



**Special Olympics International
Inclusive Health Innovation Grant**
Optimizing Healthy Weight Outcomes for Individuals with Intellectual Disabilities (ID)

APHA utilized its 54 state and regional public health associations to survey key population health professionals engaged in population health assessment and improvement planning. Respondents were asked a series of questions to assist with identifying and assessing the degree of intentional inclusion of people with intellectual disabilities that exists currently in public health practice. Participants included experts largely from city and county health departments and five from state health departments. Collectively, over 300 health departments responded with complete surveys representing an unduplicated 50+ million people. Examples of survey questions included:

- 1.) How does the process of assessing health status of the population you serve include people experiencing intellectual disabilities? If it currently does not, please share why.
- 2.) How does the process of identifying barriers to health within the population you serve include people experiencing intellectual disabilities? If it currently does not, please share why.
- 3.) How does the process by which you identify appropriate health improvement strategies include people experiencing intellectual disabilities? If it currently does not, please share why.
- 4.) How does the process by which you develop or review policies that impact health equity include people experiencing intellectual disabilities? If it currently does not, please share why.
- 5.) In what ways do people experiencing intellectual disabilities engage with the work you do?
- 6.) With whom might you partner in an effort to increase opportunities for people experiencing intellectual disabilities to engage with and benefit from the work you do with them?

Over 300 local, state, and territorial health departments responded to the survey, which collectively serves more than 50,000,000 people. A summary of results follows:

Community Health Assessment:

When asked about the degree to which people experiencing intellectual or developmental disabilities were intentionally included in the community health assessment process, 16% replied that they were intentionally inclusive, 51% believed that the population was included but not in an intentional way, and 33% did not believe the population was included in the community health assessment process.

Identification of Barriers to Health:

When asked about the degree to which people experiencing intellectual or developmental disabilities were intentionally included in the process of identifying barriers to the achievement of health, 17% replied that they were intentionally inclusive, 48% believed that the population was included but not in an intentional way, and 35% did not believe the population was included in the process of identifying barriers to the achievement of health.

Input about Health Strategies:

When asked about the degree to which people experiencing intellectual or developmental disabilities were intentionally included in the process of identifying strategies to improve health, 17% replied that they were intentionally inclusive, 43% believed that the population was included but not in an intentional way, and 39% did not believe the population was included in the process of identifying barriers to the achievement of health.

Input about Health Equity in All Policies:

When asked about the degree to which people experiencing intellectual or developmental disabilities were intentionally included in the process of addressing health equity in all policies, 15% replied that they were intentionally inclusive, 36% believed that the population was included but not in an intentional way, and 49% did not believe the population was included in the process of identifying barriers to the achievement of health.

Input regarding evaluation of programs and strategies:

When asked about the degree to which people experiencing intellectual or developmental disabilities were intentionally included in the process of evaluation, 11% replied that they were intentionally inclusive, 38% believed that the population was included but not in an intentional way, and 51% did not believe the population was included in the process of identifying barriers to the achievement of health.

Two themes were illuminated when queried about barriers to intentional inclusion:

- Communication: Many health departments don't know who to ask or what to ask.
- Resources: More special populations means a greater investment of time, effort, and money. The most common strategy employed by those who are intentionally inclusive is to partner with agencies who serve the population experiencing intellectual or developmental disabilities.

APHA also analyzed responses by size of the population served by the health department (as a proxy for the size/resources of the department) and it does not appear that health departments serving more than 500,000 people are any more intentionally inclusive than those serving fewer than 150,000. In fact, for the community health assessment question, less than 10% of departments serving more than 500,000 were intentionally inclusive while 23% of departments serving between 50,000 and 150,000 were intentionally inclusive.

APHA shared the results with the PHAB (Public Health Accreditation Board) to inform the implications of focusing on intellectual disabilities as a health equity issue on the PHAB standards and measures for health department accreditation. The presentation has been provided under separate cover.