

VERSION 2.0 WORK IN PROGRESS: Summary of Inclusive Health Expert Panel Recommendations October 24, 2018



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PHAB held an expert panel meeting about Inclusive Health for individuals with intellectual disabilities (ID) on October 24, 2018. A summary of the recommendations for consideration in Version 2.0 of the accreditation standards and measures follows. In addition, case studies from accredited health departments were developed and are posted on the PHAB website at <https://phaboard.org/public-health-strategic-partnerships/>.

Think Tank Summary

1. An overarching recommendation is for the health department to be intentional about working on a principle that a culture of health means a culture of inclusion of individuals with intellectual disabilities. This intentionality promotes ongoing engagement and recruitment of individuals with ID in community health improvement planning, implementation, and policy setting. Forming an Inclusive Health Coalition (IHC), focused on promoting disability inclusion, is a good method to promote ongoing engagement of individuals with ID. IHCs membership includes:

- Members of the ID community, self-advocates and families,
- Professionals with disability health expertise,
- Disability-related non-profit organizations and agencies, and
- Community leaders and organizations.

An IHC could assist with the assessment of the health needs of populations with ID as well as develop inclusive programs and interventions to improve health.

2. In Domain 1, assessment and surveillance of the population of individuals with ID is critical to comprehensive health and disability data and with the identification of individuals that require public health promotion, health protection, and disease prevention. Two commonly used data sources include the Behavioral Risk Factor Surveillance System (BRFSS) and CDC's Disability and Health Data System (DHDS). An IHC could be an asset in the Community Health Assessment process.

3. The mitigation of health problems and environmental public health hazards in Domain 2 include consideration of the population with ID, particularly communication during public health emergencies.

4. In Domain 3, health equity planning includes the population with ID. For example, the physical environment should be accessible for individuals who have both ID and physical disabilities. Health departments can serve as advocates for this concept when community-level health promotion activities are being planned (such as walking paths, transportation, and other health promotion special events and venues).

5. Also in Domain 3, inclusive health is important for a seamless integration of the population with ID in health education and promotion strategies that address issues such as physical activity, obesity, nutrition, and chronic disease.
6. For documentation of community partnerships in Domain 4, the IHC should be included as an example.
7. For Domain 5, the population with ID should also be included in the Community Health Improvement Planning process (the IHC could be helpful here) and with planning and testing efforts for the Emergency Operations Plan. Intentionality for inclusive health could also be included in the agency's strategic plan.
8. For Domain 7, as access to health care is being assessed and recommendations made, the population with ID may face different barriers and require different solutions.

Inclusive Health Expert Panel Participants

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Inclusive Health Expert Panel Participants *(continued)*

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Intentional Inclusion of People with Intellectual or Developmental Disabilities in Public Health Practice

Results of 2018 APHA Survey of Local, State, and Territorial Health Departments

This is a portion of an APHA project funded by Special Olympics International.

