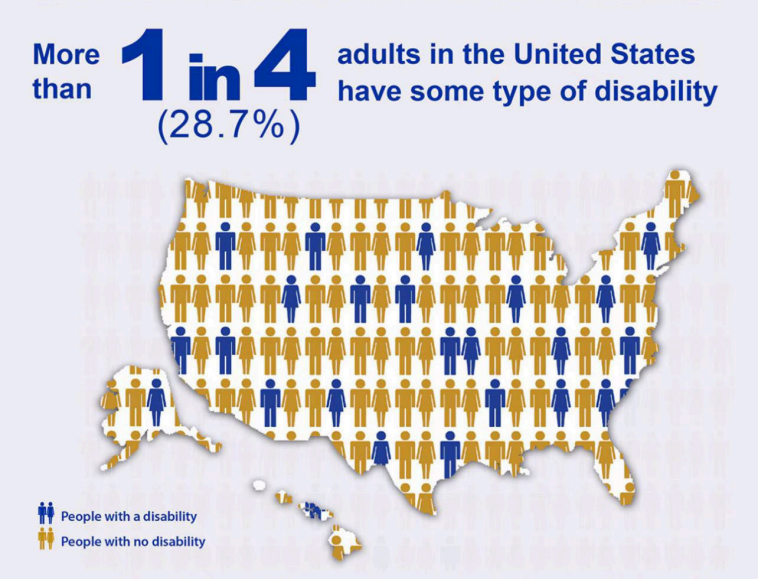
National DPP Job Aid

Creating an Inclusive Lifestyle Change Program Experience for People With Disabilities

This job aid provides key considerations and best practices as well as common pitfalls to avoid when marketing the National Diabetes Prevention Program (National DPP) lifestyle change program (LCP) to people with disabilities.

About 29% of US adults (1 in 4) report living with a disability. This number includes people with visible disabilities (e.g., loss of limb or other physical disability) and those with invisible disabilities (e.g., mental or learning disability). Disability becomes more common with age, affecting about 2 in 5 adults aged 65 and older.



Disability Impacts All of US Infographic - 2024

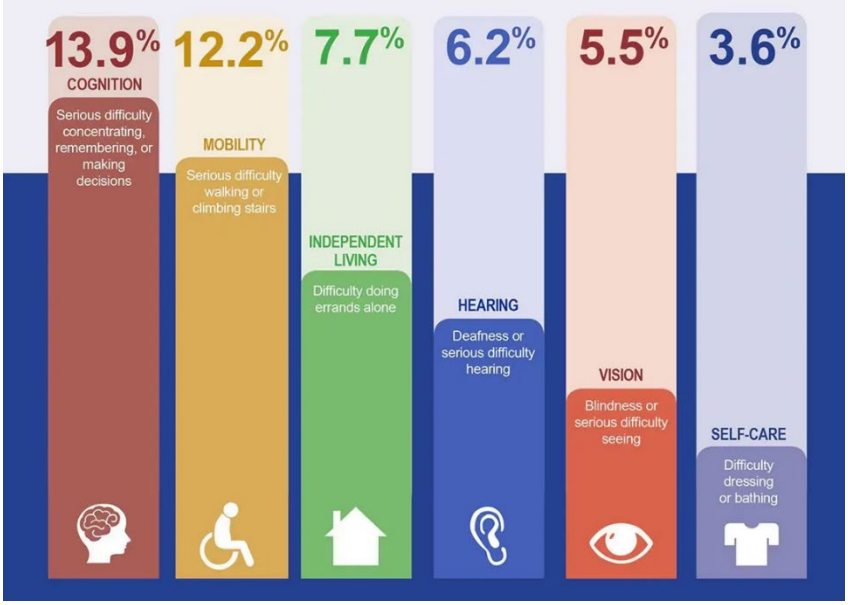
Types of Disability

Disabilities include a wide range of conditions, and even among people with the same condition there can be great variation. According to the American Community Survey and other public health surveillance systems, the percentage of people with disabilities varies greatly by state, with the highest percentage of adults with disabilities living in the South.

Adults with disabilities consistently report a lower health status when compared to their peers without disabilities. Section 4302 of the Affordable Care Act established data collection standards for five demographic categories, including disability status. The six standard disability types include:

- **Mobility disability**: Serious difficulty walking or climbing stairs. Mobility disabilities affect 1 in 7 adults.
- **Cognitive disability**: Serious difficulty remembering, concentrating, or making decisions.
- **Independent living disability:** Difficulty doing errands alone, such as visiting a doctor's office or shopping.
- **Hearing disability**: Deafness or serious difficulty hearing.
- **Vision disability**: Blindness or serious difficulty seeing, even when wearing glasses.
- **Self-care disability**: Difficulty bathing or dressing.

