

The New Jersey Inclusive Healthy Communities Grant Program: A Community of Practice Advancing Disability Inclusion

By: Rebecca Martin*

*Rutgers University

Keywords: diversity inclusion, health inequity, policy systems and environmental (PSE) change, community of practice, social determinants of health, intersectionality

Abstract

The New Jersey Inclusive Healthy Communities (IHC) grant program, administered by the NJ Department of Human Services/Division of Disability Services (DDS), is a pioneering effort to enhance health equity for persons with disabilities (PWD) throughout the state. The program champions Policy, Systems, and Environmental (PSE) changes aimed at addressing health disparities experienced by PWD. By prioritizing PWD's active and meaningful involvement and employing a Universal Design approach, IHC seeks to foster integrated and equitable environments. This article provides background into programmatic priorities that define the IHC approach and emphasizes the importance of capacity building within a community of practice when working toward sustainable PSE change. Challenges useful to other programs seeking to replicate this work are also discussed.

Background

The New Jersey Inclusive Healthy Communities (IHC) grant program is building a statewide community of practice around disability inclusion to advance health equity across New Jersey. Inspired by the CDC's Reaching People with Disabilities through Healthy Communities project (National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention 2020), the IHC grant program funds projects aimed at creating Policy, Systems, and Environmental (PSE) change to address health inequities experienced by people with disabilities (PWD).

The IHC grant program is funded by the NJ Department of Human Services/Division of Disability Services (DDS) and was initially spearheaded by Peri Nearon, Executive Director of DDS. Emphasizing the impact of social determinants of health on well-being, Ms. Nearon notes, "This program embraces the notion that we are all better off when we include everyone. Our communities are better... and our people are healthier when they're engaged in a vibrant, diverse community." Under her leadership, and with grant administration support through the Edward J. Bloustein School of Planning and Public Policy at Rutgers, the State University of New Jersey, the program provides capacity building and implementation support with a focus on building



strong cross-sectoral partnerships to advance disability inclusion in areas identified as highest need by PWD. While grantees consult with PWD in the regions they serve, some statewide trends have already been identified as most pressing for PWD, including access to housing, healthcare, mental health services, and natural spaces; municipal engagement; and workforce development.

The third round of grant funding commenced in July 2023 and will provide 24 months of support. For information regarding previously funded projects, please visit https://bit.ly/3OW4fMP.

Programmatic Principles

It is through alignment with principles that emphasize the importance of the meaningful involvement of PWD and learning opportunities for grantees and their networks that the IHC program provides unique opportunities to influence PSE change.

Disability Inclusion: Nothing Without Us

An essential element of successful IHC grant projects is the meaningful inclusion of PWD, not only as program beneficiaries but also as partners involved in all stages of development and implementation. As noted in the program's third round request for proposals, projects must ensure processes through which PWD are "included, consulted and engaged in ways that are upfront, fair, ongoing, and authentic" (State of New Jersey Department of Human Services, Division of Disability Services 2023).

Successful projects seek to provide meaningful opportunities for PWD to access health equity in integrated environments, bringing together people with and without disabilities. The program encourages the use of a Universal Design lens to facilitate ease of engagement of all people within these systems.

Engagement Challenges

Grantees from the inaugural funding round identified unanticipated challenges with engagement and compensation of PWD – both are useful considerations for others who may seek to replicate the IHC program.

Engaging PWD as Advisors

As early grantees began reaching out to community members with disabilities to inform their projects, some experienced unexpected resistance to deep engagement. Many grantees who hoped to establish advisory councils initially found it difficult to get buy-in from PWD. As one grantee explained,

"I was moved by some of the comments that were made because the recurring theme was that people felt, the people who participate, honestly felt that their opinion didn't really make much difference and that the municipalities were not



going to listen to them with any type of sincerity or any type of authenticity. They felt that they were just swept aside. Really, that feeling of disenfranchisement should be alarming to anyone who has that—who comes from that perspective of government. There were a number of people who said, 'Ah, we've been through these things before, nothing really happens.' It was that sense of futility."

Grantees found that building relationships with PWD as advisors requires investment in the relationships with individuals and a commitment to sustained work toward meaningful change. In addition, employing a lens of "welcoming all PWD" was not sufficient for engaging people who experience other intersectional marginalizations; current grantees are encouraged to intentionally seek PWD advisors who reflect the diversity of the communities their projects serve.

