



# Follow-up National Assessment of the Practices, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices

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June 2018

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# Background and Methods

In the United States, over 53 million adults (22%) are living with a disability.<sup>1</sup> Approximately \$280 billion public and \$118 billion private funds were spent on disability-associated healthcare for adults in the United States in 2006.<sup>2</sup>

People with disabilities report higher rates of obesity and smoking, as well as lower rates of physical activity, compared with the general population. They also have a significantly higher risk for chronic diseases, such as heart disease and diabetes.<sup>3</sup> One way to address and mitigate these health disparities is through the inclusion of people with disabilities in public health programs offered by local health departments (LHDs).

In 2014, the National Association of County and City Health Officials (NACCHO) conducted a baseline assessment to understand how LHDs are including people with disabilities in their programs, products and services. Results indicated that LHDs may lack awareness of the people with disabilities in their jurisdictions and have poor knowledge of health disparities affecting people with disabilities.

## Methods

NACCHO, with support from the Centers for Disease Control and Prevention (CDC), National Center on Birth Defects and Developmental Disabilities (NCBDDD), conducted a Follow-up National Assessment of the Practices, Awareness, and Inclusion of People with Disabilities in Local Health Departments' Public Health Practices.

The purpose of this follow-up assessment was to compare LHD practices and awareness about people with disabilities in their jurisdictions to the baseline data acquired in 2014. Additional questions in this assessment that were not included in 2014 inquire about LHD community engagement and staff training.

The 2018 LHD Disability Inclusion Assessment was distributed to a statistically representative sample of 795 LHDs selected by stratified random sampling. LHDs were stratified by two variables: size of the population served and census region.

For stratification by size of population served, three categories were used:

small (fewer than 50,000 people served), medium (50,000–499,999 people served), and large (500,000 or more people served). Because LHDs with large population sizes represent a relatively small portion of all LHDs, these LHDs were oversampled to ensure a sufficient number of responses for the analysis.

The assessment included 22 questions and was distributed online via Qualtrics Survey Software™. Each LHD self-reported current and ongoing activities. The assessment was open from February 8th, 2018 through March 22nd, 2018.

A total of 253 LHDs completed the assessment, achieving a 32% response rate. NACCHO generated national statistics using estimation weights to account for sampling and non-response.

Comparisons with baseline assessment data are provided for some statistics, but these comparisons should be viewed with caution. The sampling methodology, study population, and respondents were different for each assessment. In addition, comparisons were not tested for significant differences. The 2014 assessment received a 29% response rate.

# Assessment Respondent Characteristics

The majority of respondents (60%) represented small LHDs, serving a population of fewer than 50,000 people.

In addition, respondents were most likely to be in the Midwest census region.

Most survey respondents (80%) had agency leadership roles, such as the local health officer or LHD director.

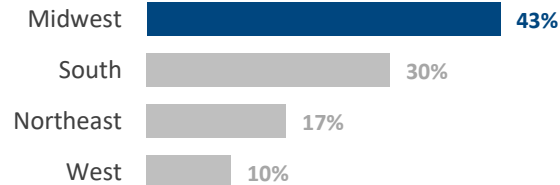
## Respondent and LHD Demographics

*Percent of respondents*

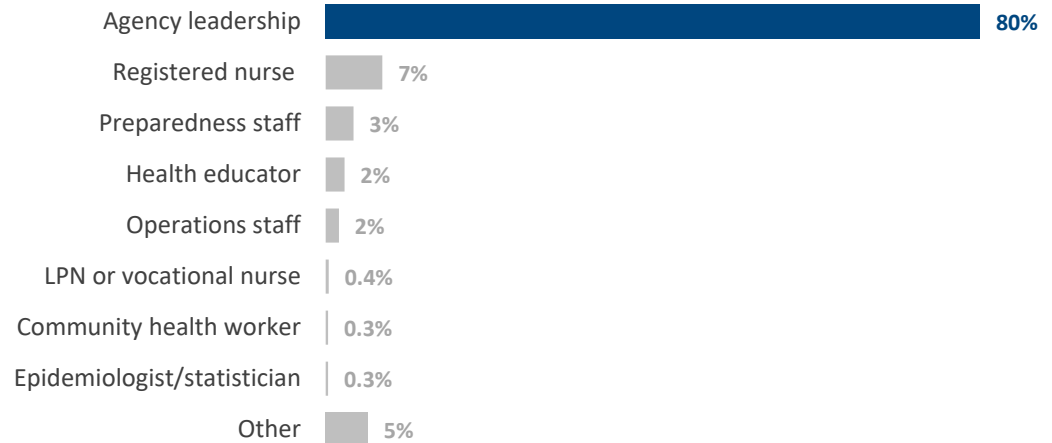
### Size of Population Served



### Census Region



### Primary Position in LHD





# Local Health Department Knowledge of Disabilities

Review of awareness among local health departments of people with disabilities in their jurisdictions, as well as practices to support this population.

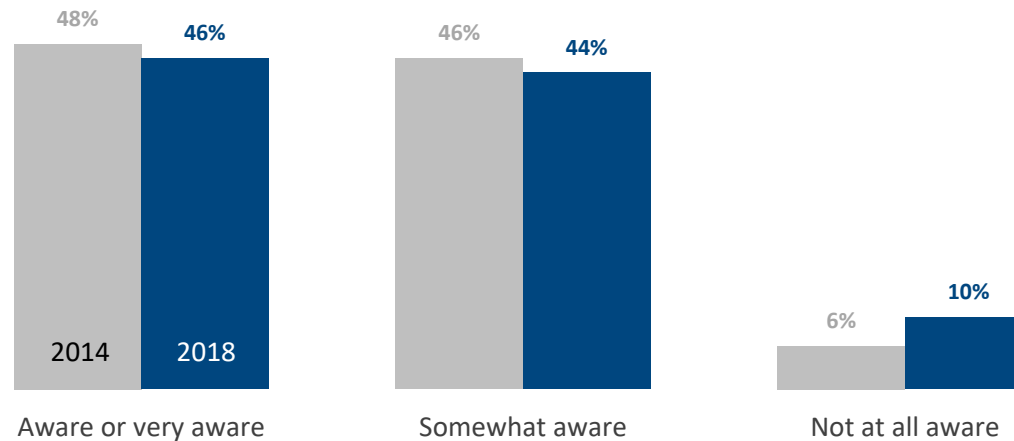
# Local health departments remain aware of the number of people with disabilities in their jurisdictions.

