

## Strategies for Successfully Including People with Disabilities in Health Department Programs, Plans, and Services



### About NACCHO's Health and Disability Program

The National Association of County and City Health Officials (NACCHO), with support from the National Center on Birth Defects and Developmental Disabilities (NCBDD) at the Centers for Disease Control and Prevention (CDC) and The Arc of the United States (The Arc), promotes the **inclusion and engagement** of people with disabilities in planning, implementing, and evaluating public health programs, products, and services. NACCHO's Health and Disability Program provides local health departments (LHDs) with practical strategies and recommendations, including tools and materials developed by peers and relevant information from partner organizations. The program (1) informs and educates LHDs about health and disability activities and resources; (2) supports a peer assistance network; and (3) develops and shares model practices related to health-promotion activities for people with disabilities.

In 2013, NACCHO conducted key informant interviews with LHDs on the topic of inclusion for people with disabilities to better understand the capacity for inclusion among LHDs. NACCHO found that LHDs were interested in including people with disabilities but did not always have the tools, resources, or knowledge needed to begin.

This guide highlights specific strategies and tools to help both local and state health departments include people with disabilities in public health programming and planning efforts.

### Background on Health and Disability

People may experience many types of disabilities, including difficulties with hearing, seeing, moving, thinking, learning, and communicating. A disability may not always be obvious based on a person's appearance because not all disabilities are visible. Disabilities that people experience may be temporary (e.g., broken leg) or lifelong (e.g., Down syndrome), and

people may develop a disability at any point in their lifetime. According to the most recent U.S. Census estimates, one in five Americans lives with at least one disability; more people will develop a disability as the "baby-boomer" population ages.<sup>1,2</sup> NACCHO works with local and state health departments to help prevent secondary conditions that people with disabilities may experience (e.g., obesity, high blood pressure, cardiovascular disease, negative outcomes after a disaster/emergency). More information about the health of people with disabilities is available at <https://www.cdc.gov/ncbddd/disabilityandhealth/people.html>.

### Health Inequities of People with Disabilities

People with disabilities experience inequities in their health status when compared to members of the general population. Here are some examples of these health inequities:

- Adults with disabilities are 58 percent more likely to be obese than their peers without disabilities;<sup>3</sup>
- Children and adolescents with disabilities are 38 percent more likely to be obese than their peers without disabilities;<sup>3</sup>
- People with disabilities smoke at significantly higher rates (25.4%) than those without disabilities (17.3%);<sup>4</sup>
- Women with disabilities are less likely to receive mammograms than those without disabilities;<sup>5</sup> and
- People with disabilities are less likely to be included in emergency preparedness planning than people without disabilities.<sup>6</sup>

## The Importance of Including People with Disabilities in All Public Health Activities

Including people with disabilities in public health activities is a goal set forth in Healthy People 2020 and is consistent with NCBDDD's mission to identify and reduce disparities in health experienced by people with disabilities. When health departments apply for accreditation, write grants, and develop programs/plans, they should consider people with disabilities as a health inequity population, similar to low-income communities and communities of color, because all of these populations experience similar disparities in their health outcomes when compared to members of the general population.

The following resources can help health departments include people with disabilities in health promotion programming and emergency preparedness planning:

- NACCHO's Health and Disability e-newsletter includes the latest news affecting the health of people with disabilities, provides tools, and offers information about upcoming conferences and webinars. E-mail [disability@naccho.org](mailto:disability@naccho.org) to subscribe.
- NACCHO's Model Practices Program (<http://www.naccho.org/topics/modelpractices/>) and Health and Disability Toolkit (<http://toolbox.naccho.org/>) contain resources and examples to help develop inclusive programs and plans.
- With respect to emergency preparedness, not including people with disabilities in planning efforts can have legal ramifications. Learn more about lawsuits and emergency preparedness planning for people with disabilities at <http://bit.ly/2AbGP0k>. In addition, the Communication, Medical Needs, Independence, Supervision and Transportation [C-MIST] framework helps planners include people with disabilities in emergency preparedness plans. Visit <http://bit.ly/2Acejeq>.
- The National Center on Health, Physical Activity and Disability provides guidelines for including people with disabilities in health promotion programming efforts. Visit <http://bit.ly/1me3Jr7>.

