

08-02

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. In order to improve the health of people with disabilities, it is important for LHDs to apply the same frameworks and practices used with other communities, such as recognizing individuals with disabilities as a distinct community of focus and collecting data on the health status and health-related needs and experiences of this population.

- NACCHO advocates for partnerships among LHDs, individuals with disabilities, and community-based organizations serving individuals living with disabilities to improve the assessment, policy development, and assurance functions provided by LHDs.
- NACCHO supports the development of minimum standards of healthcare to achieve health equity for everyone, including individuals living with disabilities.
- NACCHO advocates for public and private sector financial support to increase the number of people with disabilities and the appropriate knowledge, skills, and abilities who are 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 individuals living with disabilities. A holistic approach in public health and disabilities is an approach involving not only medical health, but *connections with and among physical, social, emotional, and spiritual health* and considering full and meaningful participation in society as an essential ingredient of that health.
- NACCHO advocates for public and private sector financial support to build the capacity of LHDs to increase access to public health services for individuals living with disabilities and to decrease health disparities in public health services for individuals living 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 individuals living 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

Good health and social participation are human rights. Systematic differences in health status and social participation among individuals with disabilities point to the need for intervention. Healthy People 2010 focuses national, state, and local attention on eliminating health disparities among persons with disabilities and among ethnic and racial groups.² The following are among the reasons for attention to these disparities:

- Approximately 54 million³ individuals in the United States, or more than one in six, live 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 an individual with a disability will vary depending on when the disability is acquired and the nature and severity of the disability.
- 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.⁴

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 a complex collection of conditions, many of which are created by the social environment. Disability is always an interaction between features of the person and features of the overall context in which the person lives.¹

Individuals with disabilities can and should lead as healthy and as active lives as possible. Persons living with disabilities continue to experience disparities in health, well-being, and social participation due to the same social conditions that create disparities for other communities (e.g., poverty, prejudice, discrimination, under education, unemployment). In addition to the lack of access to services, persons living with disabilities face environmental barriers and experience the limitations in local public health system capacity.

LHDs have not adequately included individuals living with disabilities or disability organizations and their concerns into their practice of assessment, policy development, and assurance. Little research has been conducted on best practices for public health service delivery as a means to improve the quality of life for individuals living with disabilities.

References

1. World Health Organization. (2002). *Towards a common language for functioning, disability and health: International Classification of Functioning, Disability and Health*.
2. U.S. Department of Health and Human Services. (2000). *Healthy People 2010*. 2nd ed. With understanding and improving health and objectives for improving health. 2 vols. Washington, DC: U.S. Government Printing Office.
3. Ibid.
4. U.S. Department of Health and Human Services, Office of the Surgeon General. (2005). *The surgeon general's call to action to improve the health and wellness of persons with disabilities*. Washington, DC: U.S. Government Printing Office.
5. Women with Disabilities Health Equity Coalition. (2008). *Accessibility / Inclusiveness Policy - Draft*.
<http://www.naccho.org/topics/HPDP/healthdisa/resources/upload/WowDHEC-accessibilitypolicyApril30-2008.doc>

Record of Action

Approved by NACCHO Board of Directors

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