INCLUSIVE HEALTH PROMOTION IN LOCAL PARKS AND RECREATION

NRPA National Recreation and Park Association

*Because everyone deserves a great park*

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Park and recreation professionals are uniquely suited to deliver programming and services that advance the health and well-being of their community members. More and more, park and recreation professionals are serving as stewards of community wellness hubs — trusted gathering places that connect every member of the community to essential program, services and spaces that advance health equity, improve health outcomes and enhance quality of life.

But how can park and recreation professionals best serve ALL members of the community?

Key actions like adhering to the Americans with Disabilities Act (ADA), equal employment opportunity, and other civil rights laws are great steps, but to truly serve all community members, park and recreation professionals should take more intentional steps to ensure that all voices of the community are heard and valued during both the planning and implementation process of programs, services and built environment enhancements.

By prioritizing inclusive health, park and recreation agencies can truly serve in their role as community wellness hubs.

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 supplement to the *Guidelines for Developing an Inclusion Policy* resource that addresses the barriers to inclusive health and what the health implications are for those with intellectual disabilities when solutions to these challenges are not implemented.

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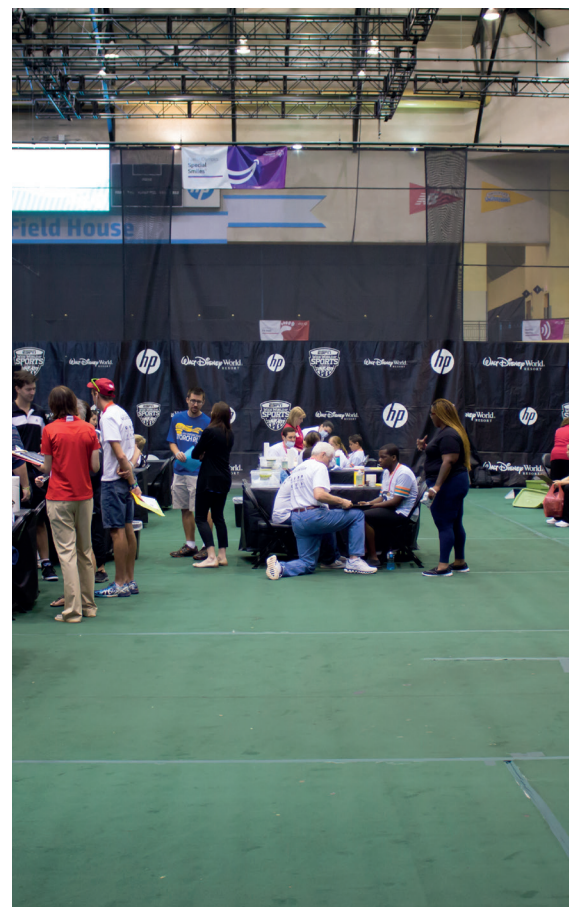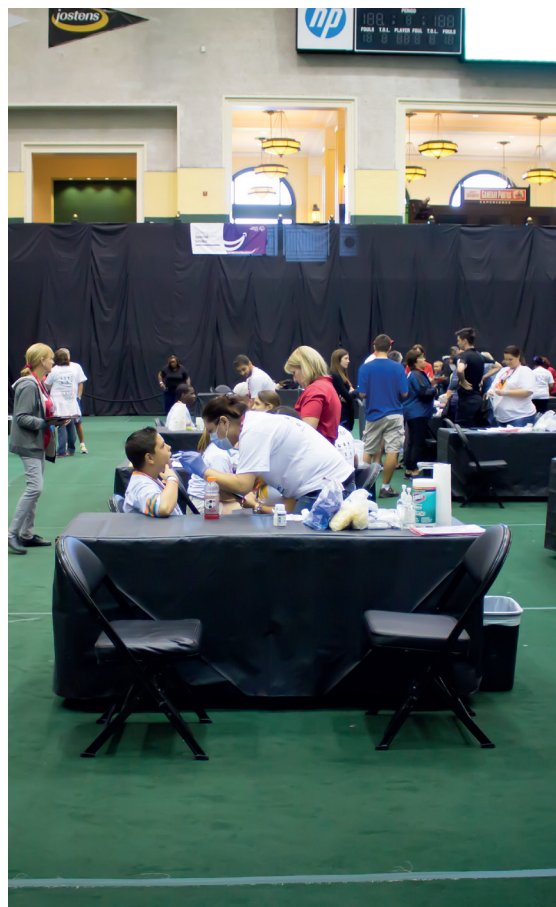
NRPA defines inclusion as: the act of creating environments in which any individual or group can be and feel welcomed, respected, supported and valued to fully participate. An inclusive and welcoming climate embraces diversity and offers respect in words and actions for all people. An environment of inclusion requires understanding and owning the ways that power and privilege affect our behaviors.

