

NEW JERSEY
INCLUSIVE
HEALTHY
COMMUNITIES
EVALUATION
REPORT

March 2022

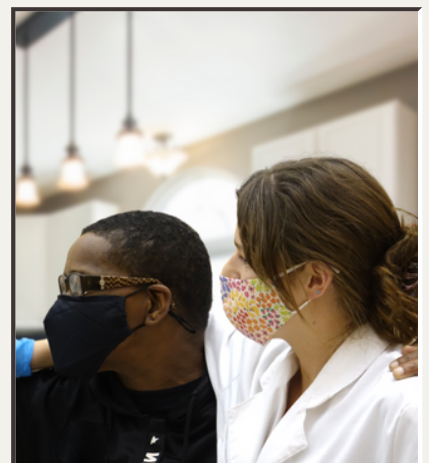


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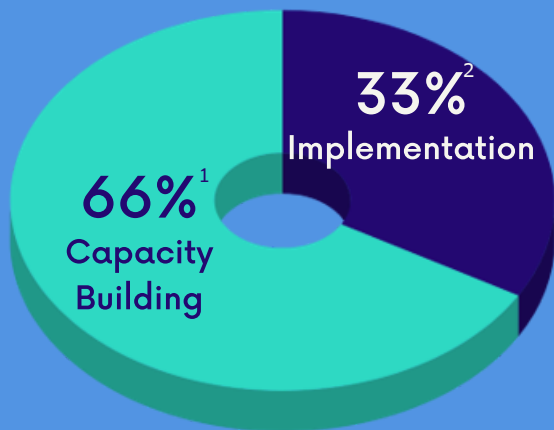


Introduction

The Inclusive Healthy Communities (IHC) Grant Program in New Jersey (NJ) supports organizations in capacity development and implementation activities toward enhancing access to the benefits of healthy communities among people with disabilities. Unique to the program is a focus on policy, systems, and environmental changes that have potential for widespread and sustainable population health impact. This emphasis complements longer-standing approaches in the field of disabilities, which traditionally have oriented to individual and group service delivery.

The program is designed to be of relevance for people with a wide range of disability types. It also aims to engage people of diverse ages, races, ethnicities, income levels, nationalities, sexual orientations, genders, and other intersectional identities. Fig. 1 states the three primary objectives of the program. Fig. 2 explains the two types of grants made to participating organizations. Fig. 3 displays the distribution of the award types.

Distribution of Grants Awarded



(Fig. 3)

¹ Awards of up to \$100,000 over an 18-month grant period beginning January 2021

² Awards of up to \$250,000 over an 18-month grant period beginning January 2021

Program Objectives

- 1) Adopt processes that are inclusive of people with disabilities as part of efforts to plan and create healthy communities
- 2) Plan and implement sustainable strategies that deliver the benefits of healthy communities to people with disabilities
- 3) Advance sustainable practice, systems, and environmental changes that address the pre-existing physical, environmental, social, and economic challenges that prevent people with disabilities from having full access to the opportunities that support health and well-being

Text from <https://bit.ly/3Ma6UyQ>

(Fig. 1)

Award Types



Capacity Building

For grantees in the early stages of efforts to build disability inclusion into any existing healthy community planning efforts to identify priorities, build formal, collaborative partnerships, and plan strategies that will result in lasting change



Implementation

For grantees who had already identified priorities, built partnerships, and developed an action plan to address the challenges

(Fig. 2)

Text from <https://bit.ly/33VRIUS>

Project Evaluation

As part of the statewide grant program, a research team at the Rutgers University School of Social Work conducted a developmental evaluation. Data collection took place in the second half of the program's first year. The goal of this evaluation was to describe grantee progress, identify early successes, and learn about the grantees' experiences with the program.

For this mixed-methods evaluation, the research team conducted surveys and semi-structured interviews with each of the 18 IHC grantees. Evaluation topics focused on early successes and challenges, capacity building activities, and sources of support from within and external to IHC grant processes.

Surveys were emailed to the grantee leads. For the interviews, grantee leads were encouraged to invite leadership team members from partnering organizations, with up to four participants in total at each interview. Fig. 4 displays interview topics.

