Disability Friendly Upper Valley Final Research Portfolio

Prepared for the Special Needs Support Center (SNSC)

SOCY 65
Dartmouth College
June 2026

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Literature Review

Disability stigma and exclusion are not only individual attitudes toward disabled people. They are social processes produced through everyday interactions, institutional arrangements, cultural models of disability, and unequal relations of power. This matters for the Upper Valley because the Special Needs Support Center's Disability Friendly Upper Valley campaign is trying to change how local community spaces understand, welcome, and include disabled residents. This literature review uses a sociological social psychology lens that combines stigma and labeling theory, the social identity approach, and intergroup relations theory to explain why disability inclusion requires more than individual kindness. To do this, we review five areas of research to understand how disability stigma is produced, experienced, distributed, communicated, and reduced. We first review how disability stigma is socially produced through cultural meaning, everyday interaction, and social structure. Second, we review how disability identity forms and shapes the way people with disabilities (PWDs) respond to stigma. Then, we examine how disability intersects with race, class, and gender to distribute stigma and disadvantage unevenly across groups. Fourth, we review how language constructs disability meanings and can either reinforce or challenge ableism. Finally, we try to understand what community-based interventions can and cannot accomplish in reducing disability stigma in the Upper Valley.

A starting point is explaining how disability stigma is socially and relationally produced rather than a natural or deserved reaction to impairment.The intuition here is that the same trait, such as using a wheelchair, draws help in one setting and staring in another, locating the reaction in the situation, not the body. Smart (2009) anchors the claim with her models of disability, the frameworks a society uses to define disability, arguing that all three (biomedical, functional, and sociopolitical) are human-made representations, not neutral facts. Under the biomedical model, disability is a defect inside the individual, a framing that, she argues, produces prejudice by casting PWDs as biologically inferior, making their unequal treatment look justified; the sociopolitical model instead treats it as a product of lost rights and barriers. At other levels of social life, the same stigma is enacted in everyday interaction, where felt stigma (feeling labeled and set apart) and enacted stigma (status loss and discrimination) spread even to families, as when mothers are blamed for their children's conditions (Green et al. 2005). Scavarda and Scambler (2025), studying parents of children with Down syndrome and autism in Italy, show stigma operating at the psychosocial and structural levels at once and name the project stigma that parents take up to resist it. The same holds at the level of structure, where ableism operates as an institution that treats able-bodiedness as the human standard and distributes resources and opportunity accordingly (Maroto and Pettinicchio 2022). Together, these studies describe one process seen from different vantage points which is that disability stigma is produced by social inequalities rather than being natural or justified.

PWDs often resist stigma by claiming a positive disability identity, and this is explained through the social identity approach (SIA). From the SIA's perspective, disability is a form of group membership rather than just a medical condition a person has, and that membership becomes part of how a PWD sees themselves. This helps PWDs resist stigmatization because stigma feels less isolating and less emotionally damaging when it is faced by a collective rather than by disconnected individuals. In contrast, individual strategies such as passing as nondisabled or seeking a cure can reaffirm disability's devalued status when they are organized around escape from the group rather than pride in it (Dirth and Branscombe 2018). Smith and Mueller (2021) extend this point by showing how disability identity can become explicitly political. Drawing on the experience of a self-advocate who moved from childhood institutionalization and school-based shame into disability activism, they describe political disability identity as built through self-worth, pride, awareness of discrimination, common cause,

policy alternatives, and political action. This suggests that self-advocacy is not only an individual skill but also a form of community advocacy which connects PWDs to one another and to broader struggles for rights and access. Together, these sources show that positive disability identity both protects PWDs from the psychological harms of stigma, and turns private experiences of disability into a basis for collective resistance.

However, this stigma is not distributed evenly across PWDs. Instead, it is sorted along lines of race, gender, and class. In the context of race, white children are often overrepresented in higher-status, less stigmatizing disability types such as ADHD and autism, which grant them greater access to academic resources and support which help them to achieve greater long-term outcomes. Compared to these white children, black and hispanic children are more likely to receive more stigmatizing labels, such being seen as having an intellectual or emotional disability (Skrtic et al., 2021). This same inequality among PWDs with different characteristics also appears beyond the classroom, as national survey data observed that women and racial minorities with disabilities faced the highest poverty rates, the lowest incomes, and greatest dependence on income from outside the labor market (Maroto et al, 2018). Disability also has similar interaction effects with a person's social class. In a study which followed a cohort of English youth into early adulthood, those from disadvantaged class backgrounds faced a much wider employment gap and were more likely to move downward or out of work than their disabled peers from more advantaged origins (Chatzitheochari et al., 2022). Together, these studies suggest that when PWDs have additional minority statuses or a less privileged socioeconomic status, the structural disadvantages they face in society compound rather than just sum together.

Dunn and Andrews (2015) argue that there is a similar sorting effect caused by language and how society speaks about disabilities. This appears most clearly in the choice between person-first language, such as "a person with a disability," and identity-first language, such as "a disabled person," as each phrase carries a different assumption regarding what disability is and how it should be understood by people. Person-first language reflects a social model of disability and works to keep a person from being reduced to their impairment, so that one condition does not come to define everything else about them. The objectifying language of older medical and moral framings does the opposite, turning a person into "the spinal cord injury in room 330" or a "stroke victim" and treating disability as a mark of suffering and lost control. Identity-first language instead draws on a minority model, treating disability as a form of human diversity rather than a defect to be cured and locating the problem in ableism rather than in disabled bodies. From this position a PWD claims disability as a valued part of who they are, and reclaimed terms such as "crip" become expressions of pride and belonging that are accepted from insiders but resented when nondisabled people use them. Because no single label fits everyone, Dunn and Andrews recommend using both forms and deferring to how each person chooses to be described. However, Grech et al. (2024) found that these language preferences are not universal among people. They observed this when surveying 875 people across a wide range of conditions, and most participants often described themselves with identity-first language but switched to person-first language when speaking about others. Also, their choices on which type of language they used for description were greatly impacted by their own conditions and identity. Specifically, people with neurodevelopmental conditions like autism strongly favored identity-first language, while those with depression or diabetes leaned toward person-first. Identity-first language was also far more commonly used by younger respondents than older ones, as well as by non-binary respondents. Additionally, the same words could prompt different reactions from listeners based on who spoke them, as while identity-first language was largely accepted when used by PWDs and their families, it was seen as inappropriate when used by clinicians, educators, or the media.

Intergroup Contact Theory (ICT), first proposed by Gordon Allport (1954), helps to explain how contact between groups can reduce intergroup prejudices. Specifically, it states that under

conditions of equal status, shared goals, cooperation, and institutional support, close social contact can actually help to reduce prejudice towards minority groups. The theory also states that this contact effect becomes more powerful when disabled and nondisabled people participate together in ways that make disability part of ordinary community life rather than a noticeable differentiator. Along with this, the Common Ingroup Identity Model (CIIM) argues that intergroup prejudice also begins to decrease when these are able to view themselves as all part of a larger and broader group (Gaertner et al., 1993). Although it should also be noted that the reason why scenarios like these occur so rarely can be explained by Intergroup Anxiety Theory, which suggests that the people have a natural tendency to often avoid interacting with outgroups because they are afraid of experiencing an awkward or hostile encounter (Stephan & Stephan, 1985). In disability contexts, this anxiety can appear when nondisabled people keep their distance from PWDs because they do not know what to say or how to act.

Despite this caveat, empirical research supports these ideas in more practical contexts. Research on stigma reduction across several health conditions has found that while education can help challenge false beliefs, it is not enough on its own because stigma operates at individual, interpersonal, institutional, community, and structural levels (Heijnders & Van der Meij 2006). Along with this, a study that attempted to understand if short-term service-learning experiences can improve college students' attitudes towards people with developmental disabilities found that students having both structured contact and existing friendships with PWDs were associated with less fear and greater empathy towards them over time than students who had no contact with PWDs at all (Wickline et al. 2016). Finally, Smythe et al. (2020) similarly found promising results for education and contact-based interventions aimed at reducing stigma toward children with disabilities and their families, but they also caution that the evidence is weak and short-term, and that few of the studies involved PWDs in designing or carrying out the interventions.

The literature reviewed in the preceding sections provides enough reason to treat disability stigma as socially produced, shaped by identity, distributed unequally, communicated through language, and changeable through contact. However, these studies leave several clear gaps. First, the affective, interactional, and structural dimensions of stigma are often studied separately, even though shame, awkward encounters, and institutional ableism usually operate together in everyday life. Second, research on disability identity shows that pride and group belonging can buffer stigma, but it does not fully explain how different forms of disability identification shape inclusion or exclusion in ordinary community settings. Third, intersectional research shows that stigma is intensified by race, class, and gender, but anti-stigma interventions are rarely designed around PWDs who hold several marginalized identities at once. Fourth, language research shows that preferences vary by person, condition, speaker, and setting, but it remains unclear how different audiences interpret affirming disability language in practice, or whether language changes last outside clinical or institutional settings (Grech et al. 2024). Finally, no clear model shows how to combine contact, language, and multi-level engagement into a scalable, low-cost intervention for real community spaces, both physical and digital, especially in rural and under-resourced regions like the Upper Valley.

These gaps point to the need for an approach that treats disability stigma as something reproduced across meanings, identities, institutions, and everyday interactions, rather than as a problem of attitudes alone. The SNSC toolkit, event, and Disability Friendly Upper Valley campaign take up this problem by turning these frameworks into practical strategies for local community spaces. This leads to our central research question: "What are practical strategies to make anti-stigma, disability-inclusion campaigns more effective in rural, community-facing settings like the Upper Valley?" The applied research section explains how we use these findings to shape campaign recommendations, outreach materials, and community-facing tools.

