

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 in identifying and responding to health inequities by addressing the social determinants of health and barriers to full participation in society. NACCHO encourages county and city health departments to recognize that people with disabilities are a distinct population served by local health departments. 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. Consistent with a range of interdisciplinary skills and functions within local health departments, NACCHO supports workforce training in health and disability and provides technical assistance on the inclusion of people with disabilities in the health services, health promotion, health communication, and emergency preparedness activities of local health departments to better achieve health equity among people with disabilities. To address health disparities experienced by people with disabilities, local health departments should work to (1) understand and overcome the barriers faced by people with disabilities; and (2) apply the same frameworks and practices used with other health disparity populations.<sup>1</sup>

NACCHO advocates for the following:

- Partnerships among local health departments, people with disabilities, and community-based organizations serving people with disabilities to improve the core public health functions of assessment, policy development, and assurance functions provided by local health departments.
- The development and implementation of standards of accessible healthcare to achieve health equity for everyone, including people with disabilities.
- 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.
- 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.
- Public and private sector financial support to build the capacity of local health departments to increase access to public health services for people with disabilities and to decrease health disparities in public health services for people with disabilities.
- Increased funding for research on best practices to create healthy and supportive living environments, increased societal participation, and improved health and functional status of



people with disabilities. NACCHO advocates for investments in community infrastructure that will ensure the feasibility of independent access for people with disabilities. The inclusion of people with disabilities in all programmatic areas offered by local health departments including areas such as reproductive health, obesity prevention, tobacco cessation, and other health promotion programming.

- Full accessibility for, inclusion of, and participation by people with disabilities (as patients, stakeholders, employees, etc.) in local health departments. Meetings and websites 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.
- Collaboration and communication by local health departments with community-based organizations and community stakeholders (businesses, employers, etc.) to increase the accessibility and coordination of resources and programs in order to improve the health of people with disabilities.

### **Justification**

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.<sup>2</sup> 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.<sup>2</sup>

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 2030 focuses national, state, and local attention on eliminating disparities and improving the health of all people.<sup>3</sup> Approximately one in four individuals in the United States lives with at least one disability.<sup>4</sup> The top two causes of disability are associated with physical or mobility limitations (e.g., arthritis, back and spine problems) and account for over 35% of all disabilities.<sup>5</sup> 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 United States 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 the disability is acquired, nature and severity of disability, poverty status, health literacy, access to healthcare and community supports, and environmental factors. Challenges faced by individuals with disabilities vary across the life span. For example, children and youth with disabilities face unique barriers accessing health care<sup>6</sup> and significant exclusion, bullying, and abuse within the education system.<sup>7,8</sup> Adults with disabilities continue to experience disparities in health, well-being, and social participation. These disparities are exacerbated when we consider intersectionality, such as when the person with a disability is also a member of another marginalized community.<sup>9, 10</sup>

People with disabilities experience barriers to healthcare and have greater unmet health needs, disproportionately live in poverty, face prejudice and discrimination, are under educated, and are under- and unemployed.<sup>11-12</sup> Because people with disabilities are not often a part of target audiences in health promotion and prevention strategies, individuals with disabilities are also more likely to smoke, are more likely to be victims of violence and abuse, and are more likely to report stress and depression.<sup>11, 13-14</sup>

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. Understanding and addressing these health issues requires a workforce that has sufficient skills in disability surveillance, evidence-based health promotion practices, health policy and law, health communication, environmental design, planning and evaluation, social science, and preventive health services.

This policy statement is consistent with human rights for good health and social participation. Health inequities in health status and social participation among people with disabilities highlight the need to include this population in various public health activities. The 2005 *Surgeon General's Call to Action to Improve the Health and Wellness of Persons with Disabilities* identifies four key goals in public health:<sup>15</sup>

1. People nationwide understand that persons with disabilities can lead long, healthy, and productive lives;
2. Healthcare providers have the knowledge and tools to screen, diagnose, and treat 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.

Local health departments need to more adequately include people with disabilities and disability organizations in their assessments, policy development, and assurance procedures. NACCHO provides a free online [toolbox](#) that contains resources that public health professionals and other external stakeholders can use to inform and improve their work in the promotion and advancement of public health objectives, including the advocacy and inclusion of people with disabilities. Similarly, [Public Health is for Everyone](#) is an online toolkit that serves as a one-stop resource to increase the capacity of public health professionals to create programs that benefit entire communities, including the population of people with disabilities. 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. To this end, NACCHO supports emerging and best practices among local health departments and local disability organizations to improve public health service delivery to people with disabilities.

## **References**

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## **Record of Action**

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