

Disability: Failure or Promise of Public Health

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Traditional Disability in Public Health

- Negative outcome—mortality, morbidity,...
- Public health emphasis solely on preventing conditions associated with “disabilities”
 - the primary prevention net is often breached
- Disability is a complex phenomenon; an interaction between person/health condition and environment
- Topics could be paralleled with child/adolescence
- Definitions of “disability” divergent
 - Diagnosis-e.g. cerebral palsy, spinal cord injury
 - Functional problem-e.g., self-care, mobility
 - Participation in society-e.g., work

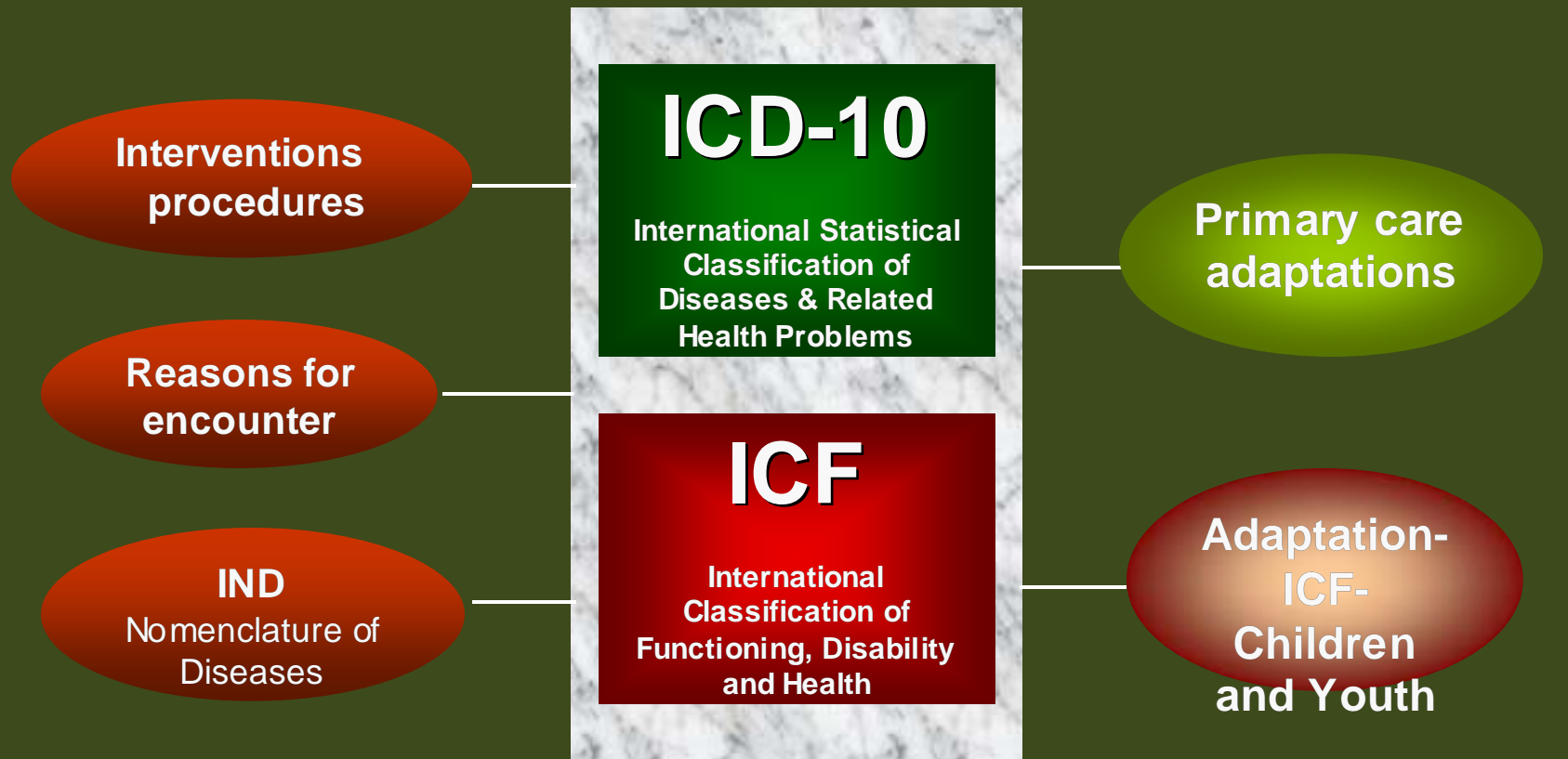
Disability: Minority population or Universal Phenomenon