This report provides an overview of evaluation findings. First, grantee organizations are described, followed by the focal areas and aims of their projects. Next, partnerships that drive IHC work are presented, including both other organizations and engagement of people with disabilities. The following sections address grantee accomplishments and advantages gained through participation in the grantmaking program, including capacity developed within the grantee organization, benefits from being part of a statewide network, and future plans to continue and expand their IHC work. Findings from both capacity building and implementation grants are presented together.

Interview Topics

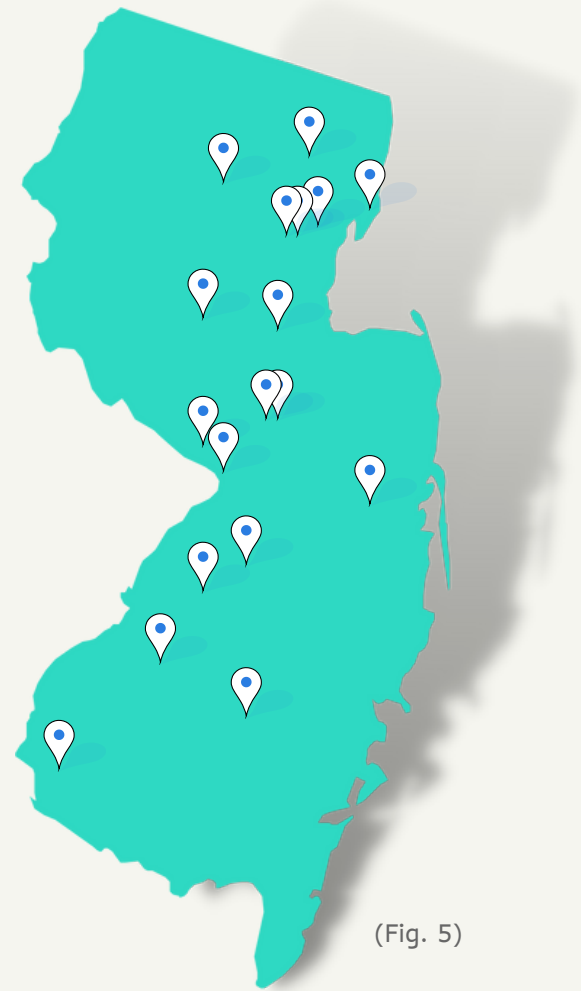
- 1 Professional and organizational development resulting from the IHC program
- 2 Involvement of local and diverse people with disabilities throughout the IHC project
- 3 Engagement of partners, consultants, coalitions, and advisories
- 4 Participation in the statewide IHC program and network of grantees

(Fig. 4)

Grantee Profile

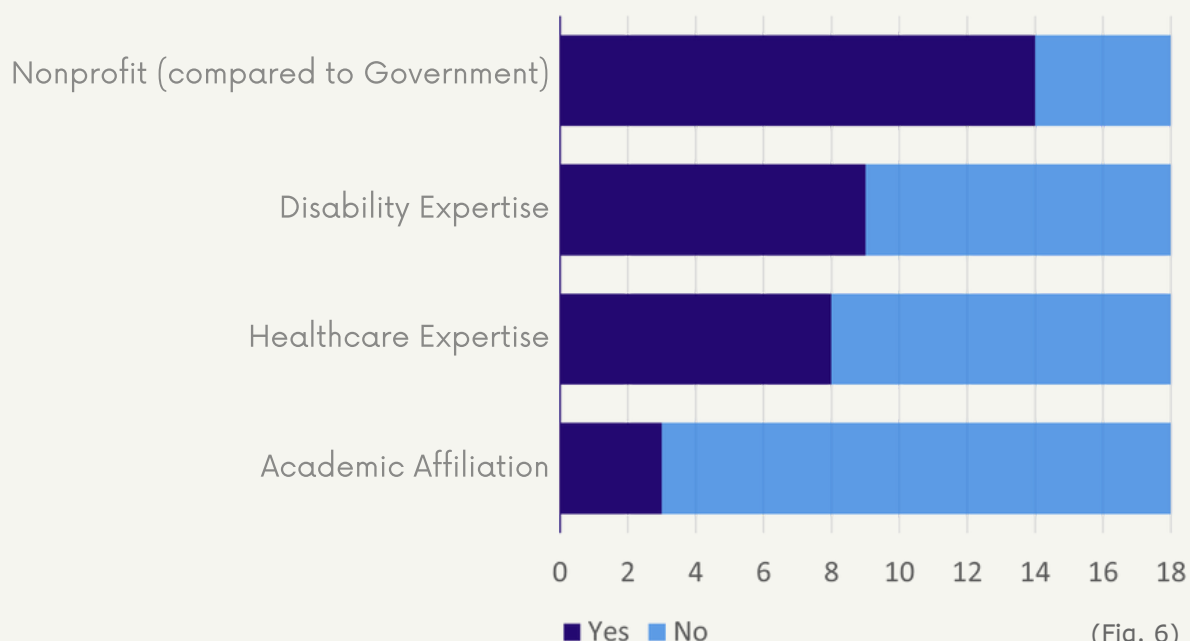
A wide range of types of organizations were awarded grants to increase their capacity toward creating inclusive, healthy communities and to implement projects designed to provide equity in access to services, programs, natural resources, and information supporting improved health outcomes.