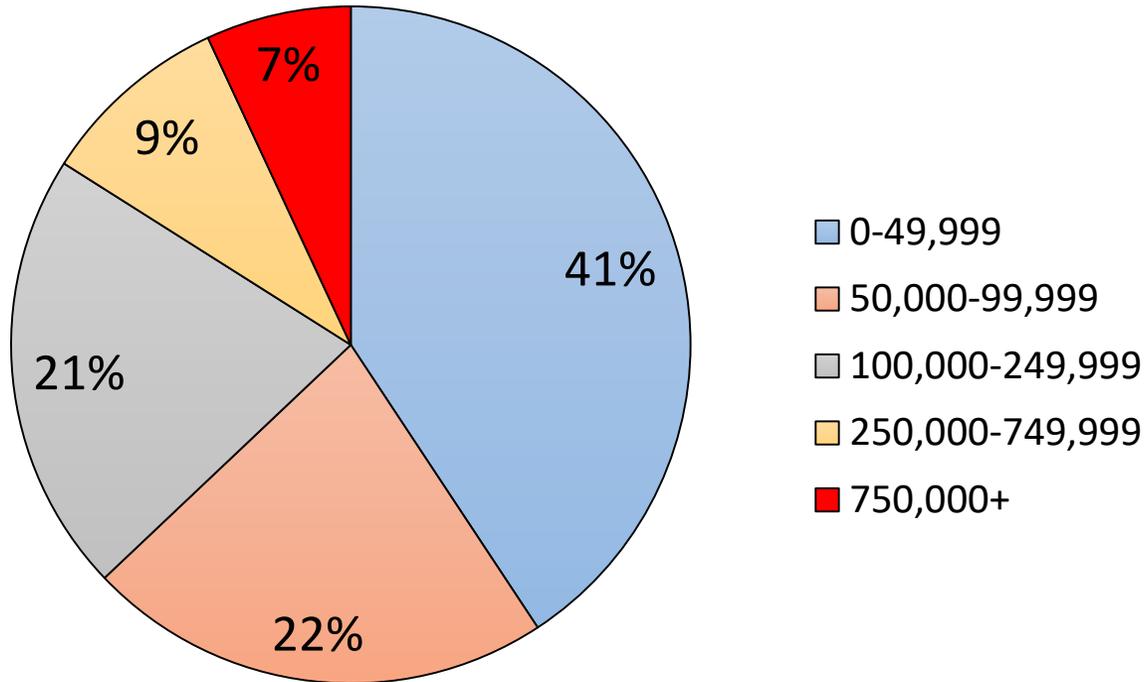
Survey Tool

- Survey Questions
 - Community Health Assessment process
 - Process to identify barriers to health
 - Process to review policies that impact health equity
 - Evaluation processes
- Goal: 100 local, state, territorial health departments
- Actual: 300 surveys covering 50,000,000 population in 37 states.
- Health department populations served: 500 to 11,000,000.

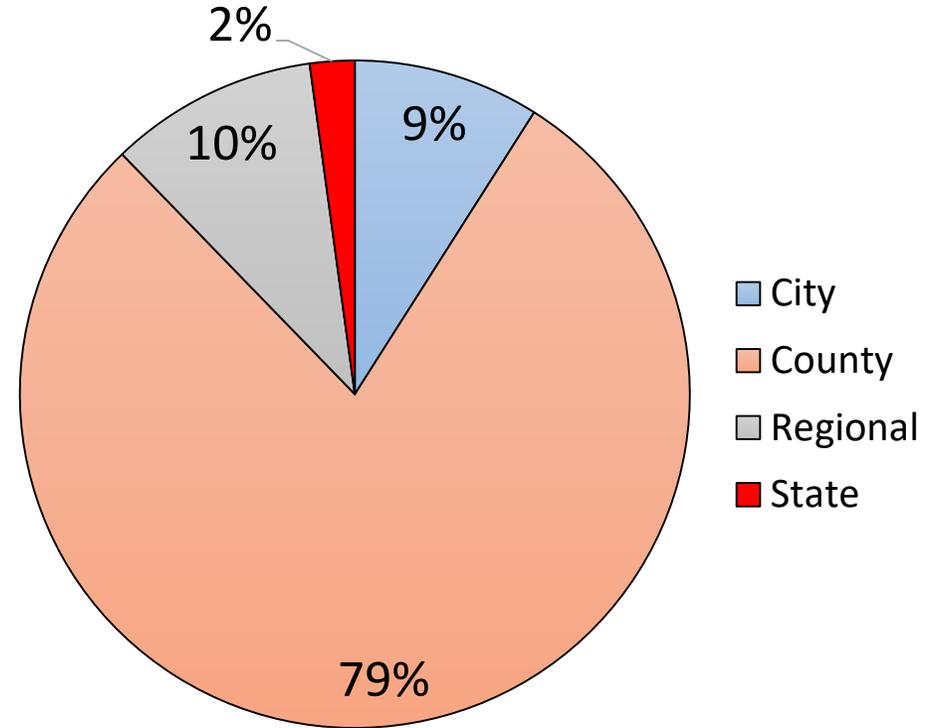
Survey Respondents



Health Department Size
(Size of population served)



Type of Department



Community Health Assessment Process

Why is this important?

A Community Health Assessment (CHA) is intended to identify the health status, needs, opportunities, and associated resources of a community's **entire** population.

Community Health Assessment Process

Survey Question:

“Which of the following best characterizes the degree to which your community health assessment process intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)

Community Health Assessment Process

- 16.2% of responding health departments *intentionally* include the input of individuals experiencing IDD in their community health assessment.
- 50.7% of responding health departments believe they include the input of individuals experiencing IDD *but they are not being intentionally inclusive*.
- 33.1% of responding health departments *do not* include the input of individuals experiencing IDD in their Community Health Assessment.

