BUIDLING HEATHY COMMUNITIES FOR EVERYONE

2013 Annual Conference
Alabama Chapter-American Planning Association

Florence, AL
Building Inclusive Healthy Communities through the National Center on Health, Physical Activity and Disability (NCHPAD)

Amy Rauworth
Lakeshore Foundation
May 1, 2013
NCHPAD is the premier resource for information on physical activity, health promotion, and disability. We empower people with disabilities and health conditions to become healthier and more active.
What's New

NCHPAD News: April 2013
Nutrition Spotlight: Growing Healthier
Public comment needed for proposed Call to Action on Walking!
NEW Article with Video: Adaptive Target Shooting
Kids Korner: Spring into Action!
NCHPAD blog - Endless CapABILITIES
Champion's Rx: A High-Intensity Daily Workout Program
14-week program to a healthier you!
ACSM/NCHPAD Certified Inclusive Fitness Trainer
NCHPAD Calendar

New Daily Workout Program
Champion's Rx
ACT2MOVE AND MOVE2ACT: HAMLET IN THE HOSPITAL

Apr 30, 2013

Dr. Bloom was rushed to the hospital on a Monday morning because he had aspirated on a piece of food. Thankfully, the food was removed from his lung, a very painful procedure, especially because it was performed with just a local anesthetic. He was put in ICU, given lots of medicine, hooked up to oxygen, and a liquid diet. I guess you could say, things didn’t look so good.

Read More

WHITewater RAFTING? YES, YOU CAN!

Apr 25, 2013

It all depends on how you face the challenges of your disability. Life is an adventure and even with limited mobility you can create a rich, experiential life for yourself or someone in your family who has a disability. What if you knew that persons with visual impairments, autism, cerebral palsy, paraplegia, quadriplegia, and hemiplegia could have a blast whitewater rafting all year long?
OUR MISSION

To enable people with physical disability and chronic health conditions to lead healthy, active, and independent lives through physical activity, sport, recreation, and research.
Lakeshore Rehabilitation Hospital
1973
Lakeshore Foundation
2001
In 2006 Lakeshore Foundation launched Lima Foxtrot Programs for Injured Military to provide our severely injured service members with the tools they need to regain active and independent lives.
Established in October 2009 to create a world-class research program in rehabilitative science linking Lakeshore Foundation’s extraordinary programs for people with physically disabling conditions with UAB’s research expertise.
Goal 1. Expand National, State and Local Leadership in Disability and Community Health Transformation

Goal 2. Increase Knowledge Translation (Information, Consultation and Referral) in Physical Activity, Nutrition and Weight Management

Goal 3. Increase Inclusive Health Communications Media

Goal 4. Increase National and State Community Transformation Policy Recommendations that Include People with Disabilities

Goal 5. Increase Training and Technical Support

Funding provided by: Grant/Cooperative Agreement #U59DD000906 from the Centers for Disease Control and Prevention (CDC).
National Trends:
Chronic Disease in United States
### Policy, Systems, and Environmental Change (PSE) Strategies

- Increased opportunities for physical activity;
- Increased access to and consumption of healthy foods;
- Reduced access to, use of, and exposure to tobacco;
- Improved local, state, and national collaborations;
- Increased access to quality health care and resources.

### Areas for Strategic Action

- Physical Activity; Nutrition; Tobacco;
- Leadership; Chronic Disease Management.

### Sectors

- Community-At-Large; Health Care; Work Site;
- School; Community Institution/Organization.

### Community Commitment and Capacity

- Community Consortium; Partnerships;
- Leadership; Resources.
Community Change Process

- **Commitment**: Develop coalition
- **Assessment**: Capture community snapshot (local-level data)
- **Planning**: Prioritize targeted actions
- **Implementation**: Implement jurisdiction-wide strategies
- **Evaluation**: Document success and lessons learned
Topics covered:

1. Data Collection (pages 13-18)
2. Organizing and Using CHANGE Data (pages 32-38)
3. Developing and Revising Your CAP (pages 39-40)
4. Evaluation and Reassessment (pages 43-44)
5. CD-ROM: Resource List, Worksheets, CHANGE Sector Excel Files
CHANGE Action Guide proposes 8-step process
Community teams with broad participation from community leaders:
CHANGE Framework

BUILDING HEALTHY COMMUNITIES FOR EVERYONE

COMMUNITY-AT-LARGE (1)

SECTORS
- Community Institution/Organization (3)
- Health Care (3)
- Schools (3)
- Work Site (3)

MODULES
- Leadership
- Chronic Disease Management
- Demographics
- Physical Activity
- After School District
- Tobacco Nutrition

METHODS
- Observation
- Survey
- Focus Group
- Walkability Audit
- Photovoice
 Increase Access to Physical Activity & Recreation:

- Require bike facilities to be built for all developments (e.g., housing, schools, commercial)
- Provide access to public recreation facilities (e.g., parks, play areas, community and wellness centers) for people of all abilities
- Require sidewalks to comply with the Americans with Disabilities Act (ADA) (i.e., all routes accessible for people with disabilities)
  - Enhance access to public transportation (e.g., bus stops or transit stations)
- Joint use agreements: School facilities (e.g., playgrounds, intramural fields, etc.) are available outside of school hours
Gather Data

Determine what information you need to collect to better understand your community...and complete CHANGE.