Grantees spanned from the northeast to the southwest of the state, covering urban, suburban, and rural areas (see Fig. 5 for approximate locations). Of the 18 awards, 78% went to nonprofit organizations and 22% to local or county governments (See Fig. 6). Most (83%) were disability- and/or healthcare-focused organizations. About half of the organizations had prior experience with disability-focused work, some with decades of disability-centered missions. For some grantees, this project was their first time working toward disability equity. Additionally, 17% of grantees were affiliated with one of three universities within New Jersey.



(Fig. 5)

Fields and Expertise of Grantee Organizations

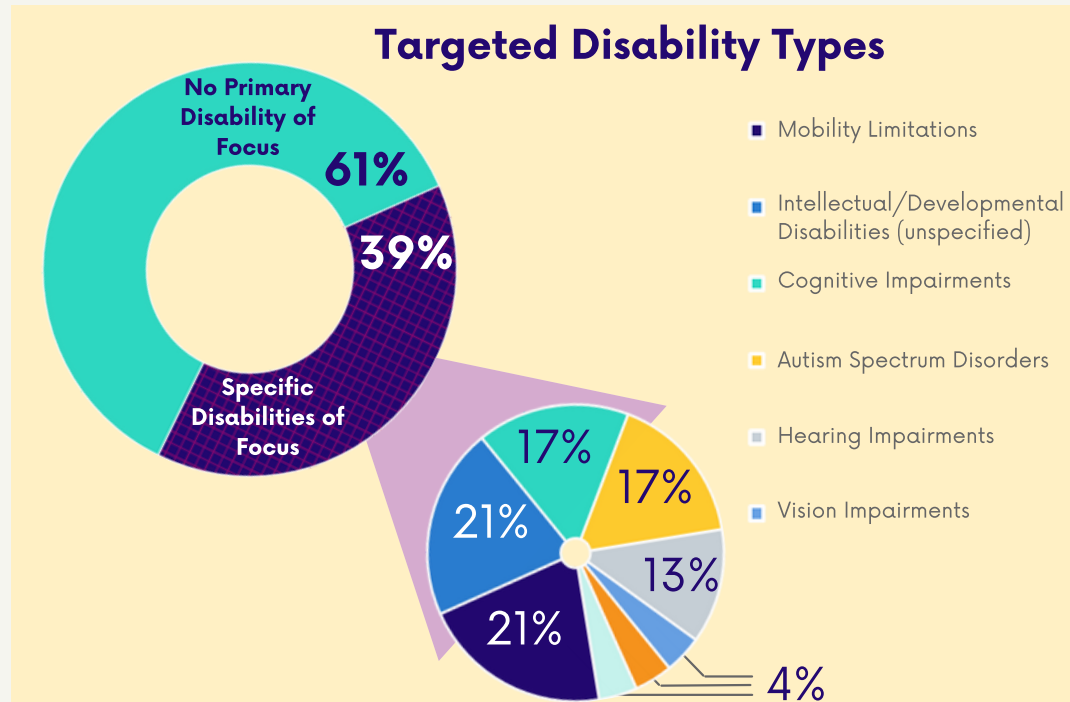


(Fig. 6)

Project Foci

The majority of IHC grantees reported focusing on increasing access to healthy communities for people with all types of disabilities (61%) and at all stages of the life course (78%).

