People with intellectual disabilities often face barriers to accessing public health promotion and protection activities, making them particularly vulnerable to preventable disease and injury. In turn, practicing inclusive health not only provides more equitable access to public health resources, but also leads to improved health outcomes and helps health departments meet and maintain a variety of public health accreditation standards. The Public Health Accreditation Board, with funding support and in partnership with Special Olympics International, presents this short case study for the purpose of exploring how Union County Health Department in Marysville, Ohio, is leveraging its partnerships to advance inclusion and create healthier community conditions at the same time. Union County Health Department is among a handful of state and local health departments across the nation who are advancing inclusive health for people with intellectual disabilities.

THE PROBLEM
Inclusive health not only means expanding access to mainstream public health services and resources, but expanding opportunities for people with intellectual disabilities to engage — alongside peers without disabilities — in community life and improvement efforts. While people with intellectual disabilities often face barriers to participating in community life, research¹ shows that fostering supportive opportunities for their inclusion comes with positive health benefits, including greater well-being and a greater sense of social belonging and connectedness. At the same time, successful community health improvement projects often depend on cross-sector buy-in and people’s participation.

BACKGROUND
About three years ago in Marysville, Ohio, a local greenhouse, a group of master gardeners and the local health department launched the Giving Garden, a volunteer-based effort to grow food for people in need. Just a few years later, with the help of local residents with intellectual disabilities, the partnership is on track to grow and donate more than 1,000 pounds of fresh produce in a year.

“It’s a wonderful testament to Union County to show how collaborative everyone is — that people really do want to come together and help each other,” said Doug Matthews, MS, Public Health Planner at the Union County Health Department and Project Coordinator for the Creating Healthy Communities initiative.

While the health department doesn’t manage the details of planting and tending to the Giving Garden, it has been instrumental in facilitating the cross-sector partnerships and small funding support that keep the garden growing. In fact, the garden is doing so well that Matthews said organizers hope to expand food donations, start growing flowers to donate to local care facilities, and engage more community organizations that serve residents living with disabilities.

“It’s been a wonderful catalyst for wanting to advance inclusivity in all of our projects,” Matthews said.

The Giving Garden has all the components of a successful community health project: it leverages cross-sector partnerships and expertise in addressing a pressing health need — in this case, food insecurity — while advancing principles of equity and inclusion.

In 2016, Maryville’s Dutch Mill Greenhouse, a retail garden center, decided to donate a part of its land toward community service. To figure out the best course of action, greenhouse staff enlisted the help of a local master gardeners group and the Union County Health Department’s Creating Healthy Communities initiative, which is part of a statewide effort to prevent and reduce chronic diseases through, among other efforts, increasing access to healthy foods. The result was the Giving Garden, a fully volunteer-based garden where every piece of produce grown is donated to local food pantries.

Initially, the garden partnered with the West Central Community Correctional Community, a transitional and rehabilitation facility, to recruit volunteers to plant, tend and harvest the Giving Garden. But as the project rolled into 2018 — its third full season — organizers wanted to expand the garden’s volunteer opportunities. Fortunately, Matthews already had a relationship with the Union County Board of Developmental Disabilities, which was always looking for new ways to promote community inclusion for its clients.

“(The board) already wanted to find ways that their community could get involved and give back,” Matthews said. “So being able to leverage that existing partnership — it worked out perfectly. It really was wonderful how it all came together.”

**SOLUTION**

Today, Giving Garden volunteers — under the guidance of local master gardeners — plant and grow food from April to September in 14 raised beds at the Dutch Mill Greenhouse. The Union County Board of Developmental Disabilities recruits potential volunteers, while Matthews helps facilitate the actual pantry donations and keeps track of exactly how much food the Giving Garden is giving. Health department staff also create recipe cards based on the season’s harvest to distribute along with the fresh produce and help recipients turn the nutritious offerings into delicious meals. The Giving Garden donated about 700 pounds of food during its first season, about 1,000 pounds during its second season, and 773 pounds of food during the 2018 growing season.

While people with intellectual disabilities are now a big part of the garden’s volunteer ranks, Matthews said turning inclusion into an on-the-ground reality is an evolving process — “we’re learning as we go,” he said. For example, he said organizers are working to facilitate better access for the volunteers who also have a physical disability as well as improve the training that master gardeners receive on how to effectively engage and communicate with volunteers who have an intellectual disability.

Matthews said the Giving Garden experience pushed the health department to consider inclusion across programming and helped inspire the grant program within his agency to think outside the box in terms of how a program can be inclusive and build access for a variety of users, whether they have a disability or not. For example, when a local park was considering setting up a new playground, Matthews leaned on his partnership with the Union County Board of Developmental Disabilities to assist in evaluating the best equipment to encourage accessibility and inclusion. Unfortunately, the application to fund the new equipment was not accepted, so construction of the playground was put on hold.

“We want to create access,” Matthews said. “Oftentimes, we focus on access to opportunities for physical activity or access to healthy foods — and those certainly serve a direct purpose — but the Giving Garden
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Inclusion of People with Intellectual Disabilities in Community Health Improvement Projects

go even further. Not only is food being grown and serving a nutritional need, it provides an opportunity for (residents with intellectual disabilities) to serve their community and that can be very empowering.”

CHALLENGES
As is the case with designing and implementing any community health program, there were a number of challenges to overcome, such as:

• Turning inclusion into an on-the-ground reality is an evolving process. People with intellectual disabilities are now a big part of the garden’s volunteer ranks, but it has been a “learn as you go” process.
• Barriers to participation must be overcome. For example, organizers must ensure better access for volunteers who also have a physical disability.
• Training is important for ensuring success. Master gardeners must be trained to learn how to effectively engage and communicate with volunteers who have an intellectual disability.
• Lack of funding can stall projects. In this case, plans for a new playground had to be put on hold when the agency’s application for new equipment was not accepted.

LESSONS LEARNED
Best practices for leveraging partnerships to advance inclusion of people with intellectual disabilities and create a successful community health improvement project include:

• Engage trusted partners. Lean on local expertise and partnerships to advance community inclusion in meaningful and culturally competent ways.
• Think “mainstream.” Inclusive health not only means expanding access to mainstream public health services and resources, but expanding opportunities for people with intellectual disabilities to engage — alongside their peers who do not have disabilities — in community life and improvement efforts.
• Emphasize social inclusion. While people with intellectual disabilities often face barriers to participating in community life, research shows that fostering supportive opportunities for their inclusion comes with positive health benefits, including greater well-being and a greater sense of social belonging and connectedness.
• Think “outside the box” to spark innovation. The Giving Garden has all the components of a successful community health project: it leverages cross-sector partnerships and expertise in addressing a pressing health need — in this case, food insecurity — while advancing principles of equity and inclusion.

ADDITIONAL RESOURCES
Creating Healthy Communities
Union County Health Department
www.uchd.net/wellness-consortium/creating-healthy-communities

Common Barriers to Participation Experienced by People with Disabilities
Centers for Disease Control and Prevention
www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html

Institute for Community Inclusion
University of Massachusetts-Boston
www.communityinclusion.org
Inclusion of People with Intellectual Disabilities in Community Health Improvement Projects

Inclusive Volunteering
The Arc
www.thearc.org/inclusive-volunteering/volunteering-resources

QUESTIONS?
If you are interested in learning more about this program or how you can apply some lessons learned to your own organization, please contact Doug Matthews at (937) 642-2053 ext. 2027, or via email at doug.matthews@uchd.net.