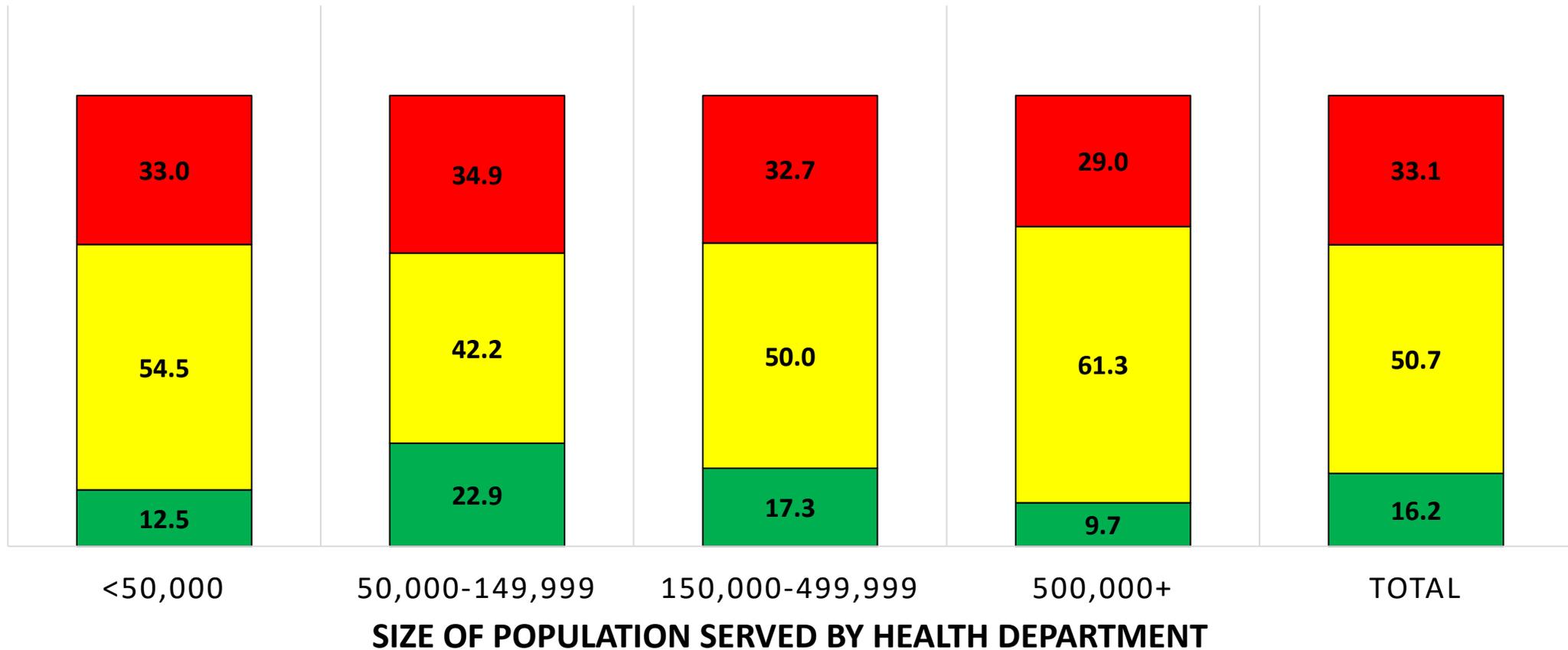
Community Health Assessment Process

Barriers identified by the respondents:

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population

DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN COMMUNITY HEALTH ASSESSMENT PROCESSES

■ Inclusion was Intentional ■ Inclusion was Unintentional ■ They were Not Included



Input about Barriers to Health

Why is this important?

If we do not ask someone what barriers they experience and if we don't learn from them why those things are barriers, we are left making assumptions about someone else's experience and every subsequent strategy and evaluation process is built upon a suspect foundation.

