

Including People with Disabilities in Physical Activity, Nutrition, and Smoking Programs Offered by Local Health Departments



Introduction

To reduce and eliminate the disparities in health experienced by people with disabilities, the National Association of County and City Health Officials (NACCHO) works with local health departments (LHDs) to promote the inclusion and engagement of people with disabilities in all public health programs, products, outreach, and services. A recent NACCHO survey found that approximately 75% of LHDs provide some type of obesity or tobacco prevention program; however, only 30% include people with disabilities in such prevention efforts.¹ The purpose of this fact sheet is to emphasize the importance of including people with disabilities in all LHD programs, products, outreach, and services.

The Importance of Including People with Disabilities in Smoking and Obesity Prevention Programs

Heart disease and cancer are the leading causes of death in the United States and contribute to more than 1.1 million deaths each year.² Consuming a poor diet, being physically inactive, and using tobacco products are the leading preventable behavioral causes of morbidity and mortality in the United States.³ A large percentage of chronic conditions and deaths each year could be easily prevented by practicing a healthy lifestyle. The health effects of poor diet, physical inactivity, and tobacco use have been public health problems for many decades. In particular, the population of people with disabilities (i.e., people who experience difficulties with hearing, seeing, moving, thinking, learning, and communicating) experience disparities in their health when compared to members of the general population.^{1,4} For example, people with disabilities participate in lower levels of physical activity and smoke cigarettes at higher rates than members of the general population.⁵ Table 1 on the next page illustrates some disparities in health experienced by people with disabilities in comparison to people without disabilities. Research has shown that children with disabilities are at a higher risk of



being obese than their peers without disabilities.⁵ In addition, people with disabilities experience higher rates of heart disease and diabetes when compared to those without disabilities.⁵ LHDs should consider the population of people with disabilities when developing public health programming; 20% of the population has a disability, and this number is expected to rise as the baby boomer population ages.^{6,7} Recent research also calls attention to the need for cost-effective public health interventions, encouraging disease management programming that can lead to improved and sustained quality of life for people with disabilities.⁸

Cigarette Smoking

Cigarette smoking is linked to one in five adult deaths each year. It is the leading preventable cause of death in the United States.⁹ Cigarette use leads to many health problems including aneurysms, heart disease, atherosclerosis, peripheral artery disease, stroke, and cancer.¹⁰ People with disabilities smoke at higher rates (25.4%) than those without disabilities (17.3%).^{4,11}

TABLE 1. HEALTH DISPARITIES⁵

Population	People with Disabilities	People without Disabilities	Data Source
Adults who engage in no leisure-time physical activity	54.2%	32.2%	National Health Interview Survey (NHIS) 2008
Children and adolescents considered obese	21.1%	15.2%	National Health and Nutrition Examination Survey (NHANES) 1999–2010
Adults who are obese	44.6%	34.2%	NHANES 1999–2010
Adults who smoke (100 cigarettes in lifetime and currently smoke)	28.0%	18.0%	NHIS 2010
Adults with cardiovascular disease (ages 18–44)	12.4%	3.4%	NHIS 2009–2011
Adults with cardiovascular disease (ages 45–64)	27.7%	9.7%	NHIS 2009–2011

People with disabilities are 50% more likely to smoke than those without disabilities.^{11,12} Currently, only 30% of LHDs offer inclusive programming.¹ More LHDs should include people with disabilities in tobacco prevention efforts to decrease tobacco use and the likelihood that people with disabilities will have co-morbid health conditions. LHDs should include people with disabilities in smoking cessation programming, which may reduce the chronic diseases and health disparities experienced by this population.

Nutrition and Physical Activity

Nationwide, more than one-third of adults are obese, and approximately 17% of children/adolescents are obese.^{13, 14} Obesity-related conditions include heart disease, stroke, Type 2 diabetes, and certain types of cancer.¹³ Fifty-eight percent of adults with disabilities and 38% of children/adolescents with disabilities are obese.^{4,12} Nearly half of adults with disabilities do not participate in aerobic physical activity; however, adults with disabilities are more likely to participate in aerobic physical activity if recommended by their doctor.¹⁵ A recent study found that people with physical disabilities are three times more likely to experience heart disease, and people with cognitive disabilities are twice as likely to experience heart disease as those without disabilities.^{5,8} Adults with both disabilities and chronic conditions receive fewer preventative services and are in poorer health than individuals without disabilities who have similar health conditions.¹⁶ People with disabilities often report a lack of healthy food choices, difficulty chewing/swallowing, and taking medications, which contribute to unhealthy dietary choices.¹⁷ LHDs should include people with disabilities in all physical activity, nutrition, and healthy lifestyle programming, which may reduce the health disparities experienced by this population.