Applied Research

Research Question and Why It Matters

Our research set out to answer the question: what are practical strategies to make anti-stigma, disability-inclusion campaigns more effective in rural settings like the Upper Valley? More specifically, we wanted to understand what local businesses, organizations, and community spaces can practically do to help disabled residents feel welcome, respected, and included.

Our research question matters because disability stigma operates through more than open prejudice. As our literature review established, stigma is socially constructed and surfaces in everyday life through language, interpersonal interactions, and how organizations are run (Smart 2009; Green et al. 2005; Maroto and Pettinicchio 2022). In a community space, someone may be excluded not because anyone is hostile, but because the space is physically difficult to navigate, the website omits key information, the signs are difficult to read, or staff are uncertain how to respond to a request for help. Furthermore, these forms of exclusion often become naturalized over time, becoming so embedded in routine practices that they are difficult to recognize. As such, effective inclusion efforts must address barriers that may not be immediately visible as exclusion. This requires helping organizations identify these patterns and providing specific, actionable steps they can integrate into day-to-day interactions to create more inclusive spaces.

Because the SNSC already had a goal in mind for this project, it was fairly straightforward to keep our research goals aligned with their needs. They already came to us with the desired deliverable of a toolkit to help them to run a public-facing anti-stigma campaign for the Upper Valley. Additionally, our research decisions were constantly being guided by our direct contact at the SNSC, Shana Feeley, who we remained in regular contact with throughout the project's duration.

Research Design

Our research design centered on two interlocking goals: understanding how disability stigma operates across multiple dimensions of everyday community life—through factors such as language, interpersonal interaction, physical space, and organizational practice—and translating that understanding into materials and tools that SNSC and local community organizations could practically use. To meet both goals simultaneously, we structured our research around three central components: secondary research through existing inclusion toolkits and disability advocacy resources, field visits to local community spaces in Hanover, and ongoing consultative feedback from SNSC. Each component was chosen because it addressed a distinct layer of the research question: existing resources revealed what frameworks and language the broader field has developed; field visits grounded those frameworks in the specific textures of local spaces; and SNSC feedback ensured that emerging findings stayed tethered to real organizational needs and priorities. Bringing these three components into conversation with one another allowed us to move iteratively between understanding and application, so that the toolkit we developed reflects both the research literature and the particular conditions of the communities it is meant to serve.

Secondary Research

To gain a better understanding of the landscape of current disability inclusion practices, we researched existing disability-inclusion toolkits, anti-stigma materials, accessibility checklists, and language and digital-accessibility guides. By exploring resources produced by other nonprofits involved in the disability sector, universities, official ADA guidelines, along with SNSC’s own official

resources, we identified common approaches, themes, and practical strategies used to promote inclusion. These materials included the VCU Inclusion Project Community Belonging Guide (n.d.), the Ford Foundation Disability Inclusion Toolkit (n.d.), the DRAPP Language Guide (2024), and the University of Washington accessibility checklist (n.d.). For each resource, we analyzed its intended audience, key messages, visual design, language choices, organization, and main advice. We paid special attention to whether resources provided specific recommendations or broad principles to organizations. This helped us identify the conventional characteristics of effective inclusion resources, while providing a framework against which we could compare our field observations.

Field Observations and Interviews

We then visited two community spaces in Hanover: Howe Library and Lou's Restaurant and Bakery. We spent approximately twenty minutes at each location, recording observations using the general framework from our secondary research. We selected site observation as a research method because many aspects of accessibility are best understood through the firsthand experience of moving through and interacting with a space. Additionally, we deliberately chose two sites that notably differed from each other. The Howe Library is a public institution with a broad and heterogeneous visitor base composed of individuals across a wide range of ages and needs. Meanwhile, Lou's Restaurant and Bakery is a private business that predominantly draws a student clientele, and experiences higher levels of traffic and crowding. We selected contrasting sites because factors such as public/private ownership, spatial layout, how busy a space is, and building age all change what accessibility looks like in practice. At each site, we conducted a structured walkthrough using a checklist drawn from the secondary sources we had reviewed, covering entrances and doors, interior layout, seating, signage, the sensory environment such as noise and lighting, restrooms, service areas, and staff availability. Throughout this process, we oriented our observations around a consistent set of questions: could a visitor enter, move through the space, locate information, find seating or a restroom, and request help without being singled out? At Howe Library, we also conducted a short informal interview with a staff member at the front desk, where we gained insight into the institutional context that observation alone could not have revealed. All observations were recorded in field notes at the time of the visit (Appendix #1).

Partner Feedback

The third major component of our research design was ongoing feedback from Shana Feeley at SNSC. Shana brought direct knowledge of SNSC's organizational priorities, existing relationships with Upper Valley businesses and institutions, and a grounded sense of what approaches would actually be useful to their target audience. We therefore treated her input as a primary source of knowledge about the context that our toolkit would need to function in. Practically, this meant sharing drafts and emerging directions with Shana at key points throughout the project, while scheduling recurring meetings to ensure that our language and proposed strategies remained relevant. Specifically, her feedback led us to make web accessibility its own part of the toolkit instead of a small add-on. She also shared the SNSC materials, including the language guide, that helped us match the tone and recommendations of our deliverables to what the organization had already established with its partners.

Analytic Approach

We analyzed our information sequentially, following the same order as our research design. Beginning with the secondary sources, we read across the toolkits, checklists, and guides looking for recommendations that recurred across multiple resources, treating repetition as a signal of what the

broader field considers essential. From these recurring patterns we grouped the material into four thematic areas: language, public space and design, behavior and culture, and online accessibility. These areas became an evaluative framework that we then used to assess the sites. These categories were not imposed in advance from the literature, but emerged from the documentary data (our secondary research) itself, though we subsequently checked them against the theoretical concepts in our literature review to ensure they captured the dimensions of stigma our review had identified as most significant.

We then brought that framework to the field visits, using it as a structured lens for our observations and interview. When a recommended practice turned out to be difficult or impossible to implement because of an old building, a constrained budget, or the pace of a busy commercial space, we treated that as a substantive finding rather than an exception to set aside. Since our research question was specifically about what organizations can pragmatically do, the gap between ideal and possible was itself analytically important.

Finally, we compared our field findings against the main theoretical concepts from our literature review, including how stigma is created, identity, intersectionality, language, and community programs. Working this way allowed us to move from general principles to grounded, context-specific insight, and kept the analysis from producing recommendations that were well-intentioned but disconnected from what a small, under-resourced organization in a rural New England setting could realistically act on.

Key Findings

Our research has five key findings. First, accessibility has many parts, and good physical access is not enough on its own. Howe Library already had strong physical access: a ramp and automatic doors let everyone use the same entrance, and there were elevators, wide aisles, accessible restrooms, staffed help desks, and a quiet reading room for people who are sensitive to noise or who have anxiety, ADHD, or autism. The gaps were in other areas, mainly signs that were temporary, small, or low-contrast and therefore hard to read for first-time visitors, older adults, or people with low vision. This answers part of our research question by showing where a campaign should focus: in places that already meet basic physical standards, the real work is in the parts that are easy to overlook. It fits our review's point that disability is often about the environment, not the person (Smart 2009). Someone who can enter a building but cannot read its signs is blocked by the space, not by their body.

Second, caring about accessibility and having the money to improve it are two different things, and money is usually the bigger limit. The staff member we interviewed was very aware of accessibility across physical, cultural, language, sensory, and outreach needs, and the library was actively planning improvements. But the building was old, the website was out of date, and budget constraints and a broken elevator were real barriers that awareness alone could not fix. This shows what any realistic plan for a rural area has to be: cheap and doable, not just well-meaning. It matches our review's point that stigma is built into institutions and budgets, and that information by itself is not enough to change it (Heijnders and Van der Meij 2006; Maroto and Pettinicchio 2022). Staff we spoke with noted that gaps in accessibility often went unnoticed until a patron raised the issue directly—a pattern consistent with the structural account of ableism, in which able-bodiedness is assumed as the default and departures from it are treated as exceptions rather than design considerations from the start (Maroto and Pettinicchio 2022).

Third, staff knowledge tends to be stronger on physical and rights-based accessibility than on the needs of people with non-physical disabilities. Interview data revealed familiarity with building design requirements and legal obligations, but less certainty about how to accommodate people with sensory sensitivities, psychiatric disabilities, or neurodivergent needs. This is consistent with the biomedical model's long dominance in shaping how institutions understand disability: physical impairment is visible and legally codified, while cognitive and psychiatric disabilities remain less

legible to built-in institutional frameworks (Smart 2009). It also reflects a broader pattern in anti-stigma interventions, where education tends to focus on facts about disability categories rather than on the interactional and sensory dimensions of inclusion (Heijnders and Van der Meij 2006).

Fourth, outreach is part of accessibility. A recurring theme in our interview was that a place can offer help and resources, but the people who need them often do not know those resources exist. Staff confirmed that accessibility improvements frequently happen reactively, in response to patron feedback, rather than through proactive design. This means inclusion is partly about communication, not just about having accommodations, and it points to something even low-budget organizations can act on. It connects to the contact research in our review: meeting people from another group can lower prejudice, but only if the meeting actually happens (Allport 1954; Wickline et al. 2016), and people often avoid these encounters when they expect them to be uncomfortable (Stephan and Stephan 1985). Telling people clearly what a space offers makes that first step easier and reduces the intergroup anxiety that can prevent initial contact.

Fifth, the ceiling of accessibility varies significantly by organizational context, and this variation shapes what kinds of interventions are realistic. At Howe Library, a public institution with a legally mandated inclusion mission, staff were already planning improvements within the constraints of budget and an aging building. At Lou's Restaurant and Bakery, a small private business, the structural situation was different, consisting of narrow circulation space, high ambient noise during peak hours, no clearly designated quiet seating, and limited capacity for reconfiguring the physical layout. Both spaces reflected genuine accessibility gaps, but the nature of those gaps differed. At Lou's, inclusion depends heavily on time of visit and individual staff responsiveness rather than built-in design features. This finding directly addresses our research question, because it shows that effective anti-stigma campaigns cannot apply a single standard across all community spaces. The best resources we reviewed shared three traits: they were specific and focused on actions, they treated accessibility as context-dependent rather than one fixed standard, and they reduced burden on organizations by including checklists, templates, or concrete steps. The variation we observed across sites confirms that this kind of flexibility is not just a design preference but a practical necessity, especially in a rural area where organizations range widely in budget, building type, and institutional mandate.