- **Minority Population**
 - 20% of US population lives with a disability, using any of several surveys
 - This population experiences marginalization and stigma; thus, Americans with Disabilities Act
 - Approach often taken by disability advocates
- **Universal Phenomenon**
 - All can become members of this group
 - Approach taken by WHO for classification
- **Unifying framework needed for public health**

World Health Organization: Framework for Disability and Health

- *International Classification of Functioning, Disability and Health*—WHO, 2001
- Complements ICD by adding functional classification—ICF is etiology neutral
- Does not classify persons, but rather health-related domains
- Broad public health as well as clinical use

WHO Family of International Classifications



Associated Products

Main Classifications

Adaptations

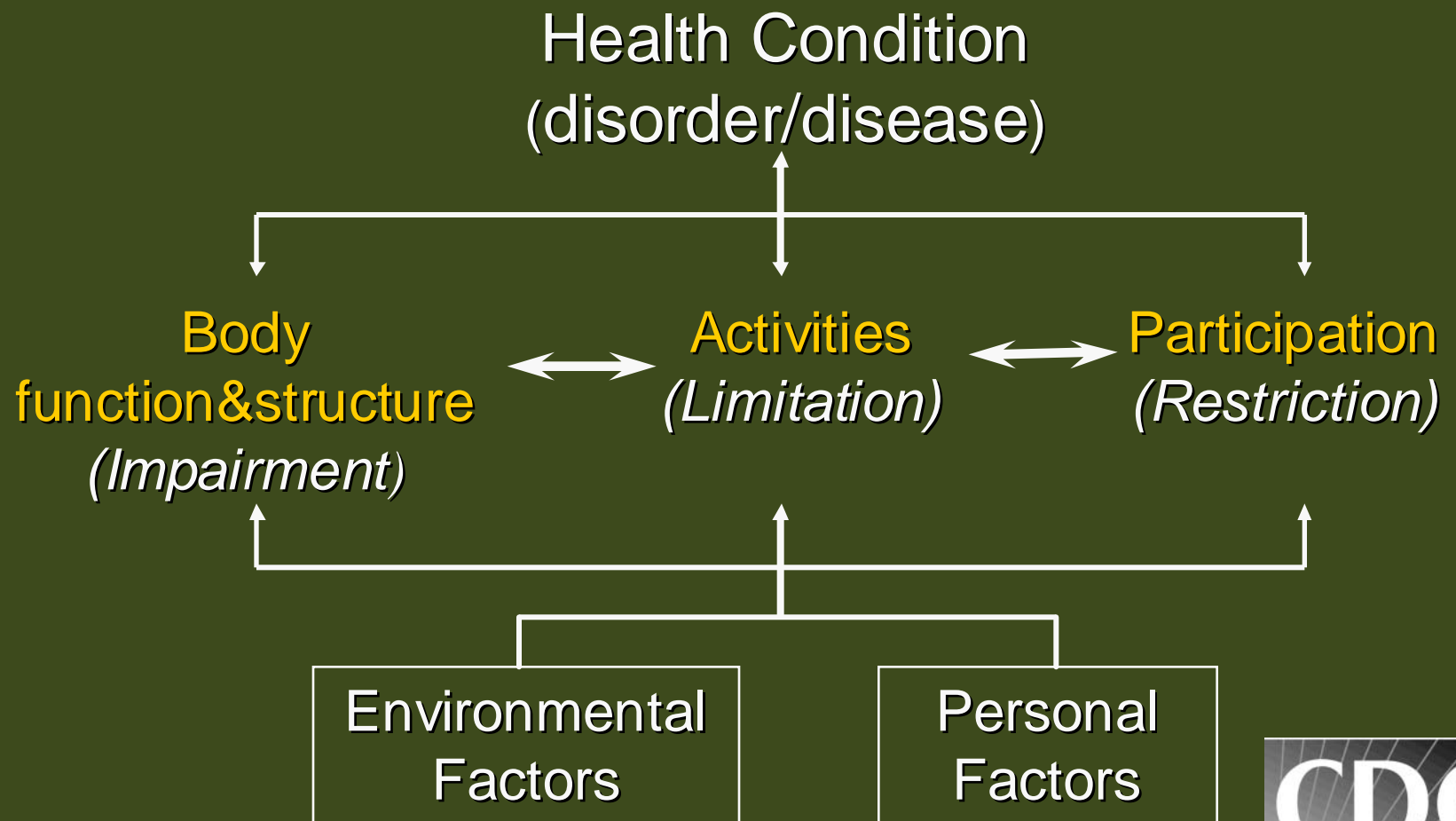
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Aims of the ICF

