

Local Health Departments Discuss the Inclusion of People with Intellectual and Developmental Disabilities in Public Health Practice



Introduction

In 2015, the National Association of County and City Health Officials (NACCHO) worked with The Arc of the United States to understand the ways that local health departments (LHDs) are including people with intellectual and developmental disabilities in health promotion programming. NACCHO interviewed five LHD representatives to explore how their agencies were including people with intellectual and developmental disabilities in local public health practice. NACCHO identified existing local programs that include and engage people with intellectual and developmental disabilities.

Background

Intellectual and developmental disabilities are a group of conditions due to an impairment in physical, learning, language, or behavioral areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.¹ Adults with intellectual and developmental disabilities are often unable to communicate clearly their specific health concerns with their doctors, and some may not even be aware of their pressing health issues; therefore, illnesses often go untreated and undiagnosed by physicians.² Children and adults with intellectual and developmental disabilities need healthcare and health programs for the same reasons anyone else does—to stay well, active, and part of the community. NACCHO strives to help LHDs enhance their understanding of the issues impacting the health of people with intellectual and developmental disabilities and educate the public that members of this population are vital and vibrant members of the community.

Methods

To identify LHDs to interview, NACCHO e-mailed invitations to several agencies. Those that were interested in participating contacted NACCHO to schedule interviews. Many LHDs indicated that they were not including people with intellectual and developmental disabilities in their current public

health work. NACCHO recruited and conducted interviews with five health department representatives between April and June 2015 and analyzed data in July 2015.

Results

The interview responses revealed the enthusiasm and dedication that health departments have about including people with intellectual and developmental disabilities in their programs and services. Most LHDs identified people with intellectual and developmental disabilities who already come to the agency for services; the LHDs did not always actively target this population. None of the five LHDs had a systematic approach for identifying people with intellectual and developmental disabilities.

Most of the health departments engaged in inclusive health promotion/education programs and inclusive emergency planning/preparedness. Such services include immunization programs, needs assessments, health literacy programs, and individual emergency preparedness planning materials. All of the LHDs had established partnerships and collaborative relationships with various programs that included individuals with intellectual and developmental disabilities. These partnerships include relationships with human services programs, social service agencies, community health promotion organizations, transportation programs, public health emergency preparedness groups, and programs that provide direct services and care to individuals with intellectual and developmental disabilities. Three LHDs had specific contracts with agencies that provided direct services to those with disabilities. Some of the health departments were funded to provide health promotion or education programs. With grant money, three LHDs developed educational and emergency preparedness programs specifically for the population of people with intellectual and developmental disabilities. Some health departments are developing additional inclusive programs and services.

When asked if the LHD provided resources for people with intellectual disabilities who are overweight, underweight, have fallen in the past 12 months, have poor oral health, or have poor foot health, most indicated that they did not offer

services for these particular groups. However, two agencies offered programs and services for overweight and obese individuals with intellectual and developmental disabilities. Only one of the five LHDs provided resources for those who had fallen in the past 12 months and for those needing oral care.

Each LHD indicated its goals for the future with respect to the population of people with intellectual and developmental disabilities. Such goals included the following: redeveloping vision statements; conducting community health assessments and creating health profiles inclusive of those with intellectual and developmental disabilities; using grant money to design and implement new programs for people with intellectual and developmental disabilities; and working toward better accessibility for those with intellectual and developmental disabilities.

Conclusion

Findings suggest that LHDs need greater support developing, implementing, and sustaining programs at the local level that both engage and include people with intellectual and developmental disabilities. NACCHO recommends that health departments train staff and educate them about the population of people with intellectual and developmental disabilities. LHDs should also consider adopting organizational-level policies that specifically affect the lives of people with disabilities.

References

1. Rubin, I. L., & Crocker, C. (1989). *Developmental disabilities: Delivery of medical care for children and adults*. Philadelphia: Lea & Febiger.
2. Morin, D., Merineau-Cote, J., Ouellette-Kuntz, H., Tasse, M. J., & Kerr, M. (2012). A comparison of the prevalence of chronic disease among people with and without intellectual disability. *American Journal on Intellectual and Developmental Disabilities*, 117(6), 455-463. doi:10.1352/1944-7558-117.6.455.

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Resources

The following resources can help LHDs to include people with disabilities in health department programs, products, and services:

- *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 the Knowledge, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices*
<http://eweb.naccho.org/prd/?na631pdf>
- *What Local Health Departments Should Know about the Population of People with Disabilities*
<http://eweb.naccho.org/prd/?na648pdf>
- *Including People with Disabilities in Physical Activity, Nutrition, and Smoking Programs Offered by Local Health Departments*
<http://eweb.naccho.org/prd/?na663pdf>
- *Including People with Disabilities in Reproductive Health Programs and Services*
<http://eweb.naccho.org/prd/?na659pdf>
- *Health and Disability Success Story: Region 2 of the Louisiana Department of Health and Hospitals, Office of Public Health*
<http://eweb.naccho.org/prd/?na658pdf>
- *Kent County Health Department: A Story of Successful Inclusion of People with Disabilities*
<http://eweb.naccho.org/prd/?na660pdf>

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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