Input about Barriers to Health

Survey Question:

“Which of the following best characterizes the degree to which your process to identify barriers to health intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)

Input about Barriers to Health

- 17.4% of responding health departments ***intentionally*** include the input of individuals experiencing IDD regarding their barriers to health.
- 47.8% of responding health departments believe they include the input of individuals experiencing IDD ***but they are not being intentionally inclusive.***
- 34.8% of responding health departments ***do not*** include the input of individuals experiencing IDD regarding their barriers to health.

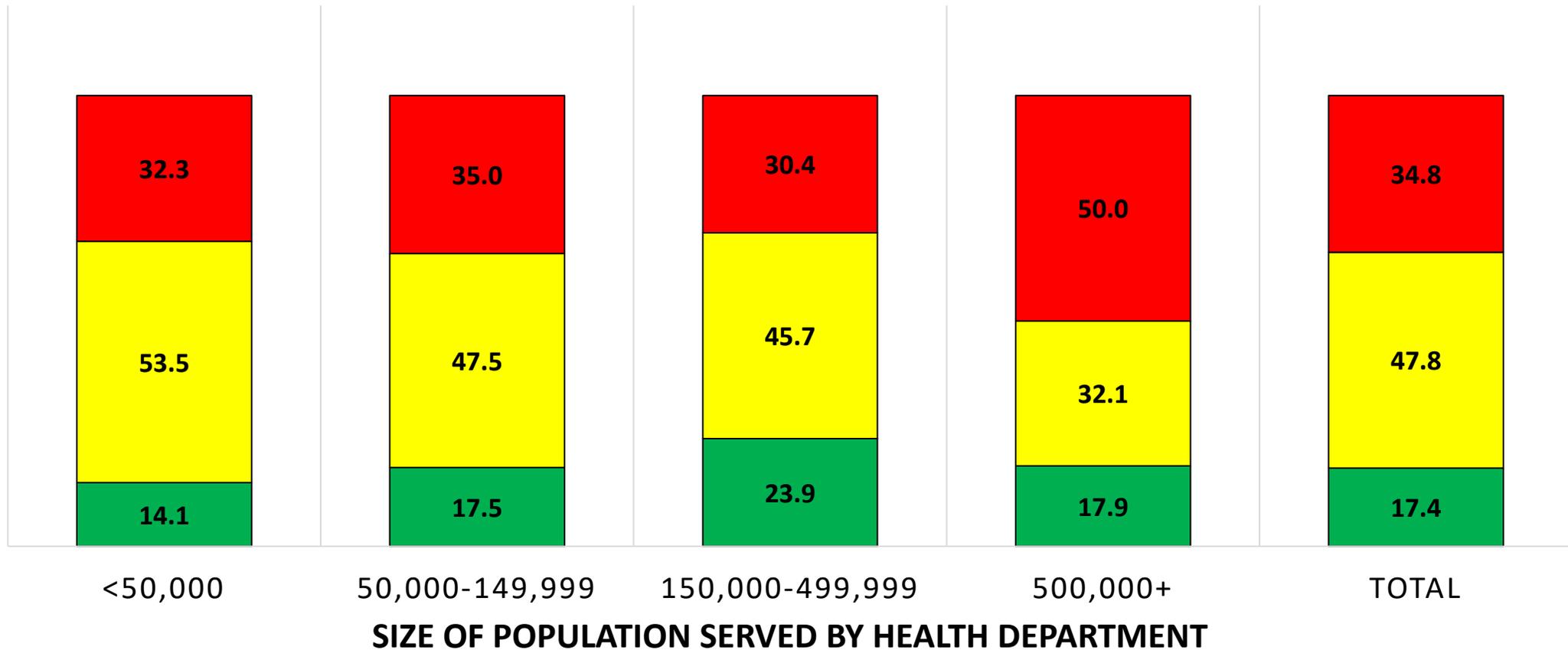
Input about Barriers to Health

Barriers identified by the respondents:

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population

DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN IDENTIFYING BARRIERS TO HEALTH

■ Inclusion was Intentional ■ Inclusion was Unintentional ■ They were Not Included



Input about Strategies to Improve Health

Why is this important?

People who experience unique barriers to improved health are better positioned to inform decisions about what strategies may help reduce or eliminate those same barriers.