Some grantees reported that their projects focused on specific types of disabilities, often more than one type. Fig. 7 shows the proportion of grantees focusing specifically on each type of disability.



(Fig.7)

Prevalence of Themes from the Interviews on Project Priorities



(Fig. 8)

While specific project goals differed across grantees, many had similar priorities. These priorities are summarized in Fig. 8, with larger boxes indicating greater prevalence of the themes within interviews with the grantees.

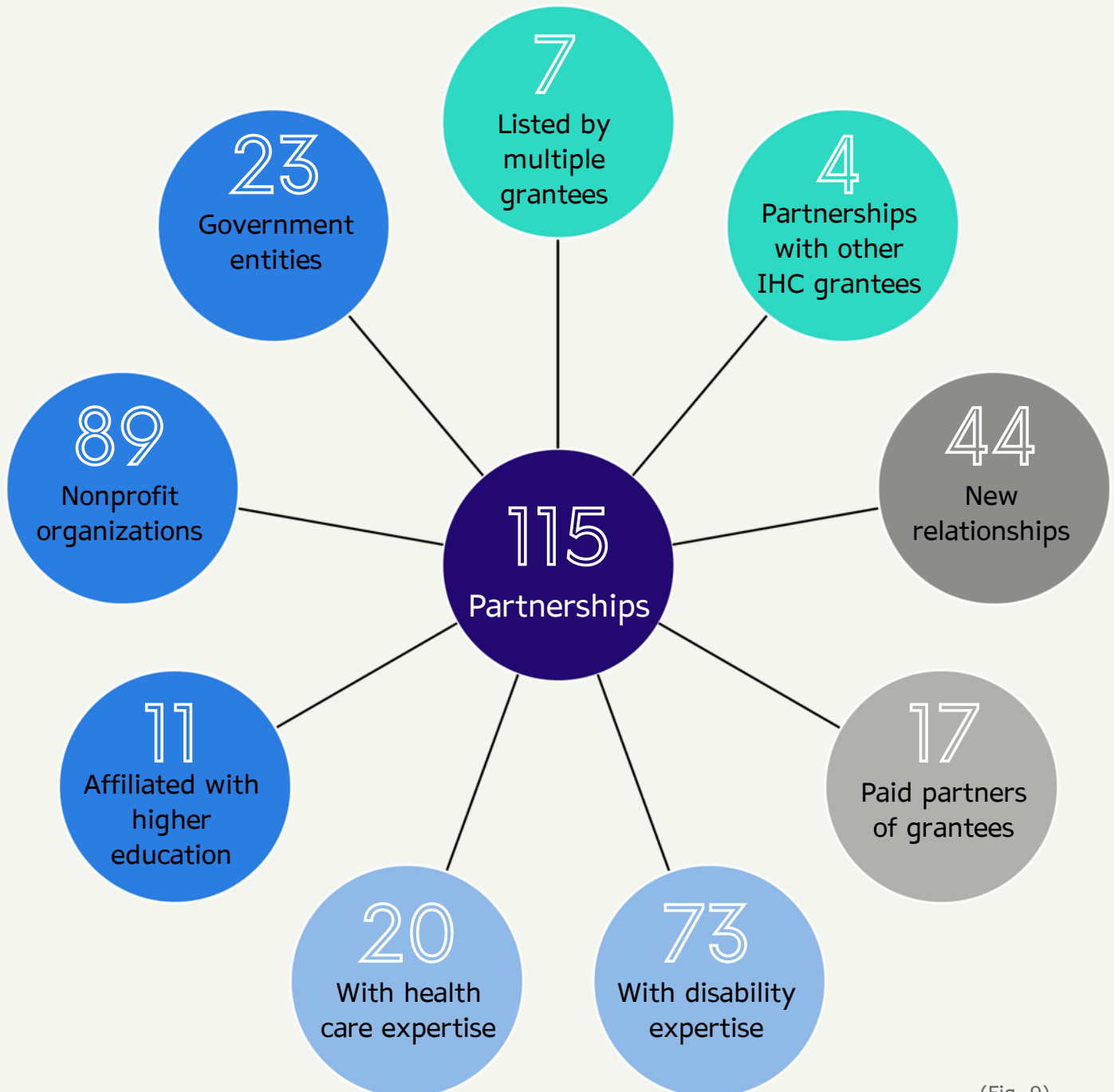
Pages 6 and 7 provide further details regarding grantee organizations and their projects. For greater details on specific IHC projects, visit the [IHC Interactive Map](#).