Respondents were asked in both the baseline and follow-up assessment about their awareness of the number of people with disabilities living in their jurisdictions.

When comparing baseline to follow-up results, LHDs reported approximately the same level of awareness of the number of people with disabilities in their jurisdictions. Only 6% in 2014 and 10% in 2018 indicated they were not at all aware of the number of people with disabilities.

## Awareness of the Number of People with Disabilities in Jurisdiction

*Percent of respondents*



n(2014)=159

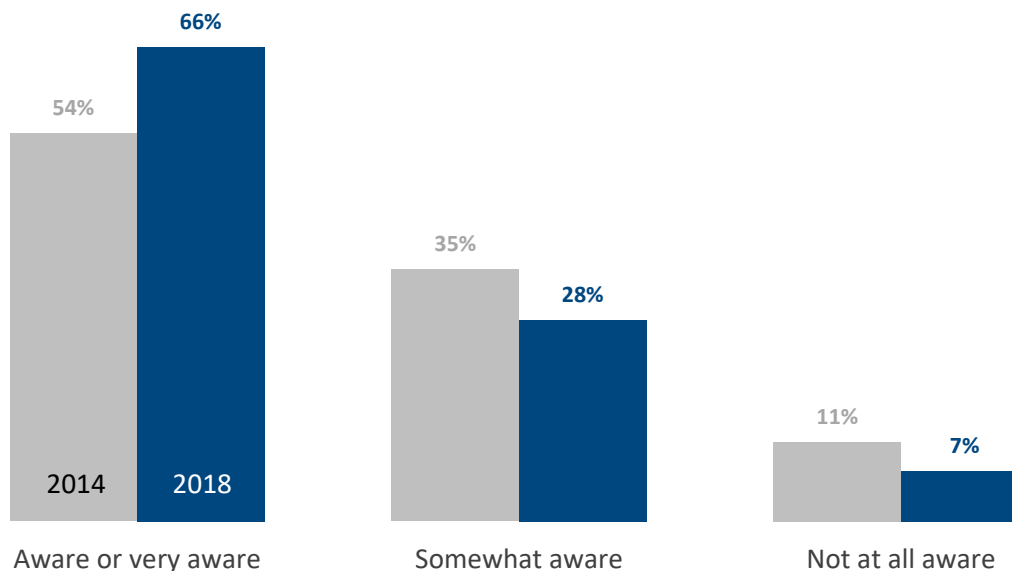
n(2018)=253

# More LHDs reported awareness of the prevalence of chronic conditions among people with disabilities compared to four years ago.

Respondents were asked to rate their agency's awareness of the prevalence of chronic conditions, such as obesity and cardiovascular disease, among people with disabilities in their jurisdiction.

In 2018, the proportion of LHDs indicating awareness of chronic conditions among people with disabilities slightly increased compared to 2014.

**Awareness of the Prevalence of Chronic Conditions among People with Disabilities**  
*Percent of respondents*



n(2014)=159  
n(2018)=253

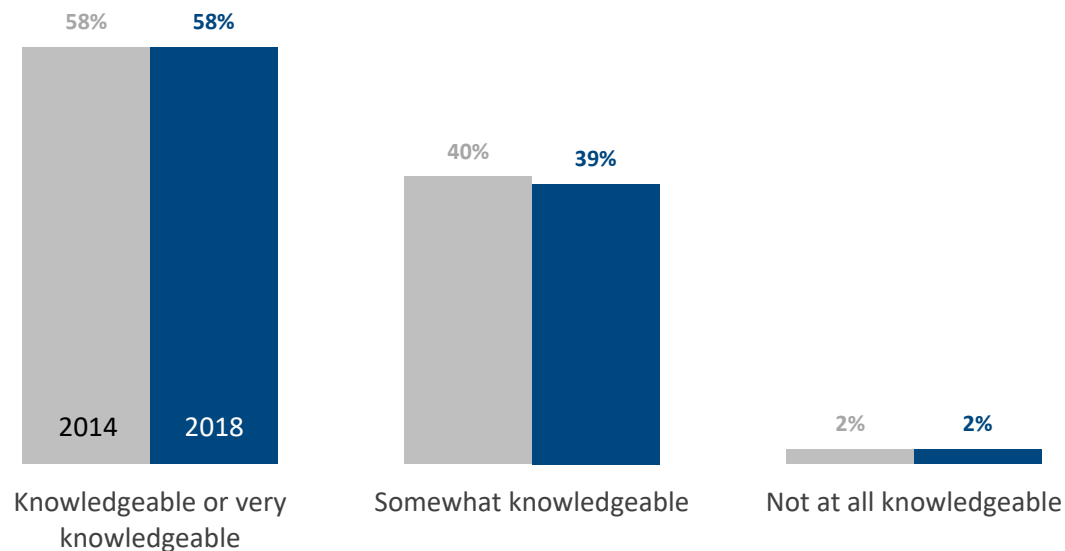
# LHDs remain knowledgeable about accommodations for people with disabilities.

Respondents were asked about their staff's knowledge of the physical and programmatic accommodations needed to support people with disabilities.

When comparing baseline to follow-up results, LHDs reported approximately the same level of staff knowledge regarding accommodations for people with disabilities. Only 2% in both 2014 and 2018 indicated that staff were not at all knowledgeable.

## Knowledge about Accommodations for People with Disabilities

*Percent of respondents*



n(2014)=159  
n(2018)=252



# Compared to 2014, more LHDs reported people with disabilities as a population that experiences health disparities in their jurisdictions.

