**Recommendation for Objectives New to Healthy People 2020**

(Developmental) Increase the proportion of people with disabilities reporting participating in self determination activities.

**Rationale:**

Self determination (SD) is the right for all people to determine their own economic, social and cultural development. People with disabilities have the right, ability, and control to make choices and decisions that impact their lives. SD is best considered in the context of a social-ecological framework. Development of SD is a lifelong process. Scaling-up SD training activities must occur within an evidence-driven framework. The development of SD is a means to obtaining an improved quality of life.

**Data sources:**

1) National Information and Reporting System (NIRS): The web-based National Information and Reporting System (NIRS) is a collective effort by the Association of University Centers on Disabilities (AUCD), its member programs, and their federal partners. NIRS is a credible national data set with online records dating back to 1996.

2) National Gateway to Self-Determination, a collaborative project led by University of Missouri-Kansas City and University of Kansas, a University Center on Developmental Disabilities in affiliation with the Association of University Centers on Disabilities (AUCD) reviews and identifies national self-determination training resources and gaps using an evidence-based framework.

3) The National Core Indicators (NCI) is a collaboration among participating National Association of State Directors of Developmental Disability Services (NASDDDS) member state agencies and the Human Services Research Institute (HSRI). NASDDS member state agencies serve individuals with intellectual and developmental disabilities within their state. The current set of indicators includes approximately 100 consumer, family, systemic, cost, and health and safety outcomes - outcomes that are important to understanding the overall health of public developmental disabilities agencies. CDC State Disability and Health grantees maintain and refine existing public health surveillance activities related to disability and/or secondary conditions to target prevention and health promotion efforts. In states where NCI are collected, secondary data analysis of NCI and existing state-wise dataset will further inform the development and evaluation of disability and health program activities throughout their states.

4) Behavioral Risk Factor Surveillance System (CDC, NCCDPHP)
Proposed Target:
To be determined after discussions and decisions by the Healthy People Steering Committee.

References:


Supporting Brothers and Sisters: An Effective Means of Improving Life for People with Disabilities: A White Paper, Prepared in Collaboration with the Sibling Leadership Network, Don Meyer and Tom Fish
Recommendation for Objective DSC HP2020–15: *Increase the proportion of parents or other caregivers of youth with disabilities aged 12 to 17 years who report engaging in transition planning from pediatric to adult health care.*

Revise language to be clear that youth over 12 years should be involved in their transition process. Suggested language:

*Increase the proportion of parents or other caregivers of youth with disabilities aged 12 to 17 years and youth with disabilities over age 12 who report engaging in transition planning from pediatric to adult health care.*

Rationale:
Many adolescents and young adults with disabilities that limit their ability to function and result in complicating social, emotional, or behaviors experience difficulty transitioning from child to adult health care. *Healthy People 2010* established the goal that all young people with special health care needs will receive the services needed to make necessary transitions to all aspects of adult life, including health care, work, and independent living.

Data Source:
AAP consensus statement
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;110/6/S1/1304

Proposed Target:
To be determined after discussions and decisions by the Healthy People Steering Committee.

References:

Blum RW. Transition to adult health care: setting the stage. *J Adolesc Health.*1995; 17 :3 –5

Recommendation for Objectives New to Healthy People 2020

Increase the reported number of U.S. **Visitable dwellings** with no steps required to enter.

(a) Homes: Baseline: 36,988 million out of 84,436 million (43.8%)
(b) Buildings: Baseline: 9,595 million out of 26,256 million (36.5%)

Rationale:
Visitability or inclusive home design refers to single-family or owner-occupied housing designed in such a way that it can be lived in or visited by people who have trouble with steps or who use wheelchairs or walkers. There are few objectives in 2010 that address physical and social environmental interactions or other infrastructure-related determinants of health. These determinants are especially important to people with disabilities. (Commission on Social Determinants of Health, 2000) The IOM has recently concluded that the U.S. has seen some progress related to disability in America, and that this progress includes a growing understanding that disability is not an inherent attribute of individuals. Rather, it results from interactions between individuals and their physical and social environments. (The Future of Disability in America, IOM, 2007). This conclusion was further supported by the Surgeon General in the recent Call to Action to Improve the Health and Wellness of Persons with Disabilities (U.S. Surgeon General, 2005). This Call to Action emphasized the importance of a biopsychosocial approach to disability in which disability arises from a combination of factors at the physical, emotional and environmental levels. Following the calls from WHO, IOM, and the Surgeon General, it is critical that Healthy People 2020 address health issues related to physical environments such as housing environments. The opportunity for persons with physical limitations to socialize is greatly enhanced when the homes of friends and families are accessible, yet many homes are inaccessible (e.g., Dietsch, 2001; Froehlich-Grobe, et al, 2008). “Visitability” is an architecturally defined characteristic of homes with zero steps for entry, widened doorways in the main floor and grab-rails in the bathrooms (Casselman, 2004; Seekins et al, 2008). Universal design of the built environment, including dwellings, accessible and safe streets, and shopping environments is critical to making access and physical activity easier for everyone including people living with a disability.

Data Source:
National survey conducted every other year.

Anticipated Number of Data Points During the Decade: 5

Proposed Target:
To be determined after discussions and decisions by the Healthy People Steering Committee.
Health Determinant Identification:

Indicate the relevant health determinant(s) for which the proposed objective applies:

- [X] Physical Environment    - [X] Social Environment    - [ ] Individual Behavior
- [ ] Biology and Genetics    - [ ] Health Services

Proposed 2020 Topic Area Identification: Disability and Health OR Environment

References:


Dietsch DK. Universal design is no barrier to style. The Washington Post, Feb 22, 2001; page H01.


General Comments:

Objective DSC HP2020–16: Reduce the proportion of older adults with disabilities who use inappropriate medications.
Revise objective language to read: Reduce the proportion of adults with disabilities who use inappropriate medications.
Rationale: The inappropriate use of medications is a broader issue that pertains to all adults.

Objective HC/HIT HP2020–3: (Developmental) Improve the health literacy of the population.
Maintain this objective and include people living with disabilities in the assessments toward the goal.
Rationale: Health literacy issues may be related to inappropriate medication use in adults with disabilities. NAALS could serve as a potential measure.

Objective DSC HP2020–17: Reduce the proportion of people with disabilities who report on non-fatal unintentional injuries that require medical care.
a. Children and youth with disabilities (aged 0 to 17 years)
b. Adults with disabilities (aged 18 years and older)
This objective needs to be clarified to include falls and unintentional injuries from assistive equipment or devices.
Rationale: People with disabilities often use assistive equipment or devices and may experience an unintentional injury from using an improperly fitting component (i.e. braces) or using an ambulatory device (i.e. walker, crutches, wheel chair).

This objective needs to include people living with disabilities in the assessments toward the goal.
Rationale: Interpersonal violence against people with disabilities is a factor that needs to be considered within this objective. Potential data sources include studies by groups such as the Center for Research on Women with Disabilities (CROWD) at Baylor College of Medicine and Rehabilitation Institute of Chicago (RIC).

Objective PAF HP2020–1: Reduce the proportion of adults who engage in no leisure-time physical activity.
This objective needs to include people living with disabilities in the assessments toward the goal. The objective should be worded positively instead of in a negative format, such as:
Increase the proportion of adults who engage in leisure-time physical activity.
Rationale: The physical activity is a broader issue that pertains to all adults. A potential data source could include Behavioral Risk Factor Surveillance System (CDC, NCCDPHP).