

HEAL / NCHPAD Inclusion Guide



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Purpose of the Guide

The purpose of this addendum is to provide guidance to Healthy Eating Active Living teachers for promoting inclusion of students with disabilities while using the HEAL afterschool program. Recommendations in this document should be tailored to include all abilities during class, and instructors should be able to make appropriate adaptations to lessons and activities to fit all participants' needs.



Who Is This Guide For?

The addendum is for leaders with HEAL to provide proper training to their afterschool teachers to ensure that all teachers are professionally trained on how to provide a fully inclusive afterschool program utilizing the HEAL afterschool program. The addendum is a tool that will assist you in providing the proper training, education, and materials needed to have a successful HEAL afterschool program that is fully inclusive.

What is HEAL and the Rationale for Using HEAL?

HEAL (Healthy Eating Active Living) is transforming the health culture in Alabama through education and practice of healthy lifestyle behaviors. HEAL works in four different sector areas: HEAL for elementary schools is a comprehensive curriculum taught in physical education classes that promotes healthy behaviors related to nutrition, physical activity/exercise, sleep, self-worth, and respect for others. HEAL for middle and high schools is a curriculum integrated in physical education, family, consumer sciences, and health classes that teaches students relevant wellness components and provides an opportunity for practice on leading a healthy life that includes activity and good nutrition. HEAL for college is a college credit curriculum taught in the core health class focusing on healthy behaviors such as nutrition, exercise, sleep, and self-worth, and HEAL for the Community which is a HEAL certification for community members.

HEAL has some proven results:

- **75%** of all students significantly improved their level of fitness
- **57%** of overweight/obese students reduced their body mass index (BMI)
- **73%** of students reported improvements in emotional health (self-confidence, self-esteem, overall feeling healthier)
- **100%** of students reported sharing the HEAL Information with others (parents, siblings, grandparents, friends, extended family). As a result, 83% indicated an increase in family healthy food choices and physical activity.

Healthy Eating, Active Living (HEAL)/National Center on Health, Physical Activity and Disability (NCHPAD) Partnership

NCHPAD has worked with HEAL to ensure their afterschool curriculum includes language and disability imagery.

Description of HEAL

HEAL afterschool is a program designed to provide students with the opportunity to be active in afterschool through fitness and nutrition curriculum.

What is Inclusion?

Inclusion⁴ means to transform communities based on social justice principles in which all community members:

- Are presumed competent.
- Are recruited and welcome as valued members of their community.
- Fully participate and learn with their peers; and
- Experience reciprocal social relationships.



Guidelines for Disability Inclusion

The [Guidelines for Disability Inclusion in Physical Activity, Nutrition, and Obesity Program Initiatives](#) were developed to assist in the updating of community health programs and policies to be inclusive of the needs of people with disabilities. Schools, as part of the community, can use these same guidelines to promote inclusion within the school setting for children and youth with disabilities. The guidelines are as follows:

- 1. Objectives Include People with Disabilities:** Program objectives should explicitly and unambiguously state that the target population includes people with a range of different disabilities (cognitive, intellectual, and other developmental disabilities, mobility, visual, hearing, and mental health disabilities).
- 2. Involvement of People with Disabilities in Development, Implementation and Evaluation:** Program development, implementation, and evaluation should include input from people with a range of different disabilities and their representatives (e.g., community members or other experts with disabilities, potential participants with disabilities and their family members, personal assistants, and caregivers).
- 3. Program Accessibility:** Programs should be accessible to people with disabilities and other users socially, behaviorally, programmatically, in communication, and in the physical environment.
- 4. Accommodations for Participants with Disabilities:** Programs should address individual needs of participants with disabilities through accommodations that are specifically tailored to those needs.
- 5. Outreach and Communication to People with Disabilities:** Programs should use a variety of accessible methods to outreach and promote the program(s) to people with disabilities.
- 6. Cost Considerations and Feasibility:** Programs should address potential resource implications of inclusion (including staffing, training, equipment, and other resources needed to promote inclusion).
- 7. Affordability:** Programs should be affordable to people with disabilities and their families, personal assistants, and caregivers.
- 8. Process Evaluation:** Programs should implement process evaluation (with transparent monitoring, accountability, and quality assurance) that includes feedback from people with disabilities and family members, personal assistants, caregivers, or other representatives, and a process for making changes based on feedback.
- 9. Outcomes Evaluation:** Programs should collect outcomes data, using multiple disability-appropriate measures.

