STATEMENT OF POLICY

Health and Disability

Policy

The National Association of County and City Health Officials (NACCHO) affirms the fundamental role of local health departments (LHDs) in identifying and responding to health inequities by addressing the social determinants of health and barriers to full participation in society. To improve the health of people with disabilities, it is fundamental that LHDs work to understand the barriers faced by people with disabilities and by applying the same frameworks and practices used with other communities, such as recognizing people with disabilities as a distinct community of focus and collecting data on the health status and health-related needs and experiences of this population. LHDs need to more adequately include people with disabilities or disability organizations and their concerns into their practice of assessment, policy development, and assurance.

- NACCHO advocates for partnerships among LHDs, people with disabilities, and community-based organizations serving people with disabilities to improve the assessment, policy development, and assurance functions provided by LHDs.
- NACCHO supports the development of standards of healthcare to achieve health equity for everyone, including people with disabilities.
- NACCHO advocates for public and private sector financial support to increase the number of people with disabilities who possess appropriate knowledge, skills, and abilities, to become employed as public health professionals and health researchers.
- NACCHO advocates for public and private sector financial support for ongoing training for public health students, service providers, and other professionals to more holistically address issues faced by people with disabilities. Using a holistic approach in public health involves not only medical health but connections with and among physical, social, emotional, and spiritual health. Full and meaningful participation in society is an essential ingredient of achieving optimal health for people with disabilities.
- NACCHO advocates for public and private sector financial support to build the capacity of LHDs to increase access to public health services for people with disabilities and to decrease health disparities in public health services for people with disabilities.
- NACCHO advocates for increased funding for research on best practices to create healthy environments, increased societal participation, and improved health and functional status of people with disabilities.
• NACCHO advocates for full accessibility for, participation by, and inclusion of people with disabilities (as patients, stakeholders, employees, etc.) in LHDs. This means that meetings and Web sites should be fully accessible, and people with disabilities should have equal access to public announcements, health promotion materials, and other forms of communication within public health programming.

• NACCHO advocates for collaboration and communication by LHDs with community-based organizations and community stakeholders (businesses, employers, etc.) to increase the coordination of resources and programs in order to improve the health of people with disabilities.

**Justification**

NACCHO acknowledges that the terminology used to describe people with disabilities can be controversial and that each person with a disability has the option of choosing the terminology used to describe him or herself. People with disabilities do not always agree on what constitutes politically correct language, but most believe that these descriptive terms used should connote a positive identity and pride. With respect, NACCHO uses “people with disabilities” to describe the community of people of any age (including children, youth, adults, and seniors) with any type of disability.

Good health and social participation are human rights. Systematic differences in health status and social participation among people with disabilities point to the need for intervention. Healthy People 2020 focuses national, state, and local attention on eliminating disparities and improving the health of all people. One in five individuals in the United States lives with at least one disability. Most individuals will experience a disability of some duration at some point during their lives. An aging population and advances in medical intervention resulting in increased survival for events that were once considered fatal contribute to the absolute number of individuals in the U.S. living with one or more disabilities.

The experience of daily living for a person with a disability will vary depending on a variety of factors, including but not limited to when disability is acquired, nature and severity of disability, poverty status, health literacy, access to health care, and environmental factors. Children and youth with disabilities face many unique challenges, including being thirty-eight percent more likely to be obese than their peers without disabilities, an increased risk of bullying by peers, and abuse by teachers.

People with disabilities can and should lead as healthy and as active lives as possible. People with disabilities continue to experience disparities in health, well-being, and social participation. These disparities are exacerbated when the person with a disability is also a member of another marginalized community. People with disabilities disproportionately live in poverty, face prejudice and discrimination, are under educated, and are under- and unemployed.

People with disabilities are more likely than their peers without disabilities to be unemployed. Further, an estimated 26.4 percent of people with disabilities are estimated to be living in poverty. Poverty and under- and unemployment levels for people with disabilities are exacerbated by the forced impoverishment of people with disabilities receiving federal assistance.

In addition to the lack of access to services, people with disabilities experience limitations in local public health system capacity including environmental and social barriers to participation.
A universal classification of disability and health for use in health and health-related sectors, the International Classification of Functioning, Disability and Health (ICF) is the World Health Organization's framework for health and disability. It is a conceptual basis for the definition, measurement, and policy formulation in the area of health and disability.

The ICF describes disability as a complex phenomenon that is not an attribute of an individual but rather the intersection of multiple factors in the physical and social environment. Disability is always an interaction between features of the person and features of the overall context in which the person lives.12

The 2005 Surgeon General’s Call to Action to Improve the Health and Wellness of Persons with Disabilities identifies the following four goals: (1) people nationwide understand that persons with disabilities can lead long, healthy, and productive lives; (2) healthcare providers have the knowledge and tools to use dignity when screening, diagnosing, and treating the whole person with a disability in a holistic manner with dignity; (3) persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles; and (4) accessible healthcare and support services promote independence for persons with disabilities.13

Little research has been conducted on best practices for public health service delivery as a means to improve the quality of life for people with disabilities.

References


**Record of Action**
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