- to provide a **scientific basis** for consequences of health conditions
- to establish a **common language** to improve communications
- to permit **comparison of data** across:
 - countries
 - health care disciplines
 - services
 - time
- to provide a **systematic coding scheme** for health information systems

New paradigm: ICF 2001



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Functioning at Body, Person, and Society

- Body Function and Structures
 - Impairments focused on body systems
- Activities and Participation
 - Activity limitations—e.g., self care, mobility, communication, controlling behavior
 - Participation restrictions—e.g., work, school, community involvement
- Environmental Factors
 - Physical, Systemic, Attitudinal
 - May be barriers or facilitators (positive or negative)

Criteria for Emerging Public Health Emphasis

- Should be grounded in the foundations of the core field—for public health that means, for example
 - Epidemiology
 - Health services
 - Environmental health
 - Ethics
- Conceptual and practice-based relationships should be established—between PH and Disability
- Core discipline should be stretched
 - Refine or re-define aspects of the field
 - Function
 - Environment
 - Health

DISABILITY IS A CROSS-CUTTING FIELD THAT MEETS THESE CRITERIA

Public Health Functions

- Assessment
 - Case definition very important
 - Different definitions create divergent prevalence rates
- Policy Development
 - Healthy People 2010
 - UN Standard Rules for the Equalization of Opportunity
 - UN Convention on the Rights of People with Disabilities
- Assurance
 - Clinical Preventive Services
 - Public Health Messages/Communication
 - Disability Programs
 - Secondary conditions prevention

Assessment--USA

- CDC Disability and Health Team (NCBDDDD)
 - Developed Chartbook on Trends in Disability for all states using BRFSS data
 - State prevalence range—12.6 % Virgin Islands to 25.8% in West Virginia; national 19.1%
- National Health Interview Survey
 - Disparities—Depression (28% and 7%)
 - Obesity (31.2 % and 19.6%)
 - Physical Inactivity (22.4% and 11.9%)
- Caregiving survey
 - 53 million caregivers, unpaid services \$300 billion per year

Disability *and*
Health

state chartbook 2006



Assessment

- United Nations Statistical Division (UNSD) publishes first international disability data
 - 1990, 55 countries
 - Prevalence rates range—0.7 Kenya to 19.4 USA
- *Guidelines and Principles for the Development of Disability Statistics (2001)*
- 2001, UNSD convenes global experts to address need for standard disability measures
 - Washington City Group on Disability Measurement has developed short set (6) of disability questions
 - Currently being field-tested using ICF impairments and activity limitations dimensions

Assessment: Survey Directions

- Separate definition of “disability” from participation outcomes, such as work
- Use person-level activity limitations to frame items for surveys—seeing a friend across the street, dressing, speaking to another, getting around the house
- Include participation outcomes to assess levels of people with and without disabilities—work, voting, going out
- Develop survey questions on environmental factors affecting participation—attitudes, policies, physical

Policy Development

- Washington City Group: data developed and used on behalf of equalizing opportunities
- Healthy People 2010—**chapter 6**
Disability and Secondary Conditions
 - Includes 13 objectives based on data
 - Some 100 objectives from other HP2010 chapters where “disability status” is a demographic—pap tests/mammograms, cholesterol screening, obesity, use of oral health system, physical activity

