



Guidelines for Including People with Disabilities in Health Promotion Programs

Implementation Guide



Special Olympics
Health

MADE
POSSIBLE BY **Golisano** FOUNDATION

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LAKESHORE

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Introduction

Health programs that are inclusive of people with disabilities go beyond simply meeting accessibility laws like the Americans with Disabilities Act (ADA). They ensure that all participants have the support needed to actively engage and benefit from the programs. It is essential to involve people with all types of disabilities in health and wellness programs. Research consistently shows that people with disabilities face greater health challenges (Kran et al, 2015), yet many encounter barriers that prevent them from participating in health programs. People with disabilities are more likely to experience secondary health conditions¹, less likely to have access to affordable healthcare (Lezzoni, 2011), and be excluded from wellness activities due to accessibility and program design issues².

Disability is a broad term that covers impairments, activity limitations, and participation restrictions. It refers to the interaction between individuals with a health condition and personal and environmental factors³. The term disability includes people with intellectual, physical, neurological, and learning disabilities related to an impairment or functioning limitation. Some people have co-occurring disabilities so that they may have both an intellectual and a physical disability. The disability community includes many intersections with other demographic factors such as socioeconomic status, race/ethnicity, gender, and age. Health promotion program providers need to have a baseline knowledge of disability education so that they can best meet the needs of all people who are served by a program, with the ability to adapt on an individual basis.

“People with disabilities need public health programs and healthcare services for the same reasons anyone does—to be healthy, active, and engaged as part of the community.”⁴

– CDC Disability and Health Branch

¹ <https://www.cdc.gov/disability-and-health/conditions/index.html>

² <https://www.who.int/publications/i/item/9789241564182>

³ <https://www.who.int/publications/i/item/9789241564182>

⁴ <https://www.cdc.gov/disability-inclusion/our-work/index.html>

To help address these challenges, Lakeshore Foundation and Special Olympics have created updated guidelines for including people with disabilities in health promotion programs. This guide is designed for organizations that create, run, or support health promotion programs. It provides a starting point for designing, implementing, and evaluating programs that meet the needs of people with disabilities. Guidelines have been developed with input from national experts, as well as feedback from individuals with disabilities and service providers⁵. The updated guidelines provides greater intentionally targeting people with intellectual and developmental disabilities (IDD).⁶

“Inclusive health means that people with intellectual and developmental disabilities (IDD) have equitable access to affordable, quality health services. It means that people with IDD are empowered to take an active role in deciding their health and life choices to be as healthy as possible.”

-Special Olympics Center for Inclusive Health

⁵ <https://www.nchpad.org/resources/guidelines-for-disability-inclusion-in-programs-and-policies/>

⁶ <https://inclusivehealth.specialolympics.org/about/what-is-inclusive-health>



How to Use this Guide



Step 1: Organizations commit to create, run, or support health promotion programs.

Step 2: Program facilitators at the organization will review the content in this guide.

Step 3: As program facilitators review the guide, they will learn about disability inclusion and how to evaluate programs.

Step 4: Program facilitators will implement the recommended strategies and adaptations for an inclusive program.

Step 5: Program facilitators will evaluate and refine their inclusive program.

Defining Disability and Health

A **disability** is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).⁷





Intellectual and developmental disabilities (IDD) refer to “a group of developmental conditions characterized by significant impairment of cognitive functions, which are associated with limitations of learning, adaptive behavior and skills.”⁸ According to the American Association of Intellectual and Developmental Disabilities (AAIDD), an individual has ID if he or she demonstrates, before the age of 22:

- Limited intellectual functioning, as indicated by an IQ around 70
- Significant limitations in two or more adaptive areas (skills that are needed to live, work, and play in the community, such as communication or self-care)

1 in 4 U.S. adults (approximately 61 million people) have a disability.⁹

In the U.S., approximately **6.5 million people** are estimated to have an **intellectual or developmental disability**.¹⁰

Most common types of functional limitations:

-  Mobility (13.7%)
-  Cognition (10.8%)
-  Independent living (6.8%)
-  Hearing and vision (5%)



⁷ <https://www.cdc.gov/disability-and-health/about/index.html>

⁸ <https://doi.org/10.1002/j.2051-5545.2011.tb00045.x>

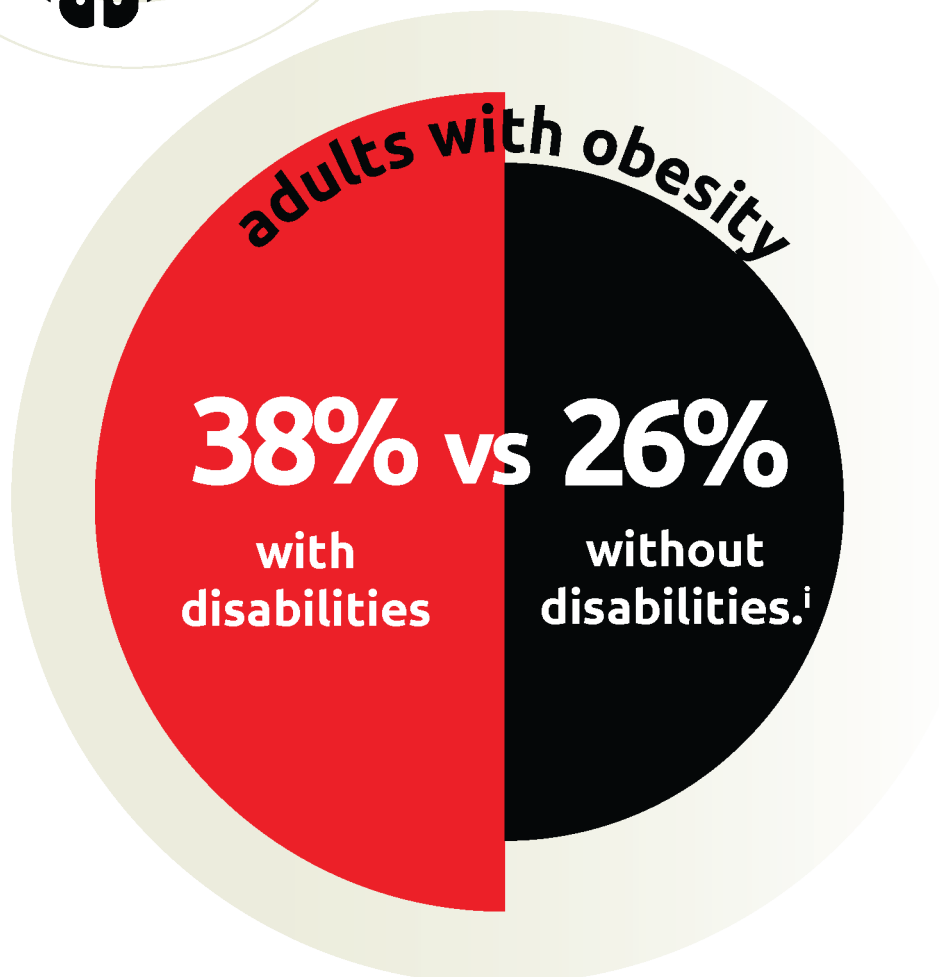
⁹ <https://www.cdc.gov/disability-and-health/articles-documents/disability-impacts-all-of-us-infographic.html>

¹⁰ https://archive.cdc.gov/www_cdc.gov/grand-rounds/pp/2019/20191015-intellectual-disabilities.html

