

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 older adults) with disabilities that encompass a collection of physical or mental impairments that may or may not be visible.¹ 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 collaboratively with agencies that serve people with disabilities and people with disabilities, themselves, 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.²

NACCHO advocates for the following:

Collaboration and Partnerships

- Collaborative 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.
- 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 to improve the health of people with disabilities.

Economic and Workforce Development

- 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.

Built Environment

- Investments in community infrastructure to 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.

Justification

About one in four adults (26%) in the United States lives with at least one disability.³ There are often physical, social, policy, communication, and other barriers making it difficult for those with disabilities to participate in daily activities.⁴ Given the high percentage of those with a disability and barriers to inclusion within daily routines, public health programs necessitate understanding the needs of those with disabilities, generating community partnerships, utilizing accessible communication strategies, administering accessible environments, and implementing evidence-based practices.⁵ The World Health Organization's (WHO) baseline framework, the International Classification of Functioning, Disability and Health (ICF), describes disability as complex phenomenon that is not an attribute of an individual but rather the intersection of multiple factors in the physical and social environment.⁶ Disability inclusion requires understanding the connection between the way people with disabilities engage in society and ensuring everyone has equal opportunities for participation.⁷

Health Inequities

Challenges faced by individuals with disabilities vary across the life span. For example, children and youth with disabilities face unique barriers accessing health care and significant exclusion, bullying, and abuse within the education system.⁸⁻⁹ In one study, persons with disabilities reported higher adverse childhood experiences (ACEs), including childhood sexual abuse, when compared to persons without disabilities as well as a higher risk of smoking, depression and poorer physical and mental health.¹⁰ Adults with disabilities continue to experience inequities in health, well-being, and social participation. People with disabilities experience barriers to

healthcare and have greater unmet health needs, disproportionately live in poverty, face prejudice and discrimination, are undereducated, and are under- and unemployed.¹¹ These inequities are exacerbated when considering intersectionality, such as when the person with a disability is also a member of another marginalized community, such as race/ethnicity, gender, or sexual orientation.¹⁴⁻¹⁵ These challenges highlight the need to create interventions to address the systemic differences people with disabilities face and to include this population in public health activities.

Inclusive Emergency Preparedness

The COVID-19 pandemic revealed deeply rooted health disparities across the U.S. in the current public health and medical systems and highlighted the importance of inclusive emergency preparedness and response. Many of these health disparities have been experienced by communities previously in weather-related responses, such as hurricanes and floods.¹⁶ For people with disabilities, the pandemic exacerbated existing discrimination and inequities when they sought or received care and worsened existing physical, communication, programmatic and attitudinal barriers to services. The disproportionate impact of COVID-19 on the experiences of people with disabilities included access to personal protective equipment, COVID-19 testing, capacity to shelter in place and isolate, caregivers and translators, accessible vaccination, and prioritization.¹⁷ These impacts illustrate the need to include people with disabilities in future emergency preparedness planning and mitigation strategies, and response and recovery activities. This work includes increasing inclusive public health programming to build healthier and more resilient communities to address the health disparities people with disabilities experience regularly.

Healthy People 2030 focuses on building physical and programmatic infrastructure so people with disabilities receive quality and equitable access to appropriate support and services — at home, work, school, and in the health care system.¹⁸ To effectively protect the public's health and implement Health People 2030 goals, local health departments should make sure to include people with disabilities and disability organizations in their assessments, policy development, and assurance procedures. [NACCHO's Health and Disability website](#) contains resources that public health professionals and community partners can use to inform and improve their work in the promotion and advancement of public health objectives, advocacy, and inclusivity of people with disabilities. Additionally, the Centers for Disease Control and Prevention (CDC) [National Center on Birth Defects and Developmental Disabilities \(NCBDDD\)](#) provides information about what it means to create inclusive communities through healthy communities and public health emergency preparedness. With limited research on best practices for public health service delivery to improve the quality of life for people with disabilities, 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

1. U.S. Department of Justice Civil Rights Division. (n.d.). Introduction to the Americans with Disabilities Act. Retrieved January 12, 2023, from <https://www.ada.gov/topics/intro-to-ada/>
2. National Partnership for Action. (2011). Learn about the NPA webpage. U.S. Department of Health and Human Services. Retrieved December 21, 2018, from http://lucascountyhealth.com/wp-content/uploads/2016/07/NPA_Toolkit-for-Community-Action.pdf
3. National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Retrieved January 6, 2023 from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

4. Centers for Disease Control and Prevention. (2020a). Common Barriers to Participation Experienced by People with Disabilities. Retrieved January 18, 2023, from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-barriers.html>
5. National Association of County and City Health Officials. (2017). Five Steps for Inclusive Health Promotion. [Fact Sheet]. Retrieved January 17, 2023, from https://www.naccho.org/uploads/downloadable-resources/factsheet_inclusivehealthpromotion-FINAL-06.30.17.pdf
6. World Health Organization. (2002). *Towards a common language for functioning, disability and health*.
7. Centers for Disease Control and Prevention. (2020b). Disability Inclusion. Retrieved January 17, 2023, from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability-inclusion.html>
8. U.S. Department of Health and Human Services. (n.d.). Bullying and Youth with Disabilities and Special Health Needs website. Retrieved December 21, 2018, from <https://www.stopbullying.gov/bullying/special-needs>
9. Maroto, M., Pettinicchio, D., & Patterson, A. C. (2018). Hierarchies of categorical disadvantage: Economic insecurity at the intersection of disability, gender, and race. *Gender & Society*. E-pub, Sept. 11. doi: <https://doi.org/10.1177/0891243218794648>
10. Austin A, Herrick H, Proescholdbell S, Simmons J. Disability and Exposure to High Levels of Adverse Childhood Experiences: Effect on Health and Risk Behavior. *N C Med J*. 2016;77(1):30-36. doi:10.18043/ncm.77.1.30
11. Kraus, L., Lauer, E., Coleman, R., & Houtenville, A. (2018). *2017 Disability Statistics Annual Report*. Durham, NH: University of New Hampshire.
12. Centers for Disease Control and Prevention. (2022). Disability and Health Now: Retrieved January 17, 2023 <https://www.cdc.gov/ncbddd/disabilityandhealth/features/disability-health-data.html>
13. The National Domestic Violence Hotline. (n.d.). Abuse in Disability Communities. Retrieved on January 13, 2023, from <https://www.thehotline.org/resources/abuse-in-disability-communities/>
14. Annamma, S. A., Connor, D., & Ferri, B. (2013). Dis/ability critical race studies (DisCrit): theorizing at the intersections of race and dis/ability. *Race, Ethnicity and Education*, 16(1), 1-31.
15. World Health Organization. (2018). Disability and health. Retrieved on December 14, 2018, from <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
16. Chakraborty J, Grineski SE, Collins TW. Hurricane Harvey and people with disabilities: Disproportionate exposure to flooding in Houston, Texas. *Social Science & Medicine*. 2019;226:176-181. doi:10.1016/j.socscimed.2019.02.039
17. National Council on Disability (2021). The Impact of COVID-19 on People with Disabilities. Retrieved on December 21, 2022 from https://ncd.gov/sites/default/files/NCD_COVID-19_Progress_Report_508.pdf
18. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2018). *Healthy People 2030*. Retrieved January 5, 2023, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/people-disabilities>

Record of Action

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