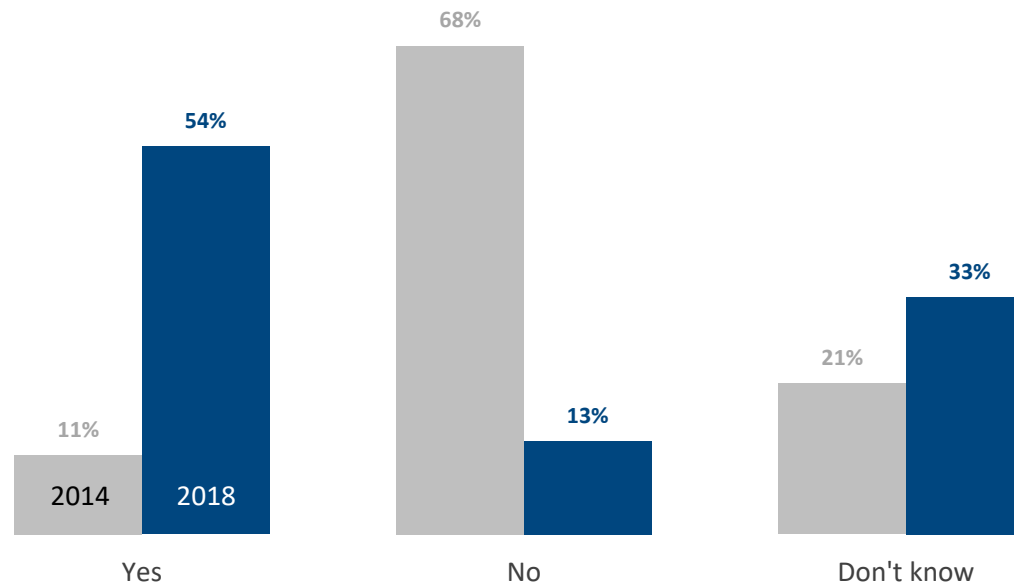
Respondents were asked if people with disabilities were considered a population that experiences health disparities in their LHDs' jurisdictions.

In 2014, only 11% of LHDs considered people with disabilities as a population that experiences health disparities in their jurisdictions.

In 2018, 54% of LHDs considered people with disabilities as a population that experience health disparities in their jurisdictions. This may suggest that more LHDs are aware of health disparities that exist among people with disabilities within their jurisdictions.

## Jurisdictions in which People with Disabilities are Considered a Population that Experiences Health Disparities

*Percent of respondents*



n(2014)=159  
n(2018)=252

# LHDs use several data sources to understand people with disabilities in their jurisdictions.

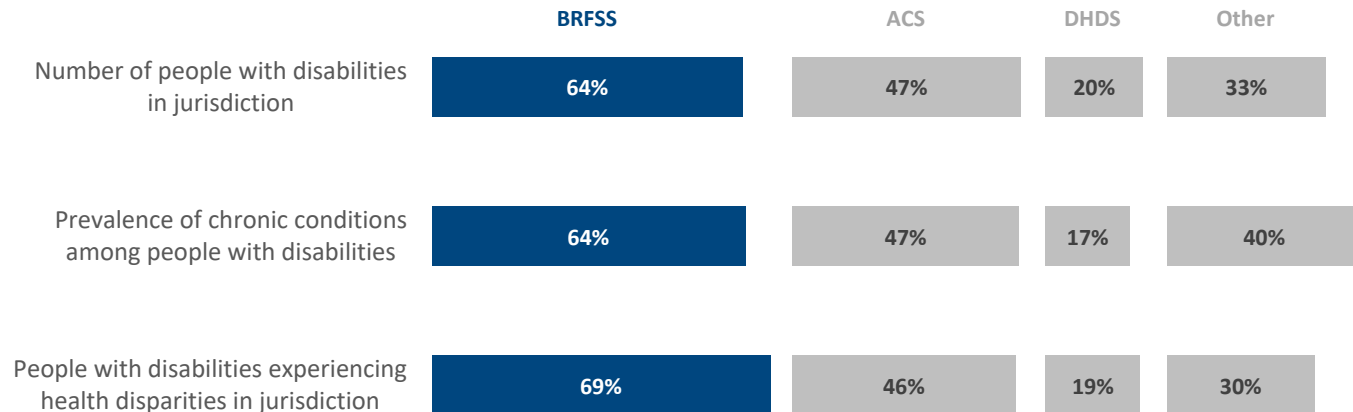
Respondents identified the data sources used to determine the number of people with disabilities in their jurisdictions, the prevalence of chronic conditions among people with disabilities, and the health disparities experienced by people with disabilities.

The data sources included the Behavioral Risk Factor Surveillance System (BRFSS), the Census' American Community Survey (ACS) and CDC's Disability and Health Data System (DHDS).

LHDs are most likely to use BRFSS as a data source to learn about people with disabilities. LHDs are least likely to use DHDS as a data source. Approximately one third of LHDs use other data sources.

## Data Source to Determine Awareness and Knowledge

*Percent of respondents (of those indicating awareness/knowledge)*



n=128-210



# Disability Inclusion Activities

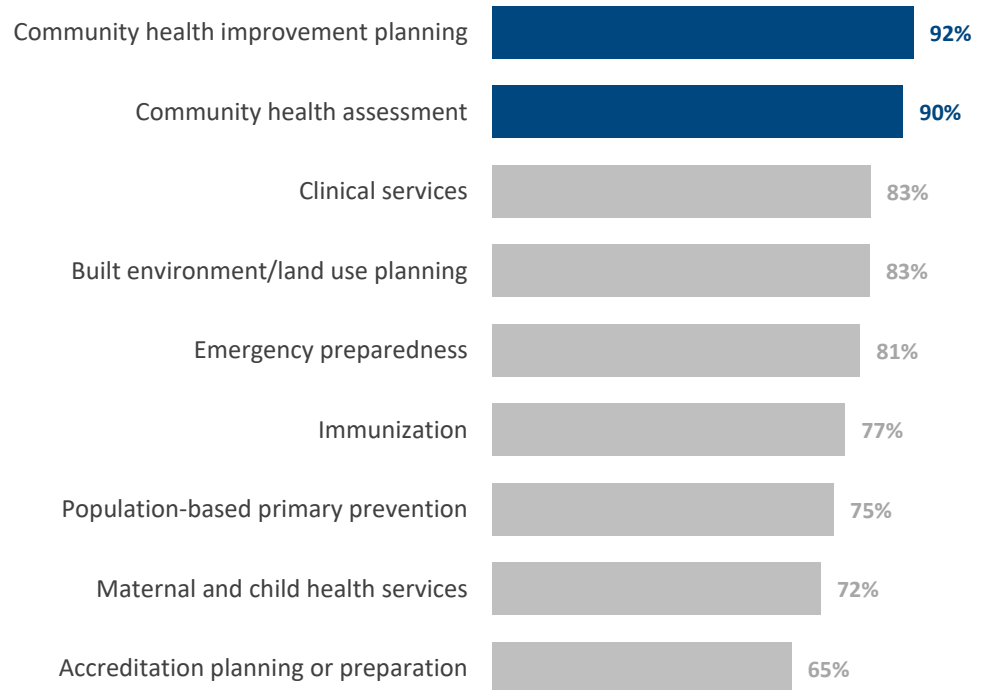
Review of LHD programs and activities that are inclusive of people with disabilities, as well as identification of challenges to inclusive programs and activities.