## Checklist to Use when Creating Programs, Products, or Services

### Does my agency...

- Involve people with disabilities in planning?
- Ask people with disabilities about the accommodations needed to make programs accessible to them?
- Ask for feedback from people with disabilities to learn how to improve programs and services?
- Budget to accommodate people with disabilities?
- Raise awareness about the importance of including people with disabilities in public health efforts?
- Use data to understand the health needs of people with disabilities?
- Collect appropriate demographic data that includes people with disabilities?
- Partner with local/national organizations that work with people with disabilities?
- Complete inclusive emergency preparedness exercises/drills with community partners?
- Subscribe to NACCHO's Health and Disability e-newsletter to get the latest news and tools for including people with disabilities?

## Inclusion Strategies for Specific Disability Subgroups

DISABILITY SUBGROUP	EXAMPLES	HEALTH PROMOTION PROGRAMMING CONSIDERATIONS	EMERGENCY PREPAREDNESS PLANNING CONSIDERATIONS
<b>Sensory</b>	<ul style="list-style-type: none"> <li>• Deafness/hard of hearing</li> <li>• Blindness/difficulty seeing</li> </ul>	<ul style="list-style-type: none"> <li>• Use Braille materials</li> <li>• Use large print materials</li> <li>• Use American Sign Language interpreters</li> <li>• Use real-time captioning</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that emergency communications are simultaneously available in American Sign Language, Braille, and large print</li> </ul>
<b>Physical</b>	<ul style="list-style-type: none"> <li>• People who use equipment (e.g., wheelchairs, canes) for mobility</li> <li>• People who have temporary impairments such as broken limbs</li> </ul>	<ul style="list-style-type: none"> <li>• Hold programs in facilities that comply with the Americans with Disabilities Act (ADA) and use universal design (e.g., ramps for wheelchairs and bathrooms)</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure emergency response units such as fire/police have the needed equipment to assist people with physical disabilities</li> <li>• Have shelters and points of dispensing that are ADA-compliant (e.g., ramps for wheelchairs and bathrooms)</li> </ul>
<b>Cognitive</b>	<ul style="list-style-type: none"> <li>• People who have difficulties learning or remembering</li> <li>• People who have developmental disabilities such as autism, Down syndrome, or intellectual disability</li> </ul>	<ul style="list-style-type: none"> <li>• Use visual images to communicate program content</li> <li>• Adapt program content to a fourth- or fifth-grade reading level (see <a href="http://bit.ly/1jibufn">http://bit.ly/1jibufn</a>)</li> <li>• Provide staffing/volunteers to assist with program implementation</li> <li>• Include caregivers in programming</li> </ul>	<ul style="list-style-type: none"> <li>• Work with direct support organizations serving people with cognitive disabilities to develop emergency preparedness plans for their consumers</li> </ul>
<b>All Disabilities</b>	<ul style="list-style-type: none"> <li>• People with a primary disability (e.g., sensory, physical, cognitive) that leaves them vulnerable to developing a preventable secondary condition (e.g., obesity, heart disease, negative outcomes after a disaster)</li> </ul>	<ul style="list-style-type: none"> <li>• Be aware of transportation barriers/provide transportation</li> <li>• Hold programs at locations easily accessible by public transportation</li> <li>• Hold programs at convenient times</li> <li>• Allow extra time for people to arrive and to implement the program</li> <li>• Ensure websites are Section 508-compliant (see <a href="http://www.hhs.gov/web/508/">http://www.hhs.gov/web/508/</a>)</li> <li>• Ask program participants with disabilities about specific accommodations relevant to their being able to participate fully in the program</li> <li>• Train staff on working with people with disabilities</li> </ul>	<ul style="list-style-type: none"> <li>• Recommend use of a buddy system where people in the community are responsible for checking on people with disabilities in an emergency</li> <li>• Use social media to provide instructions/updates during emergencies</li> <li>• Partner with organizations/agencies that provide services to people with disabilities to identify and locate people with disabilities in an emergency</li> <li>• Ensure that emergency response workers/public health workers receive training about working/communicating with people with disabilities in emergencies</li> </ul>