How to Make Adaptations

Adaptations to a curriculum are made to increase participation and to ensure that everyone can successfully participate in all the activities provided by the curriculum in a safe manner. The adaptations made are not to modify the curriculum but to make activities that allow students with disabilities to participate fully and be successful. All the objectives and outcomes should not be changed when creating adaptations. Regardless of the type of adaptations made to the activities, they should be goal-oriented so that everyone is successful in the activity that the practitioners/staff are teaching that day. It is important that the staff/practitioners do not overadapt to the extent that the activity is completely different and does not provide enjoyment and benefits to all the participants involved. Adaptations should never change the curriculum!

There are times when an adaptation is not needed, and simple accommodation is all that is needed to provide a successful outcome for a student. Accommodations are changes presented to participants with disabilities during the activity. For example, a student is allowed to use his wheelchair during a running activity. It is important that practitioners/staff recognize when accommodation is sufficient, and adaptations are not needed. Participants are often the best resource when creating adaptations and accommodations. Make sure to involve the participant during the process as they will know with more certainty how to perform a skill or adapt certain activities. This is also a good practice to allow them to fully participate in learning experiences. Be sure to have inclusive language when teaching and discussing diverse ways to do the activity so that a student who needs an adaptation or modification does not feel singled out or on display during a lesson.

This guide was created utilizing the [Guidelines, Recommendations, Adaptations Including Disability \(GRAIDs\)](#) framework.⁸ This framework is used to create recommendations for health promotion programs to highlight and add information, guidance, and resources on how to make the programs inclusive of people with disability so that they can enjoy the same health benefits from these programs as those without disability. The set of inclusion and adaptation recommendations are categorized into five domains: built environment, services, instruction, equipment and technology, and policy. These domains should be considered when making reasonable adaptations to any program. See below for the definitions of the GRAIDs domains:

- **Built Environment**
 - This includes all structural features for the setting where the program is to be held. Examples include elements of a building, ramps, clear paths/sidewalks, curb cuts, doorways, drinking foundations, adequate temperature, and lighting. The built environment is not limited to buildings, but also includes places such as playgrounds and gyms.
- **Services**
 - This includes person-to-person assistance. Examples include transportation, aide for a person with a disability, and a peer assistant in a physical activity program. Services also include activities that would improve access to supports such as educational materials/handouts, program advertisements, and communication materials.
- **Instruction (Training & Teaching)**
 - This includes any technique used to enhance learning. The training and teaching might be for the person working in the community (e.g., classroom teacher) or the person with a disability, or their family member/caregiver.

- **Equipment & Technology**
 - This includes any adapted equipment, products, materials, assistance technological devices, or systems. Examples include sports or activity-related equipment, signage, utensils, automatic sliding doors, bus lifts, and pedestrian transportation technology.
- **Policy**
 - This includes any laws, regulations, rules, protocols, and procedures designed to guide or influence behavior. The policies can be either legislative or organizational in nature.



Classroom Management and Teaching Strategies

Ensure that all students can participate in class by providing inclusive opportunities and teaching strategies. This not only means that the play area and/or materials are accessible, but also that you teach by using techniques fully understood by all. Below are general inclusive teaching strategies as well as tips for types of disabilities:

- Relax and be yourself. Using inclusive teaching and communication strategies takes practice.
- Treat all participants with the same respect you would any participant.
- Do not talk about disability in a [negative context](#). Avoid using terms like “suffers from,” “is confined to a wheelchair/walker,” or “is afflicted with” a particular condition. How an individual experiences his or her condition varies from person to person, and the built environment, programmatic, and attitudinal environments have a profound impact on individuals.
- [Use the term “disability” instead of “special needs.”](#) “Special needs” is an ineffective euphemism because it suggests segregation and implies special rights.
- Allow sufficient time for communication, do not attempt to finish their sentences, or provide words before they can say them.
- Allow students extra time to complete a task and do not finish it or do it for them.

For Deaf Participants or Individuals with Hearing Loss

Hearing impairments range from partial hearing to complete deafness. Below are a few tips to consider when including Deaf participants or individuals with hearing loss:

- During the registration process, ask if potential participants will need a sign language interpreter, and before class begins, make sure you have made appropriate arrangements.
- It may be helpful to write down tasks that you want participants to accomplish and post them at the front of the class.
- If possible, minimize surrounding distractions and noise.
- Use a microphone and/or assistive listening device.