Respondents reported the programs and services in which their LHDs were currently engaged. The most commonly selected programs were in immunization and emergency preparedness topic areas. In contrast, few LHDs were engaged in autism screening, birth defects prevention, and dental health services.

Additionally, more than half of LHDs that engaged in these services, regardless of topic area, indicated having disability inclusive programming. The most commonly reported inclusive programmatic activities included community health improvement planning (CHIP), community health assessment (CHA), and clinical services. In contrast, fewer respondents indicated accreditation planning/preparation and maternal and child health services were disability inclusive programs.

## Many LHDs have programs inclusive of people with disabilities in diverse public health topic areas.

**LHD Programs Inclusive of People with Disabilities**  
*Percent of respondents (of those that provide the service)*



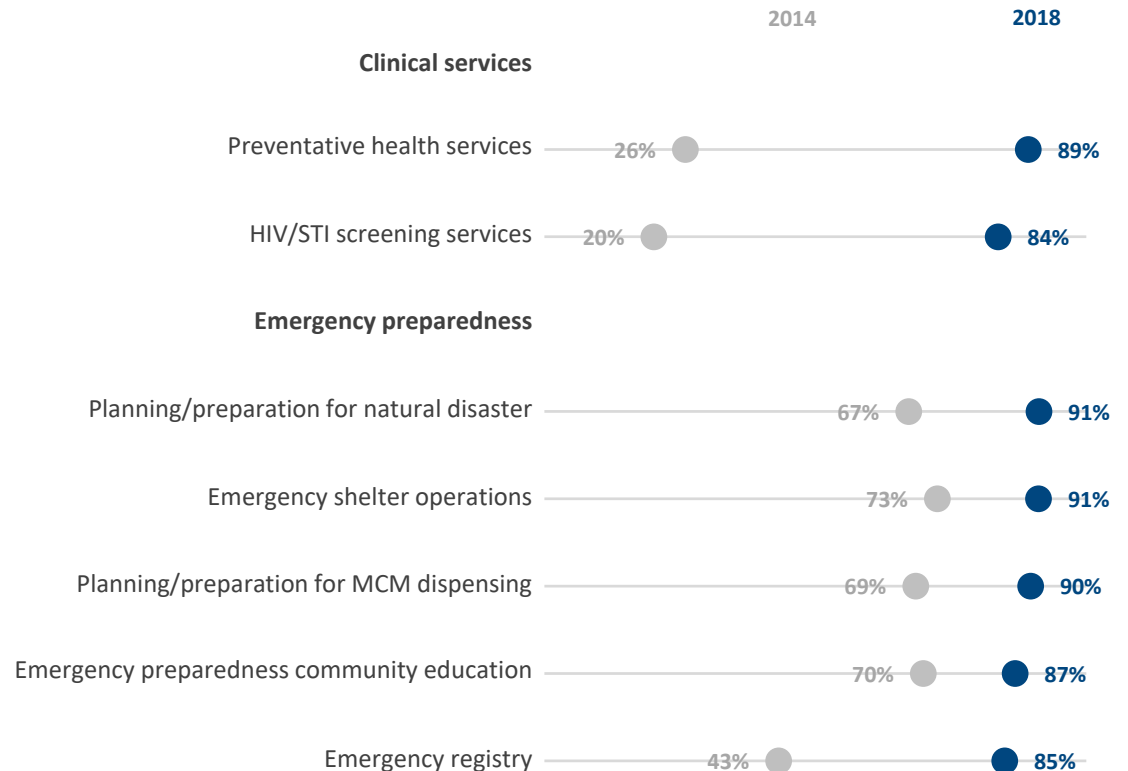
When comparing 2014 to 2018, LHD programs were more likely to be inclusive of people with disabilities in 2018.

LHDs reported a significant increase in inclusive clinical services, such as preventative health services and HIV/STI screenings.

Emergency preparedness inclusion activities also increased, the most significant increase being emergency registry.

# Compared to four years ago, LHDs were more likely to report disability inclusive programming in 2018.

**LHD Programs Inclusive of People with Disabilities**  
*Percent of respondents (of those that provide the service)*



n(2014)=13-102  
n(2018)=83-214

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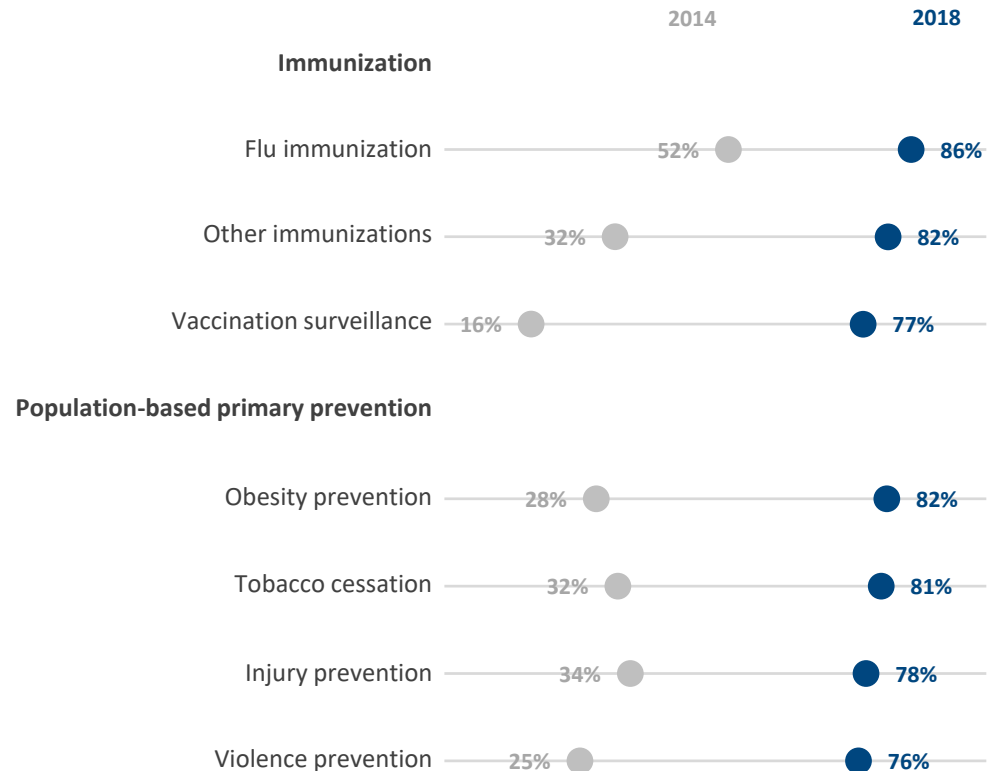
When comparing 2014 to 2018, LHD programs were more likely to be inclusive of people with disabilities in 2018.