Disability and Health Stats



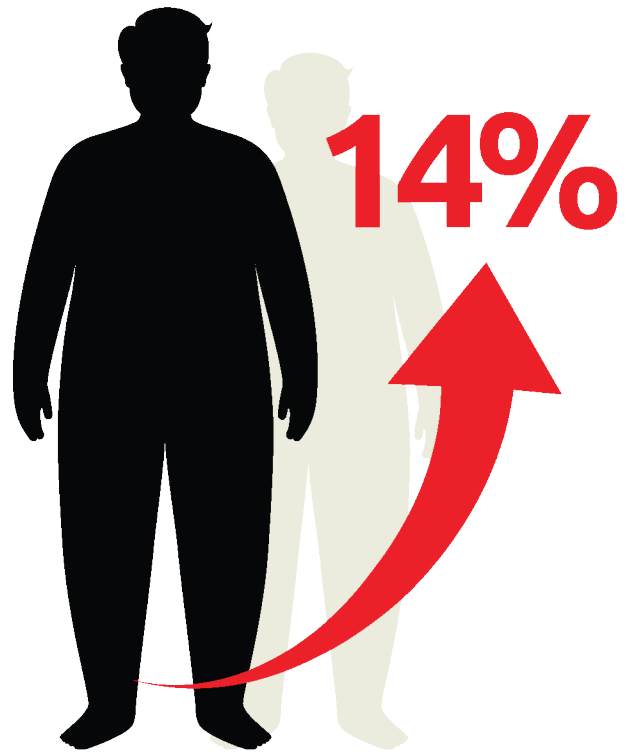
People with disabilities are 3x more likely to have heart disease, diabetes, cancer, or stroke.ⁱ



ⁱ <https://www.cdc.gov/disability-and-health/conditions/obesity.html>

Disability and Health Stats

Adults with IDD have obesity rates 14% higher than adults without IDD.^{viii}



Children with IDD are also at higher risk of overweight and obesity.^{viii}

^{viii}. American Journal of Public Health (AJPH), 2018 – “Obesity and IDD”
<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2017.304245>

Disability and Health Stats

Smoking rates are higher in adultsⁱ



13% without disabilities



22% with disabilities

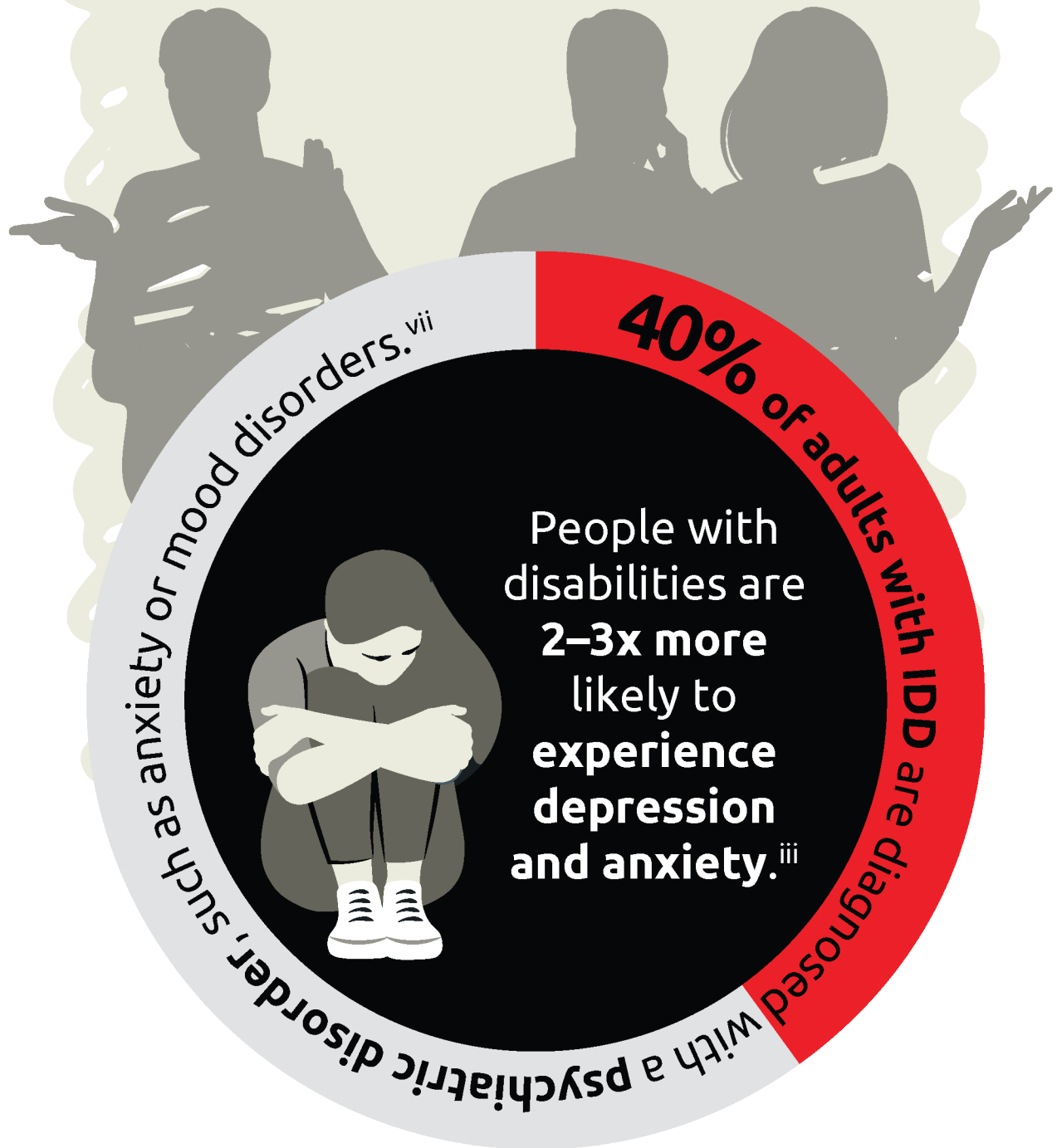


1 in 3 adults with disabilities has unmet healthcare needs due to cost.ⁱ

ⁱ <https://www.cdc.gov/disability-and-health/conditions/obesity.html>

Disability and Health Stats

Social isolation is a significant contributor to **poor mental health** outcomes, especially among those with IDD who often lack inclusive community opportunities.^v



ⁱⁱⁱ. CDC - Mental Health in Adults with Disabilities

<https://www.cdc.gov/ncbddd/disabilityandhealth/features/mental-health-for-all.html>

^v. National Council on Disability – "Health Equity Framework for People with Disabilities" (2022)

<https://ncd.gov/publications/2022/health-equity-framework>

^{vii}. CDC – Health and Healthcare for People with IDD

<https://www.cdc.gov/ncbddd/developmentaldisabilities/features/health-of-people-with-IDD.html>

Disability and Health Stats



Employment rate for people with disabilities is about 21%

65% for people without disabilities.^{iv}

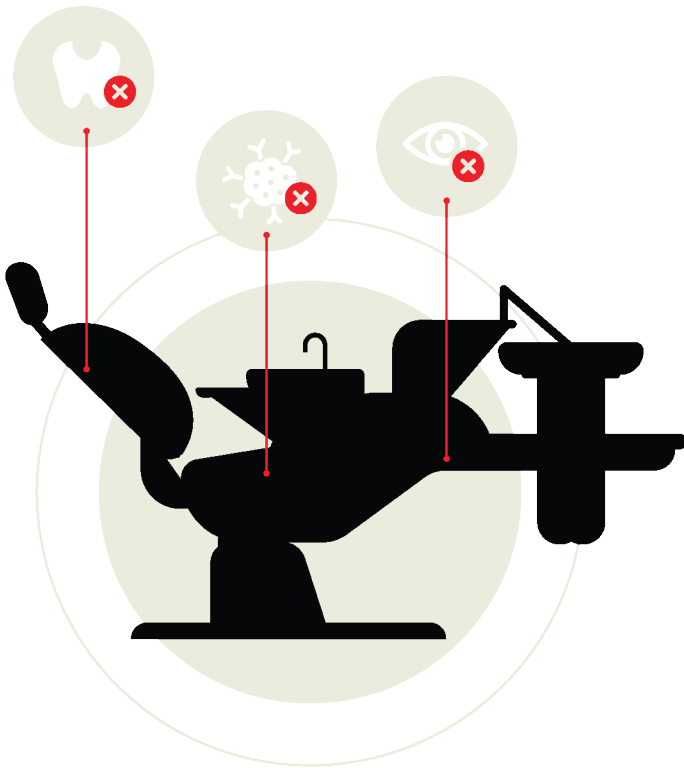


People with IDD often rely on public health insurance (e.g., Medicaid) and have limited access to preventive health services.^{ix}