Each person's experience with disability is unique. For example, a person who lost their hearing at age 45 won't have the same life experience and perspectives as someone who was born deaf. And even two adults with the same kind of spina bifida may have different experiences with health and wellness because of resources available to them and other factors.



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Understanding Disability and Other Important Terms

Health equity is achieved when *every person* has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. The key emphasis is on **every person** to ensure true inclusivity.

Disability is often described in terms of the **medical model of disability**. This model states that the "problem" of disability is within the person and the reason the person can't participate in a particular program is because of their physical or mental condition. The focus is on rehabilitation or treatment and "fixing" the person. While it's important to attain the highest functional level desired, ultimately the medical model places the burden of removing barriers on the individual instead of the community or organization.

In contrast, the **social model of disability** focuses on removing barriers that prevent a person from participating. In this model, a person's activities are limited not by an impairment or condition but by environments or situations that don't accommodate their functional level. For instance, a person with a mobility disability can participate in the LCP when there is a wheelchair-accessible scale present. Not having an accessible scale or asking a person with disabilities to weigh in at a doctor's office is inequitable treatment and may discourage them from participating.

Social Model of Disability

It's not a person's physical disability that prevents them from going for a walk in their neighborhood, but rather curbs and the lack of sidewalks and safe public crossings that are accessible to people who use wheelchairs or other assistive devices.

What Does Inclusion Mean?

Inclusion requires understanding and acknowledging the relationship between the way people function and how they participate in society. It also includes making sure that adequate policies and practices are

in effect in a community or organization. Ask yourself, “Does my program offer everyone the same opportunities to participate to the best of their abilities and needs?”

The National Center on Health, Physical Activity and Disability (NCHPAD) defines inclusion as transforming communities based on social justice principles in which all community members:

- Are understood to be competent.
- Are recruited and welcomed as valued members of their community.
- Fully participate and learn with their peers.
- Experience reciprocal social relationships.

Remember that inclusion, not just access, is the goal of the National DPP LCP.

National Policy and Legislation

Many federal laws protect the rights of people with disabilities and prohibit discrimination based on disability. It’s important to understand your legal obligations as an LCP provider:

- Section 504 of the Rehabilitation Act of 1973
- ADA Amendments Act of 2008
- The Affordable Care Act for Americans With Disabilities (2010)

Inclusive and Welcoming Language

How you communicate has a big impact on others’ impressions of your organization and how they feel about themselves. You want people to trust that your organization will provide them with the support and education they need to feel welcome and be successful in the National DPP LCP.

While disability is a part of the human experience, there is still a great deal of stigma attached to having a disability. Often, we see or hear people with disabilities described by others in negative terms, such as “confined” or “bound to” a wheelchair or being a “victim of” or “suffering from” a condition. This kind of language assumes that the lives of these people are inferior, when in reality, disability and good health can and do coexist. People with disabilities can be successful in the LCP and as members of their communities.

☒ Terms to Avoid	☑ Terms to Use
• Disabled/differently abled/afflicted/handicapped	• People with disabilities/a disability
• Hearing impaired	• People who are deaf/people who are hard of hearing
• Confined to a wheelchair/wheelchair-bound	• People who use a wheelchair or mobility device
	• People with an intellectual or developmental disability
	• People who are blind or have low vision

Pro Tip: The disability community has a range of opinions about what language is considered welcoming. Most notably, there is debate on whether to use person-first (e.g., person with a disability) versus identity-first (e.g., disabled person) language. Person-first language recognizes an individual as a person, just like everyone else. Identity-first language recognizes disability as a central part of who a person is. Addressing such issues is a great reason to engage partners from your local disability community as you develop your program and conduct outreach.

Partner Identification and Engagement

Community partnerships are critical to address inclusion of people with disabilities in the LCP. You don't have to be an expert to successfully work with people with disabilities. Organizations at the national, state, and local levels can offer technical assistance to help you be more inclusive as you recruit participants into the LCP. Keep in mind the following to help you identify and engage key disability organizations:

- **State and local government agencies** can guide you to resources and services your participants may need. For example, a state department of services for the deaf or a Mayor's Council for People with Disabilities may have resources that offer American Sign Language interpretation.
- **Disability service organizations** can serve as both a recruitment partner and a source of technical assistance. These organizations can be specific to one disability, such as a Muscular Dystrophy Association chapter, or they can address multiple disabilities, like Easter Seals, Special Olympics chapters, or Centers for Independent Living.
- **Community-based organizations** likely have people who are well-versed in disability inclusion or general program adaptation. Examples could include allied health workers at a local hospital, rehab center, or parks and recreation department. Check with these and other organizations in your area to find allied health workers who may be available to support your work.
- **Schools** may not seem like an immediate choice since they serve populations too young for the LCP, but they have professionals with experience in adapting the education environment to accommodate students' physical or intellectual needs. Use their expertise!