LHDs reported an increase in inclusive practices for several immunization activities. The most significant increase was in vaccination surveillance.

For population based prevention programming, there was an increase in all activities (obesity prevention, tobacco cessation, injury prevention, and violence prevention).

# Compared to four years ago, LHDs were more likely to report disability inclusive programming in 2018.

**LHD Programs Inclusive of People with Disabilities**  
*Percent of respondents (of those that provide the service)*



n(2014)=11-77  
 n(2018)=81-218

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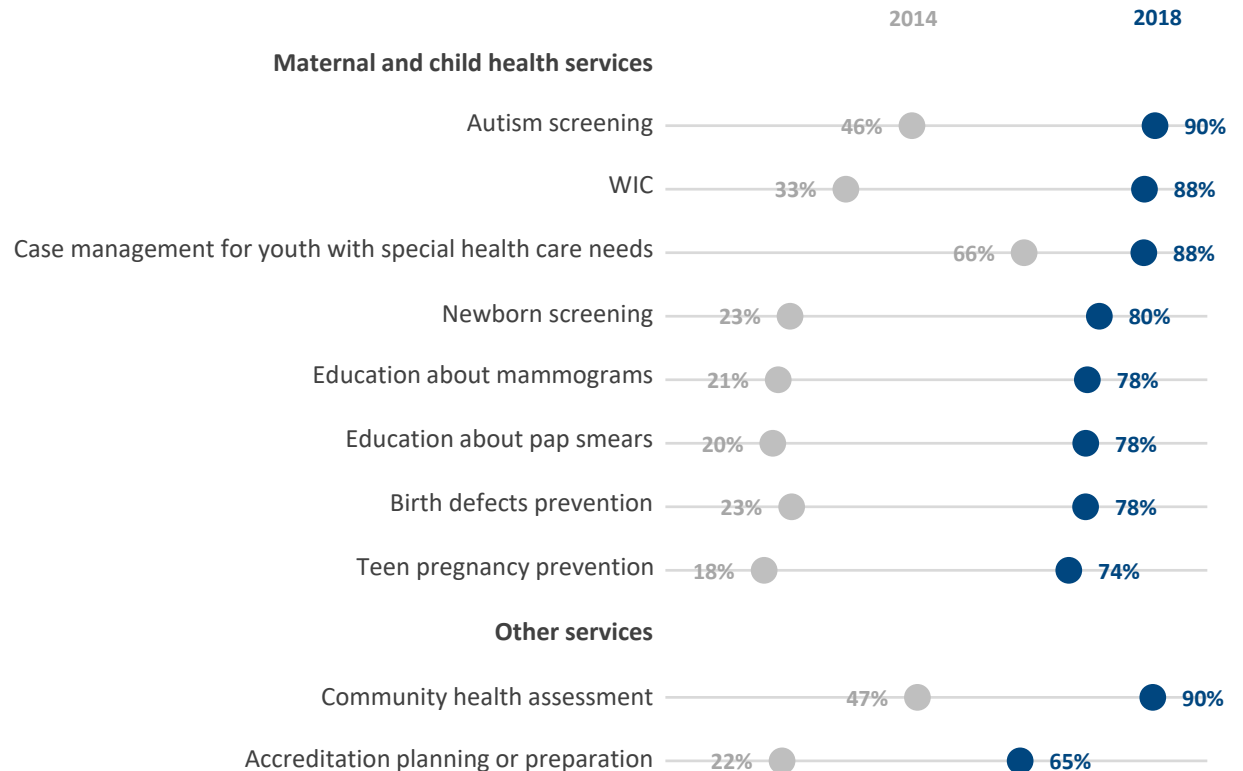
When comparing 2014 to 2018, LHD programs were more likely to be inclusive of people with disabilities in 2018.

LHDs reported an increase in inclusion of people with disabilities in maternal and child health services. The most significant increase was reported for education about mammograms and pap smears.

LHDs also reported an increase in inclusion of people with disabilities for community health assessments and accreditation planning or preparation.

# Compared to four years ago, LHDs were more likely to report disability inclusive programming in 2018.

**LHD Programs Inclusive of People with Disabilities**  
*Percent of respondents (of those that provide the service)*



n(2014)=5-59  
n(2018)=20-182

The data on this page should be interpreted with caution. In 2018, the format of the question generating this data was changed and may have encouraged a greater degree of response bias than in 2014.

# LHDs engage people with disabilities in their community health assessments (CHAs) using a variety of methods.

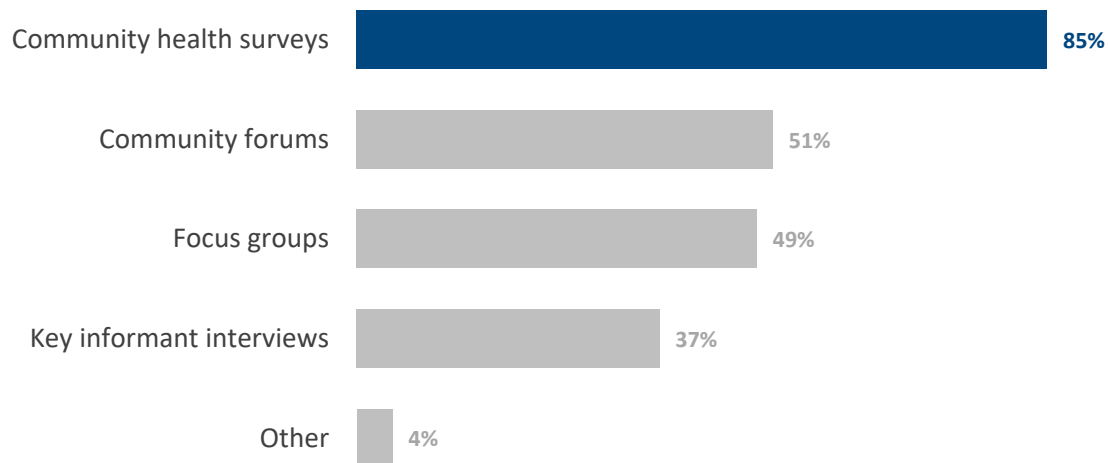
Sixty-five percent of respondents reported their LHD engaged people with disabilities in community health assessments (CHAs). In contrast, 7% responded their LHD did not engage them, and 28% did not know.

