

# Strengthening Disability Inclusion Efforts within Local Health Departments: Successes and Challenges

District Health Department #10, Cadillac, Michigan (www.dhd10.org)

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#### **Background**

District Health Department #10 (DHD #10) is the largest health department jurisdiction in Northwest Michigan, covering over 5,800 square miles. This jurisdiction covers ten rural counties: Crawford. Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Oceana, Newaygo, and Wexford Counties. In 2015, DHD #10 became a Nationally Accredited Public Health Department through the Public Health Accreditation Board (PHAB). In 2019, DHD #10 formed a committee to complete a Disability Assessment for Local Health Departments. Ideas for future action were identified and work began on the development of an action plan to address identified areas for improvement. Unfortunately, this development was interrupted by COVID-19. In August 2022, the DHD #10 re-established the Inclusion Team to assist with the development of an action plan and resources to strengthen partnerships with the Disability Networks serving our jurisdiction. Additionally, the DHD #10 connected with Michigan's Disability & Health program, housed in the Michigan Department of Health and Human Services, to provide technical assistance and training around disability access and inclusion.

# **Project Description**

The DHD #10's action plan aimed to meet the needs of people with disabilities in our communities by first establishing a partnership with Disability Network West Michigan (DNWM) and Disability Network Northern Michigan, the two Networks that serve the DHD #10 jurisdiction. This partnership provided expertise and technical assistance in gathering resident voices from people with disabilities. DNWM conducted a Diversity, Equity, Inclusion, and Accessibility training that was mandatory for all DHD #10 staff. The training took place on three different dates and was recorded for those who could not participate in person. This recorded training will be used for staff on-boarding and will be held annually for the entire team. This training provided valuable information for our staff regarding how to be more inclusive of people we serve who are living with disabilities. To further assess accessibility needs, the DHD #10 Inclusion Team partnered with disability networks and other community partners to develop and distribute an in-person targeting people with disabilities to identify challenges that people with disabilities face in accessing services at DHD #10 and healthcare services in the community. The Inclusion Team and Disability Network partners used the findings to develop a plan for improving health department services for people with disabilities.

## **Challenges**

The first challenge the DHD #10 Inclusion Team encountered was developing a partnership with the Disability Network Northern Michigan, serving 5 of our northern counties. It was difficult to engage the right person within the organization and once initially engaged, participation in the project was minimal. This led to the challenge with the distribution of the Disability Inclusion Survey as the team struggled to get participation in the survey from our northern counties. The survey was sent out to DHD #10 staff and community partners who serve people with disabilities, posted on the DHD #10 Facebook page, and distributed by the DNWM in the DHD #10 southern counties. The survey was extended by several weeks to get a sufficient number of responses. Seventy-eight responses were received, but the team was hoping for at least 100 responses. Due to the survey being longer than expected, the team had limited time to analyze results, brainstorm recommended actions and implement the recommendations before the end of the project period.

## **Solutions to Challenges**

To overcome the challenge of developing a relationship with Disability Network Northern Michigan, the team relied on our partner at DNWM to connect us with the appropriate person. This provided us with a connection that we could request to distribute the Disability Inclusion survey. To address the challenge of low survey response, the Survey deadline was extended by three weeks to give the team time to follow up with other community partners on survey distribution. These partners included community mental health agencies, Clubhouses, and senior centers. The DHD #10 health educators, community health workers, and other staff made a concerted effort to provide paper surveys in-person to clients and community groups. From the 78 responses gathered, important anecdotal information was collected to help DHD #10 identify barriers and provide accessibility information that will be useful for other healthcare agencies in the DHD #10 communities.





# [STORIES FROM THE FIELD]

# August 2023



#### Results

The Diversity, Equity, Inclusion, and Accessibility Training for staff provided by the DNWM delivered short-term outcomes of increased knowledge and awareness of 1) the definition of disability, 2) disability as it pertains to DEI&A, 3) respectful interactions, 4) inclusion, 5) ableism, and 6) Centers for Independent Living and the IL Philosophy. Because this training will be an annual mandatory training and used for staff onboarding, these outcomes will be long-term to strengthen disability inclusion at DHD#10. The short-term success of gathering resident voices from people with disabilities will provide intermediate and long-term outcomes as the results of the survey are incorporated into recommendations for action within our one-year and three-year action plans. The responses from the survey revealed how important our DHD #10 Community Health Workers have become in assisting people with disabilities and navigating them to services. Our partnership with DNWM was one of the most important outcomes and was critical to the short-term success. We will continue to partner with DNWM as we further implement our long-term action plan.

#### **Lessons Learned**

This project was successful due to the support of the DHD #10 Administration, the commitment of the DHD #10 Inclusion Team, assistance from the DHD #10 Epidemiologist, and the partnership with DNWM. Everyone had a role to play. It took a team and a concerted and coordinated effort to succeed. Even though the team did not get everything we had planned completed, what we did complete was very valuable to our disability inclusion efforts and laid a strong foundation that our team can build upon for future success. DHD #10 appreciates the opportunity this funding has provided and will continue to build on the momentum we have moving forward. The most important piece of this work that can be replicated is the implementation of the Disability Inclusion Survey, which provided information from people with disabilities about barriers to access to DHD #10 services and healthcare services in general. An important barrier that was identified throughout this process was that almost half of the respondents did not know about our services. This identified the need for DHD #10 staff to reach out to people with disabilities and agencies that serve people with disabilities to provide information about services and resources DHD #10 has to offer.

#### **ACKNOWLEDGEMENTS**

This publication was supported by funds made available by the Disability and Health Branch, Division of Human Development and Disability, National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, Cooperative Agreement #5 NU380T000306-05-00.

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