Policy Development

- Disability community has avoided dealing with health as integral to their lives
 - Disability community often has an approach/avoidance to medicine, and by association, public health
 - Americans with Disabilities Act includes nothing about health
 - 2007 United Nations Convention on the Rights of People with Disabilities, once again, does not include health explicitly, as a right

Disability and Poor Health: NOT EQUAL

- Assumption is that people with disabilities are, by definition, in poor health. Not usually the case.
 - Excellent/very good 30 vs 63%
 - Good 31 vs 29%
 - Fair/poor 38 vs 9%
 - ALMOST 2/3 REPORT GOOD OR BETTER HEALTH
- Public health role is to improve health of population—prevent secondary conditions

Policy Development: Directions

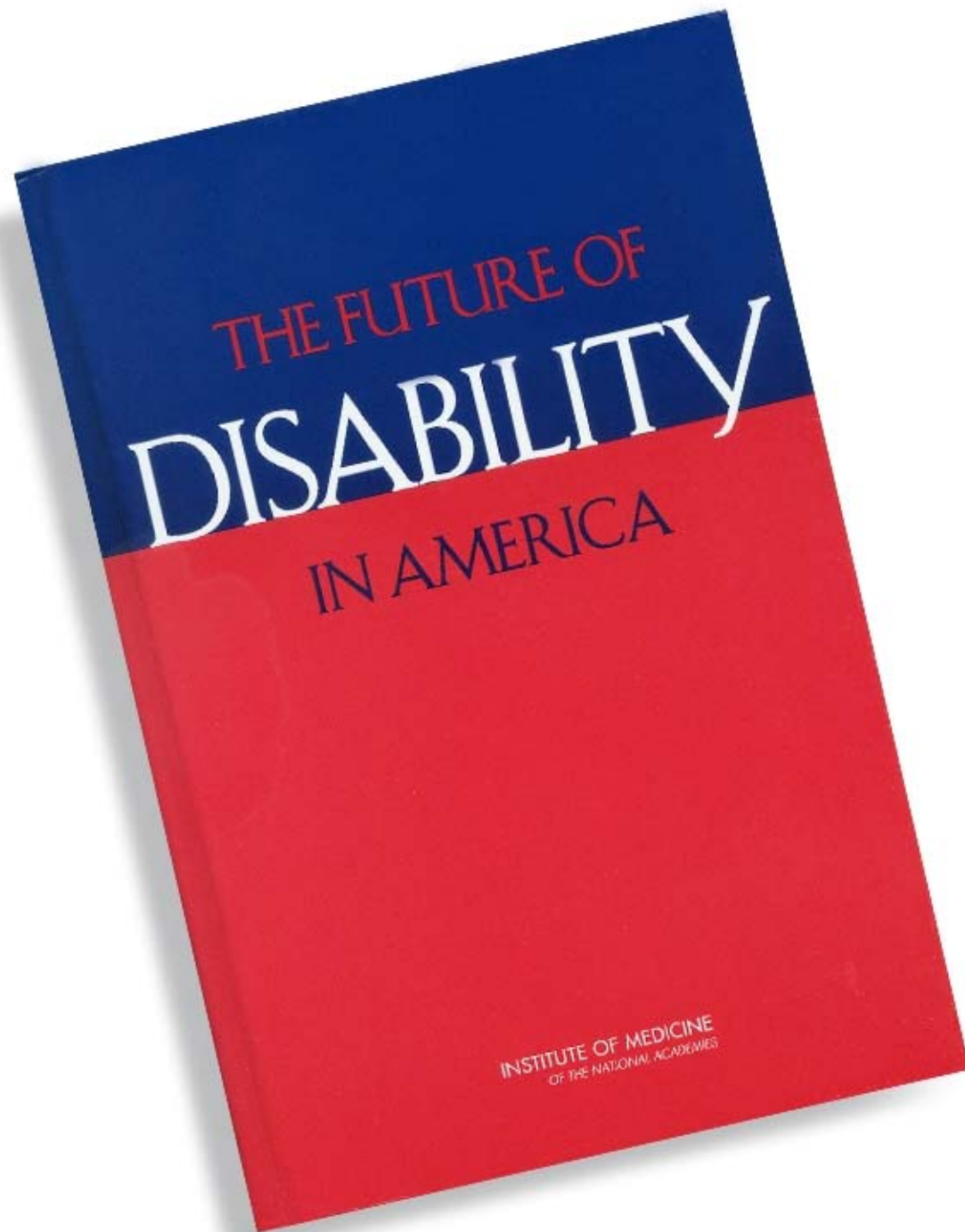
- Public health community must see people with disabilities as a targeted population with activity limitations and impairments being risk factors for health problems
- Prevention of secondary conditions should be a public health priority
- Public health and disability communities must come together more frequently across public health domains