Input about Strategies to Improve Health

Survey Question:

“Which of the following best characterizes the degree to which your process to identify health improvement strategies intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)

Input about Strategies to Improve Health

- 17.3% of responding health departments ***intentionally*** include the input of individuals experiencing IDD regarding strategies to improve health.
- 43.6% of responding health departments believe they include the input of individuals experiencing IDD ***but they are not being intentionally inclusive.***
- 39.1% of responding health departments ***do not*** include the input of individuals experiencing IDD regarding strategies to improve health.

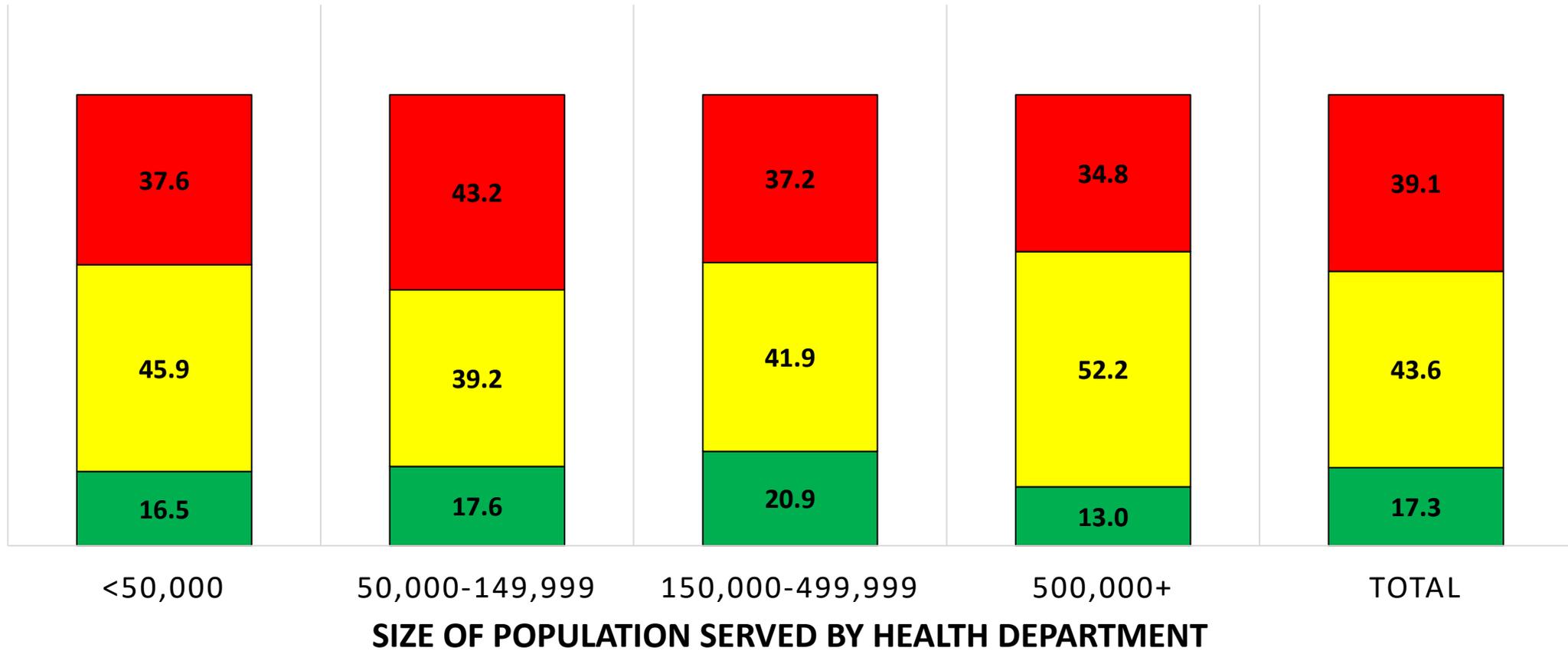
Input about Strategies to Improve Health

Barriers identified by the respondents:

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population

DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN IDENTIFYING STRATEGIES TO IMPROVE HEALTH

■ Inclusion was Intentional ■ Inclusion was Unintentional ■ They were Not Included



Review of Policies that Impact Health Equity

Why is this important?

People who experience unique barriers to improved health are better positioned to inform policies that may help reduce or eliminate those same barriers and increase health equity.

