



INCLUDING PEOPLE WITH DISABILITIES: PUBLIC HEALTH WORKFORCE COMPETENCIES

# Executive Summary

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## Introduction

Compared to people without disabilities, people with disabilities are at a higher risk for poor health outcomes such as hypertension, obesity, falls-related injuries, and depression.<sup>1</sup> Knowledge about the health status and public health needs of people with disabilities is essential for addressing these and other health disparities. However, most public health training programs do not include curriculum on people with disabilities and methods for including them in core public health efforts. There is a clear need for public health efforts to reduce health disparities among people with disabilities. This may be achieved by building a stronger public health workforce skilled in ways to include people with disabilities in all public health efforts.

*Including People with Disabilities-Public Health Workforce Competencies* outlines recent advances in knowledge and practice skills that public health professionals need to include people with disabilities in the core public health functions - Assessment, Policy development and Assurance. This document provides strategies to meet the competencies and real examples of how people with disabilities can be successfully included in public health activities. These competencies align with existing broad public health competencies, and compliment them. These existing competencies include the Association of Schools and Programs of Public Health, Masters in Public Health Core Competencies; Public Health Accreditation Board; Public Health Foundation Core Competencies for Public Health Professionals, Council on Linkages Between Public Health and Academia, and the 10 Essential Public Health Services. In addition, they foster workforce capacity-building priorities, e.g. Healthy People 2020, Disability and Health objective DH-3.

The *Competencies* have been developed by a national committee comprised of disability and public health experts. Work to develop the *Competencies* began in 2010 through a previous cooperative agreement between the CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD), Disability and Health Branch and the Association of University Centers on Disability (AUCD). This work continued in 2015 with a cooperative agreement with the Office of the Director, CDC (ODCCDC, NCBDDD and the Office for State, Tribal, Local and Territorial Support (OT), and concluded in 2016. The *Competencies* aim to expand workforce skills and practice to ultimately enable public health professionals to successfully develop programs and activities that include people with disabilities.

## The Significance of Disability in Public Health

Because the term disability can be used in different contexts by health professionals, disability advocates, or others there is not one single definition of the term "disability." The term disability is defined by the Americans with Disabilities Act (ADA) as "physical or mental

impairment that substantially limits one or more major life activities, a person who has a history or record of such an i

mpairment, or a person who is perceived by others as having such an impairment.”<sup>2</sup> The International Classification of Functioning, Disability and Health (IFC) describes disability as “an umbrella term for impairments, activity limitations and participation restrictions.”<sup>3</sup> Disabilities can be physical, communicative, cognitive, or mental.

People with disabilities comprise a significant portion of the communities that public health professionals serve. People with disabilities are our co-workers, neighbors, family members, friends, and community members. Data show that over 56.7 million Americans have a disability, making up about 19% of the American population.<sup>4</sup> Anyone can acquire or experience a disabling condition in their lifetime. The risk of acquiring a disability can increase as people age, as does the possibility of severe disability and the need for assistance.

### Prevalence of Disability for Selected Age Groups: 2005 and 2010

(Numbers in thousands)