Together, these findings suggest that campaigns work better when they turn broad values into specific, feasible actions calibrated to what a given space can actually implement. In a rural area, an organization may not be able to make every physical change right away, but it can still make information clearer, normalize asking for help, use respectful language, offer flexible options, create feedback channels, and help staff recognize everyday ableism. These steps do not replace larger structural changes, but they are realistic and can reduce stigma in the meantime. They also map onto our review's core insight that stigma is reproduced across meanings, identities, institutions, language, and interaction (Smart 2009; Maroto and Pettinicchio 2022; Dunn and Andrews 2015). A hard-to-read sign, a hidden restroom, an inaccessible website, or an awkward exchange with staff all send the message that disabled people were not considered. Meanwhile, clear information, flexible seating, quiet spaces, respectful language, and easy feedback channels send the message that they belong.

Implications

Our findings have three main implications. First, in places that already meet the basic accessibility requirements, most of the remaining work falls in areas that are easy to miss: clear information, comfortable sensory environments, respectful interactions, and accessible websites (Smart 2009; Green et al. 2005). A campaign that only checks for legal compliance would miss most of this.

Second, a lot of exclusion in these places is accidental and built into how the organization runs, not a sign of personal prejudice. A caring, well-meaning staff in a building with little money still ended

up with gaps in access. This supports our review's point that stigma lives in institutions, not just in attitudes (Maroto and Pettinicchio 2022), and it means campaigns have to work on organizations and resources, not just on changing minds.

Third, our findings shaped the deliverables directly. Basic physical accessibility was largely present in the Howe Library and reasonably accounted for at Lou's, to the extent that the spatial and structural constraints of the building would allow. Meanwhile, other dimensions of inclusion were less consistently addressed; thus, we chose to build our toolkit deliverable around four practical areas instead of around legal compliance, and we added a four-week plan so a small organization could implement it in clear, concrete steps. Because outreach was a problem on its own, we also made outreach email templates along with a social media and poster example that show how to communicate accessibly, and we proposed a low-key Meet Your Neighbor event. The event puts our review's contact ideas into practice by bringing disabled and nondisabled neighbors together as equals around a shared activity (Allport 1954; Gaertner et al. 1993), and its relaxed format lowers the nervousness that usually keeps people apart (Stephan and Stephan 1985).

More practically, our project gives a local example of how disability stigma works in ordinary community spaces. It shows that stigma is not only about open prejudice; it also shows up when organizations accidentally make access hard, treat accommodations as unusual, or fail to tell people what they offer. For SNSC, the practical payoff is a set of materials it can share with local partners to make disability inclusion clearer, more specific, and easier to act on across the Upper Valley.

Limitations

Our research had three main limitations. First, we visited only two sites, which is a small sample that cannot represent the full range of community spaces in the Upper Valley. We selected these sites deliberately because they differ in institutional type, size, and accessibility mandate, and we structured our observations around a checklist derived from existing accessibility guides. Even so, what we found may not hold for spaces like churches, clinics, or businesses outside Hanover's town center, and a short project timeline prevented us from visiting additional sites or conducting more interviews. Second, most of our data came from our own observations and a single front-desk interview rather than from disabled residents themselves. This means our assessments are partly inferential: we can document what physical features are present or absent, but we cannot fully capture how a space actually feels to someone navigating it with a disability. The interview also reflects one staff member's account of their own organization, which may present a more favorable picture than an independent review would. Because we kept the interview confidential following Professor Rogers's guidance, we report general themes rather than specific details, which limits the granularity of what we can share. At Lou's, this constraint was more acute, as we were limited to spatial and sensory observation only, with no staff interaction possible, meaning our assessment of that site rests entirely on what could be inferred from the physical environment rather than any account of organizational priorities, awareness, or existing accommodations. Third, the project timeline did not allow us to test the materials we produced. We were able to design and iteratively refine the toolkit, event materials, and outreach resources, but we could not observe them in use, which means we cannot yet assess whether they change behavior, improve access, or reduce stigma in practice. We can show that they are grounded in our research and aligned with SNSC's goals, but demonstrating effectiveness would require organizations to implement them and track outcomes over time. None of these limitations invalidate what we found or produced, but they do mean our findings are better understood as exploratory than definitive.

Future Directions

These limitations also point towards two clear next steps for future research. First, future work should gather information directly from disabled residents rather than relying on staff interviews and external observation. Structured feedback channels, accessibility walk-throughs conducted with disabled community members, or a community survey added to the toolkit itself would all address the core gap our research could not close: whether our findings reflect the actual experience of the people the campaign is meant to serve. This step is also supported by our literature review, which cautions that anti-stigma interventions rarely include disabled people in their design, limiting both their legitimacy and their effectiveness (Smythe et al. 2020). Second, the toolkit should be piloted across a broader set of Upper Valley spaces to test how well its recommendations hold outside the college-town contexts we studied, including rural towns, faith communities, and healthcare-adjacent organizations. The Upper Valley spans two states and many communities with very different resource levels and organizational cultures, and findings from Hanover may not translate without adjustment.

Final Deliverables

Campaign Overview & Four-Week Activation Plan

This document (see Appendix #2) first gives an overview of the Disability Friendly Upper Valley Campaign and also lays out a four week plan with week-by-week steps for the SNSC to follow in order to use each of our deliverables in the campaign. This serves to both inform SNSC representatives of the campaign as well as how to go about rolling it out.

Accessibility and Inclusion Toolkit

The toolkit (see Appendix #3) is essentially a handbook for businesses, organizations, and other community spaces in the Upper Valley that want to be more accessible and inclusive to people with disabilities. It is organized around four components of everyday organizational life, language, public space and design, behavior and culture, and online accessibility, and for each it offers practical strategies and behaviors an organization can implement directly.

The four components grew out of our literature review, our review of existing toolkits, and constant partner feedback. Three frameworks emerged first. Language came from the review's emphasis on how disability language shapes meaning and stigma (Dunn and Andrews 2015; Grech et al. 2024) and from the language guide Shana provided. Public space and design came from accessibility research(UCSF 2023; Coates 2024; RMCAD 2025.) and from the social model of disability in the review, which locates the barrier in the environment rather than the person (Smart 2009). Behavior and culture came from the review's account of how stigma is enacted in everyday interaction (Green et al. 2005). A fourth component, online accessibility, was added in response to feedback from SNSC. We then developed the content of each component through focused research and SNSC's own resources, including its language and web-accessibility guides, extracting and adapting their guidance for the handbook.

Our site observations and informal interviews shaped what the toolkit emphasizes. Because older buildings were hard to make fully physically accessible and because accessibility is not one size fits all,

we stressed offering options and making it easy for visitors to ask questions and give feedback. Because the spaces we saw were already fairly compliant with ADA layout requirements but less attentive to the lesser-known dimensions, we placed less weight on compliance and more on what organizations tend not to know. This part of the research worked as a check on what to emphasize, change, or add. Reviewing example guides also showed that no single existing guide covered all of our components; each addressed only one or two, so consolidating them in one place makes accessibility easier to implement. Similarly, the toolkit addresses a gap in the literature, which was largely theoretical or focused on large institutions, by bringing stigma reduction down to everyday steps that small organizations and individuals can take.

As a translation of our research, the toolkit answers the practical question of how an organization can foster accessibility and inclusion, emphasizing options, soliciting feedback, and inclusive behavior, since more costly physical changes are difficult in a rural setting of older, smaller spaces. It centers on reducing disability stigma in the Upper Valley, which is the goal of SNSC's work with us, and it closes a gap by combining four components, including web and social-media accessibility, that are rarely addressed together. We also built in an email template and an implementation plan so that SNSC and partner organizations can put it to use with little additional work, which was one of SNSC's stated goals.

Outreach Email Templates

These two templates (see Appendix #4) give SNSC ready language for outreach. The first introduces and shares the toolkit with organizations and businesses; the second recruits possible hosts for the Meet Your Neighbor event. Because SNSC is not a large organization, prewritten, adaptable templates make implementation faster and more straightforward.

Social-Media & Poster Concepts

This deliverable (see Appendices #5 and #6) are an example poster and social-media post that follow the online-accessibility guidance in the toolkit, modeling how an organization could put that guidance into practice. It is grounded in web-accessibility research and in SNSC's web-accessibility guide, giving community partners a concrete template they can adapt rather than build from scratch. As a translation of our research, it turns the toolkit's online component into a visible, reproducible example, which matters because communicating accessibility is itself part of reducing stigma and was a need our interviews surfaced.

Event Proposal: Meet Your Neighbor

The event proposal deliverable (see Appendix #7) is a proposal for a community event called “Meet Your Neighbor.” The proposal includes an overview of the event, potential host sites, suggested refreshments, a schedule, a budget and cost estimate, optional conversation prompts for guests, welcome scripts for SNSC and non-SNSC representatives, and an outreach email template for prospective hosts. This deliverable most directly translates our literature review into a community-facing intervention. The event is built around Intergroup Contact Theory, which argues that prejudice can be reduced through direct interaction between groups when certain conditions are met (Allport 1954). “Meet Your Neighbor” is designed to approximate the condition of equal status by

bringing disabled and non-disabled Upper Valley residents together as simply neighbors in the same casual setting, rather than sorting people into groups. We also revised the event in response to feedback from Shana Feeley, who encouraged us to make the gathering more low-stakes and hands-off. That feedback shaped the final version of the proposal, especially the small size, minimal programming, optional conversation prompts, and relaxed tea-and-cookies format. Prior research also shows that structured social contact between non-disabled people and people with disabilities can reduce fear and discomfort, especially when the interaction is relaxed, social, and community-based rather than purely educational (Wickline et al. 2016; Smythe et al. 2020; Heijnders and Van der Meij 2006). This event also supports the broader campaign by giving SNSC a convenient way to share materials, reach community members, and build future relationships with prospective partners and volunteers.