Respondents who indicated that their LHD engaged people with disabilities in CHAs reported on the method(s) used to do so. The most common way LHDs engage people with disabilities in CHAs is through community health surveys.

LHDs also reported including people with disabilities in community forums, focus groups, and key informant interviews.

## Method of Engaging People with Disabilities in Community Health Assessments (CHAs)

*Percent of respondents (of those that engage people with disabilities in CHAs)*



n=150



# LHDs experience diverse challenges to ensuring disability-inclusive programs and services.

Respondents described frequently encountered barriers and the most significant challenges faced by their LHDs when considering disability-inclusive programs and services. A thematic analysis found that barriers and challenges were in seven key areas.



**Funding challenges.** Several respondents indicated funding as a barrier. Specifically, the cost of accommodations, transportation, and training was identified as a potential challenge. Additionally, LHDs reported difficulty finding the time and resources to focus on disability inclusion in addition to the rest of their responsibilities.



**Accessibility challenges.** A commonly cited barrier was the lack of physical accessibility. Many respondents indicated their LHDs were not entirely ADA-compliant due to being located in old buildings that have not been renovated. Respondents also identified challenges finding accessible event space in the community to conduct meetings or hold forums.



**Lack of awareness.** Respondents indicated a lack of awareness of how to effectively consider the needs of people with disabilities within their preparedness planning. In addition, they perceived a need to develop separate programs and services targeting people with disabilities, indicating an overall lack of awareness of the importance of ensuring inclusive programming from the outset.



**Lack of training.** A frequently cited challenge was locating appropriate and relevant training. LHDs reported consistent and quality training would help to ensure a comprehensive approach to removing accessibility barriers for people with disabilities in their communities.



**Lack of LHD services.** Some respondents indicated their LHDs' current levels of services were insufficient to meet the comprehensive health needs of people with disabilities.



**Transportation.** Transportation was identified as a challenge in both urban and rural LHDs. Those in urban locations indicated a need for accessible and affordable transportation after 5:00 PM and on weekends. LHDs located in more rural areas indicated the distance between people's homes and the LHD and other services was a significant challenge.



**Engaging with the disability community.** Several LHDs indicated the importance of community partnerships and relationships in identifying people who may need different or additional assistance accessing services. In addition, some respondents reported a need for community partnerships to address health promotion and disease prevention for people with disabilities. LHDs also reported a hesitation on the part of people with disabilities to identify themselves out of fear of institutionalization, stigmatization, or other potentially negative consequences.



# Community Engagement

Review of LHD partnerships with community based organizations that serve people with disabilities.

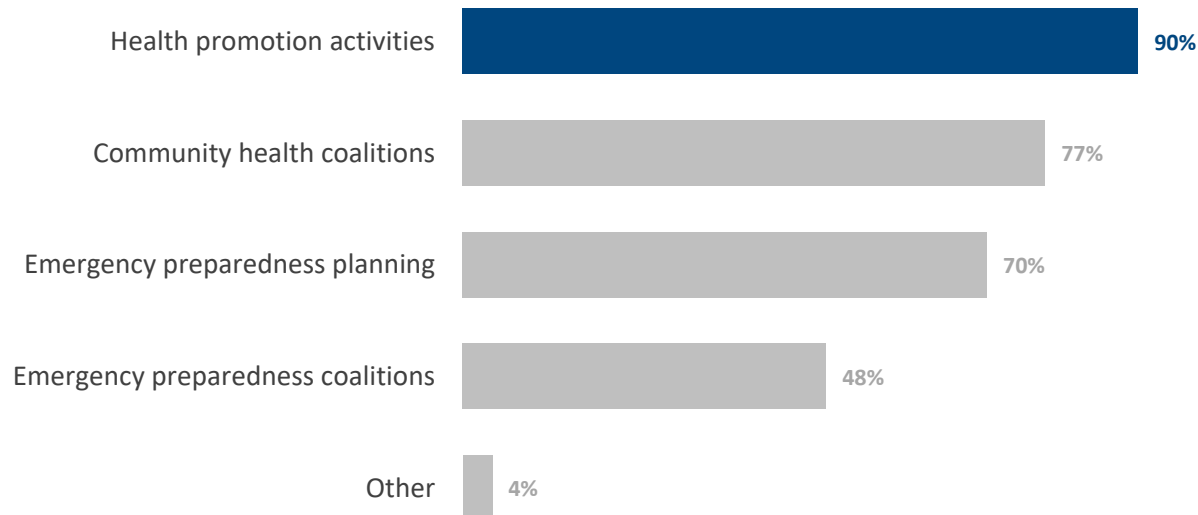
# Most LHDs engage with community agencies that serve people with disabilities.

The majority of respondents (89%) reported their LHD engaged with community agencies that serve people with disabilities. In contrast, 5% responded their LHD did not engage with those agencies, and 6% did not know.

In addition, respondents reported on how they engaged with community agencies that serve people with disabilities. Most LHDs indicated engaging with these agencies through health promotion activities, emergency preparedness planning, and community health coalitions.

## Activities Engaging Community Agencies that Serve People with Disabilities

*Percent of respondents (of those that engage with community agencies)*



n=206



# Staff Training

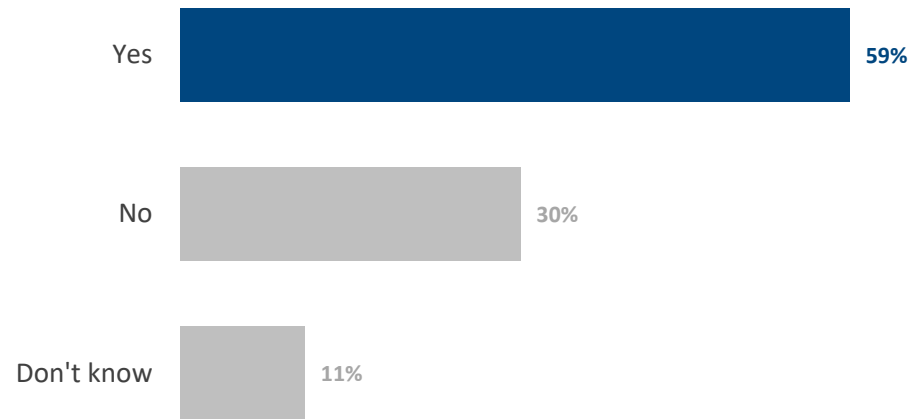
Review of LHD activities to train health department staff on accommodating people with disabilities.

