., policy changes). They must plan for sustainability early on. Four characteristics of sustainability are as follows: routinization, adapting to change (being responsive), skilled facilitation and building capacity.