GRANTEE	PROJECT	PROJECT AIMS
Abbott Leadership Institute, Rutgers University, Newark	Redefining Access: Creating Safe, Inclusive, and Equitable Spaces for Youth with Disabilities in Newark's Precollege and Career Pathway Programs	To expand the inclusion and accessibility of precollege and career pathways programming through the formation of a multi-partner collaborative
Allies in Caring, Inc.	Creating a Culture of Inclusion of Deaf and Hard of Hearing People	To mobilize community assets and expand access to care for Deaf and Hard of Hearing individuals to create a feeling of safety for individuals who are deaf and hard of hearing in their communities
American Academy of Pediatrics - NJ Chapter	Improving Oral Health Across the Lifespan	To increase access to dental care for individuals with intellectual disabilities through policy, systems, and environmental change
Children's Specialized Hospital	Partnership for Safety Education and Injury Prevention for People with Disabilities	To develop resources for effective safety planning and injury prevention that are accessible across a range of disability types
City Green, Inc.	In the Garden: Increasing Equitable Access to Nature and Healthy Food at City Green	To adapt the physical spaces and programming at community gardens to be more accessible
County of Hudson	Inclusive Hudson: Planning for an Inclusive, Healthy County	To provide an array of inclusive and accessible services, education, and resources that advance health, well-being, and overall quality of life for residents
NJ Association of Community Providers (NJACP)	NJACP-JESPY Model Program	To expand upon local efforts towards inclusion, acceptance, and increased community participation of adults with intellectual disabilities through identifying areas for improvement
Ocean County Board of Health	Inclusive Gardening: Cultivating Health for All	To create opportunities for children and adults with disabilities to be integrated in the community through building an inclusive community garden and developing related programming
Pinelands Preservation Alliance, Inc.	The Pinelands is for Everyone	To develop and promote accessible natural spaces through modifications to physical spaces and an online mobile map featuring accessible locations and visitor experiences

GRANTEE	PROJECT	PROJECT AIMS
Rowan University Foundation	Increasing Awareness and Access to Physical, Sexual, and Reproductive Health	To increase access and reduce disparities to women’s health for women with intellectual and developmental disabilities through developing informational resources that address key issues
Shimon and Sara Birnbaum Jewish Community Center of Somerset, Hunterdon, and Warren Counties	Outdoor Experiential Classroom and Sensory Garden	To provide persons with disabilities access to inclusive spaces, leadership opportunities, and address physical and mental health concerns through creation of an outdoor experiential classroom and sensory garden
Supportive Housing Association of NJ, Inc.	Integrated Community Project	To promote community engagement of people with disabilities to become fully engaged in their communities through implementing integrated community project assessments within municipalities
Sustainable Jersey, The College of New Jersey	Municipal Engagement of Individuals with Disabilities	To increase the involvement of residents with disabilities in decision-making and community planning efforts through developing guidance materials for municipal governments
The Family Resource Network, Inc.	Get FIT Coalition	To increase inclusivity of health services and programs through education, developing accessible spaces, modifying existing programming, and partnering with people with disabilities
Township of Evesham	Evesham Inclusive Healthy Communities Project	To address barriers experienced by individuals with disabilities and increase engagement of individuals and organizations through additions to the Township’s Master Plan and pilot initiatives
Township of Hanover	Township of Hanover Mobility Plan	To create opportunities for greater mobility in the community and make it an inclusive place to work, live, and play through development of a new mobility plan
Trenton Health Team, Inc.	Collaborating for a Healthy, Inclusive Trenton - Expanding Access for People with Disabilities	To reduce barriers for community participation among people with disabilities through convening a communitywide, multisectoral work group
Woods Services, Inc.	Expanding Access to Primary Care for People with Intellectual Disability	To decrease health disparities and increase access to primary care for people with intellectual disabilities by creating an integrated and inclusive primary care medical practice

Partner Profiles

IHC projects are not implemented by a single organization or leadership team alone. Many different partner organizations are involved in the work. In the survey, we asked grantees to list their top 10 partners and describe those organizations. Fig. 9 summarizes information about the 115 partnerships reported across the 18 grantees.