^{iv} U.S. Bureau of Labor Statistics - Employment Situation of Persons with a Disability (2023)
<https://www.bls.gov/news.release/pdf/disabl.pdf>

^{ix} National Core Indicators (NCI) – Adult Consumer Survey 2022
<https://www.nationalcoreindicators.org/resources/reports/>

Disability and Health Stats



Adults with IDD are less likely to receive routine screenings, including dental care, vision tests, and cancer screenings.^{vii}

Reduced income and lack of private insurance coverage contribute to poorer health outcomes.^{ix}



^{vii}. CDC – Health and Healthcare for People with IDD
<https://www.cdc.gov/ncbddd/developmentaldisabilities/features/health-of-people-with-IDD.html>

^{ix}. National Core Indicators (NCI) – Adult Consumer Survey 2022
<https://www.nationalcoreindicators.org/resources/reports/>

Disability and Health Stats



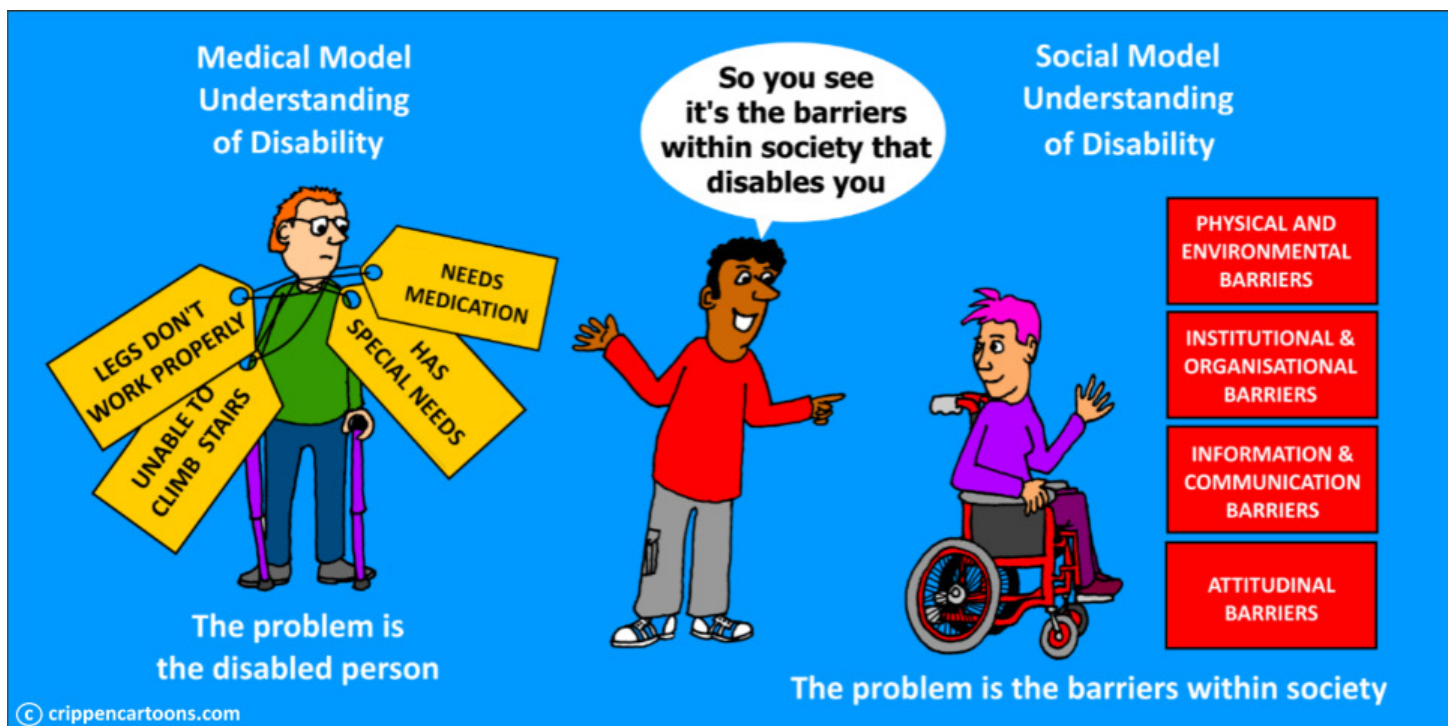
Life expectancy for people with IDD is increasing but still lower than the general population, especially for those with more complex medical needs.^v

^v National Council on Disability – "Health Equity Framework for People with Disabilities" (2022)
<https://ncd.gov/publications/2022/health-equity-framework>

Social Model of Disability

People with disabilities often face health inequalities not because of an impairment, but due to societal barriers. The **Social Model of Disability** emphasizes that disability results from the interaction between a person's impairment and the barriers in society—such as inaccessible buildings, discriminatory attitudes, and policies—that limit their full participation. The **Americans with Disabilities Act (ADA)** reflects this by requiring removal of physical, communication, and attitudinal barriers so people with disabilities have equal access to employment, public services, transportation, and more.¹¹

The **Social Model of Disability**, when applied to health promotion programs, emphasizes the need to design inclusive, accessible, and supportive systems that remove these barriers—ensuring everyone has an equal opportunity to achieve good health.



¹¹ <https://www.ada.gov/>

Guidelines for Including People with Disabilities: Quick Reference



1. Commit to Inclusion



2. Consider Cost and Feasibility



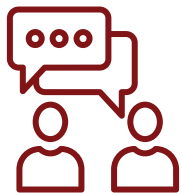
3. Plan for Inclusion



4. Train Program Staff



5. Ensure Program Accessibility and Universal Design



6. Ensure Accessible Recruitment and Communication



7. Offer Accommodations



8. Evaluate and Refine

Guidelines for Including People with Disabilities



1. Commit to Inclusion

Why should you do this?

To meet an inclusion standard, programs need to state that people with disabilities are included and welcomed in the program. This can be done through a clear statement of commitment to creating a welcoming program. The statement of commitment should be represented both internally by organizational leadership and externally as a public statement. This statement frames the organization to ensure that disability inclusion strategies are embedded in the program, plans, policies, and budgets.

A policy can be associated with legislation or can be at an organizational level. Organizations have policies too. One simple way to ensure that you are meeting this guideline is to include the following phrase in all written program or policy objectives.

“The target population for this program or policy includes people with a range of different disabilities (cognitive, intellectual, developmental, mobility, visual, hearing, and mental health disabilities).”



How do you do this?

Make an Internal Commitment from Organizational Leadership	Make an External Public Statement about your Commitment to Inclusion
Your commitment must ensure staff will receive training on disability education and inclusion .	Clearly define your target audience in your program objectives to include people with disabilities.
Your commitment must ensure that a budget or funding is available to address adaptations or accommodations.	Be specific about physical, sensory (vision and hearing), and intellectual disabilities, including how your program is inclusive of each.

Leader Action Checklist:

- ✓ Do you have a policy to regularly evaluate your program facilities and environments for accessibility?
- ✓ Do your policies include training for all staff on disability education and inclusion?
- ✓ Do you allocate funds and time for staff training on disability education and inclusion?
- ✓ Do you allocate funds in your organizational or program budgets to address accessibility needs?