Evaluation Criteria

We developed and refined the deliverables against five criteria (see Appendix #8) that we shared with Shana and that she approved. The first is that the final deliverables meet the project's stated goals; we met this by aligning each deliverable with the guideline document Shana provided, which called for a toolkit, a social-media and poster concept, a four-week activation plan, and partner outreach language, and by checking progress against those goals in frequent partner meetings. The second is language: the deliverables had to use humanizing language and be consistent with SNSC standards, which we achieved through referencing SNSC's language guide and being deliberate about wording throughout. The third is content quality, meaning the deliverables had to be specific, practical, well organized, well formatted, and usable; the toolkit is a finished, ready-to-use Canva handbook, and the templates, event proposal, and social-media concept are similarly detailed and ready to deploy. The fourth is applicability: each deliverable had to be general enough to apply across establishments while staying community focused, which we built in by writing the toolkit's recommendations to generalize across organizations and by keeping the templates, event proposal, and social-media concept adaptable to any establishment. The fifth concerns student communication, professionalism, and collaboration, which we pursued by setting goals, completing tasks before each partner meeting, incorporating feedback, and keeping open communication through meetings and a shared drive.

Feedback Sought and Incorporated

To receive feedback, we met with Shana on a biweekly and sometimes weekly basis to review our first steps, share what we had worked on, and raise questions. We received feedback from Professor Rogers and the larger class through informal presentations and one-on-one meetings, and we reviewed one another's individual contributions within the group.

This feedback changed the deliverables in concrete ways. After we shared early toolkit drafts, Shana asked for a stronger emphasis on web accessibility, so we added it as its own guide, which in turn informed the social-media and poster concept. Through repeated clarification of SNSC's goals and vision, we incorporated the online component directly from her feedback. SNSC also supplied resources we built into the final product, including the language guide, the web-accessibility guide, Enabled Upper Valley materials (used for a short closing section of the toolkit), and an SNSC brand kit with the color scheme, logo, and fonts that we used to produce a finished, on-brand version of the toolkit. Professor Rogers advised that our evaluation criteria align with the partner's goals and the

project's research aims and emphasized protecting confidentiality when reporting interview data, which shaped how we present the applied research.

Concluding Assessment

These deliverables translate our research into a product that is useful, accessible, and aligned with SNSC's goals. The literature review and applied research told us that, in a rural region of small, already mostly compliant spaces, the effective levers are language, behavior, communication, and contact rather than costly physical change, and the toolkit and its companion pieces turn that finding into steps an organization can take. By consolidating four components in one place, building in templates and an activation plan, designing a contact-based event, and matching SNSC's language and brand, the deliverables give a small partner a practical, ready-to-run way to reduce disability stigma in the Upper Valley.

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Appendix

Appendix #1 - Field Notes

Field Notes

Field Notes: Howe Library Accessibility Observation

Entrance

- The main entrance of Howe Library is very accessible.
- There is a ramp leading up to the entrance, which makes it easier for people using wheelchairs, walkers, canes, strollers, or anyone with limited mobility to enter the building.
- The doors are automatic, so visitors do not have to physically pull or push heavy doors open.
- There is no separate accessible entrance, which is a strength because all visitors can use the same main entrance.
- This makes the space feel more inclusive because disabled visitors are not directed to a different or hidden entrance.
- The entrance also appears wide enough for people using wheelchairs, mobility aids, or strollers to move through comfortably.

Elevator

- Each floor of the library can be accessed by elevator, which makes the building more physically accessible.
- The elevator is important because it allows visitors who cannot use stairs to still access the full library.
- However, the signage for the elevator could be improved.
- The current elevator signs are paper signs, which makes them look temporary and less official.
- The signs are helpful, but they may be easy to miss, especially for someone visiting the library for the first time.
- More permanent, larger, and clearer elevator signs would make navigation easier and more independent.

Bathrooms

- The bathrooms are accessibility-friendly and available for visitors.
- The lower-floor bathroom is easier to find because the signage and location are more visible.
- The first-floor bathroom is harder to locate because the sign is very small.
- This could make it difficult for someone who needs to find a bathroom quickly or who is unfamiliar with the building.

- Larger and more visible bathroom signs would improve accessibility.
- Clearer signage would especially help people with visual impairments, mobility limitations, or anxiety about navigating unfamiliar spaces.

Library Layout

- The overall layout of the library is accessible and easy to move through.
- The aisles are wide enough for visitors to walk through comfortably.
- The aisle width would likely make it easier for people using wheelchairs, walkers, or other mobility aids to move around without feeling blocked.
- The open layout also helps reduce crowding and makes the library feel easier to navigate.
- There did not appear to be major physical barriers in the main walking paths.

Signs and Navigation

- There are many signs throughout the library that identify different areas and sections.
- These signs are helpful because they guide visitors toward different spaces and resources.
- However, some signs are difficult to read because they use gray font on a very light background.
- Some of the signs are also placed on white mesh cloth, which lowers the contrast and makes the words harder to see.
- This could create challenges for people with visual impairments, older adults, or visitors who are unfamiliar with the library.
- Signs with darker text, stronger contrast, and larger font would make the library easier to navigate.
- Clearer signs would also allow visitors to move through the library more independently without needing to ask staff for directions.

Sensory Accessibility

- The library has a separate silent reading area.
- This is an important accessibility feature because it provides a quieter space with less noise and stimulation.
- This could be helpful for people who experience sensory sensitivity, anxiety, ADHD, autism, or anyone who needs a calm environment to read or work.
- Having both regular library spaces and a quieter area gives visitors more options based on their needs.
- This supports accessibility beyond physical access by considering sensory comfort as well.

Information and Support

- The library has two circulation desks where visitors can ask for help or information.
- This is useful because staff support is available in more than one area of the library.
- However, the library could benefit from more visible signs explaining basic processes, such as how to get a library card, how to use library resources, and where to go for specific services.
- Although staff can likely answer these questions, clearer written directions would help visitors feel more comfortable and independent.
- More instructional signs would be especially helpful for first-time visitors, people with social anxiety, people who may not feel comfortable asking questions, or people who process information better visually.
- Adding clearer resource signs would make the library more accessible not only physically, but also informationally.

Overall Observation

- Overall, Howe Library has many strong accessibility features, especially the ramp, automatic doors, elevator access, wide aisles, accessible bathrooms, and silent reading area.
- The main areas for improvement are signage and navigation.
- More permanent, visible, and high-contrast signs would make the library easier to use for a wider range of visitors.
- The library already provides strong physical access, but improving visual and informational accessibility would make the space even more inclusive.

Field Notes: Howe Library Interview

<u>Interview Questions:</u>

1. Could you please tell me a bit about the kinds of people who generally come here? Do you generally see a wide range of visitors?
2. Have you noticed people with different kinds of physical or other needs using this space, either regularly/occasionally?
3. Are there any features in the space that you feel work well for people with different kinds of needs, or any accommodations that they can access (eg. entrances, seating, restrooms)?
4. Is disability inclusion something that comes up in conversations with staff (formally/informally)?
5. If you could imagine this space being even more welcoming/accessible for people with a range of disabilities, is there anything that comes to mind?
6. Are there things you'd want to do but aren't sure how to approach, or haven't had the resources to yet?

<u>Notes:</u>

- Five year plan - looking at the needs of patrons, committees that will look at ADA stuff
- Book stacks,
- Know they could be doing - old website that is not accessible, things they are working on
- Yes wide variety of people, pandemic- started diversity art collection - course sample of collections
- Kept it in mind, trying to create a different mindset, look at it from different perspectives
- Trying to increase access in many ways - culturally, physical ability - have those things in mind, know the gaps
- Keyboard - came up the other day, little fonts,
- Building certain areas that are not ADA accessible - really old building
- 2 elevators - money is a barrier (1 is broken, unlikely to fix because it already doesn't follow ADA rules)
- Doors
- Certain areas are not ada compliant
- Worker is very aware but there is so much to do
- Are keeping many different facets of accessibility in mind (vision/physical, cultural, language, etc)
- Program through library of Congress (talking books program) → able to call someone to help and request items
- Sometimes accessibility is just through phone which is not always accessible
- Important to have tutorials
- Not as conversed with neurodivergency
- Kids with sensory issues → hosting events for them (eg no sound restrictions, not too loud)
- Eg man with Tourette's → had to speak with others about rights (cultural accessibility/inclusivity?)
- Outreach issues/challenges → are people aware of these resources?
- Aging resource centre → part of official programming (outreach; advertising resources to public)
- Applied with them for a grant; able to do more with them soon
- Majority of services on main entry floor
- In centre of town (good and bad; accessible thru bus, but difficulty parking)
- Disability conversations coming up more in past 5 years (naturally with greater awareness)
- Ada requirements → things can easily slip through cracks
- Things come up through conversations with patrons
- A lot or most are hybrid programs (in person and virtual)
- Benefit: retired population still able to attend; can record programs
- More people can still attend; not intention through this approach, but benefits immediate
- Believes a guidebook/toolkit could be very helpful and practical

Field Notes: Lou's Bakery and Restaurant Accessibility Observations

Entrance and Doors

- No step at the entrance; minimally obstructed, but the door was rather narrow and heavy
- No alternative accessible entrance
- No automatic door