(Fig. 9)

Working With Partners



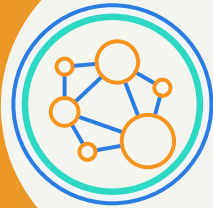
(Fig. 10)

Grantees reported ways in which the IHC program helped them to enhance both the depth and breadth of their partnerships toward inclusive healthy communities. When asked in the survey to describe their work with their three most central partners, grantees mentioned benefits spanning from direct assistance on IHC project-related tasks (e.g., recruiting and facilitating focus groups) to longer-term benefits (e.g., forging strategic connections with key individuals and organizations). Fig. 10 displays a word cloud, with larger phrases indicating more frequent themes within participants' descriptions of their work with partners.

Developing New Structures for Engagement

Interviews with grantees revealed that many have made changes to ways in which they engage with people with disabilities. Many grantees described structures for inclusive and intentional engagement as a primary focus of their work during the first year of the grantmaking program. We describe three such structures below.

ONE: Strengths-Based Programming



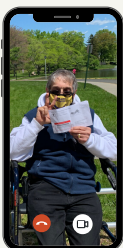
Grantees described working to magnify the impact of the talents of people with disabilities. In addition to collaborating with people with disabilities as thought leaders to inform the development of projects, grantees explained their programs as positioning people with disabilities as public-facing content experts, volunteers, constituents, and advocates.

TWO: Advisory Committees



Most grantees had formed (or were in the process of forming) advisory groups or councils to guide their projects. They described councils as consisting of community members, including people with disabilities and/or their loved-ones, and professionals from disability services and other sectors. Many grantees planned to maintain these councils after the conclusion of the grant.

THREE: Inclusion Through Video-Conferencing



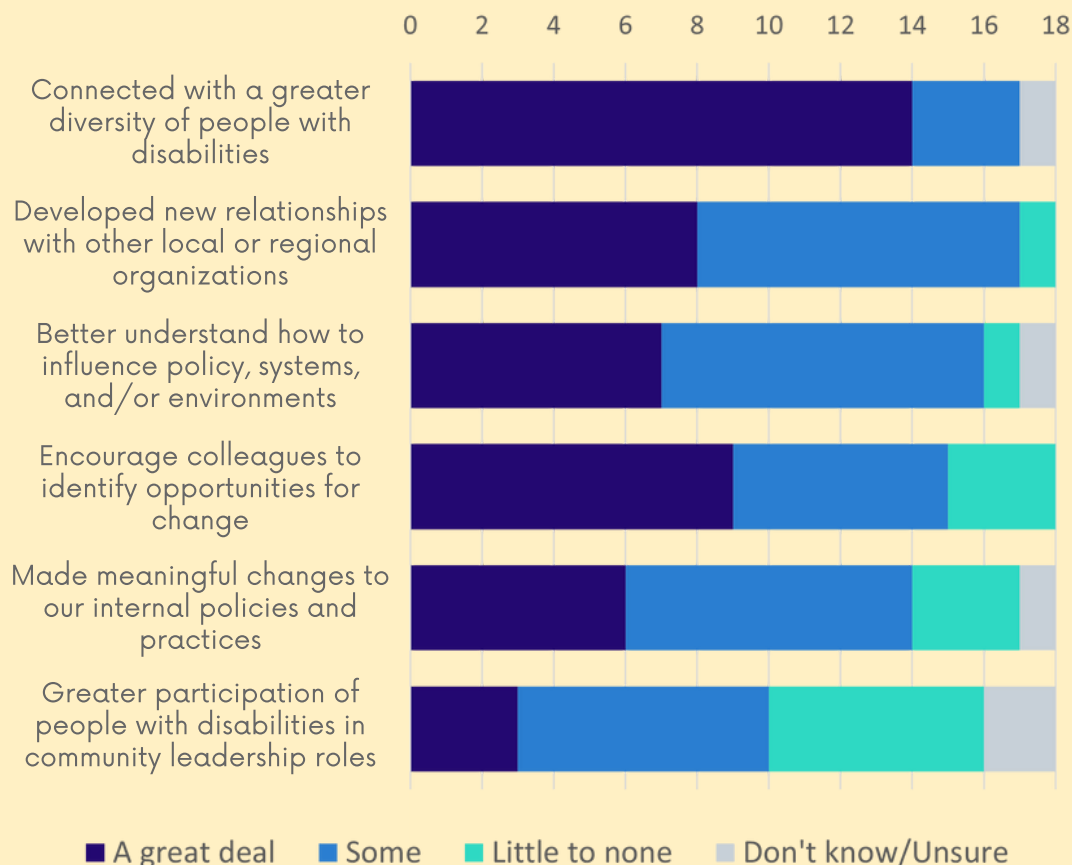
Facing logistical challenges because of COVID-19, groups found new ways to facilitate community members' involvement by using digital platforms. Particularly in areas with sparse public transit, grantees reported being able to reach a wider breadth of people with disabilities, especially because of video-conferencing skills gained during the COVID-19 pandemic.