Category	2005 <sup>1</sup>				2010				Difference	
	Number	Margin of error (±) <sup>2</sup>	Percent	Margin of error (±) <sup>2</sup>	Number	Margin of error (±) <sup>2</sup>	Percent	Margin of error (±) <sup>2</sup>	Number	Percent
<b>All ages</b> .....	<b>291,099</b>	<b>*****</b>	<b>100.0</b>	<b>(X)</b>	<b>303,858</b>	<b>*****</b>	<b>100.0</b>	<b>(X)</b>	<b>**12,760</b>	<b>(X)</b>
With a disability .....	54,425	894	18.7	0.3	56,672	905	18.7	0.3	*2,247	-
Severe disability .....	34,947	601	12.0	0.2	38,284	654	12.6	0.2	*3,337	*0.6
<b>Aged 6 and older</b> .....	<b>266,752</b>	<b>84</b>	<b>100.0</b>	<b>(X)</b>	<b>278,222</b>	<b>88</b>	<b>100.0</b>	<b>(X)</b>	<b>*11,469</b>	<b>(X)</b>
Needed personal assistance ..	10,996	336	4.1	0.1	12,349	386	4.4	0.1	*1,353	*0.3
<b>Aged 15 and older</b> .....	<b>230,391</b>	<b>*****</b>	<b>100.0</b>	<b>(X)</b>	<b>241,682</b>	<b>*****</b>	<b>100.0</b>	<b>(X)</b>	<b>**11,291</b>	<b>(X)</b>
With a disability .....	49,069	794	21.3	0.3	51,454	838	21.3	0.3	*2,385	-
Severe disability .....	32,771	567	14.2	0.2	35,683	631	14.8	0.3	*2,912	*0.5
Difficulty seeing .....	7,793	350	3.4	0.2	8,077	354	3.3	0.1	284	-
Severe .....	1,783	129	0.8	0.1	2,010	139	0.8	0.1	*228	0.1
Difficulty hearing .....	7,809	325	3.4	0.1	7,572	320	3.1	0.1	-237	*-0.3
Severe .....	993	103	0.4	-	1,096	122	0.5	0.1	103	-
<b>Aged 21 to 64</b> .....	<b>170,349</b>	<b>185</b>	<b>100.0</b>	<b>(X)</b>	<b>177,295</b>	<b>193</b>	<b>100.0</b>	<b>(X)</b>	<b>*6,945</b>	<b>(X)</b>
With a disability .....	28,141	622	16.5	0.4	29,479	705	16.6	0.4	*1,338	0.1
Employed .....	12,838	495	45.6	1.2	12,115	432	41.1	1.0	*-723	*-4.5
Severe disability .....	18,705	469	11.0	0.3	20,286	566	11.4	0.3	*1,581	*0.5
Employed .....	5,738	277	30.7	1.2	5,570	261	27.5	1.0	-167	*-3.2
Nonsevere disability .....	9,436	403	5.5	0.2	9,193	374	5.2	0.2	-243	*-0.4
Employed .....	7,100	356	75.2	1.6	6,544	311	71.2	1.6	*-556	*-4.1
No disability .....	142,208	636	83.5	0.4	147,816	733	83.4	0.4	*5,607	-0.1
Employed .....	118,707	678	83.5	0.3	116,881	862	79.1	0.4	*-1,826	*-4.4
<b>Aged 65 and older</b> .....	<b>35,028</b>	<b>*****</b>	<b>100.0</b>	<b>(X)</b>	<b>38,599</b>	<b>*****</b>	<b>100.0</b>	<b>(X)</b>	<b>**3,571</b>	<b>(X)</b>
With a disability .....	18,132	324	51.8	0.9	19,234	327	49.8	0.8	*1,102	*-1.9
Severe disability .....	12,942	273	36.9	0.8	14,138	276	36.6	0.7	*1,196	-0.3

Source: Survey of Income and Program Participation, U.S. Census Bureau, June–September 2005 and May–August 2010.

## **Chronic and Secondary Conditions**

People with disabilities are more likely to experience preventable chronic health conditions such as, diabetes and heart disease, and are considerably more likely to be obese when compared with people without disabilities (37.6% compared to 23.8% of people without disabilities).<sup>1</sup>

People with disabilities are also at risk for other health conditions called secondary conditions. These health problems related to a disability can be prevented as well as treated. *Secondary condition* can be defined as “any additional physical or mental health condition that occurs as a result of having a primary disabling condition.”<sup>5</sup> Common secondary conditions may include bowel or bladder problems, fatigue, injury, depression, obesity, pain, and pressure sores or ulcers.<sup>6</sup> Other problems can include pain, and a greater risk for certain illnesses such as flu, Methicillin-resistant Staphylococcus aureus (MRSA), or musculoskeletal disorders.<sup>6</sup>