Park and recreation professionals provide daily opportunities that support community health and well-being. By prioritizing inclusion across park and recreation systems, professionals can ensure that everybody can equitably access and benefit from those essential programs and services by creating an environment where all individuals and groups can thrive.

Inclusive health is built on two foundational principles: equitable access and full participation.

- **Equitable access** means ensuring all people have access to the services and resources necessary to achieve their full health potential.

- **Full participation** means people who have been historically underserved, including those with intellectual disabilities, are fully and meaningfully included in health programs and services.

WHAT IS INTELLECTUAL DISABILITY?

"Intellectual disability is a term used when a person has certain limitations in cognitive functioning and skills, including communication, social and self-care skills. These limitations can cause a child to develop and learn more slowly or differently than a typically developing child. Intellectual disability can happen any time before a child turns 18 years old, even before birth." Source: www.specialolympics.org

Some examples of intellectual disability include:

- *Down syndrome*
- *Autism Spectrum Disorder*
- *Fetal Alcohol Syndrome*
- *Fragile X Syndrome*
- *Trauma caused by head injury, infections or stroke*
- *Effects of exposure to toxins like lead or mercury*
- *Effects of malnutrition or lack of medical care*

Understanding barriers to inclusive health

While there have been successes over the years in working toward disability inclusion, including the work of the Special Olympics Health Program, individuals with intellectual disabilities remain a medically underserved group. As such, those with intellectual and developmental disabilities (I/DD) experience significant health disparities, poorer health and lack access to care. Public health data continues to demonstrate that people with I/DD have poorer health outcomes, higher prevalence of adverse, chronic and sedentary conditions, and higher rates of mortality. Additionally, fewer primary care providers are available and many people within the I/DD population live in poverty with limited access to healthcare.
Source: *Autistic Self Advocacy Network, https://bit.ly/3cOqvDK*

Because of the lack of medical service supportive of those with an intellectual disability, these community members typically face significant health disparities, including obesity, diabetes, chronic pain and heart disease. But barriers to healthcare aren't the only challenges faced by those with an intellectual disability. Park and recreation professionals are well suited to address some of the other common barriers within their agencies.

- **Physical Barriers** — Classified as structural challenges that block mobility, physical barriers are a very visible way that prevent those with intellectual disabilities from accessing programs and services. Examples include lack of ramps or curb cuts, high counter tops, inaccessible restrooms or locker rooms.
  - ☐ **Solution**: Review ADA regulations and ensure facilities meet standards. Invite community members with disabilities to tour the facility or participate in a focus group to recommend ways in which it could be more accommodating.

- **Programmatic Barriers** — Classified as the failure to make reasonable accommodations for people with disabilities, programmatic barriers do not allow everyone to enjoy the benefits of parks and recreation. Examples include inaccessible equipment like high basketball nets and swimming pools without ramps or lifts, lack of staff training or expertise to support those with intellectual disabilities.
  - ☐ **Solution**: Conduct a community needs assessment to identify community members' needs and priorities. Specifically asking what community members would benefit from programmatically will inform decisions that support all members health and well-being.

- **Attitudinal Barriers** — This is the misconception that people with intellectual disabilities cannot live long and healthy lives. It also includes the attitude of those without intellectual disabilities, and a lack of awareness that barriers can prevent a person with a disability from participating in everyday life. These misconceptions lead to exclusion in conversations and programs, stereotyping, discrimination, prejudice and stigma.
  - ☐ **Solution**: Providing training to staff and community members

is a key way to reshape the false narrative that a disability is a personal deficit or shortcoming. Removing stigma around disabilities creates world in which all people can be supported to live independent and full lives, it becomes easier to recognize and address challenges that all people — including those with disabilities — experience. Source: *www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html*

- **Communication Barriers** — Using complicated or inaccessible language is a barrier to welcoming those with inclusive disability into programs and services. Examples of communication barriers include written promotion that prevent people with vision impairment to read, audio or video messages without captioning or manual interpretation (like American Sign Language) that prevent people with hearing impairments to hear, and the use of technical language, long sentences and words with too many syllables that may lead to difficulty in understanding the message.
    - ☐ **Solution**: Ensuring your communication, including written and spoken language, materials and interactions with the community are accessible to people with intellectual disabilities. Examples of welcoming communication include materials that avoid jargon or technical terms, materials that are written at a sixth-grade reading level and materials that use clear images to convey the message.

