

[FACT SHEET] April 2015

What Local Health Departments Should Know about the Population of People with Disabilities



Introduction

The National Association of County and City Health Officials' (NACCHO's) Health and Disability Program has been working with local health departments (LHDs) across the United States for several years to encourage the inclusion of people with disabilities in LHD programs, products, outreach, and services. In a recent national assessment of LHDs, NACCHO found that LHDs often misperceive what constitutes the population of people with disabilities.¹ Some LHDs reported people with disabilities as those with developmental disabilities or physical disabilities, while others reported that Communities of Color or non-English speaking populations classify as members of the disability population, which is not the case. This fact sheet helps to clarify who people with disabilities are from a public health perspective and provides health-related information to LHDs about the members of this population.

Defining the Population of People with Disabilities

About one in five Americans has some type of disability.² This number is expected to increase as the population ages.³ The population of people with disabilities is a diverse group, representing five broad types of functional impairments related to difficulties with hearing, seeing, moving, communicating, and thinking/learning. People with functional disabilities often have a specific clinical diagnosis, such as spina bifida.

A person may be born with a disabling condition (e.g., spina bifida) or may acquire a disabling condition later in life, such as through accidents that lead to a traumatic brain injury, genetic conditions like Huntington's disease, or aging and diminished eyesight or hearing. Disabling conditions can be visible (e.g., missing limbs) or invisible (e.g., mental health problems); and disabilities can be temporary (e.g., broken leg) or lifelong (e.g., Down syndrome). Because people with disabilities, as a population, represent a significant part of the community, LHDs should consider how to involve or reach this population when developing public health promotion programs to improve the health of all community members.

TABLE 1. SUBGROUPS OF PEOPLE WITH DISABILITIES

Disability Subgroup	Examples
Sensory Disabilities	Deafness/hard of hearingBlindness/difficulty seeing
Physical Disabilities	 People who use equipment (e.g., wheelchairs, canes) to get around People who have temporary impairments such as broken limbs
Cognitive Disabilities	 People who have difficulties learning or remembering People who have developmental disabilities such as autism, Down syndrome, or intellectual disability

Health Inequities Experienced by the Population of People with Disabilities

People with disabilities experience inequities in their health status, just as Communities of Color, low-income communities, or non-English-speaking communities. However, people with disabilities may require specific accommodations to be able to access LHD programs and services.

Having a disability does not mean that someone cannot achieve good health. Unfortunately, many people with disabilities experience poorer health status and a poorer quality of life when compared to people without disabilities. More specifically, research has suggested that a large gap exists in communication between healthcare providers and people with disabilities, where providers often treat only the disability and overlook the need for primary or preventive healthcare services.⁴

Here are some examples of the health inequities experienced by people with disabilities:

- Adults with disabilities are 58% more likely to be obese than adults without disabilities;⁵
- Children and adolescents with disabilities are 38% more likely to be obese than their peers without disabilities;⁵

- People with disabilities smoke at significantly higher rates (25.4%) than those without disabilities (17.3%);⁶ and
- Women with disabilities are less likely to receive preventative care services (e.g., breast cancer screenings) than women without disabilities.⁷

Including People with Disabilities in LHD Practices

NACCHO's Health and Disability Program encourages LHDs to include people with disabilities in all public health programs, products, outreach, and services. Including people with disabilities in all public health activities has the potential to help reduce and prevent the secondary conditions (e.g., obesity, high blood pressure, cardiovascular disease, negative outcomes after a disaster/emergency) that people with disabilities are at a disproportionate risk of experiencing. To help LHDs successfully include people with disabilities in their public health practice, NACCHO developed Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services, available at http://eweb.naccho.org/prd/?na598pdf. This resource provides a disability inclusion checklist and a detailed list of eight strategies that LHDs can implement to become more inclusive of people with disabilities in health promotion programing and emergency preparedness planning.

How Local Health Departments can Identify People with Disabilities

Locating people with disabilities and identifying their health needs may pose a difficult challenge to LHDs when trying to include people with disabilities in public health practice. LHDs can use the Centers for Disease Control and Prevention's Disability and Health Data System to help identify the health status and needs of adults with disabilities within their state; video tutorial guides and fact sheets for the Disability and Health Data System are available at http://www.cdc.gov/ncbddd/disabilityandhealth/dhdsmaterials.html. LHDs can also partner with community-based organizations serving people with disabilities, such as Centers for Independent Living. Such partnerships can help LHDs locate people with disabilities in their jurisdiction. NACCHO's *Directory of Community-Based Organizations Serving People with Disabilities* (http://eweb.naccho.org/prd/?na597pdf) is a resource for LHDs that are interested in establishing community partnerships.

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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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