



THE PROBLEM

Over 6.5 million people in the United States (US) are estimated to experience an intellectual disability, based on prevalence rates of 1 to 3 percent of the total US population.¹

People with intellectual disabilities experience significant and life-long health disparities compared to non-disabled populations. These disparities are caused in part by delayed care due to cost and uninformed medical care, limited exercise and health promotion opportunities, and their routine exclusion from community health planning.

Yet, most health-related professional organizations do not include people with disabilities – especially intellectual disabilities – as a focus of their efforts or activities, and many of their members do not receive training on disability in their academic programs. For example, only about half of accredited Master of Public Health programs include disability content in their programs.² In a study conducted by the National Association of County and City Health Officials (NACCHO), nearly 70% of local health departments said they needed additional training on inclusive health practices.³

WHY YOU SHOULD CARE

The goal of public health programs and health-related professional organizations is to improve health outcomes and reduce health disparities for entire populations. People with disabilities comprise a significant portion of the communities that public health professionals serve.⁴ Failure to recognize and act on the health disparities experienced by people with intellectual disabilities, and excluding this population from preventative health promotion and wellness opportunities, continues the cycle of disparities and poor health outcomes and weakens the larger public health impact in communities. It also prevents health-related professional organizations from fully realizing their missions.

WHAT CAN YOU DO ABOUT IT

Health-related professional associations can better serve their communities and achieve health equity for all by providing education and training to their members on intellectual disability and health topics, and providing guidance to their individual members for how to advocate for the full inclusion of people with intellectual disabilities in their fields.

1. Adopt a resolution or other policy statement endorsing the importance of addressing health disparities experienced by children and adults with intellectual disabilities.
2. Conduct professional education, training, and information dissemination activities to increase members' knowledge about disability, health disparity topics and strategies to address the health-related needs of people with intellectual disabilities.
3. Encourage individual members of health-related professional associations to advocate within their fields for the inclusion of people with intellectual disabilities as a population of focus and to commit to conducting their professional activities in ways that are socially, behaviorally, programmatically, and environmentally accessible to people with intellectual disabilities.

4. Provide leadership and advocate for curricular changes in undergraduate, graduate, and doctoral training for health-related professions to include inclusive health practices and community health planning for people with intellectual disabilities.
5. Join with other health-related professional associations to advocate with education accrediting bodies about the importance of addressing the health needs of people with intellectual disabilities in health-related training programs.
6. Engage in partnerships with disability organizations to plan and implement inclusive health activities to reduce health disparities among people with intellectual disabilities.

¹ Special Olympics International, American Association of Intellectual and Developmental Disabilities; National Center on Birth Defects and Developmental Disabilities; and the Centers for Disease Control and Prevention

² Sinclair, L. B., Tanenhaus, R. H., Courtney-Long, E., & Eaton, D. K. (2015). Disability Within US Public Health School and Program Curricula. *Journal of Public Health Management and Practice* : *JPHMP*, *21*(4), 400–405.

³ NACCHO (2014). National Assessment of the Knowledge, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices. Research Brief December 2014.

⁴ Association of University Centers on Disabilities (AUCD), National Center for Birth Defects and Developmental Disabilities (NCBDDD), Office of the Director, Centers for Disease Control and Prevention (ODCDC), and the Office for State, Tribal, Local, and Territorial Support (OT). (2016). Including People with Disabilities: Public Health Workforce Competencies.