

Health Educator Accessibility Tool Kit Impacts Oregon Health Education

Program leaders increase skills to deliver accessible and inclusive programs

Oregon adults with disabilities are more likely to have chronic diseases, including heart disease, diabetes, and stroke. Yet evidence-based chronic disease self-management education (CDSME) programs in Oregon are often not accessible. Training that most CDSME leaders receive does not focus on accessible and inclusive program delivery skills.

The Community Integrated Network of Oregon, or CINO, is a network of diverse partners focused on building the statewide infrastructure to deliver and sustain inclusive and accessible evidence based chronic disease self-management education (CDSME). In partnership with CINO, the Oregon Office on Disability and Health developed a three-part Health Educator Accessibility Tool Kit to develop accessible and inclusive health education practices:

- Disability Best Practices: Successful Inclusion of Community Members in Health Education Programs
- Plain Language: Best Community Practices to Benefit All Learners
- Accessible Social Media: Thoughtful Inclusion of People with Disabilities in Dissemination Practices

OODH and CINO also offered trainings for Oregon CDSME leaders on each of the three accessibility topics.

Trainees shared how the training impacted them:

“I learned strategies for breaking down barriers; providing resources, [making] adaptations and modifications in the processes, [providing] care without judgement.”

“Mostly, [I] increased self-awareness of biases and to step back and listen to the [person] with IDD and try to hear what they are saying without jumping in.”

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Health

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This project improves health educator knowledge of accessible and inclusive practices that span marketing, registration, accessible delivery, and providing accommodation. As a result, people with disabilities have access to more accessible programs that teach them to self-manage chronic disease. This means more opportunities for Oregon adults with disabilities to maximize independence and health.

Each of these trainings were well attended, with dozens of participants. The best-attended training was the plain language training, with over 90 people participating. The resources continue to be used by registered participants and by individuals who did not attend the live training.

Across all three trainings, 100% of participants completing the evaluation have reported increased knowledge and skills, and all but one response has indicated that they intend to make changes to their practice based on the training.

Participants provided positive feedback about the training and that there is need for the topic.

Participants especially reported that they liked the interactive nature of the training and connections to the tools that we reference in our resource guides.

To quote a response about what a participant liked best,

“The interactive exercises and the clear use of the tools that were suggested. This was incredibly well done!”

Resource Guides Available



DISABILITY AND INCLUSIVITY BEST PRACTICES:
A Guide for Successful Inclusion of Community Members in Health Education Programs



PLAIN LANGUAGE BEST PRACTICES:
Communication Best Practices to Benefit All Learners



ACCESSIBLE SOCIAL MEDIA:
Thoughtful Inclusion of People with Disabilities in Dissemination Practices

Disability and Inclusivity Best Practices:

A Guide for Successful Inclusion of Community Members in Health Education Programs

Plain Language Best Practices:

Communication Best Practices to Benefit All Learners

Accessible Social Media:

Thoughtful Inclusion of People with Disabilities in Dissemination Practices