- Position yourself where everyone can see you, even if there is a sign language interpreter in the room. If a Deaf participant is communicating, focus your attention on the individual and not the sign language interpreter.
- Wait for the individual to complete his or her communication before responding.
- Do not cover your mouth or chew gum when speaking.
- Sometimes having a spare pen and pad of paper close by is handy for writing quick messages, but do not write a message and talk at the same time.
- Use a visual cue to assist individuals with learning, stop/go instructions, and completing the activity.

For Participants with Vision Loss or Blindness

Visual impairments range from partial vision to complete blindness. Below are general strategies for including someone with vision loss or blindness:

- Have alternate formats of materials ready (e.g., Braille, electronic, audio, or large print copies).
- Keep the classroom space or play area the same for each session. Do not change the configuration of tables and chairs or the orientation of the room unless you tell the person with vision loss first. A consistent environment is much easier for a person with blindness or low vision to navigate. Assist the participant with locating the play area's boundaries.
- Remember that participants with vision loss or blindness, as well as those with other functional differences such as mobility disabilities, may have a [service dog](#), miniature horse, or other animals with them.
- Always verbally introduce and excuse yourself when you join or leave a conversation.
- Use equipment or handouts with high contrasting colors, such as a bright blue ball or black font on a white piece of paper.

For Participants with an Intellectual Disability

- Repeat, write down, or break down directions into small steps.
- Do not give too many directions at once.
- Do not rely only on written directions or information.
- Use visual examples of concepts (e.g., pictures of exercises) or provide demonstrations of activity.





For Participants with a Mobility Disability

- Do not move a person's wheelchair, walker, or other assistive devices without permission.
- Use the following abbreviated accessibility yes/no checklist before your program begins to ensure that you have full physical access to the building, classroom space, and play area.
 - Have you advertised using a flyer depicting individuals with visible disabilities?
 - Do registration forms ask if participants will need an accommodation?
 - Is the program space on the ground floor or accessible by an elevator?
 - Are there accessible restrooms on the same floor as the program space?
 - Is there a minimum 3-foot-wide pathway through the program space for the individual to navigate independently?

For Participants with a Sensory Disability

- Provide a safe zone or quiet space. A quiet space should not be used as punishment; instead, it should be used to help students use self-regulation skills.
- Use flags instead of whistles when giving commands.
- Provide students with extra time to finish tasks.
- Use visual examples of concepts (e.g., pictures of exercises) or provide demonstrations of activity.
- Create a skills list at the beginning of the program so you know what they are currently capable of and where you want them to go.

General Adaptations

To create appropriate adaptations to the curriculum, teachers should consider making changes to the skills, instruction, rules, equipment, and environment. One of the simplest ways of adapting an activity is to modify or substitute the skill involved. Table 1 includes a list of adaptations to adapt the locomotor and manipulative skills.

Table #1 Adaptation to Skills

Locomotor Skills	
running or walking	<ul style="list-style-type: none">• Allow the participants to use various mobility devices such as a wheelchair, a power chair, a tricycle, a hand-bike, a scooter, or a walker.• Allow the participants to walk or run with a partner.• Allow the participants to roll across a mat.• Mark the area where the participants will be running or walking. Use poly-spots, mats, cones or tape, or rope.• Use footprints or visual cues to give feedback on where to position their body for the activity.• Use a guide wire system for those with visual impairments.• Use visual/auditory start and stop signals and cues for boundaries or direction. For example, as a visual, you can use a stoplight picture and music or a whistle for an auditory cue.
jumping	<ul style="list-style-type: none">• The use of a trampoline might help participants to improve their jumping skills.• Students using a wheelchair could push up from the chair or raise their arms and clap instead of jumping off the ground.• Lifting or raising one leg or two legs while using a wheelchair or any other mobility device could be counted as a jump.• Place participants near walls or steady objects to allow them to grab onto something to facilitate balance after landing.