# Most LHDs offer training to staff on accommodating people with disabilities.

Respondents reported on the availability of training opportunities at their LHDs related to accommodating people with disabilities. More than half indicated their LHD did provide these training opportunities.

When asked about the type of the available training opportunities, the most commonly selected format was e learning. In person trainings were also available at nearly half of LHDs, with most offering trainings facilitated by external subject matter experts.

Availability of LHD Staff Training Opportunities on Accommodating People with Disabilities  
*Percent of respondents*



E-learning opportunities (76%) were the most commonly selected type of available training. In addition, many respondents indicated their LHDs offer in-person trainings facilitated by external trainers (45%) or internal subject matter experts (43%).



# Health and Disability Resources

Review of LHDs' use of NACCHO Health and Disability resources as well as additional supports needed to include people with disabilities in LHD programs and services.

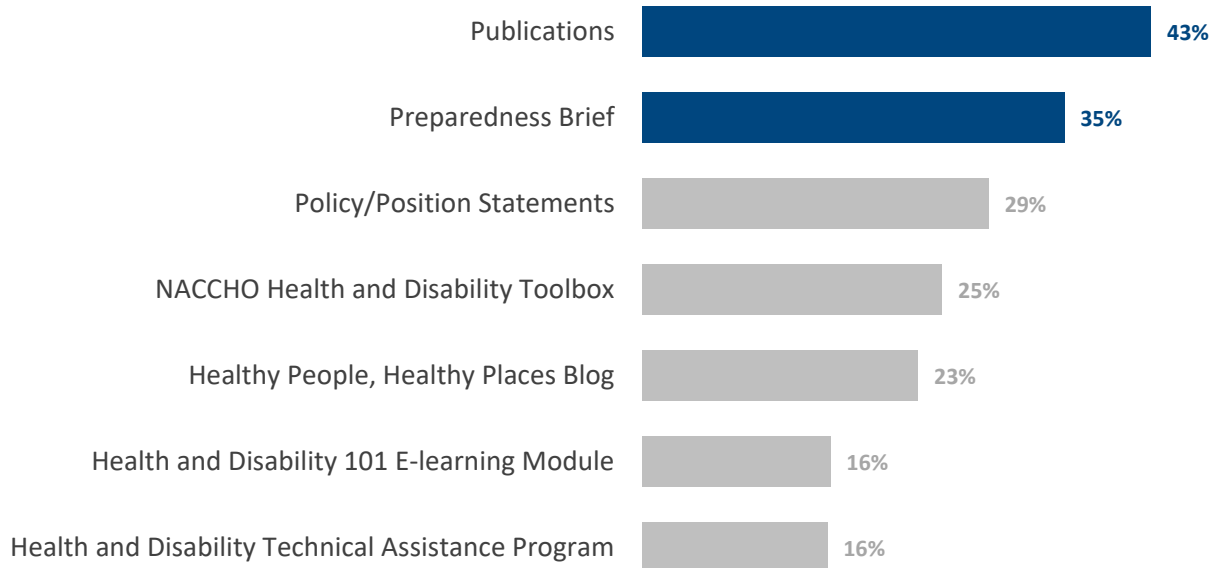
# Most LHDs are not aware of NACCHO's health and disability program resources.

Respondents reported on their awareness of various NACCHO health and disability program resources.

LHDs are most aware of NACCHO's health and disability publications and NACCHO's preparedness blog, *Preparedness Brief*. Most LHDs are not aware of NACCHO's health and disability program resources.

## Awareness of NACCHO's Health and Disability Program Resources

Percent of respondents (selecting "aware" for the resource)



n=231-233

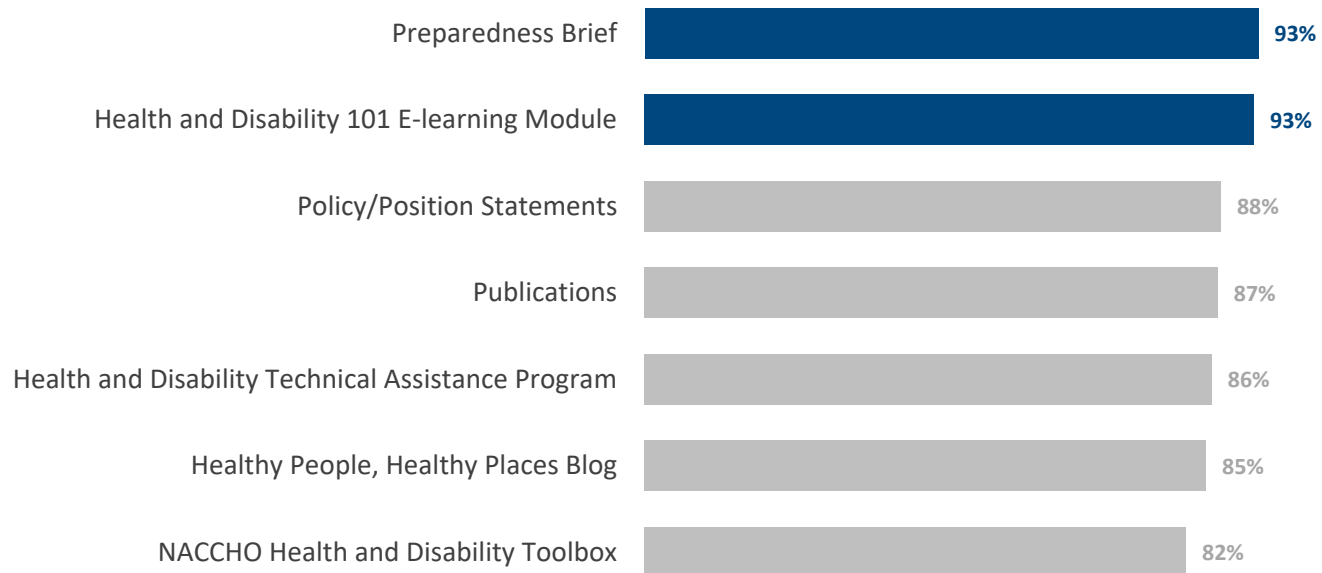
# Most respondents report NACCHO's health and disability program resources impact their LHD's work.

For those respondents that used NACCHO's health and disability program resources, respondents were asked how these resources impacted their LHD's work.

Most respondents report NACCHO's health and disability program resources strongly impact or somewhat impact their work.

