Inclusive Health and PHAB Health Department Accreditation

**Intellectual Disability**

Between 7-8 million individuals in the U.S. have an Intellectual Disability (ID). ID is characterized by limitations in both intellectual functioning and adaptive behaviors. This disability significantly influences an array of daily life activities and social skills. Individuals with ID face higher rates of health risks from factors such as physical inactivity and obesity. This population relies heavily on community resources and support, yet remains marginalized and drastically underserved, further compounding the rate of health disparities.

**Inclusive Health**

Individuals with ID face significant barriers in accessing health promotion and wellness activities. Barriers include the lack of inclusive health communication strategies, transportation, integrated programs, and sufficiently trained staff. Inclusive health provides people with ID equitable access to health care, education, and services throughout the community, promoting health and healthy living. This intentional equitable approach empowers people with ID to become active in social discussion and policy. Inclusive health provides the most equitable opportunity for people with ID to live the healthiest life possible thereby laying the foundation for truly healthy communities.

PHAB encourages health departments to consider using examples of population health activities that include people with Intellectual Disabilities (ID) for their documentation, where the accreditation standards and measures lend themselves to doing so. This tip sheet is provided to assist health departments identify those opportunities.

**Inclusive Health Coalition**

A culture of health means a culture of inclusion that 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, including self-advocates and family members,
- Professionals with disability health expertise,
- Disability-related non-profit organizations and agencies, and
- Community leaders and organizations.

**ID and Standards and Measures**

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. An IHC could be a valuable asset in both the Community Health Assessment and the Community Health Improvement Plan processes. An IHC could also provide documentation of community partnerships that are required (Domain 4).

Assessment and surveillance (Domain 1) of the population of individuals with ID at Tribal, state, and local levels 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).

The mitigation of health problems and environmental public health hazards include consideration of the population with ID, particularly communication during public health emergencies (Domain 2).

Health equity planning (Domain 3) 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).

Inclusive health is also 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 (Domain 3). The population with ID should also be included in planning and testing efforts for the Emergency Operations Plan (Domain 5). The population with ID may also face barriers to care (Domain 7).

**Additional Resources on Inclusive Health**