Sample Public Statement:

"At [Program/Organization Name], we are committed to creating a welcoming environment for all participants. The target population for this program includes people with a range of different disabilities, including cognitive, intellectual, developmental, mobility, visual, hearing, and mental health disabilities . We actively work to ensure that disability adaptations are embedded in all aspects of our planning, policies, and activities. Our leadership is dedicated to promoting accessibility and full participation for individuals with disabilities in every part of the program."

"I think it starts with an inclusive culture overall. It is not just a matter of modifying activities. Adult leaders need to be equipped with the knowledge, support and resources to create an inclusive space."

-Program provider/survey respondent



2. Consider Cost and Feasibility

Why should you do this?

Financial barriers can disproportionately impact individuals with disabilities and should not prevent participation in health promotion programs.



- People with disabilities often experience **extra costs for essential needs** like assistive technology, home modifications, specialized transportation, and personal care assistance¹².



- **Healthcare costs** are often higher for people with disabilities due to the need for regular treatment, therapy, and medications.



- People with disabilities are **more likely to live in poverty**, and many government assistance programs have income or asset limits that discourage savings or employment creating a "benefits trap," where earning more could mean losing essential support services or healthcare coverage¹³.

Therefore, health promotion programs should not be an added undue expense burden for people with disabilities.

¹² <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2020/10/extra-costs-living-with-disability-brief.pdf>

¹³ <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf>

How do you do this?

- Offer sliding scale fees, scholarships, financial assistance , or pay what you can. A sliding scale fee for programs is a flexible pricing structure where the cost of services or programs is adjusted based on an individual's income or financial situation.
- Apply for funding through government grants and community partnerships to offset or eliminate participant costs.
- Have materials available about if and how the program could be covered under insurance. For example, many insurers will cover cost for the National Diabetes Prevention Program for those meeting eligibility requirements. The [National Diabetes Prevention Program Coverage Toolkit](#) provides more information.
 - › Other examples could be through private, Medicare, Medicaid or employee-sponsored health plans. Health plans might cover tobacco cessation programs, obesity management, diet and nutrition counseling, or physical activity counseling. Insurance providers must be contacted to know more about coverage options.
- When possible, try to find activities that are little to no cost to include in your program.
- If a cost modification is included with your program, ensure that there is a formal policy for it and that it applies equally to all program participants.
- Many participants with a disability may need to have a family member or caregiver present during program participation. If this person is an active participant, consider a cost modification and if they are participating as an accommodation a fee should not apply.
- Offer cost-effective adaptive equipment solutions. See picture examples included below.



- › Pool noodles for balance and tagging
- › Resistance bands
- › PVC pipes to make ramps or barricades
- › Masking tape/duct tape to add a tactile surface
- › Latex-free balloons or inflatables to slow down ball activities
- › Electrical switches or buttons for push and release activities
- › Leaf blowers for throwing or striking activities

Cost-effective adaptive equipment solutions

A **leaf blower** can be used to help move an object like a beach ball during a throwing or striking activity. In the photo, this combination supports an athlete with limited mobility. It involves a traditional bowling ramp, with a leaf blower attached to the base and a lightweight ball at the top. When the leaf blower is turned on (by use of a switch and button) the ball floats up towards a target. Participants with limited mobility and sensory needs all benefit from this type of adaptation.



Photo credit: Special Olympics Texas

Electrical switches or buttons can support individuals with limited mobility and sensory needs. These can be connected to electrical devices to allow individuals to press the switch button to activate the device as part of a sport or activity.

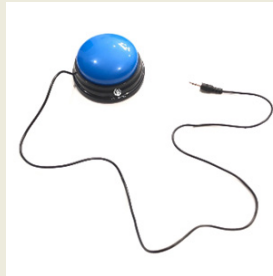


Photo credit: AdaptAbilities

Latex-free balloons or inflatables used during sports or activities weigh less and slow the activity down allowing for more people to engage and participate in the activity.



PVC pipe is a commonly available material that can be used to make sports and activities more accessible. Pictured is a ramp that has been built from PVC pipe which allows people with limited mobility to play the sport of boccia.



Photo credit: Enabling Engineering

Programming Tip: To minimize costs or keep your program free, take advantage of existing local resources and activities. Look for opportunities such as free fitness classes in public parks, community centers offering no-cost meeting spaces, farmers markets that accept SNAP and offer Double Up Food Bucks, health fairs providing free screenings and educational materials, and community gardens that support nutrition education. Leveraging these resources can enhance your programming while keeping expenses low.



BUY \$1
WITH SNAP & EBT



GET \$1
FREE IN FRUITS & VEGGIES



3. Plan for Inclusion

Why should you do this?

Programs should be designed with direct input from people with disabilities. Oftentimes the specific needs of people with disabilities may not be known to the program planners, so having experts with disability consult on program design will help to ensure that appropriate components are included and meaningful. It is best practice to ensure that people with disabilities or lived experience experts are compensated for their time and effort. You should also follow best practices for inclusive meetings and presentations, see references linked at the end of this guide.

How do you do this?

- Engage individuals with disabilities in leadership roles and on advisory committees.
- Conduct focus groups and surveys with the disability community to gather input.
- Collaborate with disability organizations, such as [Independent Living Centers](#), [Vocational Rehabilitation Services](#), [Special Olympics Programs](#), [Local Arc Chapters](#), [DD councils](#), People First chapters, or specific disability groups like the [MS Society](#) or [Spina Bifida Association](#).
- Include input from people with a range of different disabilities, as well as family members and caregivers.
- Seek guidance from experts in the field of disabilities that also work in public health, physical and occupational therapy, mental health or education, to name a few. These individuals can serve in an advisory role or on a board.



The phrase “nothing about us without us” has been used by advocates to emphasize that policies and programs about certain people and groups should include them fully in the decision-making process.



4. Train Program Staff

Why should you do this?

To ensure that program staff understand disability-related adaptations and modifications, you must provide disability education and inclusion training. Staff should receive disability education and inclusion training that addresses disability history and culture, communication and language, accommodations, accessibility, plain language, universal design, and training on how to effectively utilize technology. Providers should also receive training in building self-advocacy skills so that they can encourage people with disabilities to understand their rights and the importance of advocating for themselves. Lastly, creating inclusive health promotion programs requires an understanding of how societal and environmental barriers can impact the participation of people with disabilities.

How do you do this?

- Include disability education and inclusion training as part of your organization's annual training policies and onboarding for new staff.
- Define why the training is important to your organization, connecting back to your commitment to inclusion.
- Involve people with disabilities as trainers, co-trainers or speakers and in the creation of the training content.
- Make training ongoing by offering regular refreshers and update content to reflect evolving best practices.
- Provide evaluation and feedback loops to gather feedback from participants and people with disabilities.
- There are many disability organizations that provide this type of training. Collaborate with disability organizations, such as Independent Living Centers, Vocational Rehabilitation Services, Special Olympics Programs, Local Arc Chapters, DD councils, People First chapters, or specific disability groups like the MS Society or Spina Bifida Association to offer training or to work with you to develop the training.
- Consider the format that best meets your organization and staff needs, such as in-person, virtual/webinar, asynchronous digital or video-based training.
- Example training sources are linked in the resources at the end of this guide.

Societal and environmental barriers can impact the participation of people with disabilities in your program. Learn more about how and why below:

- **Intellectual disabilities** result from impairments that affect understanding, communication, or behavior and can be attributed to developmental or learning disabilities. Intellectual disabilities is a term used when a person has certain difficulties thinking, learning, remembering, and reasoning. Always speak directly to the participant and not their caregiver. Program materials will need to be in plain language, often at a 3-5 grade reading level with the addition of pictures/videos and repetition of information.



