

# 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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