- **Policy Barriers** — Often seen as the lack of awareness or enforcement of existing laws or regulations, policy barriers also can include the lack of policies regarding access to inclusive health. Policies that either intentionally or unintentionally exclude individuals with a disability can result in denying qualified individuals with disabilities the opportunity to participate in or benefit from programs or services.
    - ☐ **Solution**: Begin by assessing existing agency policies and identifying areas in which groups are excluded or misrepresented. Ensure that the voices of all community members are included when updating existing policies, as well as when developing a formal inclusion policy within your agency. To assist in developing an inclusion policy, NRPA offers the *Guidelines for Developing an Inclusion Policy,* visit *www.nrpa.org/ParksForInclusion.*

- **Social Barriers** — Also classified as the social determinants of health, these are the conditions in which people are born, grow, live, learn and work. These systemic barriers lead to additional challenges for those with disabilities and can result in poorer health outcomes, lost wages, lower educational attainment and higher exposure to violence.
    - ☐ **Solution**: Park and recreation professionals have a role to play in breaking down barriers to the social determinants of health. Agencies can focus efforts on intentionally improving access to the community and social conditions that influence health outcomes by creating educational opportunities, connecting people to needed healthcare and social supports and ensuring that the built environment (parks, trails, recreational facilities) is accessible and meets the health needs of people with disabilities.

For all barriers, a key solution is to include individuals with intellectual disabilities in the conversation. From planning to implementation, invite individuals and caregivers to the table to help build a system that is truly focused on inclusive health.

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It's never too late to start working toward inclusive health. Implementing small steps over time is a great way to create an inclusive space that meets the needs of all community members. Consider these opportunities to support inclusive health.

- **Engage directly with those who have an intellectual disability** — All opportunities to support inclusive health can be strengthened by directly engaging with those whom the efforts will impact. A person with an intellectual disability (ID) might be able to suggest what makes a space welcoming or unwelcoming, or what type of communication is most clear. Staff training opportunities could be more effective if someone with ID plays a large role in delivering the training. A strong phrase to keep in mind during your planning is, "nothing about us without us."

- **Create welcoming spaces** — Ensuring programs and physical spaces are accessible and welcoming to people with ID is an integral part in positioning park and recreation agencies as a welcoming space. Including individuals with ID in the planning, implementation and decision-making processes leads to a deliberately inclusive effort. This effort also shows that agency leaders value the input, perspective and roles that community members with ID bring to the process. Creating a welcoming space also means to greet visitors appropriately. For example, directly address an individual with a disability rather than their caretaker or friend. The initial effort to create welcoming spaces will also help to inform practices and policies that can be used to support inclusive work moving forward. Source: *https://bit.ly/3jqCaLa*

- **Deliver welcoming communication** — Ensuring your communications, including written and spoken language, materials, and interactions with the community are accessible to people with an ID. Examples of welcoming communication include materials that avoid jargon or technical terms, materials that are written at a sixth-grade reading level, as well as materials that use clear images to convey the message.

- **Provide training to staff** — Supporting efforts to learn about disability inclusion to staff helps lead to an inclusive space. By understanding the barriers and challenges those with a disability face, staff can be better prepared to help navigate challenges and ensure that all feel welcome participating in programs and services. Training builds awareness, helps to break down stigma quells concerns and supports a healthy environment. Consider partnering with a local disability organization to deliver training or hiring an individual with a disability to advise, conduct or participate in the training.

- **Build a sustainable and intentional culture** — Build intentional and sustainable inclusion by changing organizational culture to value and understand inclusion. Consider developing policies that intentionally support inclusion, such as equitable hiring practices, ongoing training requirements for staff, and new hire onboarding protocol. Publicly committing to inclusion through a community-facing vision diversity statement and mission is a great way to show pride in inclusion efforts, and let the community know what the agency and its staff stand for and believe.

As we work to ensure everyone has equal access to the programs and services that support health and well-being, it's important to understand how to address and speak to people with disabilities to truly ensure everyone feels and is welcome. While this list is not exhaustive, it serves as a starting point to using appropriate and inclusive people-first language.

- **Instead of**: the disabled or the handicapped
  Try: people with disabilities or disabled people

- **Instead of**: wheelchair-bound
  Try: person who uses a wheelchair, wheelchair user

- **Instead of**: mental handicap
  Try: intellectual disability, intellectually disabled

- **Instead of**: normal, able-bodied
  Try: non-disabled

- **Instead of**: suffers from e.g., intellectual disability
  Try: has (e.g., intellectual disability)

- **Instead of**: brain damaged
  Try: person with a brain injury

- **Instead of**: birth defect
  Try: person who had a disability since birth

- **Instead of**: identity-first language (autistic boy, Down syndrome girl)
  Try: people-first language (a boy with autism, a girl with Down syndrome)
    - *Note*: Only use when relevant to the situation.

List adapted from the National Disability Authority: *http://nda.ie*

Inclusion should be an ever-evolving practice, and we encourage a life-long learning to ensure programs and services in parks and recreation are welcoming to every member of the community.

Here are some resources that can help.
From www.nrpa.org:
· Guidelines for Developing an Inclusion Policy
· Resource database
· NRPA Health Equity Framework
· NRPA Community Needs Assessment

· Special Olympics resource database (www.specialolympics.org)

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