- **Mobility disabilities** are often the most widely recognized conditions because of the visible use of aids such as a wheelchair, scooter, walker or cane. A mobility aid is often an extension of the person and should not be touched or moved without asking for permission. Programs must have accessible physical spaces to accommodate people with mobility disabilities. Some people may need activities adapted or modified for participation, as well as access to adaptive equipment, tools, or devices (examples: adapted sport equipment, adapted kitchen tools, cuffs or straps to help secure weights in a fitness program).
- **Non-apparent disabilities** may be hidden or not easy to see. This can include chronic conditions such as asthma, heart disease, or epilepsy. Many cognitive, learning, or mental health disabilities may also not be apparent. Work with participants to identify any accommodation needs and always include a question about accommodation needs during the registration process.
- **Speech disabilities.** Individuals with speech disabilities may use alternate means of communication such as assistive devices to speak for them. A speech disability often has no impact on a person's ability to understand. Allow for extra time for communication and to complete tasks.
- **Vision impairment and blindness.** It is important to understand the distinction between blindness (visual acuity of 20/200 or less) and vision impairment. Some people can distinguish between light and dark, or between contrasting colors, or read large print, but have difficulty with small print or low-light situations. They may use a cane or service animal to help with orientation and movement in an environment. Make sure that you have alternate formats of materials available like electronic for screen readers, large print, audio, or braille.



- **Hearing impairment and Deafness**
often requires the use of different ways to communicate, including hearing aids, speechreading, or sign language. Individuals may also require the use of a text telephone (TTY) and may use other aids such as closed captioning, assistive listening devices, speak-to-text apps, or use of the nationwide telephone relay service. Eliminate distracting noise and face the person when speaking, not the interpreter.



Inclusive Language and Tips


Person-first language emphasizes the person before the disability, for example “person who is blind” or “people with spinal cord injuries.”

Identity-first language puts the disability first in the description, e.g., “disabled” or “autistic.”

Sometimes communities prefer identity-first language, such as: Deaf or Autistic communities often embrace terms like “Deaf person” or “Autistic person” as affirmations of their identity.

Person-first or identify-first language is equally appropriate depending on personal preference. When in doubt, ask the person which they prefer.



Do Say 	Don't Say 
Person who uses a wheelchair/cane/assistive device	A crippled person, confined to a wheelchair, or wheelchair-bound
Person with an intellectual, cognitive, or developmental disability	The "R" word
Person who is blind, Person who is visually impaired	The blind
Person who is Deaf or hard of hearing	The deaf, or suffers a hearing loss
Person with a disability	The disabled, or Handicapped
Person with diabetes	A diabetic
Accessible parking space	Handicapped parking
Person with epilepsy	Epileptic





5. Ensure Program Accessibility and Universal Design

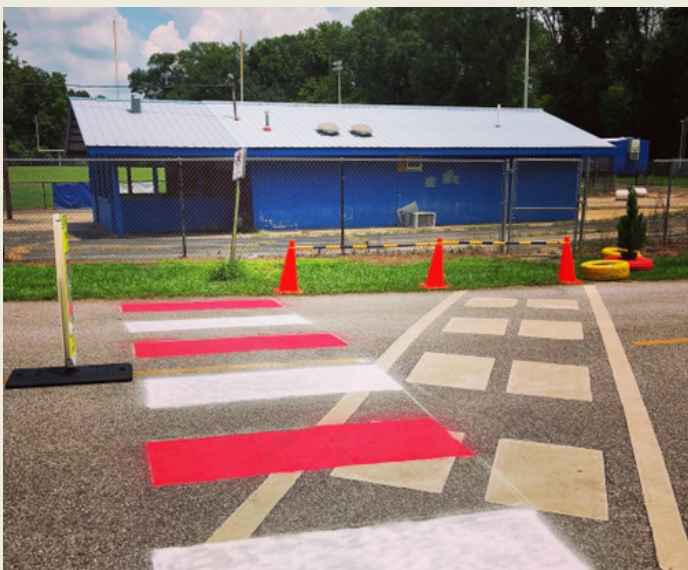
Why should you do this?

Programs should be physically, socially, and behaviorally accessible to maximize participation. Accessibility ensures initial access to programs or services and is mandated by the Americans with Disabilities Act (ADA).

Universal design, on the other hand, aims for environments and products that are usable by everyone, for example automatic doors, curb cuts, closed captions on videos, and accessible websites. This approach minimizes the need for adaptation and ensures inclusion beyond legal mandates.

Organizations that provide any kind of health program in a public setting may have the obligation to be accessible to participants with disabilities. Titles II and III of the Americans with Disabilities Act (ADA) require that state and local government programs as well as public places must make their services accessible to people with disabilities. Additional resources on the ADA are linked in the resources section at the end of this guide.

Start simple! Many barriers can be removed with little or no cost. After reviewing for accessibility, focus on top priorities first. Use available staff and resources—like having someone assist at entrances. Try temporary fixes, like spray paint or cones to make crosswalks or additional accessible parking spaces that can demonstrate the impact to decision-makers for more permanent solutions.



How do you do this?

- Conduct accessibility reviews, walking/moving audits, and surveys in partnership with people with disabilities or disability organizations from your community. This will allow you to gather meaningful feedback to address issues that go beyond ADA requirements. This can be done by partnering with a local disability organization such as a Center for Independent Living or Special Olympics Program. Additional resources on walk/move audits are included in the resources section at the end of this guide.
- Using the Checklist provided in this guide, you can evaluate the accessibility of key components of the built and programmatic environment. This includes the availability of trained staff, public transportation, restroom facilities, and accessible pathways to and inside the programming space. This Checklist is included starting on page 29 in this guide.
- As you evaluate the program environment, consider these factors: room lighting, temperature, furniture, equipment arrangement, noise, and emotional climate. There may be times when an enclosed meeting space is the best choice. Ensure that you offer a [sensory room or space](#) that is less stimulating for participants who need to take a break from the program.
- Implement universal design principles in program materials. See examples provided in this section.
- Offer peer support. Peer support happens when a person with lived experience provides support and help to someone else with that same lived experience. Peer support can include having paid self-advocates involved in the program and using them to teach lessons of content in meaningful ways.
- Provide adaptations to ensure that everyone can participate in all activities. Adaptations should not fundamentally alter the design of the program or activity, rather modify it for meaningful participation.



Examples of health promotion program adaptations

Nutrition handouts with large print or pictures.



Exercises that can be done from a seated and standing position.



Recumbent or hand cycles for a cycling activity.



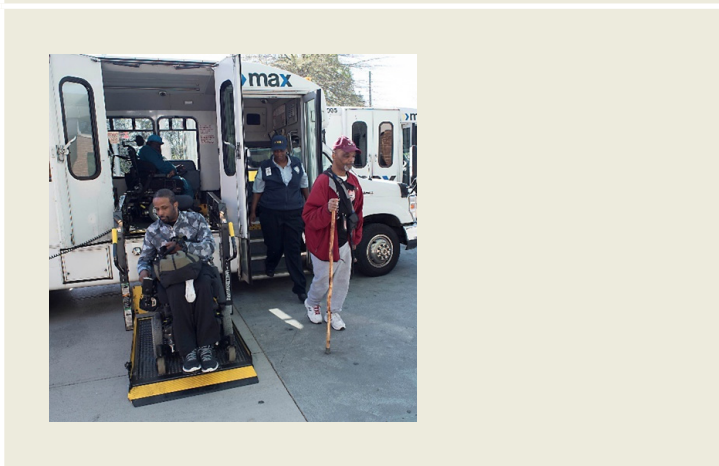
A peer support or buddy system.



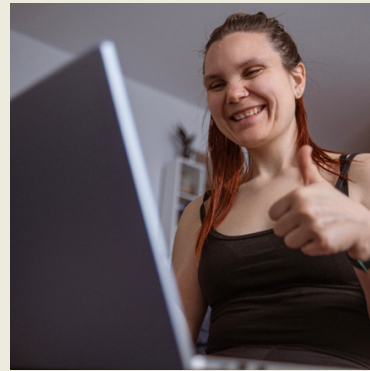
A visual schedule for participants to follow along.