Compensation

Additionally, the IHC administration team believes people with lived experiences should be compensated fairly for sharing their expertise with grantees and other stakeholders in all projects (within and beyond the IHC program). However, while some grantees have incorporated full-time employment of PWD into their projects, many grantees seeking to compensate PWD who are participating in an advisory capacity found that their advisors could not accept compensation on such a limited basis due to fears of its impact on Social Security Disability Insurance (SSDI) benefits. This remains an ongoing barrier to ensuring PWD are fairly compensated for their contributions not only in NJ but nationwide.

Building a Community of Practice

The IHC program seeks to promote sustainable long-term improvements through building community networks for collaboration, resource sharing, and innovation. Grantees from all rounds of funding are encouraged to remain connected to the IHC community and benefit from training, convenings, and opportunities to network and collaborate with other organizations. Newer grantees are encouraged to build upon the learnings and wins of previous grantees. The cross-pollination of organizations within the IHC network has led to new partnerships and budding movements within NJ's inclusion landscape, including an increased focus within NJ on increasing the accessibility of natural forest and coastal resources.

"No Gotchas" Approach

The IHC program takes a "no gotchas" approach to grant management. The program recognizes that creating sustainable, lasting PSE change requires unearthing hidden barriers that could delay or impact grantees' opportunities to influence their targeted policies, systems, and environments. Therefore, barriers that inhibit the expected trajectory of projects are considered to be learning opportunities for reflection and sharing across the community of practice; they are used to inform ongoing and future programmatic development. Grantees within the program are



encouraged to share feedback about their experiences and work as partners with grant administrators and peer organizations.

In addition, after engaging PWD as advisors, some grantees have elected to alter their proposed outcomes to align more authentically with the newly understood concerns of the community. This type of meaningful engagement is a core principle of the IHC program – encouraging strategic flexibility rather than rigid adherence to proposed deliverables to maximize impact.

Grantees and capacity building

All grantees (as well as grant administration staff) are encouraged to learn and grow through their involvement in the IHC program. During the inaugural round of funding, grant awards were administered to projects along two tracks: (a) capacity building or (b) implementation. Capacity building grants were awarded to those grantees whose projects required building a network comprised of cross-sectoral organizations in support of their programmatic goals (and has become a requirement for all third-round grantees). Implementation grants focused on efforts that were operationalizing "shovel-ready" efforts developed with input from people with disabilities prior to the inception of IHC.

It quickly became evident through grantee feedback that grantees across both types of awards desired additional capacity-building opportunities through training. Program administrators responded by implementing a virtual Coffee Klatch program that connected grantees across projects and provided opportunities for resource sharing and collaboration. Virtual training was increased during the second round of grant implementation across two tracks: (a) IHC trainings that provided opportunities to develop skills and to encourage utilizing a disability-justice lens to guide projects and ensure the intentional inclusion of PWD from marginalized groups, and (b) IHC Academy training, in which first-round grantees shared lessons learned through completion of their projects. Trainings are publicly available and can be viewed here: https://inclusivehealthycommunities.org/videos-webinars-and-presentations/

Conclusion

The NJ Inclusive Healthy Communities program is making great strides to minimize barriers to health equity impacting PWD. The program has evolved from a model of financial grant administration to one that provides trainings and opportunities for organizational growth and the development of cross-sectoral relationships, developing a network of organizations committed to sustained work to improve disability inclusion. Grantee engagement within a community of practice fuels sustained momentum towards lasting changes to policies, systems, and environments. Through a symbiotic process of engagement with learning, the grant



administrators and grantees continue to develop further their understanding of best practices in projects seeking to realize a statewide commitment to health equity and disability inclusion.

References

National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. 2020. "Reaching People with Disabilities through Healthy Communities." Government. Disability and Health Promotion. September 16, 2020. https://www.cdc.gov/ncbddd/disabilityandhealth/reaching-people.html.

State of New Jersey Department of Human Services, Division of Disability Services. 2023. "Request for Proposals: Inclusive Healthy Communities (IHC) Grant Program."

Inclusion

UPFRONT

People with disabilities are consulted in advance of and during the decision-making process, not after decisions are made.

FAIR

People with disabilities receive compensation or incentives, as any consulted expert would.

ONGOING

Engagement
with people with
disabilities
should be a
continual
process, not a
"one and done"
occurrence.

AUTHENTIC

The process of inclusion is approached with sincerity to drive outcomes aligned with the priorities of people with disabilities.