Review of Policies that Impact Health Equity

Survey Question:

“Which of the following best characterizes the degree to which your process to review policies that impact health equity intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)

Review of Policies that Impact Health Equity

- 15.5% of responding health departments ***intentionally*** include individuals experiencing IDD in the review of Policies that Impact Health Equity.
- 36.2% of responding health departments believe they include the input of individuals experiencing IDD ***but they are not being intentionally inclusive.***
- 48.4% of responding health departments ***do not*** include individuals experiencing IDD in the review of Policies that Impact Health Equity.

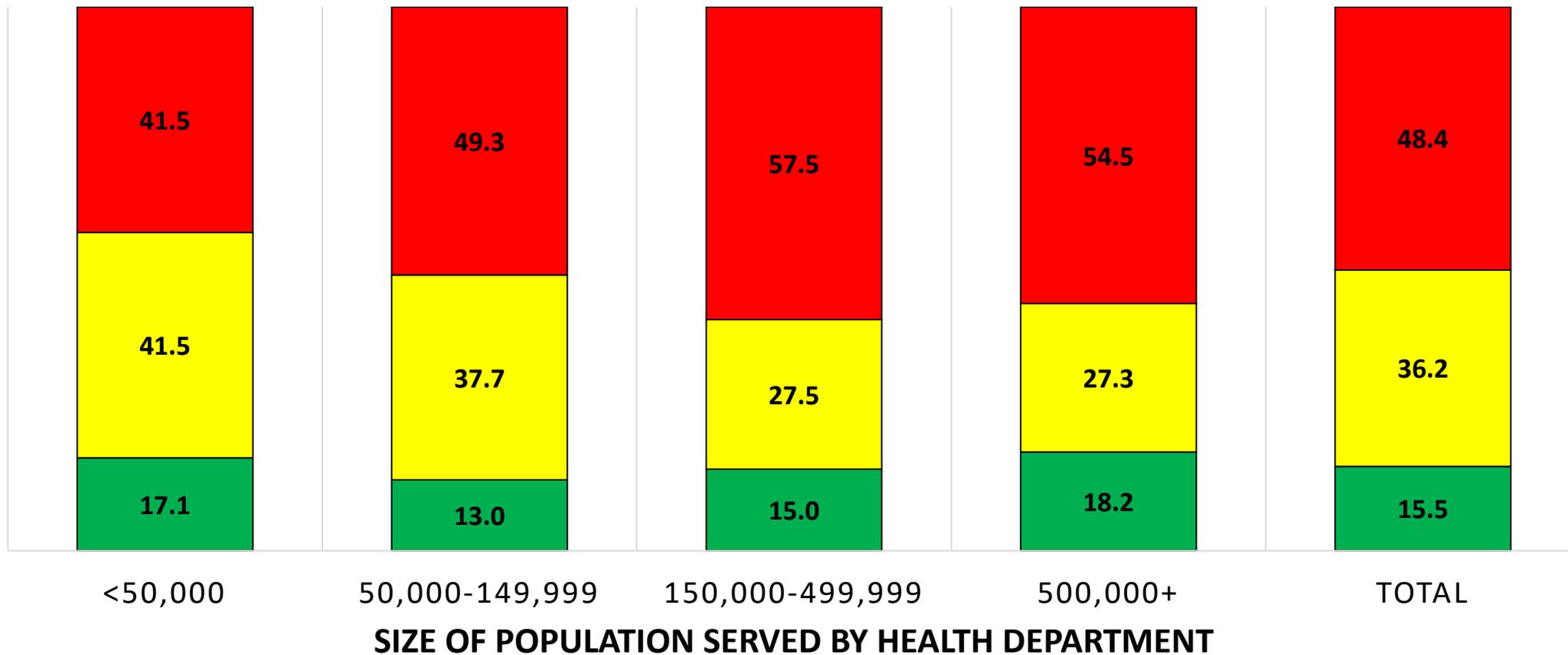
Review of Policies that Impact Health Equity

Barriers identified by the respondents:

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population

DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN REVIEWING POLICIES IMPACTING HEALTH EQUITY

■ Inclusion was Intentional ■ Inclusion was Unintentional ■ They were Not Included



Inclusion during Evaluation Processes

Why is this important?

People who experience unique barriers to improved health related to intellectual and/or developmental disabilities are better positioned to inform evaluation processes that result in quality improvement of processes that impact those barriers.