Interior

- Walkways and internal circulation appeared narrow and potentially congested, particularly during peak hours, which may limit wheelchair accessibility and ease of movement
- Aisles rather narrow between the counter and seating areas
- Floor surfaces generally even; no major surface barriers observed
- Signage rather small; difficult readability on some menus and items

Seating

- Seating includes a combination of indoor couch-style seating and outdoor seating; rather cramped arrangement due to small overall restaurant space
- Seating appears to be not highly flexible or reconfigurable, which may limit adaptability for different access needs.
- No clearly designated lower-stimulation or quiet seating area was observed, which may affect neurodivergent users or those sensitive to noise and crowding

Restrooms

- Only accessible via stairs; no elevator access → barrier to wheelchair access

Communication + Sensory Environment

- High noise levels and crowd density, particularly during peak student hours, which may present challenges for individuals with sensory sensitivities, anxiety, or hearing disabilities
- Staff presence was available, but space does not appear to structurally minimize the need for asking for help in all interactions
- Some services (eg. ordering, navigation during busy periods) may require proactive engagement with staff, particularly during high traffic times → also could be rather difficult to seek out help during their busiest times (where staff appear to not be available to speak/stay with customers)
- Information is primarily provided in visual and verbal forms, with limited indication of multi-format accessibility (eg. digital or alternative communication supports)

Appendix #2 - Campaign Overview & Activation Plan

Disability Friendly Upper Valley Campaign Overview

This campaign is centered around fostering an Upper Valley that is accessible, inclusive, and stigma free towards people with disabilities. To accomplish this, a community partner toolkit, community event proposal, social media and poster templates, outreach emails, and an activation plan were developed. These deliverables are grounded in existing empirical research on disability stigma, inclusivity, and belonging that was compiled into a literature review, as well as research conducted through on-site observations of cafes and a public library in Hanover and informal interviews with an employee. These research approaches are focused on deciphering practical strategies to make anti-stigma, disability-inclusion campaigns more effective in rural, community-facing settings like the Upper Valley.

The community partner toolkit is a handbook for businesses, organizations, and community spaces. The toolkit is organized around four components of everyday organizational life: language, public space and design, behavior and culture, and online accessibility. Each section offers practical strategies and behaviors an organization can implement directly in creating an inclusive space on all four of these dimensions. Accompanied with this toolkit are example posters and social media templates for organizations to utilize that follow the online accessibility guide included in the toolkit.

While the campaign focuses on helping businesses and community spaces reduce stigma though more inclusive everyday practices, the literature review also emphasized the importance of community interventions that employ direct, equal-status contact between people with disabilities and the wider community in reducing stigma. Therefore, an event was proposed attempting to accomplish this. As an applied extension of the campaign: the event proposal aims to connect and build community between people with disabilities and the wider community through an event called “Meet Your Neighbor”.

Lastly, to ensure easy, feasible implementation by SNSC, we developed implementation materials. The first of these materials are two outreach email templates, one introduces and shares the toolkit with organizations and businesses; the second recruits possible hosts for the “Meet Your Neighbor" event. The second material is a 4 week activation plan below outlining week-by-week steps for SNSC to implement all of the deliverables.

Overall, the literature on disability emphasizes the social model of disability which states that disability is shaped by having a society/environment with many barriers. It also says that stigma is socially produced through interactions and structures and it highlights the importance of community-based interventions in decreasing stigma. Knowing this, our campaign strives to decrease stigma through a community-based intervention that decreases the physical and social barriers that individuals with disabilities face when navigating various institutions and spaces. Through this campaign and others by SNSC, the hope is that businesses and organizations foster inclusivity and belonging in their spaces through everyday practices and policies so that the Upper Valley becomes a place that is disability-friendly.

4 Week Activation Plan

Week 1 : Preparation and Partner Outreach

Goals:

- Finalizing all campaign materials and preparing for community implementation.
- Identify potential community partners, spaces, businesses, or organizations that could benefit from disability-inclusive practices.

Actions

- Finalize the toolkit "Disability Friendly, Upper Valley ToolKit."
- Develop a list of the potential community partners.
- Using the email template provided, send outreach emails to the identified organizations.
- Establish a tracking system to document outreach efforts and responses.

Week 2: Toolkit Distribution and Relationship

Goals:

- Introduce the campaign & toolkit to partners

Actions:

- Send out Toolkit along with campaign overview to community partners that replied expressing interest in the toolkit.
- Encourage partners to review their existing accessibility practices and communication practices such as: hiring materials, public-facing messaging using the toolkit.

Week 3: Community Engagement and Event Planning

Goals:

- Move beyond inclusive practices and encourage direct community connection.
- Collaboratively plan a community-building event with partner organizations.

Actions:

- Identify organizations that would be interested in hosting or co-sponsoring the "Meet your Neighbor" event.
- Reach out using the existing email template to these identified organizations.
- Work with partners to establish SNSC's level of involvement in the event execution, as well as their support with event marketing and outreach efforts.

Week 4: Execute event & Reflection

Goals:

- Facilitate meaningful interaction between community members with and without disabilities.
- Reinforce campaign messages through this direct engagement.

Actions:

- With one SNSC representative, help facilitate engagement and conversation around shared experiences and relationship-building in general at the "Meet your Neighbor" event.

- Debrief with community partners about experience and future opportunities for collaboration, including the Disability Friendly, Upper Valley ToolKit as well as the Enabled Upper Valley certification program.

Appendix #3 - Toolkit

SNSC
SPECIAL NEEDS SUPPORT CENTER

Disability Friendly Upper Valley ToolKit

2026/2027

A Guide to Accessibility and Anti-Stigma Strategies for Organizations and Community Spaces

Table of Contents

SNSC’s Mission

Mision

To Empower Our Community to Become a Place Where We All Belong. SNSC is a group of individuals and families throughout the Upper Valley and beyond who proudly work together to create a community where individuals with disabilities across the spectrum and throughout the life span, can live their best lives.

Vision of ToolKit

The vision behind this toolkit is to help organizations create spaces, language, and practices that are genuinely inclusive. Accessibility should be understood as an ongoing commitment to making sure that people with disabilities can participate fully and comfortably.

This toolkit is designed to support businesses, institutions, and community spaces in recognizing how everyday environments can either include or exclude people. The goal is to make accessibility easier to understand and easier to apply in real-world settings.

Language Guide

Language is one of the simplest but most powerful tools businesses and community centers can use to create more accessible and welcoming spaces. The words used in signs, flyers, staff conversations, social media posts, hiring materials, and everyday interactions shape whether people with disabilities feel respected, recognized, and included.

What language is correct?

Not all people with disabilities use the same language to describe themselves. Some people prefer person-first language, while others prefer identity-first language.

"Person-first" language

Person-first language puts the person before the disability.

- Examples: "person with a disability," "person with autism," "person with cerebral palsy."

"Identity-first" language

Identity-first language names the disability first as it is an important part of identity.

- Examples: "disabled person," "autistic person," "Deaf person," "neurodivergent employee."

Best Practice?

When possible, ask: "What language do you prefer we use?"

- In general the best practice is to use **person-first language.**
- However, we never correct how people with disabilities choose to describe themselves. Respect self-identification.

Use Access-Centered Language

Accessible communication should focus on what the space provides, not on what people with disabilities lack. Instead of framing accommodations as burdens or exceptions, businesses should describe them as part of good service and community inclusion.

Framing Accommodations

Less Inclusive

- "We make exceptions for people with disabilities."
- "Special seating available."
- "We try to help when possible."
- "Call ahead if accommodations are needed."

More Inclusive

- "We provide accommodations to support access."
- "Accessible seating available."
- "We are committed to making our space accessible. "
- "For questions or accommodation requests, contact us at..."

Best Practice?

Accessibility should be presented as a normal part of the organization's responsibility, not as an inconvenience or favor.

Avoid Euphemisms or Pity-Based Language

People with disabilities are often described through pity or inspiration. While this may seem positive, and can come from good intentions, it can still reinforce stigma by treating disabled people as unusual, tragic, or heroic simply for living their lives.

Avoid phrases like:

- “So inspiring despite their disability”
- “They never let their disability stop them”
- “They suffer from…”
- “They are so brave”
- “Differently abled”
- “Special needs”
- “Handicapable”
- “Mentally Deficient”
- “Normal Person”
- “Confined to a wheelchair”
- “Victim of disability”

Better alternatives:

- “Their work/contribution/leadership is valuable.”
- “They navigate barriers”
- “They live with …”
- “They are a valued community member/customer/employee”
- “Person with a disability”
- “Access needs/ support needs/ accommodation needs”
- “Person with disability”
- “Person with an intellectual/ cognitive disability”
- “Non-disabled person” “Person without a disability”
- “Person who uses a wheelchair”
- “Person with a disability”

Best Practice?

Avoid terms that frame disability as tragic, abnormal, inspirational, or something that needs to be hidden behind euphemisms.

Public Communication & Signage

Language accessibility also means making information easy to understand. Businesses and community centers should use clear, direct communication in signs, flyers, websites, emails, and social media

Accessible communication includes:

- Clear directions to accessible entrances, bathrooms, seating, and elevators.
- Plain language instead of complicated wording.
- Large, readable fonts.
- High-contrast signs.
- Specific information about accessibility features.
- Contact information for accommodation requests.
- A welcoming tone that invites questions without shame.

Examples

Signage

- “Accessible restroom located on the first floor.”
- “Elevator access available.”
- “Quiet area available.”

Event Promotion

- Accessible seating is available. The event space includes step-free entry and accessible restrooms. Please reach out if you have questions about access needs.

Job Posting

- “We are committed to building an inclusive and accessible workplace. Everyone is encouraged to apply. If you need accommodations during the application or interview process, please contact [name/email].”

Staff Onboarding

- “We are committed to supporting all staff members. If there are accommodations, tools, or adjustments that would help you do your work effectively, please let us know.”