## Impact of NACCHO's Health and Disability Program Resources on LHD's Work

*Percent of respondents (of those that used the resource) selecting "somewhat impacts" or "strongly impacts"*



n=26-82



# LHDs indicated several ways NACCHO can support their disability inclusion efforts.

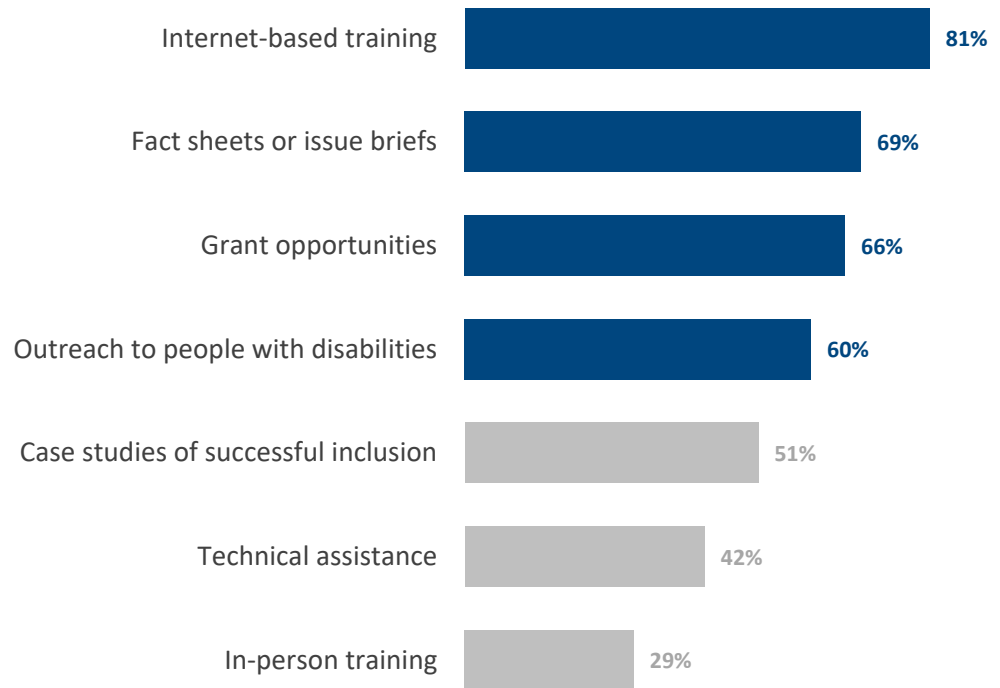
Respondents were asked how NACCHO could better support LHDs in developing and implementing programs to include people with disabilities.

81% of LHDs indicated internet based training would support their disability inclusion efforts. 69% stated fact sheets or issue briefs, 66% stated grant opportunities and 60% indicated outreach to people with disabilities to support inclusion efforts.

In person training (29%) was the least likely way that LHDs wanted to be supported in their inclusion efforts.

## Opportunities to Help LHDs Develop and Implement Inclusive Programming for People with Disabilities

*Percent of respondents*







# Conclusions, Limitations, and Recommendations


# Conclusions and Limitations


In 2014, NACCHO conducted the first known assessment to examine the nationwide inclusion of people with disabilities in LHD programs and activities using a stratified random sampling technique. This follow-up assessment's purpose was to compare LHD inclusion practices to the baseline.

## Key Findings

 **54% of LHDs considered people with disabilities as a population that experiences health disparities in their jurisdictions.** In 2014, only 11% of LHDs responded this way. This may suggest that more LHDs are aware of health disparities that exist within their jurisdictions.

 **89% of LHDs engage with community agencies that serve people with disabilities.** Most LHDs engage with these agencies through health promotion activities, emergency preparedness planning, and community health coalitions.

 **Most LHDs offer training to staff on accommodating people with disabilities.** 59% of respondents indicated their LHD provided training opportunities. E-learning opportunities (76%) were the most commonly selected type of available training. In addition, many respondents indicated their LHDs offered in-person trainings facilitated by external trainers (45%) or internal subject matter experts (43%).

 **Most LHDs are not aware of NACCHO health and disability program resources.** Less than half of respondents were aware of NACCHO resources to support local health department disability inclusion efforts.

## Limitations

Comparisons with data from the baseline assessment were provided for some statistics, but these comparisons should be viewed with caution. The sampling methodology, study population, and respondents were different for each assessment. In addition, comparisons were not tested for significant differences. The 2014 assessment received a 29% response rate.

Due to the 32% response rate in the 2018 assessment, the presented responses may not reflect all LHD programs and activities that are inclusive of people with disabilities.

# Recommendations

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## Increase LHD training on disability inclusion in public health programs and activities.

While many LHDs indicated there were training opportunities for their staff on accommodating people with disabilities, locating appropriate and relevant training was also noted as a challenge.

In 2017, NACCHO launched a **free** online training, Health and Disability 101: Training for Health Department Employees. The purpose of the training is to educate health department staff about the benefits of including people with disabilities in all public health programs, products, and services.

To access the training, visit <https://www.pathlms.com/naccho/courses/5037>.

## Increase communication efforts of NACCHO health and disability resources available to LHDs.

The majority of LHDs indicated that they were not aware of NACCHO's health and disability resources, which are available to support disability inclusion efforts at the local level.

NACCHO's health and disability program will work with communications staff to increase promotion of the available resources through NACCHO's communication channels (i.e. blog posts, newsletters, etc.), as well as through direct outreach to stakeholders and partners.

## Share disability inclusion success stories.

LHDs can learn from each other about disability inclusion best practices by sharing their success stories.

LHDs can share their stories through NACCHO's Stories from the Field blog. Visit <http://www.nacchostories.org> to learn more.



# Acknowledgements

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**For more information, please contact NACCHO's health & disability program at [disability@naccho.org](mailto:disability@naccho.org).**

## References

1. Centers for Disease Control and Prevention. (2015, July 31). Key Findings: Prevalence of Disability and Disability type among Adults, United States – 2013. Retrieved from <https://www.cdc.gov/ncbddd/disabilityandhealth/features/key-findings-community-prevalence.html>
2. Anderson, W.L., Armour, B. S., Finkelstein, E. A., & Wiener, J. M. (2010). Estimates of State-Level Health-Care Expenditures Associated with Disability. *Public Health Reports*, 125 (1), 44-51
3. Krahn, G. L., Walker, D. K., & Correa-De-Araujo, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health*, 105(Suppl 2(S2)), S198-e9. doi:10.2105/AJPH.2014.302182

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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