Altering the time of your program based on the available public transportation time and scheduling.



Offering an online option if physically getting to the program space is difficult.



Examples of applying Universal Design for Learning (UDL) in a health promotion program:

- ✓ Make sure there is time for thinking and processing instructions. Break down instructions into one or two steps at a time and provide a hands-on example or activity to enhance the learning process.
- ✓ Keep a consistent structure or schedule during the program or lesson time and provide reminders and a visual that shows this schedule. Timers can also be used to help stay on schedule.
- ✓ Always provide accessible paperwork or electronic forms and have extra program staff available to read, write, and explain what is needed.
- ✓ Materials are often dominated by information in text, which is not an effective way of presenting many concepts. Providing alternatives—especially illustrations, visual modeling, activities, images or interactive graphics—can make the information in text more comprehensible and accessible for any learner.
- ✓ Use plain and simple language.
- ✓ Repeat content and check participants' understanding as needed to ensure comprehension. This could be done by asking specific questions or asking participants to repeat what they learned.
- ✓ Be flexible with time. Repetition may be important, and some activities or explanations may take longer than usual.
- ✓ Ensure that a mix of audio, visual, and hands-on approaches are used.
- ✓ Tasks or skills are offered at varying levels of difficulty (e.g., easy, medium, hard or go, slow, whoa) to support different learning needs.



6. Offer Accommodations

Why should you do this?

Accommodations are changes or adjustments to environments, programs, or materials that help a person with a disability participate fully and equally. Accommodations allow for full participation without fundamentally altering program goals. Accommodations are different from accessibility and universal design practices, because they are often very specific to an individual and their needs. “Reasonable accommodations” are legally required adjustments or modifications made to ensure that individuals with disabilities have equal access to programs, services, and activities. These are addressed in Titles II and III of the Americans with Disabilities Act (ADA) as well as [Section 504 of the Rehabilitation Act of 1973](#) and the [Individuals with Disabilities Education Act \(IDEA\)](#). It is the organization’s obligation to provide these accommodations when requested, thus the importance of planning for inclusion in your strategic plans and budgets.

How do you do this?

- Ask about accommodations that may be needed during the registration process and updated as needed throughout participation in the program.
- Provide a clear statement about accommodations provided and a staff person to contact.
- Offering multiple ways to register and provide information about accommodations such as online, in person, and over the phone.
- Respond to all requests for reasonable accommodations and meet with the individual to learn about their needs.
- Provide materials in multiple formats such as braille, large print, plain language, or digital.
- Provide assistive technology and communication services such as screen readers, ASL interpretation, closed captioning, or adaptive fitness equipment.
- Allow for a caregiver to participate with the individual in a program.
- Track accommodation requests to identify trends and prepare for recurring needs.
- Use partnerships or grants to support larger projects.

Frequently Asked Questions about Accommodations

Question	Answer
How much should we budget for accommodations?	A good practice is to allocate 1–2% of your overall budget for accessibility and inclusion efforts, including accommodations, staff training, and assistive technology.
How much does an interpreter cost?	A 2-hour in-person session could cost \$150–\$300 .
Where can I find an interpreter?	<ul style="list-style-type: none">• Search for a sign language interpreter agency near me.• Use the “Find an Interpreter” tool to locate certified interpreters by location and specialization - https://www.rid.org/.• Many states have a department or commission for the Deaf and Hard of Hearing that offers: interpreter directories, referral services, local provider recommendations.• Use Video Remote Interpreting (VRI) Services.• Some Universities have interpreting programs.

Where do I get something printed in braille?

- National Library Service (NLS) – Library of Congress offers Braille and talking book services for free to eligible individuals <https://www.loc.gov/nls/>.
- National Braille Press <https://www.nbp.org/>
- Search for a Braille transcription service near me.
- Check with state agencies for the blind or visually impaired, disability services at universities, local nonprofits or community organizations.

What are the standards for large print?

- Minimum 16–18 point font.
- Use sans-serif fonts like Arial, Veranda, Calibri.
- Use 1.5 to double-spaced line spacing.
- At least 1-inch margins on all sides.
- Use a high color contrast between text and background. Black text on white or light yellow is preferred.
- Do not use ALL CAPS for large sections of text, use for headings only.

How can I make sure my website is accessible?

- Use the [Web Content Accessibility Guidelines \(WCAG\)](#). WCAG 2.1 Level AA is the current target for most public-facing websites.
- Add alt text for all images.
- Provide captions for videos.
- Avoid flashing or blinking elements that can trigger seizures.
- Use the [WAVE Web Accessibility Evaluation Tool](#).

Remember to ask about accommodations; do not ask if participants have a disability.

Sample Questions to Ask about Accommodations

1. Do you require any specific accommodations to participate in this program? Select any that apply.
 - › Bringing a caregiver with you.
 - › Getting access to materials ahead of time.
 - › Meeting with the instructor ahead of time.
 - › Translation of materials to another language.
 - › Other, please describe _____.
2. Are there any assistive devices or technologies you need to fully engage in the sessions?
3. Do you need materials in alternative formats, such as Braille, large print, or electronic versions?
4. Will you need a sign language interpreter or any other communication assistance?
5. Are there any specific seating arrangements or physical accommodations you require?
6. Do you have any food allergies?
7. Is there anything else we can do to make the program more accessible for you?



7. Ensure Accessible Recruitment and Communication

Why should you do this?

Recruitment materials should demonstrate that people with disabilities can benefit from this program just like anyone else. Using inclusive language, accessible documents, online material, engaging social media content, and images of individuals with apparent disabilities are effective methods to recruit participants with disabilities into your program. Individuals with disabilities often report that a common challenge is not knowing they can participate in health programs. Therefore, programs should intentionally recruit individuals with disabilities to ensure that they are aware and invited to participate.

When people see others like themselves participating, they're more likely to get involved too — reinforcing the message that health promotion is inclusive and meant for everyone.

How do you do this?

- Use plain language and images of people with disabilities in promotional materials.
- Use language that is respectful, affirming, and acknowledges the diversity of the audience. Avoid jargon.
- Distribute information through disability organizations and advocacy networks.
- Ensure online content is WCAG-compliant (Web Content Accessibility Guidelines).
- Include a clear statement on recruitment materials about accommodation requests and that the program is accessible to people with disabilities.
- Marketing materials should be available in a variety of accessible formats and translated to other languages based on your target audiences.
- Marketing or recruitment materials should use high contrast colors, sans-serif fonts, large font, one idea per line, and icons to aid in understanding.

Examples of Inclusive Marketing and Recruitment Materials



“We need to be more explicitly welcoming to people with disabilities in the language we use in promotional materials”.

– Survey respondent



8. Evaluate and Refine

Why should you do this?

When evaluating and refining programs designed for people with disabilities, it is essential to adopt inclusive, respectful, and participatory approaches¹⁴. Feedback mechanisms ensure that programs remain effective and appropriate for people with disabilities. Assessing program success ensures long-term sustainability and impact.

How do you do this?

- Collect data on participant experiences and accessibility challenges.
- Track participation rates and health outcomes through program data and/or self-responses.
- Offer multiple formats for data collection such as interviews, focus groups, and surveys.
- Ensure informed consent processes are accessible and understandable.
- Establish advisory groups with people with disabilities and disability organizations to guide and review the evaluation process.
- Adapt and re-fine programs based on evaluation findings. Share findings with stakeholders.
- Communicate back to participants how their input influenced changes.