# Strategies for Successful Inclusion of People with Disabilities

## Internal Strategies: Work within the Agency to Include People with Disabilities

*Increasing accessibility is the goal that all health departments should strive for when working to promote the health of people with disabilities.*

### STRATEGY #1

**Identify a health and disability champion** within the agency. This person may be someone who has worked with people with disabilities in the past, someone with a disability, someone whose family member has a disability, or someone with an interest in health equity. This person can connect the health department to appropriate community-based organizations and government service organizations that serve people with disabilities.

### STRATEGY #2

**Make programs and services accessible** to people with disabilities. Increasing accessibility is the goal that all health departments should strive for when working to promote the health of people with disabilities. The chart on the previous page provides examples of possible accommodations to existing programs that may be useful for people with different types of disabilities in a jurisdiction.

### STRATEGY #3

**Accommodate the cost** of making programming accessible to people with disabilities in the budget (e.g., cost of hiring American Sign Language interpreters or cost of large-print materials).

### STRATEGY #4

**Raise awareness** of people with disabilities among health department staff through methods such as policy change so staff become familiar with the importance of including people with disabilities. For example, train staff about health-related topics important to the population of people with disabilities and how best to serve this population. Also consider policy changes that require using features of universal design so services are accessible to all people with disabilities; see <http://bit.ly/1pVg71t> for more information about universal design.

## Story from the Field: Michigan

The Kent County Health Department (KCHD) has been including people with disabilities in emergency preparedness planning efforts since 2007, when KCHD launched the Disaster Mental Health and Human Services (DMHHS) committee. The DMHHS committee, which includes over 70 agencies, meets monthly to discuss the emergency planning needs of vulnerable populations in the community. The KCHD Emergency Preparedness program staff have hosted the DMHHS committee regularly for seven years at no cost to the health department (other than a portion of one person's staff time). One of the greatest achievements of the DMHHS committee is that committee members, who are often from competing agencies, can talk openly and discuss lessons learned about emergency preparedness for people with disabilities. When the county experienced serious flooding a few years ago, committee members were the eyes-in-the-field for the health department, allowing KCHD's Emergency Preparedness Program staff to quickly ensure the safety of county residents with disabilities.

## Story from the Field: Texas

The Northeast Texas Public Health District (NTPHD) has experienced its share of disasters. After experiencing Hurricane Katrina, NTPHD preparedness staff noticed that educational resources were not available to members of the deaf community. Due to the lack of available resources, NTPHD created an informational preparedness video series to be used in points of dispensing (PODs). The videos use American Sign Language, closed captioning, and an audible component in English and Spanish. The video project was founded on the principle that all languages and communities should be equally represented when information is given in any setting but especially in a POD setting. Each video provides information about the relevant disease, how to complete forms, the medication being administered, information about adverse effects of medicines, where to report adverse reactions, and how to crush pills. This multifaceted tool is available at <http://www.accessibleemergencyinfo.com>.

# Strategies for Successful Inclusion of People with Disabilities

## External Strategies: Work with the Community to Include People with Disabilities

### STRATEGY #1

**Get to know people with disabilities** in the jurisdiction and listen to their input on programs and services. The best strategy for successfully accommodating people with disabilities is to ask people with disabilities about their health and relevant needs and increase their involvement in health department programming and planning. For example, include people with disabilities or representatives from community-based organizations representing their interests in existing health promotion and emergency preparedness planning committees, coalitions, workgroups, and programs.