Organizational Capacity Development

Although less than one year into the grant program at the time of data collection, IHC grantees reported various ways in which the program had already enhanced their organizational capacities toward fostering more inclusive healthy communities. Fig. 11 displays responses to survey questions regarding ways in which the IHC program impacted the grantees' organizations. These findings indicate the program's strong influence on growing the grantees' organizational capabilities in connecting with a diversity of people with disabilities, as well as their leadership role in working with other organizations toward more inclusive healthy communities.

Additionally, many grantees reported presenting on their work at high-profile conferences, as well as applying for—or even already receiving—additional grants to expand on their projects (see Fig. 12).

Capacities Developed



(Fig. 11)

Above and Beyond

Many of the 18 grantees had achieved additional awards and recognition before the end of their first year of participation:



Presentations at state, national, and international conferences



Applications for additional grants to expand on IHC projects

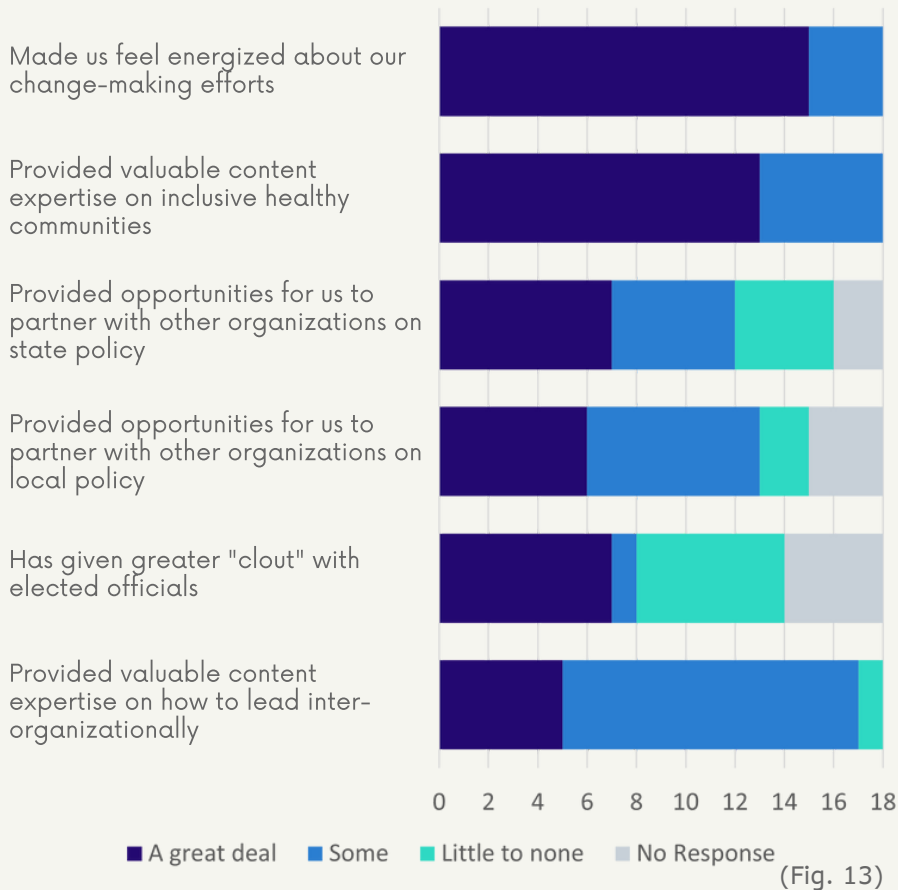


Receipt of funding for expanding the scope of projects

(Fig. 12)

Being Part of a Statewide Network

Impact of Being Part of a Statewide Network Working to Improve Inclusion



As part of the IHC's cohort model, grantees also reported their experiences of being part of a statewide program with opportunities to connect with each other and the program administrators. Survey responses indicated that each of the grantees found they received some benefit by participating in the statewide program. These benefits are presented in Fig. 13.

“They are so invested in this. It has not been a common experience of mine in 30 years to have a funder so invested in our success. Yes, everybody wants it to be successful, but there [are] such tangible ways through the trainings, through the collaboration efforts. This, to me, is very deep.”

Future Directions

Most grantees reported optimism for their programs' future sustainability because of internal supports within their organizations (e.g., a supportive board) as well as buy-in from outside of their organizations (e.g., partner organizations, community members, and county and state leadership). When asked to rate their confidence that their program would continue to exist in three years on a scale from 0 to 100, more than half of the grantees reported 90% confidence or higher. Seven of the grantees (41%) expressed 100% certainty of their initiatives' continued existence.



“ Because we are building *Authentic Relationships* and drawing [on] people's assets, engaging people to work to

CONTRIBUTE
their gifts,

this way, our work is more sustainable rather than if our work was about delivering services.

