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

Yellowstone City-County Health Department (dba RiverStone Health), Billings, Montana (https://riverstonehealth.org/)

Contributed by Melissa Henderson (melissa.hen@riverstonehealth.org)

Background

The Yellowstone City-County Health Department, dba RiverStone Health (RSH), serves anyone and everyone who lives, works, learns, plays, or accesses services within Yellowstone County, Montana, and our surrounding area. Yellowstone County is the most populous county in Montana (~167,000 people). A regional hub for healthcare, education, business, social services, and entertainment, we support 650,000+ residents in Montana, Wyoming, Dakotas, and Crow and Northern Cheyenne reservations. Many individuals with diverse health care and service needs relocate to our community to be close to resources and family.

RSH has undertaken several previous disability inclusion activities. Historically, these activities have been project-specific and ad hoc in nature. Examples include the inclusion of individuals with disabilities on project advisory committees, including the Yellowstone County Community Health Assessment and Community Health Improvement Plan, Safe Routes to Schools committee, audits of campus construction, trainings, and technical assistance in program planning, evaluation, and communications design. RSH is the fiscal agent of the Healthy By Design Coalition, which has also partnered with the local independent living center, Living Independently For Today and Tomorrow (LIFTT) to host a city council candidate forum on accessibility and inclusion. In addition, the Coalition partnered with LIFTT to pilot a community health worker program.

Project Description

Our project focused on developing a comprehensive approach to disability inclusion in organizations’ policies and procedures, communications, physical accessibility, and program delivery. While our primary goal was improving these efforts within the Yellowstone City-County Health Department, our unique organizational structure allowed us to develop recommendations for our broader services impacting residents in and around Billings, Montana. Our goals focused on completing a baseline assessment of current efforts in these areas, developing an initial action plan for our organization, and creating a multi-faceted training plan for staff. The action plan was developed by an inclusion work group of representatives from public health, HR, facilities, organizational leadership, and communications. We also recruited staff from across the organization who self-identified as having lived experience with disability. Our work group partnered with staff from Living Independently For Today and Tomorrow (LIFTT), our region’s independent living center. They provided valuable guidance on our vision for this project, action plan, and assessments. In addition, they connected us with other regional disability inclusion resources.

Challenges

The primary challenges we faced included staff capacity over the short, summer timeframe of the grant as well as reeling in our focus for the project. While we recognize that this is a foundational step for future work, staff were energized and eager to recognize the myriad ways we could innovate and improve our inclusion efforts. That, combined with summer travel among staff and community partners, made it challenging to meet all of the goals we set for ourselves in the relatively short four-month timeframe.

Solutions to Challenges

LIFTT representatives provided essential guidance on our goals and action plan, helping us to prioritize what to address first and foremost. We are treating this project as an initial step to identify themes and needs for deeper work in the future.

Results

Our project resulted in several outcomes including 1) a completed physical accessibility audit of our main campus, 2) preliminary assessments of our communications, policies, procedures, and program delivery, 3) training resource inventory, and 4) an action plan for the coming year including facilities upgrades, training plans, and in-depth audits of other areas. Furthermore, the project helped to reinforce our positive relationship with LIFTT and set us on a path for authentic disability inclusion long term.

Organizational leaders and staff alike are eager to go beyond compliance with the ADA to continued innovation for meaningful inclusion of individuals with disabilities in our workforce and community members served. Our disability inclusion task force is eager to lead that innovation and is currently developing a disability visibility campaign for staff and community members alike to reduce the stigma around disabilities.
Lessons Learned

Our project succeeded in large part because of our positive, longstanding partnership with LIFTT. We were able to ask for feedback in a non-threatening, open-minded environment that they created. Health department staff did not pretend to have all of the answers and were serious about this project improving our impact within our community, which allowed us to be open to areas for improvement. Our advice to others would be to recruit genuine partners who can provide you with the expertise needed to develop an impactful, action-oriented plan. Even if the plan’s development takes longer than you might expect, taking the time to identify gaps in service delivery and listening to individuals with lived experience will make your action plan that much more effective.