Example Methods:
- Survey data
- Community dialogue
- Photovoice
- Community audit and observation
Schleien (1993)* identified categories of barriers to inclusive services as architectural, programmatic, and attitudinal.

Architectural barriers include physical obstacles to inclusion such as access to buildings or outdoor facilities.
Development of a Community Health Inclusion Index (CHII)

The University of Illinois at Chicago
Center on Health Promotion Research for Persons with Disabilities
Why Walkability?
Call to Action on Walking

Biography of the Surgeon General
Regina M. Benjamin, MD, MBA

Regina M. Benjamin, MD, MBA is the 18th Surgeon General of the United States. As America's Doctor, she provides the public with the best scientific information available on how to improve their health and the health of the nation. Dr. Benjamin also oversees the operational command of 6,500 uniformed public health officers who serve in locations around the world to promote, and protect the health of the American People.

From her early days as the founder of a rural health clinic in Alabama – which she kept in operation despite damage and destruction inflicted by hurricanes Georges (1998) and Katrina (2005) and a devastating fire (2005) – to her leadership role in the worldwide advancement of preventive health care, Dr. Benjamin has forged a career that has been recognized by a broad spectrum of organizations and publications.

Dr. Benjamin has a B.S. in chemistry from Xavier University, New Orleans, an M.D. degree from the University of Alabama at Birmingham and an MBA from Tulane University. She attended Morehouse School of Medicine and completed her family medicine residency in Macon, Ga. Dr. Benjamin holds 18 honorary degrees.
• Walkability indices have been created for ambulatory individuals

- No equivalent indices for people with mobility disabilities.
Built Environment
Future research should develop a rollability index to further explore the causal relationship between the built environment and BMI for wheelchair users.

- Wheelchair users may be impacted by other factors:
  - sidewalk complaints,
  - local transportation
  - availability of disability resources,
  - stop light timing
Universal Design and Health Promotion
Some things we may not live to see...

...but most of us will live long enough to experience disability for ourselves because of...
Modern medical care
Returning war veterans
The way we live, work, ...
...and play

Numb and numb-er
Universal Design is the design of all products and environments to be usable by people of all ages and abilities, to the greatest extent possible.

- Ronald L. Mace
Accessible vs. Universal

• Accessible Design: for people with disabilities

• Universal Design: for everyone, *including* people with disabilities
The 7 Principles of Universal Design

1. Equitable Use
2. Flexibility in Use
3. Simple and Intuitive Use
4. Perceptible Information
5. Tolerance for Error
6. Low Physical Effort
7. Size and Space for Approach and Use
Principle 3: Simple and Intuitive Use

Use of the design is easy to understand, regardless of the user’s experience, knowledge, language skills or concentration.
Principle 4: Perceptible Information

The design communicates information effectively to the user, regardless of the environment or the user’s abilities.
Principle 5: Tolerance for Error

The design minimizes hazards and negative consequences of accidental actions.
How can communities

Get from Here...  To Here...
Uninviting bus stops: no sidewalks, curb cuts, or comfortable place to wait
Inaccessible sidewalks: no curb cuts = no way to safely cross, move along roads
Incomplete Streets

Wide, fast-moving roads: dangerous for bicycling, walking/wheeling across
We know how to build good streets...
...but too often, we don’t.
A Complete Streets policy ensures that the entire right of way is planned, designed, and operated to provide safe access for all users.
Why Have a Complete Streets Policy?

To ensure that all users are part of routine, everyday transportation practice.

—Reverse the ‘burden of proof’
—Assume pedestrians, bicyclists, and transit users will be there, unless proven otherwise.
Why have a Complete Streets policy?

To gradually create a complete network of roads that serve all users.
Why have a Complete Streets policy?

To provide flexible solutions to community transportation needs.
Why Have a Complete Streets policy?

To take advantage of all opportunities to create better streets:

• Planning
• Design
• Maintenance
• Operations
Policy development should include all stakeholders:

- Members of the community
- Elected officials
- Transportation agencies
Policy development campaigns are a valuable tool for:

- Changing transportation priorities
- Establishing a new ideal for streets
- Communicating with the public
Complete Streets improve mobility, independence; reduce need for costly paratransit service.
ADA requires sidewalks to be accessible.

ADA does not require sidewalks where none exist.
Complete Streets changes that: if there’s a need, sidewalks must be provided.
• In 2012, 125 communities adopted Complete Streets policies.

• In total, 488 Complete Streets policies are now in place nationwide, at all levels of government.
Effective implementation means:

- Restructure procedures, policies, and programs
- Rewrite/update design guidance
- Offer training opportunities to planners and engineers
- Create new performance measures
"Inclusion is not a strategy to help people fit into the systems and structures which exist in our societies; it is about transforming those systems and structures to make it better for everyone. Inclusion is about creating a better world for everyone."

-Diane Richler, President, Inclusion International
Thank you!
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“Improving Accessibility for All Through Complete Streets Policies” Stefanie Seskin, Deputy Director of the National Complete Streets Coalition, June 16, 2011, Chicago, IL.
“Building Healthy Communities: Using CHANGE to Understand Community Needs” Shannon Griffin-Blake, Ph.D. CDC’s Healthy Communities Program, June 14, 2011, Chicago, IL.
1997 NC State University, The Center for Universal Design-Jim Mueller