### STRATEGY #2

**Use data to identify** the health topics most relevant to people with disabilities in the jurisdiction; data can help the health department determine how people with disabilities could benefit

most from inclusion. Find data from sources such as the American Community Survey, Behavioral Risk Factor Surveillance System, and the CDC's Disability and Health Data System (<http://bit.ly/2IB1NQU>), an interactive state-level disability data tool to help assess the health and wellness of people with disabilities.

### STRATEGY #3

**Establish new partnerships** or build existing partnerships with organizations serving the community, such as the following: (1) local, state, and national organizations that work with people with disabilities; (2) local universities that have experts who specialize in disability; and (3) partner organizations that can help the health department identify and apply for grant funding opportunities. For example, consider creating health and disability internship opportunities for university students to assist with inclusion efforts and completing inclusive

emergency preparedness exercises/drills with community partners. For more information on building partnerships and coalitions, visit <http://bit.ly/2AfUNvP> and <http://bit.ly/2dr7PP1>.

### STRATEGY #4

**Include people with disabilities in data collection and dissemination efforts.** For example, collect data from the people with disabilities in the jurisdiction and include disability as a demographic question in community health needs assessments, community health impact assessments, and forms/surveys completed by people who participate in health department programs and services. Then share findings, experiences, and data with the community and other health departments through the NACCHO Toolbox at <http://toolbox.naccho.org>.

## Story from the Field: Montana

The Missoula City-County Health Department (MCCHD) was already performing body mass index (BMI) screenings at county schools for children in grades K–12 when it received funding from NACCHO to expand the program to include children in special education classrooms. Since then, over 1,000 children in special education have been screened. Data show that children in special education have significantly higher BMIs than their peers in general education. MCCHD makes referrals to adaptive sports programs in the community for children in special education. MCCHD partnered with a local university to create a learning opportunity for nursing/dietetics students to perform BMI screenings and worked with a local disability researcher to receive assistance with BMI data analysis. MCCHD was fortunate to have a disability champion within the organization to help make this project possible. MCCHD is working with schools to develop healthy eating and physical activity policies that will impact the health of all county school students.

## Story from the Field: New York

The Schenectady County Health Department (SCHD) provided funding to the Schenectady ARC (SCARC), an organization serving adults with developmental disabilities, to develop and implement a nutrition education community garden program called “Know, Grow and Eat Your Vegetables.” To make the program accessible, SCHD and SCARC adapted nutrition education materials to meet the needs of people with developmental disabilities and created raised planters. Over 70 adults with developmental disabilities participated in the program, learned about healthy eating concepts, and harvested more than 15 types of vegetables. The results of the program were positive; participants showed an increase in fruit/vegetable consumption and a decrease in soda/fast-food consumption. Although grant funding for the project has ended, SCHD and SCARC have maintained their partnership and are creating opportunities for people with developmental disabilities in the community. Visit <http://toolbox.naccho.org/pages/tool-view.html?id=4829> for a detailed implementation guide.

*The best strategy for successfully accommodating people with disabilities is to ask people with disabilities about their health and relevant needs and increase their involvement in health department programming and planning.*

## Conclusion

All public health efforts should include people with disabilities. Health departments may experience challenges when trying to include people with disabilities in health promotion and emergency planning efforts, yet implementing even one or two strategies outlined in this guide could positively affect the health of people with disabilities. This guide illustrates ways that health departments implement low-cost inclusive programs and positively affect people with disabilities in their jurisdictions. The information and examples in this guide can be a catalyst to change and encourage health departments to act toward the inclusion of people with disabilities in public health programming and planning efforts. NACCHO will update this guide in the future to include new helpful resources for health departments.

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**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 for local health departments.

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