Leadership Training Through The National Association of County and City Health Officials' Health and Disability Fellowship Program

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Background

The National Association of County and City Health Officials (NACCHO) promotes the inclusion and engagement of people with disabilities in planning, implementing, and evaluating public health programs, products, and services to 2,800 local health departments (LHDs) by:

- Informing and educating LHDs about health and disability resources;
- Supporting a peer assistance network; and
- Developing and sharing model practices related to health promotion and emergency preparedness planning.

NACCHO's Health and Disability Fellowship Program provides graduate students and recent graduates with real-world, applied workforce development training in the field of health and disability. Fellows:

- Work 15-20 hours per week either on-site or remotely;
- Receive a stipend and funding to attend at least one conference;
- Are mentored by NACCHO's Health and Disability staff; and
- Work on discrete project deliverables, as well as other projects of interest related to disability.

Fellowship Activities

Fellows gain experience:

- Developing tools and resources for LHDs;
- Providing technical assistance to LHDs;
- Maintaining NACCHO's Health and Disability Toolkit;
- Participating in Health and Disability workgroup meetings;
- Writing blog posts and articles for NACCHO's website;
- Developing inclusive disability policy statements; and
- Attending public health conferences and presenting on webinars.

Fellows

- Bree Bode, MPH student, Grand Valley State University
- Angelina Gero, MPH student, Grand Valley State University
- Anurahda Jetty, MPH graduate, George Mason University
- Kendall Leser, PhD Candidate, The Ohio State University
- Erin Linden, MPH student, University of Minnesota
- J.P. Mahoehney, MPH student, University of Minnesota
- Meredith Williams, MPH student, Medical College of Wisconsin

Fellows complete pre- and post-assessments to assess their change in knowledge about the field of health and disability. A summary of results are below:

Communication & Inclusion

- Pre-assessment: Fellows focused on accommodations needed for
- and how to put accommodations in place at the local level.

Culture, Diversity, & Community of People with Disabilities

- Pre-assessment: Fellows paid particular attention to the deaf for the population of people with disabilities.
- Post-assessment: There was not a great knowledge shift in this with LHDs to raise awareness about disability culture.

Public Health Leadership & Inclusion

- to serve as a voice for the importance of disability inclusion.
- champions and the need for LHD staff to become trained about working with the population of people with disabilities.

Importance of Community-Based Organizations

- Pre-assessment: Fellows reported a limited knowledge of how community-based organizations relate to public health practice.
- as extremely important for the success of disability inclusion at LHDs. One fellow from Year One stated, "I feel like community organizations are perhaps the most effective way to locate and identify people with disabilities for emergency preparedness planning."

NACCHO Intional Association of County & City Health Officials the National Connection for Local Public Health





Training Outcomes

some people with disabilities to be able to communicate successfully. Post-assessment: Fellows recognized that organizations like NACCHO need to communicate better with LHDs so they understand disability

community and noted that a one-size-fits-all approach does not work

area; however, fellows noted that they were more confident working

• Pre-assessment: Fellows identified a need for champions within LHDs • Post-assessment: Fellows continued to recognize the importance of

• Post-assessment: Fellows identified community-based organizations organizations, linkages, and relationships are extremely important for the successful inclusion of people with disabilities in public health practice. I believe that these partnerships with community-based

		April 2015
What Local Health Departments about the Population of People		
ntroduction	TABLE 1. SUB	GROUPS OF PEOPLE WITH DISABILITIES
The National Association of County and City Health Officials' (NACCHO's) Health and Disability Program has been working with local health departments (LHDs) across the United States for several years to encourage the inclusion of people with disabilities in LHD programs, products, outreach, and services. In a recent national assessment of LHDs, NACCHO found that LHDs often misperceive what constitutes the population of people with disabilities. ¹ Some LHDs reported people with disabilities as those with developmental disabilities or physical disabilities, while others reported that Communities of Color or non-English speaking populations classify as members of the disabilities propulation, which is not the case. This fact sheet helps to clarify who people with disabilities are from a public health perspective and provides health-related information to LHDs about the members of this population.	Disability Subgroup	Examples
	Sensory Disabilities	Deafness/hard of hearing Blindness/difficulty seeing
	Physical Disabilities	 People who use equipment (e.g., wheelchairs, canes) to get around People who have temporary impairments such as broken limbs
	Cognitive Disabilities	 People who have difficulties learning or remembering People who have developmental disabilities such as autism, Down syndrome, or intellectual disability
	Health Ind	equities Experienced by the
Defining the Population of	Population of People with Disabilities	
People with Disabilities	People with disabilities experience inequities in their health status, just as Communities of Color, low-income communities,	
About one in five Americans has some type of disability. ² This number is expected to increase as the population ages. ³ The population of people with disabilities is a diverse group,	 statis, bas as communities of color, investigation of the second secon	
representing five broad types of functional impairments related to difficulties with hearing, seeing, moving, communicating, and thinking/learning. People with functional disabilities often have a specific clinical diagnosis, such as spina bifda.		
A person may be born with a disabling condition (e.g., spina oifida) or may acquire a disabling condition later in life, such as through accidents that lead to a traumatic brain injury,		
is through accidents that lead to a traumatic brain injury, genetic conditions like Huntington's disease, or aging and diminished eyesight or hearing. Disabling conditions can be risible (e.g., missing limbs) or invisible (e.g., mental health		
visible (e.g., missing limbs) or invisible (e.g., mental nearin problems); and disabilities can be temporary (e.g., broken eg) or lifelong (e.g., Down syndrome). Because people with disabilities, as a population, represent a significant part of the		
community, LHDs should consider how to involve or reach		

- organization;

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Lessons Learned

Implementing the Health and Disability Fellowship Program has been, and continues to be, a learning experience for NACCHO. Some lessons learned to date include:

Fellows enter into the Health and Disability Fellowship Program with varying backgrounds, experiences, and strengths which all contribute to growth within NACCHO's

Implementing the fellowship program remotely has challenges, but is feasible with strong organizational skills

of mentors/fellows and through regular phone and e-mail communications; and

A variety of instructional methods should be used to cater to each fellow's individual learning styles.

Develop Your Own Fellowship Program

• Think about your organization's target audience and what you would want graduate-level fellows to learn about disability inclusion related to the target audience;

Apply for funding in workforce development or other relevant areas. If no funding is available, consider how the fellowship could be added to existing projects;

• Use communication channels such as national listservs, Facebook, Twitter, etc. to spread the word about the fellowship opportunity;

Provide fellows with reading materials to orient them to the emerging issues in the field of health and disability; and Encourage staff to receive trainings on effective ways to become a mentor to the fellows.

Acknowledgements