APHA Disability SPIG/Section?

- APHA Disability Forum (special interest group) has applied for Section status and proposes policies
- **Reducing Health Disparities in People with Disabilities through Improved Environmental Programmatic and Service Access--Policy Date: 11/9/2004**
 - Conduct disability and environmental surveillance and research
 - Standardize disability-related identifiers to be included on all health status surveys
 - Support training students, current public health staff on the disease prevention and health promotion needs of people with disabilities
 - Ensure that people with disabilities can receive public health programs and services

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IOM Report Recommendations--2007

- Adopt and refine the ICF as the conceptual framework for disability monitoring and research
- Fund a program of clinical, health services, social behavioral, and other disability research commensurate with the need
- Improve the accessibility of health care facilities and strengthen implementation of ADA related to health care facilities
- Develop educational programs, evidence-based reviews, practice guidelines, etc. to support health professionals in caring for people with disabilities

Assurance: Poverty and Disability

- Studies indicate that the relationship among poverty, disability, and health status conclude that people with disabilities are among the poorest of the poor and are not represented in international development organizations and activities
- Canadian study says
 - “among those experiencing the worst income inequity are children with disabilities or children with parents who have disabilities”

Assurance

- Consistent with IOM report, assurance includes both the presence of services and access to those services.
 - Transportation to services
 - Physical accessibility to services
 - Policies and systems that finance services
 - Attitudes of professionals and community that encourage participation in services

Assurance: Health Messages


- Primary prevention messages often do not include people with disabilities
- Some public health messages should be tailored for people with disabilities, such as physical activity for those with mobility problems to reduce obesity
- Most important public health message is personal responsibility for one's health. For people with disabilities, loss of control in medical procedures equals loss of control of health

Assurance: Clinical Preventive Services

- People with disabilities often overlooked in implementing CPS
- May see specialist—not my responsibility; family doc will implement
- Studies indicate that people with disabilities are at greater risk of developing smoking related cancers, not diagnosed as soon due to late screening, and treatment often delayed

Clinical Preventive Services



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Assurance: Programs

- Living Well with a Disability—USA
 - Self-efficacy model; eight sessions
 - Reduced secondary conditions and medical visits
 - 15 states have implemented the program
- Community based Rehabilitation(CBR)
 - WHO sponsored in 90 countries
 - Comprehensive activities to improve the lives of people with disabilities
 - Public health is possibly, but rarely, included in these programs

Public Health Training

- Tanehaus (2000) in AJPH recommended that schools of public health include disability-related coursework
- University of Florida now offers a disability epi course
- Oregon Health and Science University has developed a course in disability and public health
- Boston University is completing a reference book for core public health areas to integrate disability into their curriculum

H. L. Mencken

- For every complex problem, there is a simple neat solution that won't work.
 - Disability is not simple
 - Disability does not equal poor health
 - People with disabilities are the next minority group to be targeted for public health interventions

Public Health Directions

- Include people with disabilities as an at-risk population in public health messages
- Include people with disabilities on advisory groups for planning—from the community to the Federal agency level
- Include people with disabilities in Funding Opportunity Announcements as a minority population
- Recruit people with disabilities into public health education programs and positions



DISABILITY: FAILURE OR PROMISE

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