Pro Tip: You can address some potential barriers almost immediately. While buying a wheelchair-accessible scale may require budget planning, rearranging furniture in your class space to create a clear path of travel can be done quickly.

Tools and Strategies for Inclusion

PreventT2 for All: Inclusive National DPP Curriculum

PreventT2 for All is a CDC-approved adaptation of the PreventT2 curriculum developed by the National Center on Health, Physical Activity and Disability. The curriculum includes a 14-page addendum and lesson adaptations that can be used for people with physical, sensory, and mild intellectual disabilities. Materials include tips and strategies embedded into lessons and resources to adapt information and exercises for participants. The key message: the LCP is open to people across a wide spectrum of ability levels. To learn more about the program, visit PreventT2 for All: Building Healthy Inclusive Communities.

Identifying LCP Participants With Disabilities

Incorporate the following questions into your intake form so you and your coaches are prepared to accommodate people with disabilities. Make sure participants know that all personal disability information is confidential, and you're asking these questions to be as helpful and inclusive as possible.

1. Are you deaf, or do you have serious trouble hearing?
2. Are you blind, or do you have serious trouble seeing, even when wearing glasses?
3. Because of a physical, mental, or emotional condition, do you have serious trouble concentrating, remembering, or making decisions?
4. Do you have serious trouble walking or climbing stairs?
5. Do you have trouble dressing or bathing?
6. Because of a physical, mental, or emotional condition, do you have trouble doing errands alone, such as visiting a doctor's office or shopping?

Equitable Web Experience

People with certain disabilities can have a hard time navigating the Internet. You will need to address the following potential barriers to make your website accessible:

- Navigation
- Visual design
- Text size and font
- Image descriptions
- Usability

Making your website accessible benefits individuals, organizations, and the community. Two main resources you can look to for guidance are Section 508 of the Rehabilitation Act and the World Wide Web Consortium (W3C) Web Accessibility Initiative. Not sure how your website stacks up? Try the Web Accessibility Evaluation Tool (WAVE). This free tool can test your website and provide feedback on how to improve your web content to be more accessible to people with disabilities.

Pro Tip

- Keep messages simple.
- Use visuals alongside text.
- Use simple, familiar fonts. Don't use multiple fonts at once.
- Avoid fancy fonts like *this* or THIS.
- Do not overlay text on images.
- Do not use italics.
- Avoid ALL CAPS.
- Choose high-contrast colors for materials, ensuring fonts stand out from the background. Test color contrast using this Americans With Disabilities Act color checker.

Improving Inclusion for Your LCP

Make a plan that includes short-term, intermediate, long-term, and continuous goals to keep your CDC-recognized LCP accountable. For information and support, check out the following resources:

- National Center on Health, Physical Activity and Disability (NCHPAD): A CDC-funded public health practice and resource center on health promotion to help people with disabilities to get health benefits from physical and social activities—including fitness and aquatic activities, recreational and sports programs, and adaptive equipment use.
- Disability and Health Data System (DHDS): An interactive, easy-to-use tool that provides state and national data on about 30 health topics for adults with disabilities. Explore DHDS by health topic or location, and view the information via maps, charts, and tables.
- Video: Recruiting People With Disabilities to the LCP: This quick video provides 4 tips to consider when promoting your LCP to people with disabilities.
- NCHPAD's Prevent T2 for All playlist provides videos on a variety of topics related to making your LCP inclusive.
- 9 Guidelines for Disability Inclusion in Health Promotion Programs and Policies: NCHPAD and the Center on Disability at the Public Health Institute developed these *Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives.* The guidelines are designed to assist in updating community health programs and policies to meet the needs of people with disabilities.
- NCHPAD's Community Health Inclusion Index: A tested and validated tool that you can use to measure the level of inclusion in your facility, program, organization, and community at large. This is another tool to use with partner disability organizations, but keep in mind it does not evaluate compliance with any accessibility law.
- Disability and Health Data provides information about Section 4302 of the Affordable Care Act, data collection standards (e.g., a six-item set of disability questions used to assess health status of people with disabilities).
- Infographic: Disability Impacts All of Us.
- Communicating With and About People With Disabilities (English and Spanish).