Manipulative Skills

throwing

- Carrying a ball between two points.
- Dropping or releasing a ball at a certain marker.
- Rolling a ball along the floor.
- Sending a ball down a ramp or tabletop.
- Use a ramp to roll the ball down or use a catapult device to launch the ball or object.
- Push the ball out of the lap or tabletop.
- Allow participants to practice the skill with a peer buddy before the activity.
- Replace balls with objects that are easier to grasp such as bean bags.
- Allow participants to use various techniques when throwing (underhand, overhand, chest-pass, one-hand throw, two-hand throw).
- Use a larger target such as a bigger basketball goal.
- Move targets closer if needed.
- Use lighter objects for self-toss activities.
- When throwing to target add visual cues for precision such as things to knockdown or a noise emitting device.
- Use visuals such as tape across the wall or floor to demonstrate the desired pattern of the fly of the ball.
- Stabilize the trunk of individuals with limited core strength by using Velcro straps or belts.



catching

- Blocking a ball using the student's own body.
- Intercepting a ball using a bat or racquet.
- Blocking a ball using netting held between a student and a partner.
- Capturing a moving ball through a hoop.
- Use bright color and noise-emitting balls for those with visual impairments.
- Instruct the throwers to use a bounce pass when passing to someone with limited dexterity or visual impairment.
- Touching the ball in the air or after a bounce can be considered a successful catch.
- Use a [scoop](#) instead of a mitt or glove.
- Use light or deflated balls to reduce the speed of the ball.
- Alert the students that the ball is coming to them by calling the name of the catcher.
- Use directional clock cues when altering someone with a visual impairment. For example, you can say: "the ball is coming from 12 o'clock" instead of: "the ball is coming from the front of the classroom".
- When providing cues that are related to distance within the playing space use cues that are easy to understand such as the thrower is 10 steps away from you instead of using a metric to reference distance.
- Allow participants to practice the skill with a peer buddy before the activity.



<p>striking</p>	<ul style="list-style-type: none"> • Use large and bright objects when striking. • Secure the striking implement with Velcro straps for participants with limited dexterity. • Use tees and suspended balls. • Reduce the distance when tossing objects to be stricken. • Use balls with noise-emitting devices. • Allow participants to practice the skill with a peer buddy before the activity. • Allow the participants to strike with different body parts. • Use cues to let the participants know when the ball or object is tossed such as: "ready-toss." • Use lightweight and implements with a large surface area. • Attach the implement to a wheelchair or mobility device when striking low objects. • Allow participants to practice the skill with a peer buddy before the activity. • Allow the students to strike a ball after a bounce.
<p>kicking</p>	<ul style="list-style-type: none"> • Use balls with a noise-emitting device for participants with visual impairments. • Reduce the speed of the ball by using deflated balls and larger balls. • Use bright colored balls for participants with visual impairments. • If kicking to a target, use large and bright targets. • If kicking to target, reduce the distance of the target by moving it closer to the participant. • Use targets with noise-emitting devices or music. • Allow students to kick with their feet they feel more comfortable kicking. • Use bumper barriers to facilitate help with accuracy when kicking. • Allow students to kick from their wheelchair or mobility device. • Allow participants to practice the skill with a peer buddy before the activity.

The following provides examples of curriculum adaptations using the GRAIDs domains:

Instructors may modify **instructions** by modeling what the student is expected to do. Instructions may be printed out in large print and hung up for the student to see during the time of the lesson. Oral prompts can be given.

Rules can be “relaxed” to allow the student to achieve the desired goal. If for instance, the students are to kick a ball into the net from 10 feet away, a student with a disability may need to get closer to be able to kick or throw the ball into the net. Time requirements and “outs” may be eliminated.

Modifications to **equipment** may mean that bats or paddles have Velcro strapping so that a student with gross motor difficulties may hold it easily. Other adaptations may include lowering a basketball net, using larger or smaller balls, or utilizing a tee to hold a ball. Students might use scoops for catching balls instead of their hands. Targets could be made larger and placed closer to the students.

The **environment** in which students participate in must be safe, secure, and welcoming. Padding, hand holds, and adapted equipment should be readily available. The playing field must be clearly defined. The use of taped or painted areas makes it easier for the student to see boundaries. Create a safe place for the students and make sure the students know how to find it.

General Safety Considerations

Staff/Practitioners should always consider safety. Safety should be addressed during activity planning, activity prescription, and after activity. Be consistent and intentional about reinforcing safety. Here are some events that might prompt you to stop the activity:

- Chest pain (angina)
- Shortness of breath, wheezing
- Leg cramps, or claudication (cramping pain in the leg is induced by exercise, typically caused by obstruction of the arteries)
- Light-headedness, confusion, pallor (unhealthy pale appearance), nausea, or cold/clammy skin (poor circulation)
- Noticeable change in heart rhythm
- Physical or verbal manifestation of severe fatigue
- Subject requests to stop
- Faulty equipment
- Weather issues such as lighting or extreme heat

Safety considerations should also include these additional inclusive efforts:

- Provide padding and adapted equipment and allow participants to become familiar with how to safely use the equipment.
- Avoid using equipment, such as balloons or balls that are made with latex as this is a common allergy.
- Some individuals with spinal cord injuries do not sweat. Provide fans or spray water bottles to assist with cooling the body from the outside.

