

# Success Stories

## from the Montana Disability and Health Program Promoting inclusive community health initiatives

### Public Health Issue

About one out of five people in the United States lives with some type of disability, including physical, vision, mental health, cognitive, intellectual and developmental disabilities, and other health conditions that cause limitations in one or more major life activities. In 2014, Montanans with disabilities self-rated their overall health as fair/poor (41%), indicating a substantially lower quality of health compared to persons without disabilities (7%).

### Program Overview

The Healthy Communities Coalition convened by Lewis and Clark Public Health used the Community Health Inclusion Index (available at: <http://www.nchpad.org/1273/6358/Community~Health~Inclusion~Index>) to identify priorities for improving the inclusion of people with disabilities in its work. Assessments were conducted by an Accessibility Ambassador from the Montana Independent Living Project. Results showed accessible and inclusive community resources that people with disabilities might have difficulty accessing because of challenges in the surrounding infrastructure (e.g., accessible active transportation options, signage). Findings strengthened the Coalition's commitment to include people with disabilities in its membership and in the Plan4Health Wayfinding System and Communication Plan for the Greater Helena Area. To support its commitment, 42 Coalition members participated in a Healthy Communities Workshop conducted by Mark Fenton with three newly trained inclusive interdisciplinary walking audit teams.

The interdisciplinary teams included four community design experts: 1) disability advisor; 2) public health professional; 3) engineer; and 4) planner. Each team led a group of workshop participants on one of three pre-planned routes to identify needs to improve: *mixed uses of land and varied destinations; active transportation networks; functional site designs and details; and universal safety, access and accessibility*. The National Center on Health, Physical Activity and Disability (NCHPAD) also provided training on additional resources (iCHIP) to support inclusive healthy communities.

### Learning Objectives:

**Summarize** the unique contributions of disability advisors to interdisciplinary walking audit facilitator teams.

**Review** barriers to healthy community resources experienced by persons with disabilities.

**Discuss** potential programmatic, policy, systems, and environmental (PPSE) changes to remove barriers.

**Identify** resources to support PPSE changes such as MTDH Accessibility Ambassadors and NCHPAD's Inclusive Community Health Implementation Package (iCHIP) toolkit, available at: <http://www.nchpad.org/iChip>.

### Making a Difference

After the walk audits, participants identified multiple PPSE changes that were communicated to city, county and state officials to increase the inclusion of people with disabilities in active transportation and healthy communities. Participants also reported increased awareness and stronger partnerships to use in their day-to-day work to improve the health and participation of people with disability and their families. MTDH Accessibility Ambassadors from Helena and other Montana communities who attended the training are planning and coordinating interdisciplinary team facilitated walking audits with a goal of reaching 400 community development stakeholders statewide over the next five years.

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*When I walk around with friends or family, I find myself pointing out and educating the people I am with about what I learned about being inclusive to those with disabilities. I find myself checking my work to make sure it is inclusive. ~ Member of the Greater Helena Area Healthy Communities Coalition*