Recognizing Invisible Disabilities

Not all disabilities are visible. A person may have a chronic illness, mental health condition, sensory disability, learning disability, neurodivergence, pain condition, autoimmune disorder, or another disability that is not immediately noticeable. Staff should never assume that someone does or does not have a disability based on appearance.

When someone asks for an accommodation, staff should focus n the access need rather than question if the person looks like someone with a disability.

Examples:

- Instead of saying: “Can you explain why you need that?”
- Use: “Thank you for letting us know. What would help make this more accessible?”

- Instead of saying: “Are you sure you need that accommodation?”
- Use: “Of course. Let me see what options we have available.”

- Instead of saying: “You seemed fine earlier.”
- Use: “Thanks for letting us know what you need right now.”

- Instead of asking: “What is your condition?”
- Use: “What support or adjustment would be helpful?”

- Instead of saying: “We can only make accommodations if we know about them ahead of time.”
- Use: “Advance notice helps us better help your needs, but we’ll do our best to support your access needs now.”

Best Practice

Invisible disabilities are still real disabilities. Staff should believe people when they communicate an access need and should avoid asking intrusive questions, making assumptions, or requiring someone to prove their disability.

Quick Language Checklist

Inclusive language is not about memorizing perfect terms. It is about creating a culture of respect, access, and belonging. Businesses and community centers should use language that names disability respectfully, avoids stigma, and provides clear and access information, and honors how people describe themselves.

Quick language checklist:

Before posting, printing, or saying something, ask:

- Does this language treat people with disabilities with respect?
- Does this avoid pity, inspiration or euphemisms?
- Does it describe access clearly?
- Does it avoid framing accommodations as a burden?
- Does it respect self-identification?
- Is the language simple and easy to understand?
- Would a person with disabilities feel welcomed by this message?

Putting it into practice

Inclusive language should show up across the whole organization, not just in formal disability-related materials. Businesses and community centers can use this guide to review:

- Job postings and hiring materials
- Websites and social media posts
- Event flyers and registration forms
- Signs and directions inside the space
- Staff scripts and customer service language
- Volunteer training materials
- Feedback forms and accessibility statements

Reminder: The goal is not perfection, but creating spaces where people with disabilities are recognized, respected, and welcomed.

Physical Space & Design

Public/physical accessibility

An accessible physical design means having a space that everyone can effectively navigate including people with mobility aids, guide dogs, or physical disabilities.

- Have accessible entrances/exits with wide doorways/paths, ramps, easy to use door handles, elevators, and/or automatic door openers.
- The restrooms should also be accessible by including grab rails, hand bars, hooks and shelves to hold things(e.g. colostomy bags), and larger accessible stalls.
- The space should have adjustable furniture and range of seating and table options, including lower table options.
- The space should not be too constricted to make it easy to move around.

Sensory design

Visual

- Signs should have contrast, large sizing, and understandable font to be accessible to people with colorblindness, or other sensory or vision difficulties
- Include braille or speech-to-text options when possible
- Have clear lines of sight for important parts of the space (eg. exits, fire extinguishers, employees)
- Have well lit spaces that reduce glare with lighting that is not too harsh which can be overwhelming for some people
- Include wayfinding signs that are clear and understandable

Sound

- Extremely loud noises can be overwhelming, create pocket(s) of quiet spaces

Vital reminders:

01

Create options! Accessibility is not one-size fits all so it is important that there are options for various people when navigating the space. For example, one may choose to have both online and physical menu/brochure options instead of just having one.

02

Don't stigmatize through accessibility design: Don't segregate people through accessible design or make it difficult to seek or use accommodations when it is available. This can be degrading and increase stigma.

Behavior & Culture

Research consistently shows that belonging is actively shaped by the everyday behaviors, attitudes, and norms that operate within a space; this includes how staff respond, how accommodations are sought, and whether community members feel their voices matter.

Employees and volunteers

- It is important to train staff and volunteers to recognize and interrupt ableist microaggressions, beyond only overtly discriminatory behavior
- Speak directly to the person with a disability, not to a companion, caregiver, or interpreter
- Ask before assisting; do not assume what someone needs or rush to help without invitation
- Avoid performative helpfulness: unsolicited assistance can communicate that a person is seen as incapable
- Create ongoing learning opportunities (eg. disability-led workshops, storytelling sessions) rather than one-off compliance training
- Ensure feedback mechanisms exist so that community members can flag interactional concerns without fear of being dismissed

Key Takeaways:

- Inclusion is experienced by disabled people as both belonging (feeling valued as a member) and authenticity (being able to participate without concealing one's needs or identity).
- Colleagues' and staff members' attitudes toward disability are a key factor in whether disabled people feel included—often more than formal policies.
- Everyday interactions matter; people with cognitive disabilities, invisible disabilities, and neurodivergent individuals are more likely to experience being overlooked, dismissed, or misunderstood. Over time, these experiences reduce feelings of belonging and make participation in community spaces more difficult.
- Unexamined assumptions about disability can unintentionally create barriers to inclusion.
- Building awareness of implicit biases can help staff create more welcoming and equitable environments.

Accommodation Processes

- Simplify access to support, designing processes where requesting accommodations does not require extensive documentation or significant self-advocacy.
- Normalize accommodation as standard practice; clearly communicate (eg. through signage, websites, etc.) that requesting support is a routine part of participation.
- Avoid unnecessary justification requirements: do not ask individuals to “prove” or overly justify their need for common accommodations.
- Train staff for supportive responses: ensure staff respond to accommodation requests with calm, matter-of-fact assistance, rather than surprise or skepticism.
- Offer proactive accessibility options and provide built-in supports where possible (eg. quiet spaces, accessible seating, alternative formats) so individuals are not always required to request them.
- Integrate access needs into standard protocol, including questions about access requirements as a normal part of information gathering.

Key Takeaways:

- Requesting accommodations carries undertones of stigma as well; even when accommodations are formally available, many disabled people choose not to request them due to anticipated stigma, fear of being perceived as incapable, or distrust of how the request will be handled
- People with invisible disabilities (eg. chronic illness, mental health conditions, neurodivergence) face particular challenges, as they experience pressure to “prove” their need, and may be disbelieved or dismissed
- Partially granting accommodations, or making the process cumbersome, has been shown to have minimal positive effect on wellbeing and can reinforce feelings of devaluation
- Requiring medical documentation or justification to access common accommodations raises significant barriers and signals institutional distrust.

Web accessibility (website, social media)

- Website has information that is clear, easily understood, and provides enough information about the space for people to plan ahead (eg. available accommodations/ accessibility features, space and ambience descriptions, and contact information for people to ask about the space ahead of visiting)
- Messaging follows disability language guide
- There is high color contrast between text and background
- Text uses standard legible font
- Including alt text - written descriptions of images, graphics, and videos
- Links are clear and descriptive - eg. ‘Event Sign Up Form’ rather than ‘Click here’
- Messaging is clear and easy to understand
- Includes straightforward and descriptive titles and headings
- Avoid including pdfs that cannot be read by screen readers
- Videos have captions

Engaging with disabled community through social media

Ways to engage with community using social media or posters:

- Announcements of new or current additions/ accessibility features in the space/website
- General advertising for feedback / surveys
- Advertising for events
- Celebrating the community through post - eg. disability pride month
- Raising awareness of certain causes or showing solidarity with a particular group

How to appropriately engage with disabled people through social media or posters:

- Doing thorough, proper research when necessary
- Check in/get feedback from people with disabilities or partnering with organizations like SNSC on disability-centered posts
- Including easy to access surveys in posters around a community space, captions on posts, or on websites for feedback and areas for possible improvement
- Combining social media and poster engagement with partnerships, and tangible accessibility and belonging practices - eg. accessible space design

How to reach the most people:

- Add hashtags in the captions of the posts such as #uppervalley, #inclusion #.. depending on the topic
  - why: reaches more people by informing the algorithm what the post is about
- Partner with and tag organizations like SNSC in the posts to reach a wider audience
- Utilize a variety of social media sites - eg. linkedin, instagram, facebook, etc.

Key Takeaways:

1. Avoid tokenization: Engaging with people with disabilities without trying to be accessible or inclusive in day-to-day operations

2. Inclusion comes in many forms: web accessibility is also an important aspect to inclusion as society is becoming heavily reliant on technology in navigating everyday life.

SNSC
SPECIAL NEEDS SUPPORT CENTER

Want to learn more?

Become Disability Friendly Certified with the Enabled Upper Valley Program!

WHAT WE DO

Enabled Upper Valley works with businesses and organizations to develop inclusive practices that support everyone in the community, regardless of disability.

CERTIFICATION AREAS

Sensory Communication *Communication Physical Communication Employment*

learn more at: https://snsc-uv.org/enabled-upper-valley/

Contact Information

603-448-6311

https://snsc-uv.org

hello@reallygreatsite.com

**129 South Main Street, Suite 103,
White River Junction, VT 05001**

Appendix #4 - Outreach Email Template

General Outreach Email Template

Dear [organisation/contact name],

I hope this message finds you well! My name is [name], and I'm reaching out on behalf of the Special Needs Support Center (SNSC), a nonprofit based in the Upper Valley dedicated to supporting individuals with disabilities and their families.

Currently, we are launching the Disability-Friendly Upper Valley Partner Campaign Toolkit, a resource that is designed to help businesses and community spaces in the Upper Valley become more welcoming, accessible, and inclusive for people of all abilities while reducing stigma around disability. If you and [organisation name] are interested, we would love to invite you to participate in creating more awareness around disability inclusion.

As a partner, you would receive:

1. A free toolkit containing practical guidance on inclusive language, accessible design, and everyday practices tailored to better support individuals with disabilities in community spaces such as yours Posters and flyers to display in your space
2. Social media content guidance
3. Opportunities to connect with broader Upper Valley inclusion efforts, including potential collaboration with SNSC's ENABLED Upper Valley program (attach hyperlink)

If you're interested or have any questions, please don't hesitate to reply to this email or reach out to us at [contact info]. Thank you so much for your time and the role you already play in our community!