- Encourage movement and healthy nutrition to prevent the development of pressure sores, especially for individuals who use wheelchairs.
- Provide a safe zone/quiet space for individuals who may become overstimulated in loud, busy spaces.
- Provide spaces to rest or assistive devices if an individual easily becomes tired during activity.
- Consider providing an additional instructor to assist students who may tend to run from situations.
- Consider medications that may affect exercise tolerance or performance.
- Consider all fitness levels. Some individuals might fatigue faster than others.
- Consider providing places that allow for seating to rest.
- Stop exercising if you experience pain, discomfort, nausea, dizziness, lightheadedness, chest pain, irregular heartbeat, shortness of breath, or clammy hands.

To create a successful program, it is extremely important to know your participant. Being knowledgeable not only about disabilities but also about personal interests, goals, cultural competencies, and strengths of the participants will create an appropriate environment for learning. Here are some special considerations for diverse types of disabilities when engaging in any type of physical activity. Note that individuals with spinal cord injury may not have a regular heart rate response to exercise. Heart rate assessments are not recommended for this population. Use subjective measurements such as the [Rate of Perceived Exertion \(RPE\)](#) to assess the intensity of the exercise.

Borg's Rating of Perceived Exertion (RPE) Scale	
Perceived Exertion Rating	Description of Exercise
6	No exertion; sitting or resting
7	Extremely light
8	
9	Very light
10	
11	Light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Extremely hard
20	Maximal exertion

Disability-Specific Safety Considerations

Cerebral Palsy (CP)

- Individuals using mobility devices or with Cerebral Palsy (CP) could fatigue easier during locomotor activities due to a larger requirement of energy expenditure and a poor economy of movement. Be mindful of distances traveled and provide sufficient time to recover during the activities. Start with frequent short bouts of exercise.
- Individuals with CP might experience involuntary and/or uncontrolled movement that occurs primarily in the extremities. These movements may increase with effort and emotional stress.
- Physical activity may increase spasticity in some cases.

Spinal Cord Injury (SCI)

- Individuals with spinal cord injury (SCI) may experience exacerbated blood pressures that can be triggered by anything causing pain below the lesion level such as a tight Velcro strap or urinary tract infection. Look for symptoms such as nausea, goosebumps, sweating, and a stuffy nose.
- Individuals with SCI may not be able to stay warm when exercising in the cold. Make sure that the participants have enough layers when participating in activities in cool temperatures.
- Individuals with spinal cord injury may experience thermoregulatory issues and may not be able to keep a safe body temperature. Provide enough breaks to cool down during the activity and avoid prolonged exposure to the sun. Use a spray bottle or a fan to help cool down.
- Individuals with spinal cord injury may experience a sudden drop in blood pressure when in an upright position. Avoid stopping exercise abruptly and provide and be aware of this possibility when changing positions. Look for signs such as lightheadedness, dizziness, or nausea.
- Do not allow individuals with spinal cord injury to start exercising if their systolic blood pressure (SPB) is ≥ 180 mm Hg.



Mobility Disability

- For students who use wheelchairs, avoid overuse of the shoulder joints to decrease the risk of shoulder injury, which is prevalent in this population.
- Avoid equipment and or parts of mobility devices such as sports chairs to rubbed on the skin to avoid [pressure sores](#).

