Intentional Inclusion of People with Intellectual or Developmental Disabilities in Public Health Practice

Results of 2018 APHA Survey of Local, State, and Territorial Health Departments

This is a portion of an APHA project funded by Special Olympics International.
Survey Tool

• Survey Questions
  • Community Health Assessment process
  • Process to identify barriers to health
  • Process to review policies that impact health equity
  • Evaluation processes

• Goal: 100 local, state, territorial health departments
• Actual: 300 surveys covering 50,000,000 population in 37 states.
• Health department populations served: 500 to 11,000,000.
Survey Respondents
Health Department Size (Size of population served)

- 0-49,999: 9%
- 50,000-99,999: 7%
- 100,000-249,999: 21%
- 250,000-749,999: 22%
- 750,000+: 41%

Type of Department

- City: 2%
- County: 10%
- Regional: 9%
- State: 79%
Community Health Assessment Process

Why is this important?

A Community Health Assessment (CHA) is intended to identify the health status, needs, opportunities, and associated resources of a community’s entire population.
Community Health Assessment Process

Survey Question:

“Which of the following best characterizes the degree to which your community health assessment process intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)
Community Health Assessment Process

• 16.2% of responding health departments intentionally include the input of individuals experiencing IDD in their community health assessment.

• 50.7% of responding health departments believe they include the input of individuals experiencing IDD but they are not being intentionally inclusive.

• 33.1% of responding health departments do not include the input of individuals experiencing IDD in their Community Health Assessment.
Community Health Assessment Process

*Barriers identified by the respondents:*

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population
<table>
<thead>
<tr>
<th>Size of Population Served by Health Department</th>
<th>Inclusion was Intentional</th>
<th>Inclusion was Unintentional</th>
<th>They were Not Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50,000</td>
<td>12.5</td>
<td>54.5</td>
<td>33.0</td>
</tr>
<tr>
<td>50,000-149,999</td>
<td>22.9</td>
<td>42.2</td>
<td>34.9</td>
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<tr>
<td>150,000-499,999</td>
<td>17.3</td>
<td>50.0</td>
<td>32.7</td>
</tr>
<tr>
<td>500,000+</td>
<td>9.7</td>
<td>61.3</td>
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<tr>
<td>Total</td>
<td></td>
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</table>
Input about Barriers to Health

Why is this important?

If we do not ask someone what barriers they experience and if we don’t learn from them why those things are barriers, we are left making assumptions about someone else’s experience and every subsequent strategy and evaluation process is built upon a suspect foundation.
Input about Barriers to Health

Survey Question:

“Which of the following best characterizes the degree to which your process to identify barriers to health intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)
Input about Barriers to Health

• 17.4% of responding health departments *intentionally* include the input of individuals experiencing IDD regarding their barriers to health.

• 47.8% of responding health departments believe they include the input of individuals experiencing IDD *but they are not being intentionally inclusive*.

• 34.8% of responding health departments *do not* include the input of individuals experiencing IDD regarding their barriers to health.
Input about Barriers to Health

*Barriers identified by the respondents:*

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population
DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN IDENTIFYING BARRIERS TO HEALTH

- Inclusion was Intentional
- Inclusion was Unintentional
- They were Not Included

<table>
<thead>
<tr>
<th>Category</th>
<th>&lt;50,000</th>
<th>50,000-149,999</th>
<th>150,000-499,999</th>
<th>500,000+</th>
<th>TOTAL</th>
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<td>17.4%</td>
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<td>45.7%</td>
<td>32.1%</td>
<td>47.8%</td>
</tr>
<tr>
<td>They were Not Included</td>
<td>32.3%</td>
<td>35.0%</td>
<td>30.4%</td>
<td>50.0%</td>
<td>34.8%</td>
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</table>

SIZE OF POPULATION SERVED BY HEALTH DEPARTMENT
Input about Strategies to Improve Health

Why is this important?

People who experience unique barriers to improved health are better positioned to inform decisions about what strategies may help reduce or eliminate those same barriers.
Input about Strategies to Improve Health

Survey Question:

“Which of the following best characterizes the degree to which your process to identify health improvement strategies intentionally includes input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)
Input about Strategies to Improve Health

• 17.3% of responding health departments *intentionally* include the input of individuals experiencing IDD regarding strategies to improve health.