Our coalition work is about

unearthing

the assets that exist and

mobilizing

people. ”

Conclusion

This report presents findings from a developmental evaluation with 18 organizations that received grants as part of the first cohort of the Inclusive Healthy Communities (IHC) program in New Jersey. The IHC program aims to support work toward policy, systems, and environmental changes within communities to promote health and well-being among people with disabilities. Key findings from the evaluation are summarized in Fig. 14.

Findings from this evaluation project highlight the strengths of the program during its first year of development and implementation in New Jersey. These findings are especially relevant as the IHC program organizes a second cohort of grantees in 2022.¹ Continued analysis of the evaluation data, as well as follow-up with the grantees, can help to further support the IHC program as a statewide structure for long-term collaborative work at the interface of disabilities, community health, and environmental equity. Understanding and strengthening this structure can amplify New Jersey's future inclusion efforts, drawing on the talents and resources inherent to residents with disabilities—supporting their agency in conceptualizing and co-creating diverse, fully inclusive, and healthy communities.

Key Findings

Most IHC grantees reported high levels of confidence that their IHC projects will be sustained, given available supports both internal and external to their organizations.

Many IHC grantees reported enhanced organizational capacity because of their participation in the program, especially in terms of their ability to engage people with disabilities as partners in thought and action.

IHC grantees spanned a great diversity of organizations that differ in terms of their geographic locations and scope, as well as fields of expertise.

Grantees' IHC projects targeted a variety of social systems, including local government, education, healthcare, parks and gardens, and beyond.

The grantees have cultivated partnerships with a vast network of organizations to work on both short- and long-term goals to increase access to inclusive healthy communities.



(graphics credit: Slidesgo by Freepik)

(Fig. 14)

¹ <https://www.state.nj.us/humanservices/news/pressreleases/2022/approved/20220211.html>

End Notes

“Sometimes you see something that speaks to you as a thing you should have been doing all along but you haven't been, and that's what this program did for us. It broadened our minds.”

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While this document was designed with accessibility in mind, should you require an accessibility conversion, please contact: Patricia Findley at pfindley@ssw.rutgers.edu.

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