Other Considerations

- For individuals with traumatic brain injury (TBI), use protective gear such as headgear or helmets on activities that involve a risk of falling.
- Individuals with disabilities that affect social interactions may not feel comfortable participating in group or partner activities. Provide opportunities to perform the skill on their own and then reassess the willingness to participate in the group/partner activity.
- Individuals with Down's syndrome may have hypermobile joints. Hypermobility can cause joints to stretch farther than normal. Flexibility exercises are not recommended in most cases.
- Keep in mind that some participants with disabilities might experience spasticity, decreased range of motion, decreased cardiovascular and muscular endurance, and loss of flexibility.
- Avoid ballistic stretching (bouncing). Stretch slowly and avoid stretching to a pain level.
- Always achieve good positioning of the head, trunk, and proximal joints of extremities.
- Provide frequent opportunities to hydrate with increased physical activity to prevent dehydration.
- Ensure that participants empty their bowel/bladder before exercising because autonomic dysreflexia (blood pressure changes) can be triggered by a full bladder. Autonomic dysreflexia is a syndrome in which there is a sudden onset of excessively high blood pressure. It is more common in people with spinal cord injuries that involve the thoracic nerves of the spine or above (T6 or above).
- Elevate the foot and legs if swelling occurs particularly for those with compromise autonomous function such as individuals with spinal cord injury. Monitor skin closely for breakdown in areas of swelling.
- Understand newly prescribed medications and how regular medications affect body functions and response to physical activity.
- Provide accessible seating areas to accommodate those that might have an episode of syncope (fainting) due to orthostatic hypotension (reduction in blood pressure due to body position or blood pooling to lower extremities).



Creating Inclusive Handouts and Picture Cards

Handouts can be recruitment materials, class worksheets, pamphlets, and evaluation forms. Creating an inclusive handout should consist of accessible, culturally, and linguistically appropriate formats to promote the use of food assistance and understanding and should be readily available in alternate formats (see bulleted list below).

Handouts may include large, bold, clear print, and pictures. Individuals with an intellectual disability tend to be more successful with color-coordinated resources and pictures. Individuals with intellectual disability may also interpret concepts, words, and pictures so try to avoid using abstract concepts that could be misinterpreted. Some individuals with intellectual disability may have a lower reading level or may not be able to read at all. Voice-over resources that provide audio, words, and pictures of the concept being explained may help this population succeed. Other adaptations may include a larger print poster, closed captioning education videos, and voice-over resources for those who may not be able to read.

Providing educational materials and handouts during the lesson is a wonderful way for participants to be involved during class or to take home information. Note that some worksheets may be most beneficial to an individual with a disability if a caregiver or interpreter can assist; providing materials for both the participant and caregiver are recommended. Use the following as a guide to promote inclusive and accessible handouts:

- Consider individuals with disabilities and groups that focus on disability-related topics when targeting various potential audiences and tailor how information should be presented.
- Ensure that some campaigns address disability-related issues.
- Use accessible formats, such as contrasting images and lettering, large and sans serif fonts (such as size 18; Arial, Calibri, Helvetica, Tahoma, or Veranda), or Braille versions.
- Avoid italics, if possible. Use bold or underline to enhance words.
- Ensure that materials include images of people with and without disability.

Simple sentence structure is vital. At times, an assistant, caregiver, or support person may be appropriate for some participants when completing worksheets or assignments.



Inclusive Nutrition Education

Healthy eating is one of the most powerful tools available to reduce the onset of disease; therefore, nutrition education should be provided when appropriate and fitting. The younger an individual starts practicing healthy eating, the more likely he or she is to continue this behavior throughout adulthood. Nutrition education should be accessible, effective, and inclusive for everyone. This refers to including people with disabilities in the planning process and ensuring that accessibility is guaranteed throughout the delivery plan. Not only does this refer to the educator's teaching strategies in the classroom and how worksheets are created, but it also consists of providing adequate learning space and reasonable accommodations. This may include, with the help of a registered dietitian or nutrition professional, modifications to foods and recipes that would benefit someone who has chewing and swallowing difficulties or allergies too. Programs should be designed to reach participants with different types of disabilities and to adapt to their diverse needs.

Adapted Kitchen Tools and Utensils

An [adapted cooking utensil](#) is a tool used in the kitchen that may have some type of modification in order to enhance the cooking and eating experience for an individual. They may be useful during sessions where meal prep is involved or simply for eating. There are many tools and tips for users with mobility limitations, vision loss, or unsteady hands.

Innovative kitchen tools and accessories designed specifically for making cooking easier and safer for everyone will ensure involvement of all participants. These can be used in cooking demonstrations, taste testings, and/or at-home mealtimes. Adapted kitchen tools can be used by anyone in the kitchen but they may especially enhance the cooking experience for someone with a disability. These tools create independence and also allow for the individual to maximize the eating opportunity.