## **Health Disparities**

There are many misconceptions about people with disabilities. Healthy People 2020 identifies four that emerge: (1) all people with disabilities automatically have poor health, (2) public health should focus only on preventing disabling conditions, (3) a standard definition of “disability” or “people with disabilities” is not needed for public health purposes, and (4) the environment plays no role in the disabling process.<sup>7</sup> These misconceptions have led to a lack of health promotion and disease prevention activities targeting people with disabilities and an increase in the occurrence of secondary conditions.<sup>8</sup>

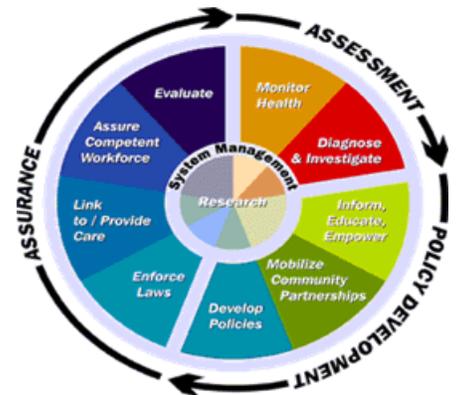
State and national data demonstrate disparities in health for people with disabilities and suggest that having a disability can create risks for other preventable health issues. They experience disparities in routine public health areas like health behaviors, preventive services and chronic conditions.<sup>7</sup> Compared to people without disabilities, people with disabilities are less likely to report having recommended preventive screening, including mammograms and colorectal cancer screening and are less likely to have received dental care in the past year.<sup>1</sup> They are also more likely to engage in unhealthy behaviors like smoking at a much higher prevalence rate (28.3%) than people without disabilities (16.1%).<sup>1</sup>

The health of people with disabilities should be relatively comparable to those without disabilities. Similar to the general population, it is critical that individuals with disabilities are given the information to make healthy choices on how to prevent illness. Activities such as physical activity, smoking cessation, healthy eating, and preventive screenings should be promoted and accessible to all Americans, as there is a range of health benefits for people with and without disabilities.<sup>9</sup>

Despite legislative actions like the American’s with Disabilities Act (ADA) many barriers to accessing and participating in healthy lifestyle activities still exist for people with disabilities. Barriers may include such factors as inaccessible health care facilities or health screening equipment, discriminatory attitudes, poverty, and lack of knowledge among people with disabilities or their health care providers, and cost. People with disabilities are more than twice as likely to report cost being a barrier to health care (27.4% compared to 12.5% of people without disabilities).<sup>1</sup> Lack of knowledge or experience on how to interact and communicate with people with disabilities may lead to false assumptions, generalizations, or a lack of trust among people with and without disabilities. Such barriers prevent achieving maximum health.

### Policy Development and Health Promotion

Many health promotion programs do not reach or include people with disabilities in their program design. Increased risk for serious health conditions, coupled with existing barriers, underscore the importance of including people with disabilities in public health efforts. Development and implementation of health promotion interventions for people with disabilities must be supported by the public health community. Inclusive public health programs would more effectively reach underserved populations and promote reduction of health disparities experienced by people with disabilities.<sup>10</sup> Many health promotion interventions already in place for the population at large can be easily adapted to the needs of people with disabilities.<sup>11</sup>



The lack of inclusion may be due to the lack of training. During public health training, very few students have received specific training on how to incorporate people with disabilities leaving a gap in [Essential Public Health Service 8](#) - Assure a Competent Public and Personal Health Care Workforce.