Resources

The following resources contain more information on how to include people with disabilities in public health programming:

Directory of Community-Based Organizations Serving People with Disabilities

<http://eweb.naccho.org/prd/?na597pdf>

Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services

<http://eweb.naccho.org/prd/?na598pdf>

National Assessment of Knowledge, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices

<http://eweb.naccho.org/prd/?na631pdf>

Health and Disability Toolkit

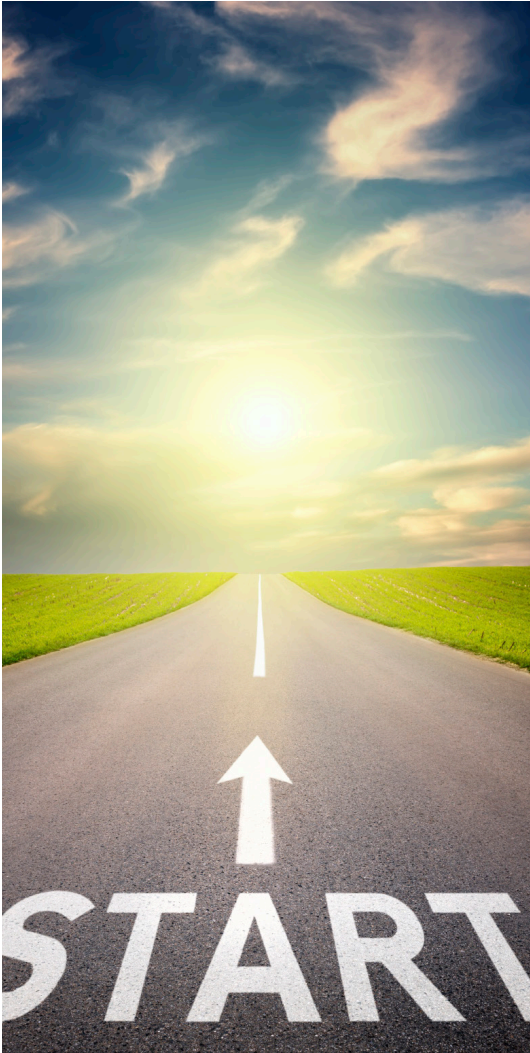
<http://toolbox.naccho.org>

National Center on Health, Physical Activity and Disability's "14 Weeks to a Healthier You" Program

<http://www.nchpad.org/14weeks/>

Administration for Community Living's "I Can Do It!" Program

<https://acl.gov/programs/health-wellness/icdi>



Recommendations

The following actions may help LHDs successfully include people with disabilities in their smoking, nutrition, and physical activity programs and services:

- » Include people with disabilities and caregivers in planning, implementing, and evaluating all public health programs, products, and services;
- » Consider the barriers to physical activity and diet that people with disabilities may experience (e.g., limited mobility, troubles chewing/swallowing);
- » Use the Chronic Disease Self-Management Program to include people with disabilities and sustain positive health outcomes;
- » Seek models of healthy lifestyle programs (see Resources section above);
- » Adapt accessible program materials (e.g., Braille or large print), allow extra time for programs/services; and hold programs in accessible locations;
- » Train staff and volunteers to work with people with disabilities and adapt staff/participant ratio in programming;
- » Ask people with disabilities what accommodations they need to access and participate in programs;
- » Budget for accommodations for inclusive programming;
- » Use data to understand the health needs, demographics, and disparities that exist for people with disabilities in the jurisdiction served; and
- » Subscribe to NACCHO's Health and Disability monthly e-newsletter for the latest news, tools, and trainings by e-mailing disability@naccho.org.

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[FACT SHEET]

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NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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