• 43.6% of responding health departments believe they include the input of individuals experiencing IDD *but they are not being intentionally inclusive*.

• 39.1% of responding health departments *do not* include the input of individuals experiencing IDD regarding strategies to improve health.
Input about Strategies to Improve Health

*Barriers identified by the respondents:*

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population
DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN IDENTIFYING STRATEGIES TO IMPROVE HEALTH

- Inclusion was Intentional
- Inclusion was Unintentional
- They were Not Included

<table>
<thead>
<tr>
<th>SIZE OF POPULATION SERVED BY HEALTH DEPARTMENT</th>
<th>&lt;50,000</th>
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<th>150,000-499,999</th>
<th>500,000+</th>
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<td>17.3</td>
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<td>41.9</td>
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<td>43.6</td>
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<td>They were Not Included</td>
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<td>43.2</td>
<td>37.2</td>
<td>34.8</td>
<td>39.1</td>
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Review of Policies that Impact Health Equity

Why is this important?

People who experience unique barriers to improved health are better positioned to inform policies that may help reduce or eliminate those same barriers and increase health equity.
Review of Policies that Impact Health Equity

Survey Question:

“Which of the following best characterizes the degree to which your process to review policies that impact health equity intentionally includes input of people who experience intellectual and developmental disabilities?”
(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)
Review of Policies that Impact Health Equity

• 15.5% of responding health departments *intentionally* include individuals experiencing IDD in the review of Policies that Impact Health Equity.

• 36.2% of responding health departments believe they include the input of individuals experiencing IDD *but they are not being intentionally inclusive*.

• 48.4% of responding health departments *do not* include individuals experiencing IDD in the review of Policies that Impact Health Equity.
Review of Policies that Impact Health Equity

*Barriers identified by the respondents:*

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population
DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN REVIEWING POLICIES IMPACTING HEALTH EQUITY

Inclusion was Intentional | Inclusion was Unintentional | They were Not Included

<table>
<thead>
<tr>
<th>SIZE OF POPULATION SERVED BY HEALTH DEPARTMENT</th>
<th>&lt;50,000</th>
<th>50,000-149,999</th>
<th>150,000-499,999</th>
<th>500,000+</th>
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<td>They were Not Included</td>
<td>41.5</td>
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</table>
Inclusion during Evaluation Processes

Why is this important?

People who experience unique barriers to improved health related to intellectual and/or developmental disabilities are better positioned to inform evaluation processes that result in quality improvement of processes that impact those barriers.
Inclusion during Evaluation Processes

Survey Question:

“Which of the following best characterizes the degree to which your evaluation processes intentionally include input of people who experience intellectual and developmental disabilities?”

(3 Intentionally includes, 2 includes but not intentionally, 1 does not include)
Inclusion during Evaluation Processes

• 10.3% of responding health departments *intentionally* include individuals experiencing IDD in evaluation processes.

• 37.6% of responding health departments believe they include the input of individuals experiencing IDD *but they are not being intentionally inclusive.*

• 49.8% of responding health departments *do not* include individuals experiencing IDD in evaluation processes.
Inclusion during Evaluation Processes

*Barriers identified by the respondents:*

- Identifying the population
- Accessing and engaging the population
- Communicating with the population
- Accessing local data about the population
DEGREE TO WHICH PEOPLE WITH IDD WERE INTENTIONALLY INCLUDED IN EVALUATION PROCESSES

- Inclusion was Intentional
- Inclusion was Unintentional
- They were Not Included

<table>
<thead>
<tr>
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<td>&lt;50,000</td>
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<td>TOTAL</td>
<td>10.3</td>
<td>37.6</td>
<td>49.8</td>
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DEGREE OF INCLUSION OF PEOPLE WITH IDD IN VARIOUS PUBLIC HEALTH PROCESSES

- Intentionally Included
- Unintentionally Included
- Did not include

<table>
<thead>
<tr>
<th>Process</th>
<th>Intentionally Included</th>
<th>Unintentionally Included</th>
<th>Did not include</th>
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<td>33.1</td>
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<td>Input about improvement strategies</td>
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<td>Input about HEIAP</td>
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<td>48.6</td>
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<td>51.2</td>
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