### The Competencies

**Competency 1:** Discuss disability models across the lifespan

**Competency 2:** Discuss methods used to assess health issues for people with disabilities

**Competency 3:** Identify how public health programs impact health outcomes for people with disabilities

**Competency 4:** Implement and evaluate strategies to include people with disabilities in public health programs that promote health, prevent disease, and manage chronic and other health conditions

## **Competency 1: Discuss disability models across the lifespan**

People with disabilities are individuals who have some type of limitation in mobility, cognition, vision, hearing, or other disorders.<sup>11</sup> Disability is not defined by any specific health condition, but whether that condition actually creates significant limitations for an individual affecting their daily lives and functioning.

Disability models can be used as guidelines or tools to help define impairments and limitations associated with disability, and provide a basis for strategies to meet the needs of people with disabilities.<sup>12</sup> No one model can completely describe the disability experience because disability itself is complex and the experiences of people with disabilities will vary widely.<sup>13</sup> There are several primary models of disability. Having knowledge of these models will help public health professionals more effectively interact with and support people with disabilities, as well as understand the relationship between the disability and people's everyday lives.<sup>14</sup>

### **Learning Objectives**

- 1. Compare and contrast different models of disability**
- 2. Apply model(s) of disability for a particular scope of work or population served.**

## **Competency 2: Discuss methods used to assess health issues for people with disabilities**

Having knowledge of methods for public health programs is needed for public health professionals. This knowledge will help public health professionals with planning programs, examining the operations of a program, and conducting activities that improve health outcomes for people with disabilities.<sup>18</sup>

### **Learning Objectives**

- 1. Identify surveillance systems used to capture data that includes people with disabilities**
- 2. Recognize that disability can be used as a demographic variable.**

## **Competency 3: Identify how public health programs impact health outcomes for people with disabilities**

Over 56.7 million Americans have a disability, making up about 19% of the American population.<sup>4</sup> This means that people with disabilities are a large part of the communities that public health professionals serve. People with disabilities experience barriers to access health services. People with disabilities experience more chronic health problems than the general population. People with disabilities have the right to be able to access and interact with their environment without barriers, and receive health interventions and services just like the general population.<sup>7</sup>

This competency is important because it will help provide awareness for public health professionals that disability is a part of the human experience and a focus of public health should be the promotion of health to people with disabilities, and the identification and reduction of health disparities of people with disabilities.<sup>11</sup> Public health organizations and professionals should always include people with disabilities in health promotion and planning efforts to help reduce health disparities and improve the health outcomes of people with disabilities.

### **Learning Objectives**

- 1. Recognize health issues of people with disabilities and health promotion strategies that can be used to address them.**
- 2. Use laws as a tool to support people with disabilities.**
- 3. Recognize accessibility standards, universal design, and principles of built environment that affect the health and quality of life for people with disabilities.**
- 4. Explain how public health services, governmental programs, and non-governmental/community-based organizations interact with disability.**
- 5. Describe how communities (places where people live, work, and recreate) can adapt to be fully inclusive of disability populations.**

## **Competency 4: Implement and evaluate strategies to include people with disabilities in public health programs that promote health, prevent disease, and manage chronic and other health conditions**

People with disabilities experience more chronic health problems than people without disabilities.<sup>1</sup> Having access to health promotion, and preventative services is essential for people with disabilities for improved health outcomes. People with disabilities should be included in health promotion efforts, and disease prevention and management. It is not only the law, but it supports the commitment of public health professionals to ensure the reduction of health disparities.<sup>25</sup> In order for professionals to understand the needs of people with disabilities, they need to partner with them in public health efforts. This competency will help professionals to have foundational knowledge on program planning and health promotion that included people with disabilities.

### **Learning Objectives**

- 1. Describe factors that affect health care access for people with disabilities.**
- 2. Describe strategies to integrate people with disabilities into health promotion programs.**
- 3. Identify emerging issues that impact people with disabilities.**
- 4. Define how environment can impact health outcomes for people with disabilities.**
- 5. Apply evaluation strategies (needs assessment, process evaluation, and program evaluation) that can be used to demonstrate impact for people with disabilities.**

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