¹⁴ <https://re4all.org/>

Putting it all together: How to GRAID your program for inclusion

The GRAIDs: Guidelines, Recommendations, Adaptations, Including Disability is a tool and framework used to adapt evidence-based health promotion programs to be inclusive of people with disabilities. The GRAIDs are broken down by potential changes in five inclusion domains. The GRAIDs, combined with the detail and examples in the previously referenced 8 Guidelines, can be used to guide the adaptation of your health promotion program for full inclusion of people with disabilities.

Inclusion Domains: A common set of items used to ensure participation by individuals with disabilities in an existing health promotion program or strategy. The five inclusion domains are Built Environment, Services, Instruction, Equipment & Technology, and Policy.

- 1. Built Environment:** Structural features. Examples include ramps, signage, clear paths/sidewalks, curb cuts, hard floor surfaces, park/play surfaces, adequate temperature and lighting, raised surfaces. (See Guideline 4 and the Site Accessibility Survey for more information)
- 2. Services:** Person-to-person assistance or other assistance that increases participation. Examples include providing transportation, a personal aide, peer support, accommodations such as interpretation, closed captions, extra time, and inclusive advertising or communication. (See Guidelines 4,5,6 for more information)
- 3. Instruction:** Training and education techniques used to enhance learning for the staff within an organization or for the individual with a disability and their family members or caregivers. Examples include staff training, simplifying content by using plain language and clear concepts, using visual aids to enhance learning, individualized instruction which could include caregiver involvement. (See Guidelines 3 and 4 for more information)
- 4. Equipment & Technology:** Products or tools used to promote and allow for participation. Examples include adapted devices, adapted utensils, sensory materials, varying sizes of items, automatic sliding doors, bus lifts and communication devices. Equipment can also be used to provide hands-on learning experiences such as using food in experiments or taste testing in a nutrition education program. (See Guidelines 4 and 5 for more information)

- 5. Policy:** Laws, regulations, rules, protocols and procedures designed to guide or influence behavior. Policies can be either legislative or organizational in nature. Policies and protocols can address staff training, organizational commitment to inclusion, planning for inclusion, budgets and program costs, and program evaluation. (See Guidelines 1, 2, 7 and 8 for more information)

How to GRAID Your Program for Inclusion: A Checklist

Use this tool to guide the adaptation of your health promotion program for full inclusion of people with disabilities. Consider each question within the five GRAID inclusion domains. If you cannot answer “yes” to all questions on this survey, identify which items need to be addressed and start to plan for how you will address them. Add additional communication around any potential trouble areas to program participants so that they are aware and can plan ahead.



1. Built Environment

(See Guideline 4 for more information)

Structural features that support access.

- ☐ Are entrances, sidewalks, and paths clear, accessible, and free of barriers (e.g., curb cuts, ramps)?
- ☐ Are signs clear, easy to read, and available in alternative formats (e.g., braille or symbols)?
- ☐ Is the physical space welcoming for people with disabilities?
- ☐ Is there a predictable, structured layout with visual cues for navigation to this program site (e.g., arrows or color-coded paths)?
- ☐ Is the program space on a ground floor or accessible by an elevator?
- ☐ Are there accessible restrooms on the same floor as the program space?
- ☐ Are indoor and outdoor surfaces appropriate for wheelchairs or other mobility devices?
- ☐ Is there a minimum of a 3-foot-wide pathway through the program space?
- ☐ Are there quiet spaces or low-stimulation areas for sensory breaks?
- ☐ Are structures used in the program accessible? (e.g., raised garden bed)
- ☐ Are areas well-lit and maintained at a comfortable temperature?
- ☐ Is the program site connected to a public transportation route?
- ☐ Is there an accessible bus stop with an accessible pathway to the program site?
- ☐ Are there designated accessible parking spaces near the program site entrance?

Notes:

2. Services

(See Guidelines 4, 5, 6 for more information)

Supports that increase participation through assistance or communication.

- ☐ Are services like public or private transportation, aides, or peer support offered or facilitated?
- ☐ Have you identified accessible transportation options and provided this information to participants in advance of the program? (e.g., public transportation, Paratransit, ride sharing apps, taxi, volunteer transportation service)?
- ☐ Are interpretation services (e.g., sign language), closed captioning, or other accommodations available?
- ☐ Are inclusive communication practices used (e.g., plain language, multiple languages, alternate formats)?
- ☐ Are advertising materials inclusive and representative of people with disabilities?
- ☐ Do you offer a pre-program orientation or “meet and greets” to introduce people to staff and settings?
- ☐ Do you have volunteers or staff available to greet people as they arrive and help them find the program space?
- ☐ Is extra time given to complete tasks or ask questions?

Notes:

3. Instruction

(See Guidelines 3 and 4 for more information)

Educational strategies for staff and participants to enhance understanding and engagement.

- ☐ Has staff received training on disability education, inclusion, and accessible instruction methods?
- ☐ Are materials presented in plain language and supported with clear visuals?
- ☐ Is individualized instruction available when needed (e.g., with caregiver or family involvement)?
- ☐ Are visual aids or hands-on tools used to support comprehension?
- ☐ Do you allow for frequent repetition and review of key concepts?
- ☐ Are teaching methods adjusted based on feedback from participants with disabilities?

Notes:

4. Equipment & Technology

(See Guidelines 4 and 5 for more information)

Tools and devices that support engagement and learning.

- ☐ Are assistive tools or apps to support communication available?
- ☐ Is there a microphone in the program space or an assistive listening device available for participants with hearing loss?
- ☐ Is the technology used (e.g., websites, apps, digital materials) in the program accessible to people with various disabilities?
- ☐ Are features like automatic doors or bus lifts in place to improve access?
- ☐ Are interactive materials (e.g., using food in food experiments, taste tests) available for experiential learning?
- ☐ Do you offer adaptive tools (adaptive kitchen tools, adaptive gardening tools, adaptive sport equipment, etc.)?
- ☐ Are staff trained to assist with the use of equipment or troubleshoot issues?
- ☐ Do you provide a visual schedule of activities or tablets with picture-based instructions?

Notes:

5. Policy

(See Guidelines 1, 2, 7, and 8 for more information)

Organizational and legislative rules that support long-term inclusion.

- ☐ Do you have a clear statement in program policies and materials about the inclusion of people with disabilities?
- ☐ Do you ask about accommodations in your program registration materials?
- ☐ Do you have a policy around cost modification that applies equally to all program participants?
- ☐ Do you require ongoing training on disability education and inclusion for all staff?
- ☐ Do you have policies for individualized accommodations based on participant needs? (ex: allowing caregiver participation)
- ☐ Do you ensure that program budgeting includes funds for support staff, adaptive materials, accommodation requests, and staff training?
- ☐ Do you have established program evaluation protocols that include feedback from people with disabilities and their caregivers or family members?

Notes:

Stories from the Field

Here are some examples of how organizations have integrated disability inclusion strategies and initiatives into their operations.

National Recreation and Park Association (NRPA)

Inclusive Health Promotion in Local Parks and Recreation

In partnership with Special Olympics, the National Recreation and Park Association (NRPA) has developed this framework, specifically detailing ways in which park and recreation professionals can ensure that facilities and programs are inclusive and welcoming to all, especially those with intellectual disabilities. This [Inclusive Health Promotion in Local Parks and Recreation toolkit](#) is a supplement to NRPA's [Guidelines for Developing an Inclusion Policy](#) resource and is informed by Special Olympics' Inclusive Health Principles and Strategies: How to Make Your Practices Inclusive of People With Intellectual Disabilities. NRPA's formal commitment to inclusion (Parks for Inclusion) includes resources to provide professionals (park and recreation and their allied professionals) with support to provide inclusive activities in their agencies and facilities.