Inclusion during Evaluation Processes

Survey Question:

“Which of the following best characterizes the degree to which your evaluation processes intentionally include input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)

Inclusion during Evaluation Processes

- 10.3% of responding health departments ***intentionally*** include individuals experiencing IDD in evaluation processes.
- 37.6% of responding health departments believe they include the input of individuals experiencing IDD ***but they are not being intentionally inclusive.***
- 49.8% of responding health departments ***do not*** include individuals experiencing IDD in evaluation processes.

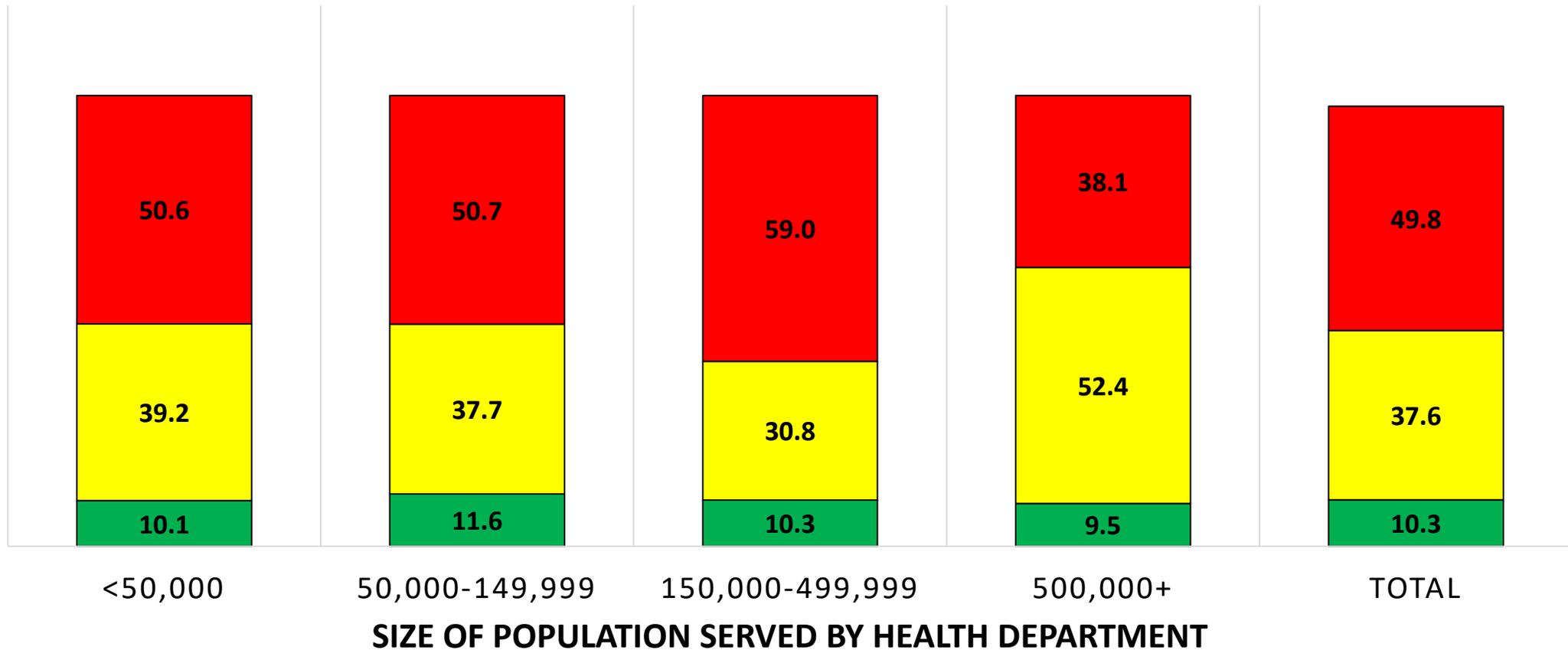
Inclusion during Evaluation Processes

Barriers identified by the respondents:

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population

DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN EVALUATION PROCESSES

■ Inclusion was Intentional ■ Inclusion was Unintentional ■ They were Not Included



DEGREE OF INCLUSION OF PEOPLE WITH IDD IN VARIOUS PUBLIC HEALTH PROCESSES

■ Intentionally Included ■ Unintentionally Included ■ Did not include