Warm regards,

[Name]

[Include more information about SNSC here or include it with name signature]

Appendix #5 - Social media template

[ORGANIZATION] PRESENT

SPRING EVENT

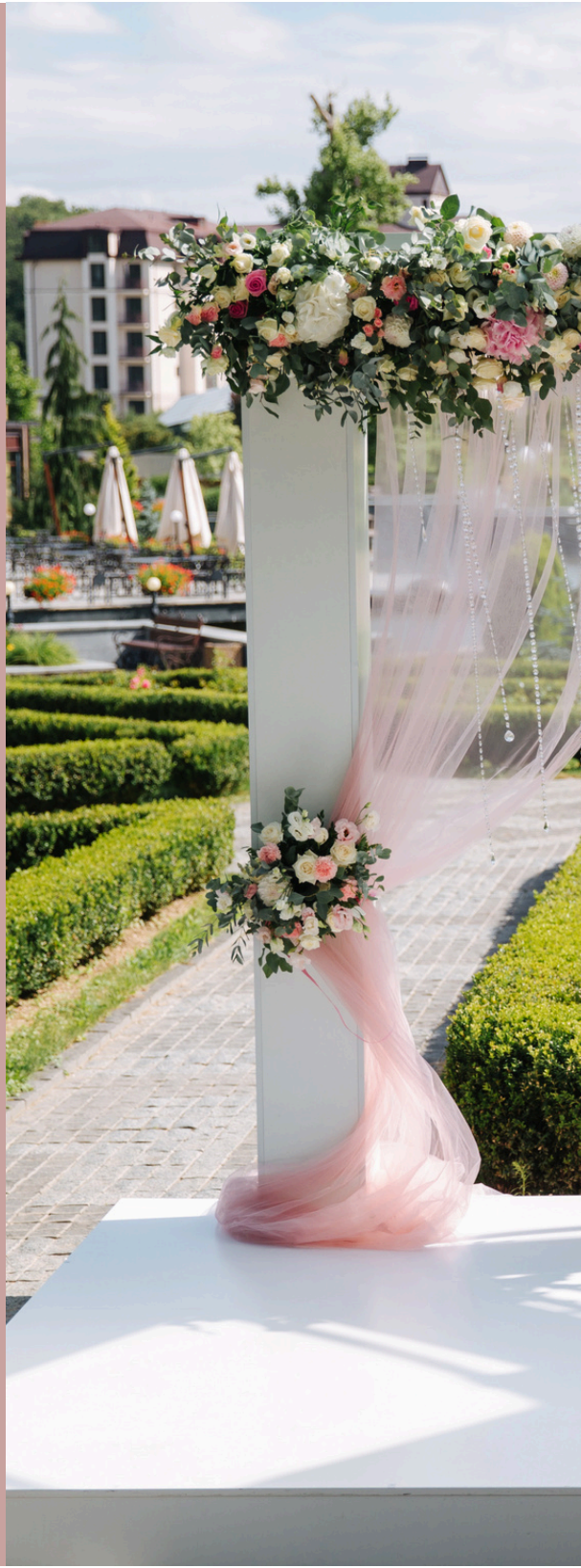
March 17th, 2025

Hosted at [insert location]

123 Anywhere St., Any City

+123-456-7890

RSVP in form below or at reallygreatsite.com



Example Caption:

Alt text: Event Venue with decorated flower arch

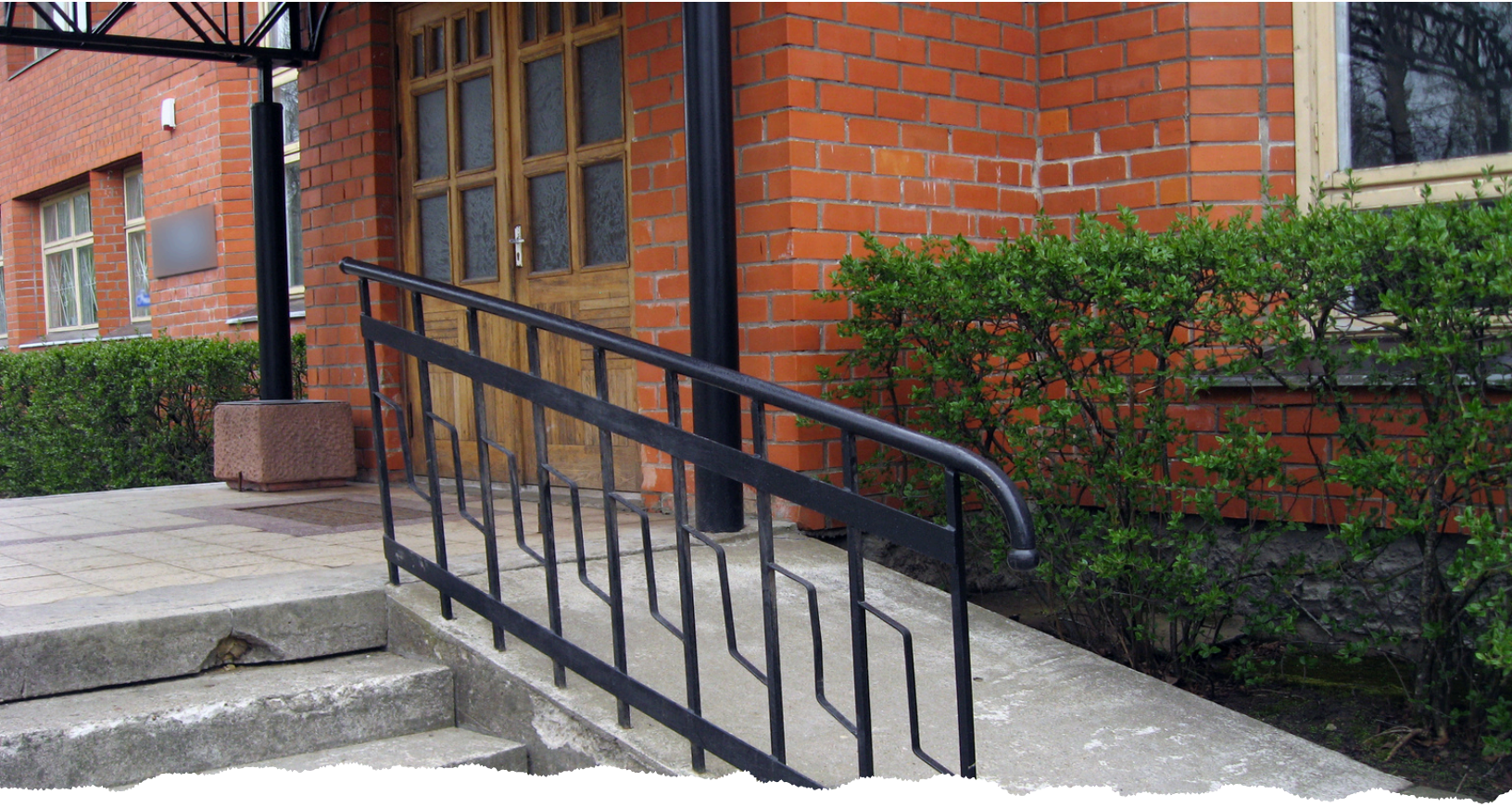
[insert] organization will be hosting a spring celebration event on March 17th, 2025.

To RSVP for the event, fill out the following form:

RSVP Spring celebration form

For any questions or concerns, reach us at +123-456-7890 or reallygreatsite.com

#uppervalley #event #spring #spring event #spring celebration



NEW RAMP ADDED

The [insert building] now has a new ramp on the side of the main entrance leading to the lobby

insert logo here

reallygreatsite.com

123-456-7890

EXAMPLE CAPTION:

A new ramp has now been added to the left side of the entrance to the [insert building]

Alt Text: Building entrance with a ramp leading to the door

We are always looking for ways to improve so here is a form to fill out for any suggestions or changes we could make:

Feedback form

#ramp #uppervalley #accessibility #accommodations

Appendix #6 - Poster/Flyer Template

We’re Hiring

Join our team! We pride ourselves in being a welcoming and inclusive workplace.

1. About the role

[Job Title]
[Brief and very clear description of role and key responsibilities.]

2. Qualifications

[List key qualifications and perferred skills]
We value lived experience and diverse backgrounds.

3. Our Commitment to Acces

We are committed to providing reasonable accommodations throughout the application, interview, and employment process. If you need an accommodation at any stafe, please let us know.

4. How to Apply

Please send your resume and cover letter to:
[email@organization.org]
Subject line: [Job Title] Application

Everyone is encouraged to apply.

Questions or accommodation requests?
Contact [phone/email]

Our Space Includes

We are committed to creating an inclusive, accessible, and respectable space for all community members.

- Step Free Entrance
- Accessible Seating
- Quiet / low-sensory space available
- Accessible restroom
- Staff available to support access needs

Questions or Need Support?

If you have questions about accessibility or need an accommodation, please reach out.

email@organization.org

(123) 456-7890

Appendix #7- Event Proposal

Meet Your Neighbor:
Community Tea & Cookies Gathering Event

Overview

The primary goal of this event is to create a relaxed opportunity for disabled and non-disabled people across the Upper Valley to connect with one another in a shared community space. Rather than being structured as a formal workshop or educational presentation, the event is designed as a low-stakes gathering where people can meet, talk, and share light refreshments such as tea and cookies. Though other refreshments should also be considered, especially if they are available in allergen-free forms.

The basic format for this event would be for a local business, library, or town office to host the event in their own space and provide light refreshments like cookies, tea, and coffee, with the SNSC only needing to send a single staff member or volunteer to the event so that they can provide campaign materials and light guidance but have little involvement beyond that. The target headcount for this event would be 15-30 people.