Blue Star Families

Building an Inclusivity Strategy to Support Military Families

Blue Star Families (BSF) is the largest community-based military family organization in the country. BSF serves Active Duty, National Guard and Reserve, wounded warriors, Caregivers, and transitioning veterans and their family members. BSF has implemented a multi-part program to acquire new expertise, attract a target population with a range of different disabilities, pilot accessible outdoor programs in two locations and then create plans of action across all funded chapter sites to ensure that



inclusive health concerns are an integral part of overall community-building activities. 125 families with either a parent or child with a mental or physical disability received an outdoor recreation inclusion box ([Called Outdoor Explorers for All Activity Box](#)).

CATCH Global Foundation

Physical Activity Demonstration Videos for Inclusion of Youth with Disability

CATCH Global Foundation's mission is to improve children's health worldwide by developing, disseminating and sustaining the CATCH platform. The Foundation links underserved schools and communities to the resources necessary to create and sustain healthy change for future generations.

CATCH created [five short videos](#) for physical education teachers and out-of-school time (OST) instructors that demonstrate basic strategies and adaptations for including youth with physical and sensory disabilities in CATCH activities. Additionally, the new [CKC Inclusion Guide](#) is an addendum to the CATCH Kids Club afterschool curriculum for grades K to 8. It provides practical tips and resources to maximize opportunities for youth with disability to participate in meaningful inclusive physical activity.



Girls on the Run

Reducing Barriers to Implementation of Inclusive Girls on the Run Programming

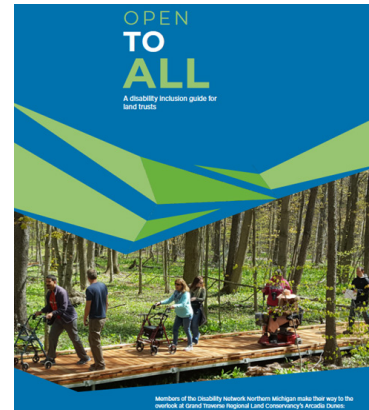
Girls on the Run (GOTR) International has made a strong commitment to serving girls with disabilities. In order to impact girls with disabilities on a national scale it is critical that supports are in place for implementation at the local council level. GOTR has captured and expanded photography that highlights girls with disabilities in their marketing and program materials and has established a disability inclusion fund for local councils to aid in implementing an inclusive curriculum. Their [curriculum](#) has been reviewed for disability inclusion, showing photos and instructions on how to adapt exercises or alter other activities when needed.



Land Trust Alliance

Improving Access to the Natural World for People with Disability

The Land Trust Alliance surveyed its land trust members on their experiences with people with disabilities, and on access and inclusion issues. The survey showed that both the need and will to make programs more accessible are there, but that land trusts were looking for “guidelines and/or best practices for inclusion” and “examples of inclusion efforts from other land trusts.” Created in 2021, [Open to All: A Disability Inclusion Guide for Land Trusts](#) includes examples, advice and guidelines to help a land trust address and remove the barriers that prevent inclusion of people with disabilities in programs and on nature preserves.



Sound Generations

Enhance®Fitness Review and Adaptation for Individuals with Physical Disabilities

Sound Generations has conducted an expert review of the Enhance®Fitness (EF) curriculum, website, exercise selection, training materials and program delivery for gaps in disability inclusion or accessibility which supports efforts to improve health outcomes for diverse adult populations. Based on the adaptation recommendations, Sound Generations piloted the adapted version of EF and evaluated outcomes. Findings are used to revise and/or create new resources that will be distributed through their Train-the-Trainer network. Successful integration of this adapted version of EF has improved participants with disability program access nationally. <https://projectenhance.org/inclusion-guide/>



ABLE South Carolina

Accessibility and Inclusion Toolkit for YMCAs

Able South Carolina is the oldest and largest Center for Independent Living (CIL) in South Carolina, serving the Midlands and Upstate with several statewide programs. Able SC challenges stereotypes, empowers disability rights, and leads social change. Able SC worked in partnership with the Caine Halter YMCA and Roger C. Peace Rehabilitation Hospital to improve inclusive and affordable fitness opportunities in Greenville County by providing a comprehensive accessibility and inclusion review and implementation plan. A [toolkit](#) was developed and disseminated through local, state and national networks so other fitness and recreation centers can utilize it to complete self-assessments for improving accessibility and inclusion.



South Central Industries, Inc.

Good Food for Good Food Truck Project

[South Central Industries \(SCI\)](#) provides vocational training, employment opportunities, residential services and social outlets that help individuals with developmental disabilities achieve their maximum potentials by integrating independence, self-determination and productivity into all facets of their lives. The “Good Food for Good” Food Truck program is a partnership between South Central Industries and the LunchBox restaurant with support of the Blue Zones Project Pottawatomie County.



The owners of the LunchBox, a Blue Zones Project approved restaurant, provide healthy recipes for a food truck that is operated by individuals with disabilities, providing healthy food options with inclusive, integrated employment opportunities. The food truck travels throughout Shawnee, Oklahoma, and the surrounding communities to further promote inclusivity and empowerment.

Helpful Resources to Learn More

Guidelines, Recommendations, Adaptations, Including Disability (GRAIDs):

- <https://www.nchpad.org/resources/graid-guidelines-recommendations-adaptations-including-disability/>
- <https://pubmed.ncbi.nlm.nih.gov/25123550/>

Guidelines for Disability Inclusion in Programs and Policies

- <https://www.nchpad.org/resources/guidelines-for-disability-inclusion-in-programs-and-policies/>

Disability Laws/Regulations:

- Americans with Disabilities Act (ADA) <https://www.ada.gov/>
- ADA Factsheet <https://adata.org/factsheet/ADA-overview>

Built Environment Resources:

- ADA Checklist for Existing Facilities: <https://www.adachecklist.org/doc/fullchecklist/ada-checklist.pdf>
- Community Health Inclusion Index: <https://inclusion.nchpad.org/users/login>
- Watch this video to learn more about basic accessibility and built environment issues to consider when choosing a venue to host your inclusive health promotion class or activity.
- AARP Walk Audit Toolkit <https://cdn2.assets-servd.host/material-civet/production/images/documents/AARP-Walk-Audit-Tool-Kit-singles-1302023.pdf?dm=1696445887>
- Inclusive Walk Audit Facilitator's Guide <https://altago.com/wp-content/uploads/MDH-Inclusive-Walk-Audit-Facilitators-Guide.pdf>

Disability Education and Inclusion Training:

- The Alycia Anderson Company Trainings: <https://alyciaanderson.com/trainings/>
- Special Olympics: Center for Inclusive Health <https://inclusivehealth.specialolympics.org/>
- Inclusive Health Principles and Strategies: How to make your Practices Inclusive of People with Intellectual Disabilities [https://media.specialolympics.org/inclusive-health/inclusive-health-principles-and-strategies-make-your-practices-inclusive%20\(1\).pdf](https://media.specialolympics.org/inclusive-health/inclusive-health-principles-and-strategies-make-your-practices-inclusive%20(1).pdf)

- Peer Support to Engage People with Intellectual and Developmental Disabilities (IDD) in Research: <https://sites.temple.edu/reachlabtemple/peer-support-guide/>

Universal Design:

- The [UDL framework](#), developed by the Center for Applied Special Technology (CAST) is an evidence-based educational framework that benefits all learners, including, but not limited to, people with disabilities. The UDL Guidelines are valuable tools for educators, curriculum developers, researchers, parents, and others interested in applying the UDL framework in educational settings.
- Universal Design and Accessibility <https://www.section508.gov/develop/universal-design/>

Inclusive Meetings and Presentations:

- Handbook on Inclusive Meetings and Presentations <https://mn.gov/mnddc/resources/pdf/TheGuide.pdf>
- Listen, Include, Respect: International Guidelines for Inclusive Participation <https://www.listenincluderespect.com/>
- A guide to running inclusive meetings <https://www.inclusionaustralia.org.au/wp-content/uploads/2023/04/A-Guide-to-Running-Inclusive-Meetings.pdf>



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