Some examples of adapted tools and utensils are:

- Easy grip, swivel, finger loop, or angled utensils
- Pronged cutting boards
- Rocker knife
- Grip straps
- Lipped plates
- Spout cups
- Non-skid mixing bowls



Cooking and Eating Spaces

There are a number of items to consider when maintaining accessibility during cooking demonstrations and snack time. It is always important to provide access to water whether food is being served or not. Some individuals are more prone to dehydration than others and need continual access to water. Be sure that individuals can navigate the space independently and reach food items or utensils easily. Always offer seated options at any meal. Below is a list of items to consider for food accessibility:

- Low tables and work stations should be available to complete handouts and practice any food prep. Healthy food and/or drinks should be reachable from the seated position.
- Remove barriers that could create tripping hazards, such as rugs.
- Drink canisters should be raised so individuals can rest their cups on the surface while filling them.
- Provide straws.
- Provide healthy snacks that are pre-sliced rather than whole (i.e. sliced apples vs. whole apple)
- Offer taste testings during cooking demonstrations but be mindful of allergies.
- Use educational posters with large prints and contrasting colors.
- Use a hedonic scale or stoplight to educate healthy vs. not-as-healthy foods.
- Use food models and visuals as a teaching tool.

Closing Statement

The information presented in this guide is designed to help staff and practitioners to deliver inclusive physical activity and healthy nutrition-based activities from the HEAL curriculum to help participants achieve healthy lifestyles, reduce obesity and the risk of chronic diseases. Recommendations throughout this guide intend to facilitate the inclusion of participants with disabilities in all curriculum activities while considering the standards of HEAL. It is possible that the information presented in this guide might not be sufficient to ensure full inclusion. For more information and inclusive resources, please contact NCHPAD for additional assistance at www.nchpad.org or 1-866-866-8896.



Inclusive Physical Activity Resources

Articles

- [Activity and Adaptation Cards](#)
- [Autism and Exercise](#)
- [Inclusive Physical Education](#)
- [Inclusive Physical Education Fitness Stations](#)
- [Physical Activity, Leisure and Recreation for Youth with Disabilities: A Primer for Parents](#)
- [Pocket Tool for Adapted Physical Education Teachers](#)
- [Sitting Volleyball Unit](#)

Guidebooks

- [Discover Inclusive Physical Education](#): A Guidebook for Educators
- [Discover Inclusive Playgrounds](#): A Guidebook about inclusive playground elements
- [Discover Inclusive School Wellness](#): An Addendum to the Comprehensive School Physical Activity Programs: A Guide for Schools

Videos

- [Autism and Exercise](#) video series
- [Brain Booster: Perimeter](#)
- [Disability Awareness: Intellectual Disability](#)
- [Disability Awareness: Physical Disability](#)
- [Disability Awareness: Sensory Disability](#)
- [Environment Adaptations](#)
- [General Disability Awareness](#)
- [Inclusion in Every Play](#)
- [Inclusive Class Design](#)
- [Kids Adaptive Yoga](#)
- [Kids Korner Nutrition: Heart Healthy Snacks](#)
- [Kids Korner Nutrition: Quick and Healthy Lunches](#)
- [Mary's Top 10 Communication Tips](#)
- [Skills Adaptations](#)
- [Sports Series](#)

Inclusive Nutrition Resources

- [5 Meals 1 Bag: Shopping Made Simple](#)
- [Accessible Gardening](#)
- [Adapted Kitchen Tools, Utensils, and Accessibility](#)
- [Cooking Tips for Individuals with Vision Loss](#)
- [Tips for Cooking with One Hand](#)
- [Wellness Challenge Coloring Book](#)

NCHPAD Target Audience

[Find more resources here](#): On this page, you will find tailored information for physical education, school athletics, and out-of-school time.

NCHPAD has the ability to support physical activity programming for in school, out of school, and community settings that offer access to sports, nutrition, and fitness for students with disabilities designed to improve wellness, self-esteem, and independence. To request virtual or in-person training or training resources, please email us at nchpad@uab.edu.



Technical Assistance

NCHPAD offers free information services on a wide variety of topics related to physical activity, fitness, recreation, sports, leisure, nutrition, disability, and chronic health conditions. Contact one of our talented information specialists to help you locate the resources you need. Technical assistance is available between the hours of 9:00 am- 5:00 pm CST on Monday-Friday via telephone 1-866-866-8896 live chat at nchpad.org, and email at nchpad@uab.edu.



To view more resources and services which can benefit all ages and populations, connect with us: www.nchpad.org 1-800-900-8086



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