This format keeps the event simple, inexpensive, and easy for both hosts and attendees to participate in. The small size and casual structure help reduce pressure on guests while still creating opportunities for meaningful interaction. Light refreshments also make the event easy to sponsor, and a local bakery or cafe, such as Lou's or The Works, could potentially donate food or beverages in exchange for being recognized as a campaign partner. These sponsorships could also help SNSC build or strengthen relationships with local businesses and organizations for future campaign work.

This event works well for the Disability Friendly Upper Valley Campaign because it's built around facilitating direct contact, which prior theoretical and experimental research has suggested is an extremely powerful way to combat prejudice towards traditionally stigmatized groups of people. Specifically, meaningful interaction between people with and without disabilities can help reduce stigma and discomfort towards minority groups, such as people with disabilities. A small and casual gathering allows for these direct interactions to happen in a very natural way that wouldn't make things feel forced or educational in a way that might prevent people from fully buying in.

This event would also give the SNSC a chance to get their toolkit materials into the hands of local business owners and community members in a setting where people are already feeling positive and engaged, rather than just emailing or dropping them off.

Table of Contents

Event Sites & Potential Hosts

The ideal types of places to host this event are:

1. Public libraries with community meeting rooms
2. Town offices or municipal buildings with public meeting space
3. Community centers or senior/community activity centers
4. Local cafes, bakeries, or bookstores with seating or reservable space
5. Local nonprofits or civic organizations with accessible gathering space
6. Community halls, if the space is accessible and the event is clearly open to everyone

Some potential hosts that we've identified in Hanover, New Hampshire are:

1. Hanover Town Hall / Municipal Building
2. Still North Books & Bar
3. Lou's Restaurant & Bakery
4. The Works Cafe
5. Richard W. Black (RWB) Community Center

Suggested Refreshments:

We recommend serving only light snacks and beverages at this event. Specifically to keep costs low and because these would be easier to find more inclusive (such as allergen-free cookies) versions of. Some of our suggested items include:

1. Tea
2. Coffee
3. Water
4. Lemonade
5. Individually wrapped cookies
6. Mini muffins
7. Crackers
8. Cookies
9. Pretzels
10. Vegetable Sticks

Schedule

This event should last a total time of 1-2 hours and have the following general flow:

Time	**Event Component**
0 minutes (start)	Doors open. People begin to arrive, grab light refreshments and sit down at tables around the event site. They will be lightly encouraged to use the notecards at each of their tables to facilitate discussions amongst each other.
15 - 20 minutes after-start	An SNSC representative (or proxy for them from the host organization) will give a short welcome speak
—	Guests can mingle freely during this time but no interactions nor participation will be enforced.
45 minutes - 1 hour after-start	Campaign materials (posters, language guides) will be made available for guests to take home with them. These should be available for pickup at a table near the entrance and/or exit of the event site. The community pledge for the Disability Friendly Upper Valley should also be available for people to sign.

Budget/Cost Estimates[1]:

Item	Cost
Light Snacks and Beverages	$0 - $50
Printed Material (name tags, table prompt cards, pledge cards)	$15 - $30
Posters and Signage of Campaign Materials	$15 - $30
Total	$30 - $110

[1]It is likely that local businesses would be willing to sponsor and pay for different items on the budget, meaning that total costs may be lower than even what is shown on the lower range shown on this table. We believe that the most likely items to be covered would be the refreshments (light snacks and beverages.

Reflection Prompts for Notecards at Guest Tables

1. What does belonging look like in your daily life?
2. Tell us about a time you felt genuinely welcomed somewhere.
3. What makes a community feel like home?
4. What is something you appreciate about living in the Upper Valley?
5. What is a local place where you feel welcomed?
6. What helps you feel included in a group or conversation?
7. What is one thing neighbors can do to look out for one another?
8. What is a small act of kindness that has stayed with you?
9. What is something you wish more people understood about feeling included?
10. What makes it easier to meet new people?
11. What is one way a community can make room for everyone?
12. What is a place in town that you think brings people together?
13. What does respect look like in everyday interactions?
14. What is one thing that makes an event easier to attend?
15. What does accessibility mean to you in everyday life?
16. What is one thing you've learned from a neighbor or community member?

General Welcome Speech Outline for SNSC Representatives:

- Welcome and thank everyone for coming.
- Introduce yourself and the Special Needs Support Center.
- Explain that this gathering is part of the Disability Friendly Upper Valley Campaign, and what the campaign is about in a sentence or two (making the Upper Valley more welcoming and inclusive, reducing stigma).
- Point out the light refreshments available for people who are either entering during this speech or people who are not aware of this.
- Point out the notecards on each table containing conversation prompts but make a clear note regarding the low-stakes nature of the event.
    - Notecards are there if people want them but it's absolutely not required nor recommended
    - This event is just an opportunity for neighbors to get to know more people in the community
    - Make a verbal note that recording is not allowed
- (If applicable) thank the host and any local sponsor(s) by name.
- Point out the table by the entrance with pledge cards to sign and campaign materials (which will be available in 30 - 45 minutes after this speech) to take home, and let people know they can do that anytime, especially towards the end.
- End the announcement by encouraging people to enjoy, mingle, and feel free to help themselves to additional servings of refreshments.

Welcome Speech Script for when non-SNSC Speakers:

Hi everyone, and welcome. Thank you all for coming to this event today.

My name is [name], and I'm with [host organization/business/site name]. We're glad to be hosting this event today in partnership with the Special Needs Support Center.

The Special Needs Support Center, or SNSC, works with disabled people, families, and community members across the Upper Valley to provide support, resources, and opportunities for inclusion.

This gathering is part of the Disability Friendly Upper Valley Campaign. The goal of the campaign is to help make the Upper Valley more welcoming, accessible, and inclusive for disabled people, while also reducing stigma through community connection and awareness.

Please feel free to help yourselves to the light refreshments we have. There is tea, coffee, and cookies available for everyone, including anyone coming in during this announcement.

You'll also notice notecards on each table with a few conversation prompts. Those are there only if you want to use them. They are absolutely not required, and there is no expectation for anyone to answer them or share anything personal. This is meant to be a low-stakes event. The main purpose is simply to give neighbors a chance to meet, talk, and get to know more people in the community. Please also know that we do ask for people to not record this event at all.

(If applicable): We also want to thank [sponsor name or names] for helping make this gathering possible.

In about half an hour to 45 minutes, there will be a table set up with pledge cards and campaign materials by the entrance/exit. You're welcome to sign a pledge card or take home any campaign materials at any point during the event.

Thank you again for being here. Please enjoy the gathering, mingle as much as you'd like, and feel free to help yourselves to more refreshments.

Outreach Email Template for Prospective Event-Site Hosts:

Dear [organisation/contact name],

I hope this message finds you well! My name is [name], and I'm reaching out on behalf of the Special Needs Support Center (SNSC), a nonprofit based in the Upper Valley dedicated to supporting individuals with disabilities and their families.

As part of our Disability-Friendly Upper Valley Partner Campaign, we're organizing a small, casual gathering event called "Meet Your Neighbor", which is a short and low headcount event, with only refreshments, that brings disabled and non-disabled neighbors together in a relaxed and welcoming setting. We think [Host Organization Name] would be a wonderful place to host this event. To run this event, we would send an SNSC representative to introduce our campaign and bring all related materials to it with them to share. Programming will be extremely minimal as well.

We've organized this event to minimize any potential disruptions or costs as possible. You would only provide:

- The space for 1-2 hours, with an ideal head count of 15-30 guests
- Light refreshments (e.g. water, tea, cookies) may be provided you, the SNSC, or even another organization

As a host, you'd also be recognized as a campaign partner and receive our free toolkit which contains practical guidance on inclusive language, accessible design, and everyday welcoming practices, along with a set of completely free posters and other materials for your space. You'd also be entitled to a discounted price on our "Enabled Upper Valley Program", which can result in your business being officially certified as Disability Friendly.

If you're interested or have any questions, please don't hesitate to reply to this email or reach out to us at [contact info]. Thank you so much for your time and the role you already play in our community!

Warm regards,

[Name]

[Include more information about SNSC here or include it with email signature right above]

Appendix #8 - Evaluation Criteria

Evaluation Criteria

Evaluation Criteria for Final Deliverable - SNSC Anti-stigma campaign	Points
Alignment with goals and mission ☐ The final products sufficiently meet the goals of the project ☐ The toolkits fit with the mission and vision of SNSC, emphasizing belonging and inclusion ☐ The final products align with the deliverable checklist list and deliverables agreed upon during the introduction meeting ☐ The final deliverables aligns with evidence gathered from literature review	/20
Language ☐ The materials use language that is humanizing, and showcases dignity, inclusion, and community relevance ☐ Language used in deliverables follows SNSC's standard (i.e the language guide provided by SNSC)	/20
Content ☐ The content message is specific and practical ☐ The materials are well organized and well formatted ☐ The campaign materials are usable, realistic, and tailored to community-facing settings. ☐ Posters/flyers are polished enough for SNSC to refine and use in community settings. ☐ The outreach language (template emails) can be utilized by SNSC as a starting point for community partner engagement. ☐ The 4 week rollout plan is simple, realistic, and easy for SNSC to understand and build from.	/20
Applicability/ universality ☐ The deliverables can be easily, realistically, and readily implemented by SNSC as well as by the target establishments ☐ SNSC could readily adapt the social media toolkits for social media, email, website, or outreach materials.	/20

☐ The deliverable targets community-facing establishments ☐ The deliverable can be implemented by SNSC within 4 weeks ☐ The format of the materials is one that is adaptable and applicable to many different locations ☐ The materials show a good understanding of the scope	
Communication, Professionalism & Collaboration ☐ Students maintained clear, effective, and professional communication with SNSC ☐ Students met with and gathered input and insight from SNSC throughout the process and made changes as needed	/20

TOTAL: / 100